

When Generosity Is Medically Necessary

James Reston Jr

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By James Reston Jr.

IOWA CITY

In Aldous Huxley's vision of a brave new world, the central hospital has an organ store in a basement where the shelves are well stocked with organs whose donors are anonymous and unimportant. Perhaps someday, when stem cells can grow into kidneys and hearts or when organs from "nude pigs," stripped immunologically of their pigness, can be transplanted into humans and not be rejected, we will achieve that time of plenty.

Until that day, families on organ transplant lists live a much more profound reality: that one person's joy is another person's tragedy. Deliverance from desperate disease sometimes depends on the generosity of others, and society is not always generous.

In the eight years that our daughter, Hillary, waited for a kidney transplant — which blessedly took place two weeks ago here in Iowa City — I was always struck by the depersonalized language of the transplant industry. Hillary, the "recipient," had to wait for the right "donor." Her search was for a "cadaveric" kidney rather than a living donor,

since neither I nor my wife could donate, and no saint had stepped forward. Time on the transplant list alone was not enough, for the donor's organ had to be a match for blood and tissue type. We became gamblers in a crapshoot, trying to decide whether to transfer Hillary's points for youth and time spent on a transplant list in one part of the country to another regional list in search of a "donor pool" that would offer up her perfect partner. Even if the right kidney miraculously became available, we had to hope that it was properly "harvested." A few years back, we missed out on a well-matched kidney that, in the harvesting, had been "nicked."

Waiting for a transplant can develop one's sense of the grotesque.

In the Congressional debates over cloning, over a fair system of distribution for scarce organs or over the ethics of xenotransplantation, as "transspecies" transplantation is known, the lot of those who need these miraculous new solutions to organ failure is rarely considered. For several years now, as we increasingly despaired of ever finding a transplant for Hillary, I have often wondered, in the abstract, how I would react to my daughter receiving a functioning pig's kidney, much less an organ from a clone. In both cases, I would have tremendous ethical qualms. Would my daughter, in becoming a recipient of such an unnatural organ, become something different from who she is? Would it be ethical to have animal and human

clone parts stocked and ready?

And yet, if her ability to continue on dialysis failed, as was beginning to happen, of course I would opt for life. My ethical reservations would give way to my desire to keep her alive. Ultimately, families, not politicians, should resolve the dilemma of whether artificial organs or organs from different species should be transplanted into their own family members.

Only a week before we got the call from Iowa, I asked Hillary's trans-

Transplants turn one family's grief into another's joy.

plant surgeon how long a cadaveric kidney could be expected to last. The exchange had the feel of talking to your local car mechanic. The data is carefully kept. Ten years was his response. And then? And then, he answered, we may well be able to grow her a replacement in a dish. I find that prospect comforting. I shudder at the thought that Hillary would ever have to go back on the transplant list.

As the results of this miraculous surgery unfolded over the first few days, and we learned that Hillary had passed safely through the period of

highest risk without rejecting her donor's gift, we were told repeatedly that this had been an excellent match, almost as good as if it had come from a living, family-related donor. Our spirits soared. We felt as if we were riding a magic carpet. The experience was profound, on the level of the birth of our first child.

But it was never far from our minds that our joy was tied to another family's grief. Who was this lifesaving donor? It is an uncomfortable question, since many families of recipients cannot bear to think about the source of the organ. For them the depersonalization of the process may be necessary, a deliverance from the inevitable guilt. Yet how extraordinary that in the shock of a tragic death, someone had the presence of mind and the generosity to give life to a stranger far away.

"You have probably read the papers," we were told when we skirted around this delicate conjunction of fates with a hospital official. I had done some sleuthing. Hillary's benefactor was an 18-year-old high school graduate, a fine athlete, a good student and a young man of great promise, who had been killed not far from here when he lost control of an all-terrain vehicle he was racing at the local county fair.

Overhead, I watch the medevac helicopters come and go from the roof above Hillary's recovery room. I can't forget that two weeks ago the helicopter carrying the donor had arrived too late. □