

Case Brief Analysis

Heart Transplant



The hospital ethics committee was discussing an important and urgent case. A donor heart had become available, but an extremely rare thing had happened. Two heart-transplant candidates in the hospital were both matches for the donor heart. One patient was known to the committee as Mr. X, the other as Ms. Y.

For someone with heart failure, Mr. X had been on the transplant waiting list a long time. He had been waiting one year and was near death. Ms. Y had just been placed on the list and could be sustained with medication for quite some time, possibly until another heart became available. The answer seemed obvious-give the heart to Mr. X.

A number of the members of the committee did not agree with this answer. They argued that time on the transplant list should be only one factor considered. They saw a problem in Mr. X's medical record.

Mr. X was 64 years old and had suffered from a heart condition for years. He had had two angioplasties and two bypass operations to correct a blockage of the heart's blood vessels. The problem seen by some committee members was that Mr. X still smoked, ate fatty foods, and was very overweight. After each procedure, doctors had warned Mr. X that he must change his life-style and that if he didn't, his condition would worsen. He never stopped smoking, however, and never changed his diet. He said it was too hard.

Research has proven that smoking and high cholesterol are risk factors for heart problems. Blockage of the coronary arteries is directly attributed to these two factors. Treatments such as angioplasty (opening the blood vessels by passing a tube into the arteries) and bypass surgery (connecting new blood vessels that go around the clogged ones) can correct the problem, but they are not a total cure. To avoid further problems, patients must control their diet, stop smoking, and alleviate stress. This, of course, is not easy for Mr. X to even to try.

The heart was about to be airlifted to the hospital. The committee had to make their decision very soon.

Questions to Consider (you may develop additional items)

1. What should the committee do?
2. How would you vote if you were on the committee?
3. In some cases, transplant operations are not successful, and a second operation is needed. Should someone be allowed two transplant procedures? Three? Why or why not?
4. In some hospitals, alcoholics are not allowed to receive liver transplants. In other hospitals, they are. Those who see alcoholism as a genetically determined condition argue that these people cannot help their addiction. Others feel that these people are responsible and should just stop. Should hospitals deny transplant livers to alcoholics?
5. What other factors should go into choosing who should get an organ when two people are eligible? List three.