

Ethics around organ donation

By Chris Thomas

As donations remain stagnant and need increases, what are the ethical issues that we, as a society, face around organ transplants.

We are all familiar with the concept of rationing of limited resources. The tradition of women and children first into the lifeboats is well-accepted. In the Sydney petrol strikes in the early 1980s, a rule of odds and evens days was an effective method of distributing a limited supply.

The rationing of other limited resources – organs and tissues – occurs every day in health care and presents transplant physicians and surgeons with demanding ethical dilemmas.

Who receives an organ? How old is too old? Is Hepatitis C infection a contraindication to transplantation? Should a habitual alcoholic be denied a liver transplant? Whose organs are they anyway? How do the rights of the individual stack up against the needs of society?

It could be assumed that a child may take preference over an adult for a donated organ. However, if you examine which of the two patients may achieve the most 'Quality Adjusted Life Years' from that organ, the 25-50-year-old possibly has a better chance of keeping the organ longer than the child. The child needs to face adolescence where often there is a pattern of non-compliance with their medications; failing to keep up medication gives a 75 per cent chance of losing the organ.

Why should doctors at the coalface be left with these crucial and sometimes unpalatable decisions when, realistically, all society should have a say? The medical profession and organ and tissue donation carers face even more

complex ethical dilemmas.

- Does a healthy person expose themselves to potential psychological damage if they decide to give an organ to a person they don't know?
- As our population ages (through good health care), does a person aged 80 plus who has paid taxes all their life have the right to demand a transplanted organ when it may only potentially extend their life for a few years?
- Can a person who is prepared to be an organ donor be given some form of preferential treatment over a non-registered patient, as we are seeing in the USA?
- Can a terminally ill person expressly indicate that a certain family member in need for a transplant receive their organs?
- Is it ethical for the production and subsequent commercialisation of tissue products when those tissues derive from altruistic donations but that very investment and development has the potential to improve the quality of life of many people?

The scale of the problem

More than 1,800 Australians are now waiting for an urgent transplant. More than a person a week dies waiting, with the greatest mortality occurring in patients waiting for hearts, lungs and livers, where no real alternative short-term treatment exists.

Conversely, Australia's rate of organ donation has remained static



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for the past 25 years. Last year Australia only achieved 198 organ donors, equal to about 10 donors per million people, half the rate of the USA and only a quarter of Spain, the leading proponent of organ donation.

Among the many reasons for our low rate of donation are several we can't complain about. We fortunately don't have the same gun crime as America resulting in fewer trauma patients arriving in hospital. Our very successful road death prevention campaigns have helped reduce road trauma deaths. The quality of our general health has greatly reduced stroke and other causes of premature brain damage.

Australians should not be complacent with their rate of donation. It is accepted that about 1,300 people die in Australia each year in a situation where they could be considered for organ and tissue



donation – in other words they are intubated on life-support in hospital and have suffered some form of irreversible and catastrophic brain damage.

Doubling our rate of donation should be a feasible and realistic goal. It would provide organs for an additional 740 patients given 3.7 organs are used on average from a donor. It would make serious inroads into the waiting lists, saving lives and answering the prayers of those severely traumatised by watching their loved ones suffer.

There are significant economic dimensions to this problem. Take kidneys for example. Based on UK analysis, there is a saving of approximately \$47,000 to the Australian health system for every year after a kidney recipient is transplanted in comparison to the costs of dialysis. With a median graft survival time of nine years, there is a saving of \$429,763 for each kidney recipient over dialysis. Given 368 people received a kidney transplant in 2006; the ongoing saving would be \$17,627,000 after taking into account the costs of the procedure and subsequent immunosuppression. The total saving to the health system would be \$158 million. If all 1,381 patients waiting for a kidney received a transplant, the saving would be around \$593 million. This does not take into account the additional benefits of these patients returning to the workforce and undertaking productive lives, off pensions and paying taxes.

Ways to fix the problem

Leaders of the organ and tissue donation sector have met over the past year as an initiative of the Federal Government and have recently delivered a comprehensive report to the new Labor Government. The report points to comprehensive systemic change, stand-

ardising different state laws, better education and a more cohesive communications strategy to present the community with simplified messages about donation.

Transplant Australia is confident the recommendations will lead to a significant increase in donations. Either way – an increased pool or a continuance of the rationing that currently occurs – doctors and the sector will be faced with new and challenging ethical dilemmas.

New challenges

Live donation has increased significantly and provides a new and potentially compatible source of kidneys for many patients. This is clearly a wonderful and unique gift from one family member or close friend to another. But we are seeing a new pattern of healthy people consciously deciding to give their kidney in a non-directed way – to someone with whom no relationship can be established.

On the one hand this can also be considered a wonderful gift. However, many doctors worry about the potential future psychological problems that may arise, particularly if that patient subsequently develops renal disease and needs a kidney transplant. It is also an ethical problem for surgeons to cut into a perfectly healthy body and remove an organ when there is no underlying connection, love or friendship between donor and recipient.

A successful increase in donations would also give rise to new ethical dilemmas coupled with our ageing population. How old is too old? What are the ethical and indeed economic considerations of transplanting 80-year-olds and who should make these decisions?

Many patients are currently excluded because of the presence of hepatitis or other infectious or

contrary conditions. Do we have this right? And should the habitual smoker receive a new heart or lungs? Should a patient be given a second, third or even fourth transplant?

If we are not successful in increasing the rates through the change process recommended in the Taskforce, how else can we jump-start Australia into better supporting organ donation?

Should we follow the Spanish experience and introduce opt-out legislation where there is a presumption of donation. Many authorities in Australia believe it would not work here, saying Australians wouldn't 'cop it'. Intriguingly we have never asked those Australians and it should not be assumed that we would not be in favour of such a system.

Another issue which has been raised overseas is financial incentives. Nobody agrees with paying for organs; however, what about some form of financial incentive post-death, such as a contribution to funeral expenses? If we are talking about doubling our rate of donation to 400 donors then a \$5,000 contribution would cost taxpayers \$2million but could potentially be a powerful and innovative incentive to reward those who make such a generous gift.

Perhaps the answers lie in a different direction in stemcell research and tissue replacement. The possibility of growing our own tissues, of becoming essentially our own donors, is on our doorstep. But as a nation we need to commit to this research if we want to reap the rewards.

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