

Discussion

Dr. Okuda: Thank you very much. Any questions specific to Italy? No. Thank you very much then. And before we go into a general discussion, I'd like to ask Dr. Gayotto to go up to the podium and tell us about the situation in Latin America. Can you?

Dr. Gayotto (Past President, IASL, São Paulo):

Thank you very much Dr. Okuda. It's been very generous of you and Professor Ishii to invite me to participate as an observer from the International Association for the Study of the Liver. I have not prepared a presentation here. Telling you about Latin America, we have many centers in Latin America, especially in Brazil, two centers that are practicing liver transplantation. And one is children, and the other one is adults. And we have the same problems, mainly of organ donation. But I would like to take this opportunity to make some comments about what I have learned today with the specialists that came to this podium to talk about ethics and transplantation. I think that throughout humankind and mainly in recent times, there has been no parallelism between technology and human behavior. And this phenomenon has its counterpart in medicine, where extraordinary advances raise ethical problems that are not always object of enough debate among doctors. And I think this has been put forward by Dr. Sidorov. And I don't think that apart from the regular curriculum lesson about ethics we have enough debate in our clinics and in our laboratories about what is being done for humankind. On the other hand, these issues bring about many questions, that is spite of regional cultural particularities tend to evolve toward common concepts worldwide like brain death, tending to unify more and more the responses that humanity has put to itself throughout the centuries, and I feel very happily that more and more we are tending to become a global village. As far as liver transplants are concerned, I think that questions such as the

criteria for the priority of choice of recipients, the availability of liver grafts, must be answered so that we can obviate the problem that, for instance, we have in Brazil where more than 50% of the children die in the waiting list. Other ethical issues will be certainly raised, but I think the problem of organ donation does not depend solely upon legislation, as we feel very often in many countries that I have visited, but mainly of mobilization of public opinion, in which we doctors are usually timid to participate, and I think we should participate more. Finally, I think with the progress of our knowledge and our therapeutic procedures, other ethical problems will be raised. The most recent one I have experienced to my, I would say to my horror, was that I read an article in a medical journal supporting openly the trade of organs. I agree with Dr. Wulff that situations as such are a permanent challenge for us as doctors and human beings. Thank you very much.

Dr. Okuda: Thank you very much. We have only 13-15 minutes for discussion. We cannot bring up too many issues. But the first issue I would like to bring up is the ethical problem of live liver transplantation. I understand that certain countries do not permit it. In the United States the first live liver transplantation was carried out in Chicago. And before it was started, an ethicist, Dr. Peter Singer, wrote an article in *New England Journal of Medicine* about this possible start of live liver transplantation in Chicago and let medical circles respond to his article, and he was waiting. And since he had waited one year and there seemed to be no strong opposition from anywhere, they just went ahead and started this. But in Japan, since we could not do liver transplantation from the brain dead, several surgeons started this procedure, and I don't know exactly what ethical issues are involved in this. Well now, Dr. Gyoten will explain to us the ethical issue of this procedure. I'd like to ask Dr. Makuuchi to comment and give his view on this.

Dr. Gyoten, would you please say something about living liver transplantation?

Dr. Gyoten: As just mentioned, I believe living liver transplantation in Japan has the nuance of a measure of necessity. I gather from what has been stated by doctors from various countries that there is no international consensus on organ transplantation and brain death. I agree completely with what Dr. Gayotto has just mentioned on what the Japanese physicians and medical ethics should be. I would like to have Dr. Makuuchi elaborate on this matter.

Dr. Makuuchi (Shinshu University, Surgery, Matsumoto): Doctors from various countries just explained the different situations and problems in their countries, but it is different in Japan where living liver transplantation preceded—but not from cadaveric donors. As a surgeon performing liver transplantation, I want to stress the non-ethical aspect of liver transplantation being prohibited from using brain death donors. I think that having the skill to save patients but not using this skill and watching the patient die is ethically shameful conduct on the part of a physician. I think that the transplant surgeon should not run away from this issue. As of now when there is no legal protection for doctors in the emergency room or associated with the determination of brain death, I believe that refusing to perform transplantation or not actively participating so as to protect himself as a physician is not right ethically. Conversely, police officers tend to give priority to medical examination of the dead and not assuring the rights of patients with end staged liver diseases. That is, police tend to adhere to the law, and are satisfied by doing only what is stipulated in the law. As a result, the rights of patients with terminal hepatic failure are often neglected. I think laws and law-enforcement people in Japan should have warmer and more humanistic concepts.

Liver transplantation became commonplace in the eighties. In Japan, however, the mass media in particular reported detailed arguments on the protection of the rights of people with brain death. The media, however, neglected the rights of patients with liver or cardiac failure. The result has been the loss of several thousand lives. I think that it is the responsibility of the mass media to lis-

ten to the silent majority and to help the needy. This is also an important political issue.

