

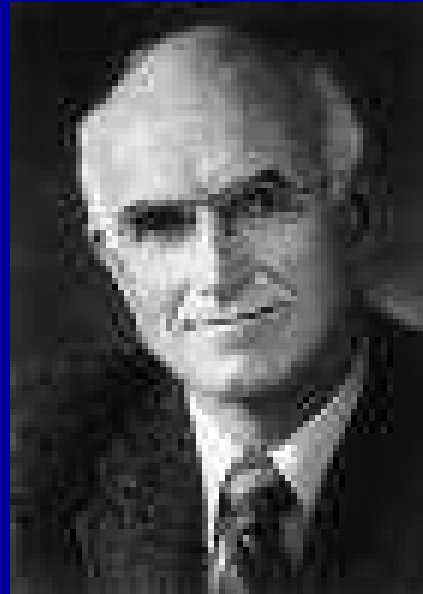
Ethics and Living Donation: Promise amid Peril

IOM Committee on Increasing Rates of Organ Donation
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Initial Success

- Available donor
 - Living relative
- Technological Necessity
 - Genetically identical
- Limited application
- Ethical concerns
 - “First, do no harm”



Joseph Murray, M.D.

Justification

The benefits accrued (primarily, though not exclusively, to the recipient)

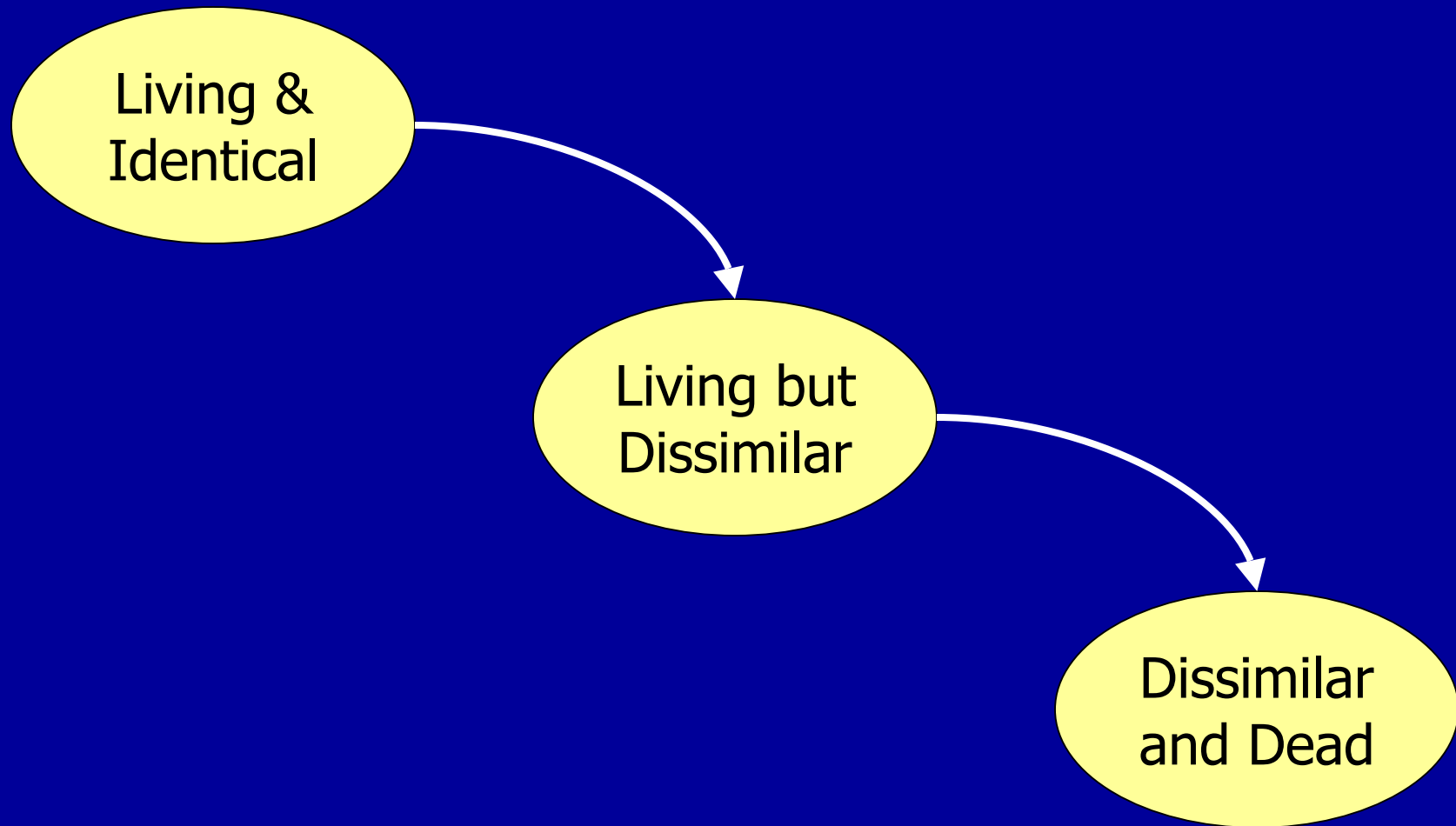
must significantly outweigh

the risks/harms incurred (primarily, though not exclusively, by the donor).

Historical Evolution

The ability to perform transplants between genetically dissimilar individuals is the ***single most significant*** development in the history of transplantation.

Historical Evolution



Contemporaneous Developments

- 1959: Coma de passé
 - Clinical description of brain death
- 1960: Closed-chest cardiac massage
 - Introduction of CPR

Impact

- A New Way to Die
- The Old Way Might Not Mean Dead

Historical Context

It is inconceivable that any vital organ other than the kidney might ever be removed from a healthy living donor for transplantation purposes.

