

Ethical Dilemmas in Live-Donor Transplants

By Earl Strum, M.D., Associate Editor and Assistant Secretary, and Wayne Kaufman, M.D., Director, District 3



Ethics is nothing else than reverence for life.
—Albert Schweitzer

The gift of life, in the form of donating an organ to someone who will probably die without it, is perhaps the most selfless gift a human being can give. For the recipient, it is literally the gift of a lifetime. Although a cadaveric donation may accomplish the same goal of restoring the recipient to good health, the act of willingly taking the risk of undergoing surgery to remove a healthy part of one's body to benefit another goes far beyond the beneficence of a donor card. Because it is illegal to pay for organ donations, and there is such a drastic shortage of organs available, voluntary live donation is a vital part of the process.

Surgeons and anesthesiologists are sometimes faced with difficult issues regarding live donations. Ethical questions often arise the day of surgery as to whether to start, or continue with, the living-related donor surgery. Should surgery on a related donor begin if there is serious doubt that the recipient could survive the procedure for any length of time? If an unrelated donor has made a prior donation—also to someone unknown—should the donor's motive and/or mental and emotional stability be questioned? I would like to discuss three diverse cases that challenged us with some of these questions.

The Universal Donor

A 24-year-old male was going to donate a lobe of his liver to a child who had liver failure due to hepatitis C. The patient's family had advertised for a donor, and the recipient and donor had no previous contact. The concern that was raised the day of surgery was that the donor had made a previous donation of a kidney, also to an unknown recipient, several years prior.

Volunteering to make a second organ donation, again to someone unknown, is an extremely rare event—rare enough to prompt a discussion between the anesthesiologist and surgeon to determine if something other than altruism might have motivated the act of donation.

Prior to each donation, the donor had a psychiatric evaluation. In both evaluations, there was no evidence of mental illness and he was deemed a suitable candidate able to consent to donation. In addition, his family members and friends seemed to be supportive of his decision to donate.

Ethical Dilemmas (cont'd)

Donors who donate multiple organs to unknown recipients do raise concerns as to motivation and their suitability to donate. Although it is not optimum to be discussing issues such as this on the day of surgery, it is important that those concerns are raised and addressed.

The decision reached was to proceed with the surgery, and that was based on the overall psychiatric evaluation and the fact that psychiatry found him to be a suitable candidate. The outcome of the operation was successful, and both donor and recipient are doing well.

Would you accept him as a donor if he decided to make a third donation?

Mother and Son

A 7-year-old boy with liver failure and encephalopathy due to hepatitis A was going to be the recipient of a lobe of liver. The donor was his 41-year-old mother who was in good health.

Both donor and recipient were scheduled for surgery, and the mother had undergone an uneventful induction of anesthesia. After the mother had been anesthetized, it was discovered that the recipient had a worsening of his condition due to cerebral hemorrhage.

The question arose, should they proceed with the surgery and expose the donor to further risk when the recipient's condition was deteriorating and making survival of the surgery less likely? Or, should they proceed with the surgery, with the hope that the new liver would reverse the process?

Given the rapidity of deterioration and the inability to determine the child's true condition, a decision was made to proceed with the surgery.

Both donor and recipient did well, and the transplant was successful.

Father and Daughter

The recipient was a 71-year-old male with liver failure, hepatitis C, and a history of cardiac disease. The donor was his 42-year-old daughter, who was donating a lobe of liver.

The anesthesiologist discussed the advisability of doing this case due to the recipient's extensive medical history and cardiac history. It was felt that he may not survive the surgery. The surgeon's argument was that liver failure patients have no options other than transplant surgery and that every chance should be taken to save their lives via transplantation. This is a valid and logical argument if the liver comes from a cadaveric donor. But does that argument hold up when a living donor, albeit willingly, risks his or her own life to save one that is perhaps not savable? This was the question that confronted the surgery team. The possibility of postoperative morbidity was

Ethical Dilemmas (cont'd)

discussed with the patient and the family, and they agreed that they wanted the surgeries to proceed.

The surgeries were performed. The daughter survived the procedure well and was discharged within five days. The father died four days after surgery.

The definition of Western medical ethics standards is under constant study and subject to constant change. Over time, a doctor's accepted right (duty?) to use any paternalistic method to benefit a patient has evolved to where the patient's welfare is just one of several criteria that must be considered in making ethical decisions. Today's generally accepted medical ethics standards were developed in the 1970s, and they rest within four basic principles:

- **Autonomy**—The right of the patient and others to share knowledge and participate in decisions.
- **Beneficence**—The intent and attempt to do good for all parties involved.
- **Nonmaleficence**—A commitment to doing no harm or misconduct.
- **Justice**—Consideration of equitability for all who will be affected by actions taken.

These principles cannot stand alone. They can be nothing more than guidelines to remind those who must make the difficult decisions that all ethical considerations must become a part of the decision process: the elimination of bias, application of all relevant information, consideration of realistic expectations and consultation with others if time will allow. Then, when all resources have been tapped, the most logical conclusion results.

Every day we face life-and-death decisions that must be made, based on our best judgment and the input of others. "First do no harm" is a noble and ethical dictum, but the attempt to live up to those words is more difficult than it would first appear.

Register Online

Register Online for CSA Educational Programs!
Sign up now for the following at
www.csahq.org

Two Seminars in Hawaii each year,
one in January and one in October.

The CSA/UCSD Annual Meeting
and Anesthesiology Review Course in May