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

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A Very Quick Overview...

- Types of transplant
  - Living donor (LR, LUR)
  - Cadaveric
    - NDO (brain dead)
    - DCD (cardio-circulatory death)
Harvard Ad Hoc Committee 1968


A Very Quick Overview...

- 1950: First successful kidney transplant by Dr. Richard H. Lawler (Chicago, U.S.A.)
- 1954: First living related kidney transplant (identical twins) (U.S.A.)
- 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)
- 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Circumstances</th>
<th>Typical location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Uncontrolled</td>
<td>Dead on arrival</td>
</tr>
<tr>
<td>2</td>
<td>Uncontrolled</td>
<td>Unsuccessful resuscitation</td>
</tr>
<tr>
<td>3</td>
<td>Controlled</td>
<td>Cardiac arrest followed by withdrawal of life sustaining treatments</td>
</tr>
<tr>
<td>4</td>
<td>Either</td>
<td>Cardiac arrest in a patient who is brain dead</td>
</tr>
</tbody>
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### 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
Ethical Issues

- Philosophical Concerns
- Practical Concerns

Philosophical Concerns

- The Dead Donor Rule (is it circular?)
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- Not "really" dead (essentialism problem, irreversibility, etc.)

Philosophical Concerns

- The Dead Donor Rule
- 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

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

- perimortem procedures to facilitate transplant (heparin, cannulation, etc.)
Practical Concerns

- The devil is in the details
- 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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• Understand the fundamental communal values that make transplant possible, i.e. trust, compassion.

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• Identify the unique elements that both define and enable transplant and recognize conventions that serve and are limited by this community.
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.

Thanks, and please feel free to contact me!

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