Conference proceedings: "Transplantation: Asking the hard questions".

The proceedings of our November 1992 conference "Transplantation: Asking the hard questions" are now available at a cost of $12 ($10 for Associates of the Centre). These prices include postage within Victoria: for postage outside Victoria, please add $1.00. If you would like to receive a copy of the conference proceedings, send your cheque to the Resources Officer, Centre for Human Bioethics, Monash University, Clayton, 3168.

Staff at the Centre

We are very pleased to welcome two new research assistants to the Centre: Ms Leslie Cannold and Dr. John McKie. John will be working on a research project involving resource allocation questions; and Leslie will be working on a project investigating the issue of partiality and impartiality in medical and nursing ethics. At the same time, we are sad to lose John Catherwood, a visitor from Ireland and Dr. Miyako Okada-Takagi, who had been with us since 1992. Miyako was awarded a fellowship to study organ transplantation in Australia. This study is timely in the Japanese context, as Japan is about to introduce transplantation programs for the first time. Miyako's research findings are published in this issue of Bioethics News (see below).

The quality of life in transplanted patients and their thoughts about ethical issues

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This study was conducted in patients who received a transplant over 1 year ago, to evaluate the quality of life of transplanted patients and to ascertain their thoughts about ethical issues related to transplantation. The study showed that over 90% of the transplant recipients achieved the level of health that they had expected before the operation. Half of the recipients suffered no anxiety. 50 to 75% of the recipients returned to work, and 40 to 70% of the recipients would like to contribute to society more than they did before their operation. 70 to 80% of the recipients were willing to be contacted when the donor family wished to contact them. In order to increase the number of donors, 60 to 70% of the recipients suggested establishing an Opting-out system. There was disagreement, however, as to whether the donor family should be paid, whether organs should be bought or sold. 60 to 80% of the recipients thought using organs from animals was morally justifiable.
INTRODUCTION

Japan is one of the more advanced countries in medical techniques. Despite this fact, we have not yet started heart, lung and liver transplantations. One significant reason for this is Japanese reluctance to harvest organs for transplantation, because of traditional Japanese culture. In Japanese (or Chinese) traditional medicine, the thinking has been that the centre of the human being is "5 zou 6 pu": the lung, heart, liver, kidney, spleen, stomach, bowels and bladder: this does not include the brain. That means we Japanese have a organ-oriented culture, incompatible with a brain-oriented definition of death.

Some Japanese patients have been transplanted with hearts or livers in Australia, England or the United States. However, because of the shortage of organs in these countries and the necessity for a recipient to pay a huge sum of money, it has become almost impossible.

In January 1992, brain death was accepted as a valid criterion for diagnosing death by the Japanese Prime Minister's Ad Hoc Committee on Brain Death & Organ Transplantation. The Japanese government is now preparing a legal framework for organ transplantation. Heart, lung and liver transplantations will soon start in the main hospitals of Japan.

In the western countries, transplantation has raised some problems so far. One significant problem is the growing gap between supply and demand in organs available. In the United States, 1878 people died during 1989 while on the waiting list to receive an organ(1).

Another problem is that transplantation is a very high cost procedure. Should the cost be paid by medicare or private means? Again in the United States some hospitals refuse to operate on patients who lack private means or third-party coverage, and a few hospitals demand full cash payments in advance before they will even enter a candidate's name on a waiting list for a liver or pancreas transplantation(2). In 1987, the state legislature in Oregon, in the United States, voted to discontinue funding for most organ transplantations for people on Medicaid with incomes below the federal poverty level. During the next two years the money was to be used to fund basic preventive care for nearly three thousand people instead of thirty people who would be benefited by high cost transplantation(3). In response, some low-income people organized a boycott of organ donations(4).

Before the new procedure is introduced in Japan, we should evaluate it in various way, and should seek to avoid these problems. For this reason, we investigated the quality of life in the transplanted patients. At the same time, the recipients’ thoughts about ethical issues were investigated. Despite the importance of this second part, such a survey has so far not been undertaken.

METHOD

At the Alfred Hospital, the study was conducted on every Wednesday from July to November 1992 at the Heart and Heart/Lung Replacement Services Unit. Wednesday is the medical checkup day for long term organ recipients. The number of patients coming to the hospital varied from one to five, depending on the day. All the interviews were conducted in a waiting room during a medical checkup. Over 60% of patients who received a transplant over 1 year ago in the Alfred Hospital were approached, and no one declined to participate.