

Break-Out Session:

Parents as Living Donors for Their Children:

Who Decides the Permissible
Degree of Risk?
And What Criteria Do They Use?

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Objectives

- To consider whether there are limits to the risks that donors may take.
 - » To consider who decides these limits, the potential donors or the transplant team.
- To consider what are morally acceptable inclusion and exclusion criteria for listing an individual on the deceased donor transplant list.
 - » To consider if these criteria should depend upon the organ, its degree of scarcity, or the potential recipient's expected quality and quantity of life post-transplant.
 - » To consider whether we would still have inclusion and exclusion criteria if there were no scarcity of organs.
 - » To consider whether there are any absolute contraindications to transplant.

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Case 1: A Father Offers To Serve As A Living Donor For His 14 Year Old Daughter.

- The case came to the attention of the Ethics Committee because the father states that he is a Jehovah Witness.
- He understands that the risk of bleeding after removal of the kidney is quite low, but wants promises that the team will not impose blood, even in an emergency.

Case 2: What Are The Ethical Issues?

- Is it appropriate to let the father donate?
- Can the teenager refuse blood for herself during the procedure?
- Is the teenager's attitude about her father's donation relevant?
- What about the moral agency of the transplant team?



Case 2: On December 5, 1998, David Patterson Offered A Kidney To His 16 Y.O. Daughter, Renada.

- The case made the headlines because David had donated one kidney to his daughter 3 years earlier.
- Question: Can a parent donate a second kidney to his child?

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Case 2: A Second Kidney (Continued)

- The newspapers also noted that Renada probably lost the kidney due to non-compliance with immunosuppressive agents.
- She promises she will take better care of this kidney.
- Does this change the analysis?

Case 2: A Second Kidney (Continued)

- The newspaper report also noted that David Patterson had abandoned his daughter when an infant.
- He has had no relationship with his daughter prior to donating the kidney.
- It also notes that David Patterson is in jail.
- Do any of these factors change your analysis?

Case 2: What Are The Ethical Issues?

- Are there limits to the level of risk that living donors may take?
- If so, do these limits change because the donor is “family”?
- Is Renada’s attitude relevant?
- Is it relevant that the donation threatens the “commons”?
- What about the moral agency of the transplant team?

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Case 3: An Adult In Liver Failure

- **Case 3A:** The cause of the acute liver failure is Tylenol ingestion. The 35 y.o. woman has a past medical history significant for 3 suicide attempts in the past 2 years. In each case, she was considered for a liver transplant, but she recovered uneventfully.
- **Case 3B:** The cause of the liver failure is alcoholic cirrhosis. The 30 y.o. woman has never been able to become “dry” for over 1 month despite multiple rehab attempts. She presents in acute-on-chronic liver failure
- Treatment options:
 - 1) List for deceased donor
 - 2) Suggest that living donation is possible
 - 3) Allow a parent to donate only if the parent raises the possibility
 - 4) Supportive measures only

Case 3: Next Steps

- Step 1: Is she eligible for a deceased donor organ?
 - » **Case 3A:** The transplant team has a policy that individuals with multiple suicide attempts should not be transplanted given the likelihood of non-compliance.
 - » **Case 3B:** The transplant team has a policy that an individual must have abstained from alcohol for 9 months.
 - » Are these justifiable policies?
 - » If so, how should the team proceed?
 - Do they have a moral obligation to raise living donation?
 - Do they have a moral obligation NOT to raise the possibility of living donation?

Case 3: Is It Ethical To Use A Living Donor If A Patient Is Not Eligible For The Deceased Donor List?

- Does the cause of the liver failure matter?
- Does the likelihood of success of a living donor matter?
- Does it matter whether the liver failure is acute (case 1) or chronic (case 2)?
 - » How does this impact “informed consent”?
- What if the reason for ineligibility (Case 3B) is that the 19 y.o. individual in liver failure has anoxic encephalopathy for the past 10 years and is unable to interact with family?

Case 3: The Living Donor Option

- In all cases, the mother answers, “I understand that my donation may be to no avail. My daughter may
 - » #1: attempt suicide again; or
 - » #2 drink and cause damage to the transplant.
 - » #3 never sit or smile again
- I am prepared for these eventualities, but I want to give her one more chance.
 - » In cases #1 and #2: I believe when she sees the risks I took for her, that she will reform.
 - » In case #3: She is an integral member of our family and we value her life, even though you perceive her quality as poor.
- What should the transplant team do?
 - » Is it acceptable to use a living donor when a patient is not eligible for the deceased donor list?

Case 3: Morally Justifiable Inclusion and Exclusion Criteria for Organ Transplantation

- Must the recipient criteria be the same for living and deceased donors?
 - » Are quality of life criteria valid?
 - » Does it matter if the health care providers do not believe that the transplant promotes “the ends of medicine”?
- Are the “ends of medicine” socially constructed? Can they differ in different communities?
 - » Are the “ends of medicine” dependent on a country’s wealth?

Concluding Thoughts

Organ transplantation and the scarcity issues that surround transplantation create ethical tensions in various arenas:

- » The moral limits to patient autonomy;
- » The moral agency of health care providers;
- » The proper “ends” of medicine; and
- » The moral considerations of American health care from a global perspective.