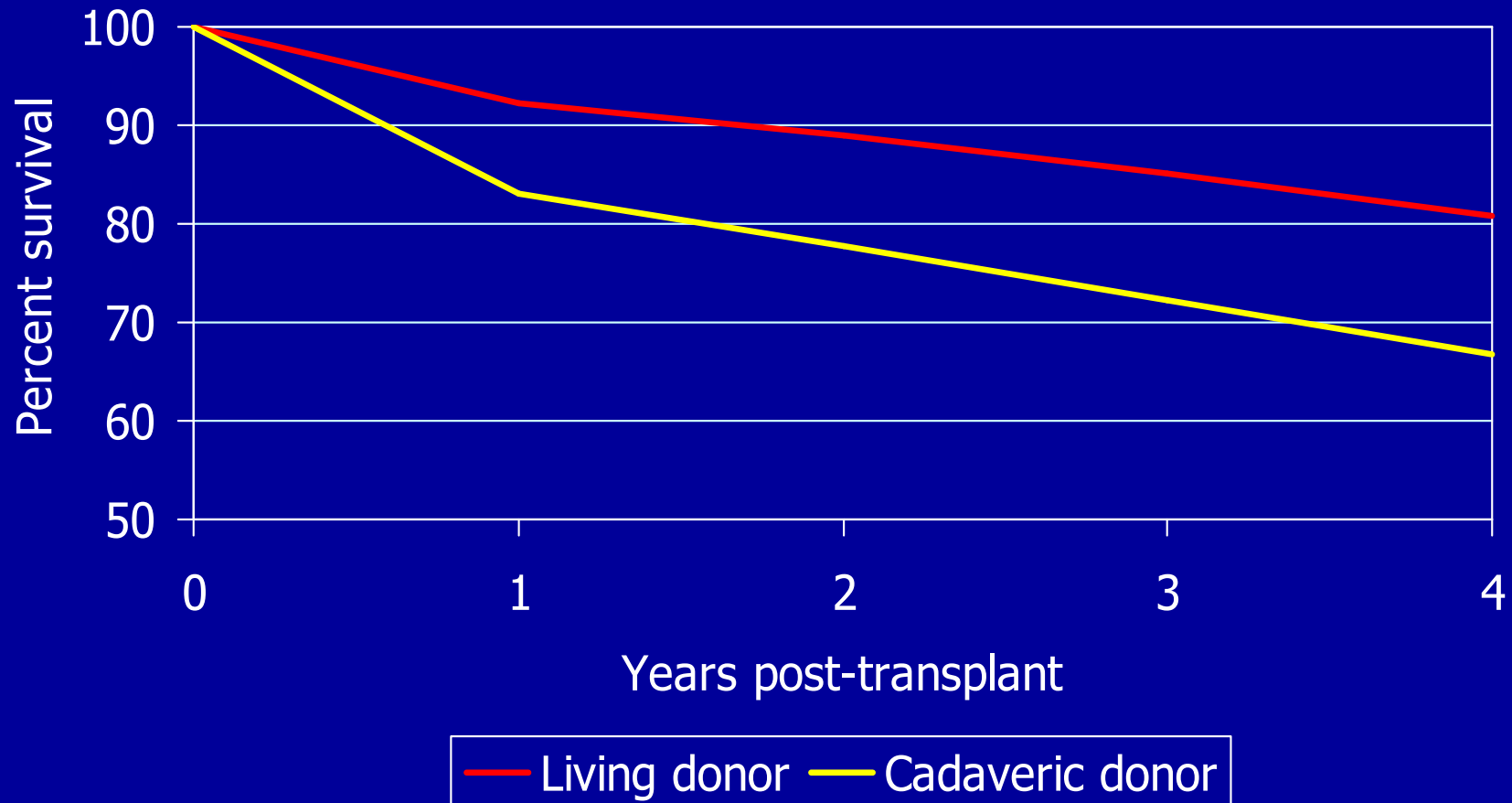
-- Hamburger & Crosnier, 1968

On the Decline of the Living Donor

Of course, we shall be happy to see him go.

--Carl H. Fellner, 1971

Kidney Graft Survival



Changing Paradigms?

- Re-emergence of living donation
- Expanded donor criteria
- Donation after cardiac death (NHBCDs)
- Innovations in living donation
 - From emotionally related to ???

Living Donor Milestones

- 1954: Kidney
- 1978: Pancreas
- 1989: Liver
- 1990: Lung

Living Donors

- Genetically identical
- Genetically related
- Emotionally related
 - Spouse
 - Friend
 - Co-worker
 - Church member

Innovations in Living Donation

- Emotionally-unrelated Donors
- Cadaver/Living Donor Exchange
- Paired Donor Exchange
- “Altruistic Stranger” Donors
- Solicited Donors
- ? Solicited Recipients

Rationale for Living Donation

- Genetic necessity
- Genetic advantage
- Survival benefit
- Decrease burden on cadaveric pool
- Increase access to cadaveric kidneys

Focus in Living Donation

- Informed Consent & Autonomy
 - Need for information: database
 - Freedom
 - Fine line between motivation and coercion
 - Free to decline? (esp with donor exchanges)
 - Consent
 - Foregone conclusion?
 - Potential harm > deceased donation

Ethical Principles

- Non-maleficence
- Donor autonomy

- Beneficence
- Professional Autonomy
- Justice

Challenges of BYOD Mentality

- Less-than-ideal transplant candidates
- Less-than-ideal donors
 - Pre-hypertension, impaired glucose tolerance
 - Long-term risks, e.g. lifetime risk of HTN
- Impact on allocation
 - Donor exchange: potential benefit
 - Donor solicitation: exacerbating inequity

Promoting Living Donation?

- Donor motivation
 - Altruism??
 - Not required...rarely attained (purist)?
 - A different kind of philanthropy?
 - Unintended consequences
 - Impact on long-term self-care/follow-up
 - Public policy solution?...Public assurances

Conclusions

- Benefits of living donation
- Risks of living donation
- Peril of promotion
- Recruiting ideal donors