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Definition of Death

SIR,—Transplant surgery requiring organs removed from donors at the point of death is likely to increase, geometrically rather than arithmetically; so only too clearly will the ethical problems. Today's national press reflects the confusion surrounding the death of a donor. While the profession might suggest that the lay press lacks objectivity, it can be argued that the national press both reflects and creates a climate of opinion which the profession must recognize.

It is essential that the central problem must be identified and that practical measures must then be taken. The definition of death itself must include the concept of irreversibility; the term is being devalued because it means different things to different people. But even if the jurists achieve a new and acceptable meaning for the term "death," the problem remains. It is this: both profession and public fear that the recipient's doctors, in the interests of their patient, may exert pressure on the donor's doctors, and that the result may be that life-supporting treatment (that is, assisted respiration, etc.) is withdrawn, or even refused, earlier than might otherwise have happened. However laudable the motives, not only must this not happen, but it must be seen that there are safeguards against this. Not only must the end be justifiable, but also the means.

A possible solution might be the interposition of a third party. The Emergency Bed Service, and recently the London Information Service for the Management of Heroin Addicts, have shown what can be achieved in terms of economy of effort in securing an equitable distribution of the medical load. I propose a model for such a system which I shall name—for convenience—the National Tissue Bank (N.T.B.).

The N.T.B. would serve merely as agents in the Metropolitan region and elsewhere as seemed necessary. The procedure would be thus. The medical attendants of a potential donor would inform N.T.B. of suitable donor organs, giving all relevant clinical and immunological data. The medical attendants of recipients would inform N.T.B. of requirements for organs, again stating relevant immunological data. It would be the responsibility of N.T.B. to assign all donor organs to surgical units, with special

regard for clinical, immunological, and geographical relevance. Appropriate safeguards could be inserted into the system, and, in particular, two examples might be:

(1) The medical attendants of a donor should offer organs only when all necessary consent from patient and relatives had been obtained, and when they were satisfied that the prognosis for life was less than, say, 48 hours. (2) All exchanges of tissue for grafting should be carried out in this way, even if the third party was able to arrange that donor and recipient were in the same hospital.

Practical details would require clarification. It might be found that trained lay staff could operate such a system with the assistance of a medical referee or committee. It may prove easier to set up such a system, which is a practical measure requiring only a modest financial outlay, than to reach abstract decisions on the moral, ethical, and legal issues involved; and such a system might, in the event, do more to remove the fears that afflict profession and public alike.

I am moved to make this suggestion following discussion of a case involving the use of a young adult with irreversible brain damage as a donor. The evident difficulties and distress caused to medical and nursing staff equipped with the best of intentions have persuaded me that some practical measure must be introduced—soon. I am not involved personally in problems of transplant surgery, but then many who are not at present involved are likely to be caught up in this controversy as transplant surgery is extended. —I am, etc.,

Middlesex Hospital,
London W.1.

DAVID WINGATE.

Heart Transplant Publicity

SIR,—I was appalled by the circus I saw on television last night. I am referring to the performance outside the National Heart Hospital following the first British heart transplant operation. This sort of show in which a galaxy of performers appears before the seething mob of pressmen does nothing to advance medical science. A press confer-

ence is being held—to what purpose? It can do naught but give to a bloodthirsty public lurid details of a surgical undertaking which ought to remain completely confidential. Already the anonymity promised to donor and recipient has been breached by one section of the press. Even the more reputable newspapers, although not giving the name, described the man in such detail that many of his acquaintances must be able to identify him—and this, according to one newspaper, even before his own wife knew.

I and many of my colleagues are disgusted by this type of publicity, which is better saved for film stars, politicians, and astronauts.

Operations such as these should be carried out under the same conditions of secrecy as any other. If it is thought necessary to inform the world of these advances carefully worded press statements could be made, preferably by a press officer some time after the operation, when a careful assessment of initial success or failure can be made. If newspapers, television, etc., require further information one or two experts in the field in question could give interviews, but the wholesale appearance of those involved in this manner before the patient has come round from the anaesthetic, so to speak, fills me with horror.

The medical profession in this country has always in the past shunned publicity—and rightly so. The medical journal is the correct place for the dissemination of knowledge and the discussion of such important medical advances. Only by keeping publicity in its rightful place can we best serve our patients. —I am, etc.,

Leeds.

G. E. PHILIP.

SIR,—After Professor C. Barnard's heart transplants many of us felt the publicity unfortunate but perhaps understandable in that he could not have realized what it would be like. The present publicity over the transplant here, as evidenced in the Sunday press, has no such excuse. The photograph of the team can only be described as vulgar publicity. It is indeed a sad day when medicine can sink to such depths.—I am, etc.,

Shenfield,
Essex.

W. D. PARK.