As for the other problem of judging brain death, I am but a layman, of course, but I was sorry to see that the opinions of specialists such as Prof. Takeuchi and others who are engaged in emergency activities were not reported by the mass media. This has resulted in serious misunderstanding on the part of the people, in developing thorny problems, and in losing the lives of many people. I think this is really inappropriate. As mentioned by Prof. Nagy a while ago, the medical society needs to explain these things precisely to the mass media and to the community. To do so, I firmly believe that the medical society should have an organization for public promotion of this matter and for correction of unfair or incorrect reporting by the mass media. Thank you very much for listening.

An Internist: I am a doctor of internal medicine, practicing in the City of Kagoshima. As a Japanese, I support the thinking of Dr. Gyoten, and as an extension of his thinking, I believe that the health of the people lies in the health of the community, in the health of nature, that is, in the health of the Earth. The health of the Earth is in risk with increases in population and elevation of the standard of living. Treatment to date has been designed to improve human health, but from now on we should think about medical services that do not conflict with the health of the Earth.

Dr. Okuda: Thank you very much. Another point I'd like to bring up is the big gap between this opting-out system and the recent recommendation just drawn by governmental ad hoc committee on this. This recommendation given by this ad hoc committee in Japan said that the person should have made clear willingness to donate organs from his or her dead body. Without such clearly expressed willingness or will, one cannot remove any organ. On the other hand, in France and Austria, if one has not opted-out then it is permitted to take out organs. There is a big difference, and I wonder whether some of the panelists comment on this difference. Could you comment

on this?. In certain countries, as long as the patient, or the person, has not opted-out, then you can take out organs. It's a big difference.

Dr. Sidorov: I think this is a problem of education. It is interesting that in Canada, though we have one of the highest rate of organ donors, we still don't have enough organs for transplant. Yet, in comparison, we have had for years a voluntary blood donation where people readily donate blood, completely free of charge. In spite of this positive blood donor attitude, we have problem getting organs for transplant. So there seems to be something more than the attitude. I think it is a question of education. One of the problems relates to the emotional reaction of medical team looking after a patient who ends finally brain dead. Frustrated in their effort to save the patient, they are often very reluctant to allow the harvesting team to come and take various organs. This emotional reaction needs to be balanced by education.

May I ask Dr. Gyoten for another comment?. Sometime in 1991 there was an article, I think in *Lancet*, written by one of the teachers from a Japan University, who stated that the problem with brain death in Japan stems basically from the religious and cultural tradition. In the west, according to Christian concept of immortal soul, once the patient is brain dead the soul is gone the body has no particularly spiritual or religious significance. Non-religious individuals, atheists and agnostics also accept generally the concept that once the intellect is gone, the body should be disposed of in the appropriate manner including, if necessary, research, organ donation, etc. This he states is in contrast with the situation in Japan, where there is a more communal expression of death. There is a whole procedure that has to be carried out for days in which the family and community participates. According to this the person is dead only when the body is finally buried or otherwise disposed of.

Dr. Gyoten: That is a very high level issue. As an explanation, I will quote the statement of Dr. Sidorov about two-directional thinking. Japan is where one-directional thinking is still strongly

prevailing. As an example, there are the O-bon festivities and other ceremonies following the death of a person, but once the soul is gone from the body, what is left is nothing but an object, as reflected in the two-directional thinking as explained by Dr. Sidorov. For some Japanese, however, the soul may remain for a while with the body, or coming back to the body or whatever signifies the body at a specific time during the year. It is not a question of being strange or irrational, but this is fundamental culture cherished for a long time by Japanese people. Accordingly, we never can say it is good or bad. Such beliefs still prevail and people regard the remains much differently here.

As the doctor mentioned briefly, we do "collect the remaining bones," not only those of soldiers who died during World War II, but those who died in accidents such as aircraft crashes, no matter how troublesome it may be. In fact, yesterday a small aircraft that had crashed and was lost two or three years ago was located on the northern island of Hokkaido. Of course there is no survivor, but to take care of the remains a large number of police officers and others were mobilized and sent to the location deep in the woods. This is a good example of the belief of the Japanese people regarding the remains of the dead.

Can I speak some more? A while ago, Dr. Makuuchi mentioned medical examiners, and implied that things do not go well because of police interference. I am not trying to protect the police, but they are very good at detecting utterly unexpected crimes, and their work is among the best in the world.

Dr. Okuda: He must have mentioned that case that occurred in Osaka.

Dr. Gyoten: That is an example, another one, that is. As a whole, police observation is a very important and contributes to maintaining law and order in Japan. In this respect, I think the nuance is somewhat different from what Dr. Makuuchi stated.

Dr. Makuuchi: If a problem is disclosed in a coro-

ner's inquest, organs from that body would not be used by any transplant surgeons. In other words, it is transplanted only after opening the abdomen or opening the chest and confirming the normality of the intended organ. During this procedure it is of course possible to examine the body after the manner of an inquest. Nonetheless, according to the official opinions of the Public Procurator's Office and other offices, there would be no

inquest unless cardiac death takes place. I say that this is a problem.

Dr. Okuda: Thank you very much. Before closing, I'd like to thank all the invited speakers, and those who have actively participated in discussion, this symposium has been a real success and we learned a great deal. Thank you very much for your participation.