ETHICAL ISSUES IN TRANSPLANTATION; WHAT IS THE STATUS OF DONATION AFTER CARDIO-CIRCULATORY DEATH IN ALBERTA?

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A Very Quick Overview…

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- Types of transplant
  - Living donor (LR, LUR)
  - Cadaveric
    - NDD (brain dead)
    - DCD (cardio-circulatory death)

Harvard Ad Hoc Committee 1968

A definition of irreversible coma: report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death. JAMA 1968;205:337-40.

A Very Quick Overview…

- 1950: First successful kidney transplant by Dr. Richard H. Lawler (Chicago, U.S.A.)[13]
- 1954: First living related kidney transplant (identical twins) (U.S.A.)[14]
- 1955: First heart valve allograft into descending aorta (Canada)
- 1962: First kidney transplant from a deceased donor (U.S.A.)

A Very Quick Overview…

- 1965: Australia's first successful (living) kidney transplant (Queen Elizabeth Hospital, SA, Australia)
- 1966: First successful pancreas transplant by Richard Lillehei and William Kelly (Minnesota, U.S.A.)
- 1967: First successful liver transplant by Thomas Starzl (Denver, U.S.A.)
- 1967: First successful heart transplant by Christian Barnard (Cape Town, South Africa)
- 1981: First successful heart/lung transplant by Bruce Reitz (Stanford, U.S.A.)

Maastricht classification

Category	Type	Circumstances	Typical location
1	Uncontrolled	Dead on arrival	Emergency Department
2	Uncontrolled	Unsuccessful resuscitation	Emergency Department
3	Controlled	Cardiac arrest follows planned withdrawal of life sustaining treatments	Intensive Care Unit
4	Either	Cardiac arrest in a patient who is brain dead	Intensive Care Unit

Numbers in Canada

From 2012 Canadian Institute for Health Information

NDD - 1230

DCD - 164

LR - 325

LUR - 134

LDPE - 25

Numbers in Canada

From 2012 Canadian Institute for Health Information DCD by province:

- Alberta - 3
- BC - 31
- Ontario - 130

Alberta Health Services

UAH

Current DCD Numbers

Faculty of Medicine & Dentistry
University of Alberta

	DCD Referrals	DCD Accepted	Organs Transplanted
2007	0	0	0
2008	0	0	0
2009	3	1	Pancreas 2 kidneys
2010	7	1	Liver 2 kidneys
2011	13	3	2 kidneys One double lung
2012	7	1	2 kidneys
2013	9	3	

Ethical Issues

- Philosophical Concerns
- Practical Concerns

Philosophical Concerns

- The Dead Donor Rule (is it circular?)

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- Not “really” dead (essentialism problem, reversibility, etc.)
- Conceptual honesty and transparency

Philosophical Concerns

Two proposed solutions to addressing the philosophical concerns:

1) abandon the dead donor rule.

2) understand the declaration of death correctly as a convention, i.e. the consensus of an expert community for a particular purpose.

19th Century New York Bill

- *First – Permanent cessation of respiration and circulation.*
- *Second – Purple discoloration of the dependent parts of the body.*
- *Third – Appearance of blistering around a part of the skin touched with a red hot iron.*
- *Fourth – The characteristic stiffness known as rigor mortis.*
- *Fifth – Signs of decomposition*

Practical Concerns

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- conflict of interest (real or perceived)
  - fiduciary obligation (particularly ICU staff)

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  - perimortem procedures to facilitate transplant (heparin, cannulation, etc.)
  - conflicts between pts/families in small centres/small pt. populations.

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- Service with greatest vulnerability must control the process (ICU).
- Staff must feel supported both by clear policy and rational regarding process, but also to conscientiously withdraw from the process. The process must be transparent.

Some Last Thoughts

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Some Last Thoughts

- Understand transplant as a necessary transitional technology.
- Understand the fundamental communal values that make transplant possible, i.e. trust, compassion.
- Identify the unique elements that both define and enable transplant and recognize conventions that serve and are limited by this community. (pay to play?)
- Mitigate the conflict of interest faced by ICU staff by removing the burden of identification/selection of donors and addressing donation at a more appropriate time.

Alberta Health Services

Thanks, and please feel free to contact me!

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