

Ethics and Liver Transplantation

Andrew Aronsohn MD
Associate Professor of Medicine
University of Chicago
AASLD Transplant Hepatology Board Review

1

Disclosures

- I have no relevant financial relationships to disclose
- I will not discuss of label use or investigational use in my presentation
- *I have no idea or no way of knowing what the ethics questions of the boards will be, however this is my best guess at foundational information*

2

Blueprint for Ethics on TH Board Exam According to the ABIM

- Policy implications of organ shortage
- Psychosocial evaluation
- Living donor transplantation
- Transplant tourism
- Clinical trial participation

Basic Ethical Principles

- Autonomy
 - Significant value of contemporary ethics
 - Patient as partner in treatment plan
- Non-maleficence
 - Avoiding the causation of harm
- Beneficence
 - Providing benefits and balancing benefits against risk and costs
- Justice
 - The fair distribution of benefits, risks and costs
- Utility
 - Greatest benefit for all

Transplant: A Cornucopia of Difficult Ethical Decisions

Justice Non-maleficence
 Consent
 Utility Autonomy
 Beneficence



Policy Implications for Organ Shortage

- National Organ Transplant Act: 1984 Prior to 1984,
 - no clear jurisdiction on rights to a person who has died
 - Set up a legal frame work for transplantation
 - Established the Organ Procurement and Transplantation Network (OPTN)
 - Established Scientific Registry of Transplant Recipients (SRTR)

NOTA

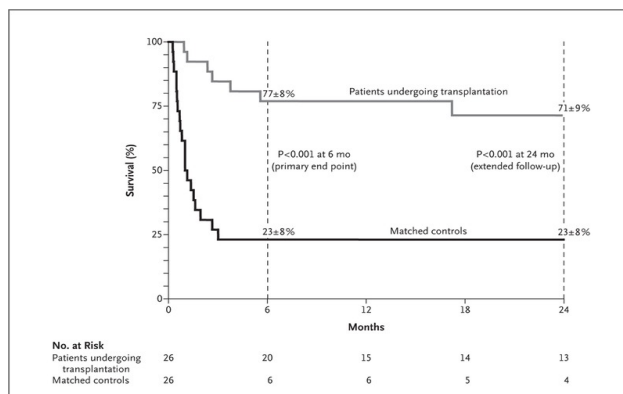
“ It shall be unlawful for any person to knowingly acquire, receive or otherwise transfer any human organ for valuable consideration for use in human transplantation”

Translation: you can't buy or sell organs
More on this later...

Ethics of Organ Shortage

- SR is a 62 yo admitted with EtOH hepatitis
- MELD 32, has been abstinent for 2 months
- Lille .78
- Recent admission for HE, volume overload, variceal bleed
- Patient and family asks about being placed on a transplant list

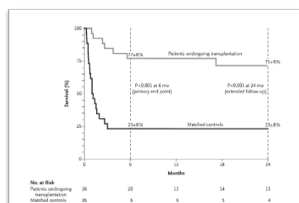
Outcomes in Alcoholic Hepatitis



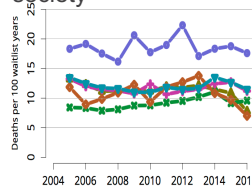
Mathurin et al 2011

Balance

Beneficence to patient



Justice or fairness to society



- Transplant protocols in EtOH liver disease reflect balance between benefit to the patient and fairness to others on the wait list,
- May be altered by predicted patient outcomes, scarcity organs etc

Psychosocial Evaluation

Social worker
/ mental
health
professional

Compliance
with medical
directives

Adequate
support, esp
postoperative

Absence of active psychiatric disorders
with the potential to impact compliance or
include behaviors harmful to health

AASLD Practice
Guidelines 2013

Psychosocial Evaluation for the Boards

- Key for many ethics questions
 - Ability to adhere to care
 - Social network to allow for follow up visits etc
 - Methadone / MAT usually not an absolute contraindication
 - Mental illness not a contraindication if patients still have a pathway to adherence
- *Will behavior absolutely prevent good long term outcomes?*

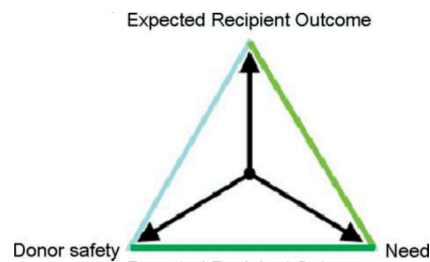
Living Donor

- TS is a 46 yo male with decompensated PSC related cirrhosis
- MELD 17, multiple admissions for HE, volume overload
- Not able to work, married, 2 children
- Wife asks about being a living donor

Beneficence / Non-Maleficence / Autonomy

- Ethical principles unique to LDLT
 - Autonomy: of recipient and donor
 - Beneficence : to recipient
 - Non-maleficence : to donor
- Balance of responsibility to patient and donor
- Need for separate advocates

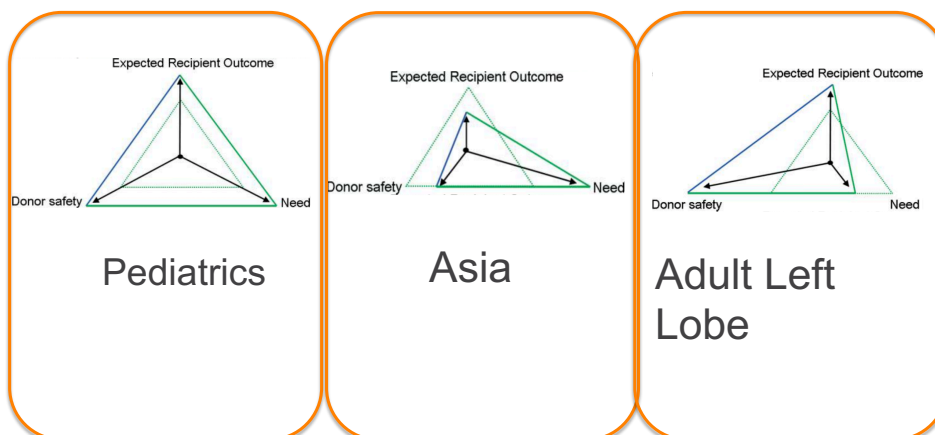
Tripartite Ethical Equipoise



Area of triangle is proportional to "Ethical Good"

Miller et al 2012

Tripartite Ethical Equipoise



Transplant Tourism

- FW is a 29 year old male with PSC decompensated with ascites, jaundice, variceal bleed
- MELD 16, quality of life extremely poor
- Listed for OLT for almost a year
- “I’ve heard I can go overseas and get a transplant sooner...”
- What should you say? What about if he asks for you to care from him when he gets home?

Transplant Tourism



The **DECLARATION** of **ISTANBUL**
on **ORGAN TRAFFICKING** and **TRANSPLANT TOURISM**



- 2007 estimate 10% of worldwide transplants involved trafficking
- 2008 declaration of Istanbul- endorsed by >135 national/ international medical societies and governmental bodies
 - Provides ethical guidance to maximize benefit of transplantation without exploiting / harming poor and powerless
- Most recent update 2018
http://www.declarationofistanbul.org/images/Policy_Documents/2018_Ed_Do/2018_Edition_of_the_Declaration_of_Istanbul_Final.pdf



The **DECLARATION** of **ISTANBUL**
on **ORGAN TRAFFICKING** and **TRANSPLANT TOURISM**



○ **Organ trafficking:**

- removing organs from living or deceased donors without valid consent or authorization or in exchange for financial gain or comparable advantage to the donor and/or a third person
- Also includes transportation, offering advantages for providers, soliciting and recruiting

○ **Transplant tourism:**

- Trafficking in persons for purposes of organ removal
- Trafficking human organs
- Resources (organs, professionals, transplant centers) devoted to providing transplants to non resident populations undermine its ability to provide transplant services to its own population
- **If any are met this is UNETHICAL**

http://www.declarationofistanbul.org/images/Policy_Documents/2018_Ed_Do/2018_Edition_of_the_Declaration_of_Istanbul_Final.pdf

© 2020 AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES
WWW.AASLD.ORG

19

Clinical Trial Participation

- RT is a 59 year old F with decompensated NASH cirrhosis complicated by HE, varices
- Listed for OLT MELD 28
- Multiple hospitalizations for HE
- A new therapy “*asterixoff*” is currently in phase 3 trials at your center
- RT is currently admitted with stage 2 HE
- Can she enroll in this clinical trial? How?

© 2020 AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES
WWW.AASLD.ORG

20

Elements of Informed Consent

- Competence
- Disclosure
- Understanding
- Voluntariness
- Consent

Competency

- Decisional competency can be situational
- Competency determination does not require a psychiatry consultation
- When decisional competency is impaired, surrogate decision-making should occur

Surrogate Decision Making

- Surrogate makes decisions as “what would the patient do”
- Who is the surrogate
 - Durable power of attorney
 - Written advanced directives (signed)
 - Sometimes problems arise
 - IL Surrogacy Act
 - Legal spouse (not common law)
 - Adult children (all are equal)
 - Other family
 - Check your state!

Take Home

1. Organ shortage ethics balances beneficence to patient to utility / fairness to society
2. Psychosocial evaluation should heavily weigh ability for adherence to medical care
3. Ethics of LDLT: donor safety, benefit of recipient and overall need for organs
4. Transplant tourism is unethical if it involves organ trafficking including undermining host country's ability to serve its own population
5. Clinical trials: components of informed consent must be addressed, surrogates if a patient lacks capacity