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* Book Document 1
Hamdy, Sherine
OUR BODIES BELONG TO GOD: ORGAN TRANSPLANTS, ISLAM, AND THE STRUGGLE FOR HUMAN DIGNITY IN EGYPT
Call number: RD120.7 .H355 2012

* Article Document 2
Blumberg, Jeremy M
A piece of my mind. The perfect match.
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* Article Document 3
Tong, Allison; Howard, Kirsten; Wong, Germaine; Cass, Alan; Jan, Stephen; Irving, Michelle; Craig, Jonathan C
Nephrologists' perspectives on waitlisting and allocation of deceased donor kidneys for transplant.
Abstract: Deceased donor kidneys are a scarce resource and there is debate about how to maximize the benefit from each donated kidney while ensuring equity of access to transplants. Allocation of kidneys to waitlisted patients is determined by a computer algorithm, but the decision to waitlist patients or accept the kidneys offered is largely at the discretion of nephrologists. This study aims to elicit nephrologists' perspectives on waitlisting patients for kidney transplant and the allocation of deceased kidneys.
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* Article Document 4
Gill, John S
Achieving fairness in access to kidney transplant: a work in progress.
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* Article Document 5
Chapman, Jeremy R
The consequences of successful transplantation.
Document 6
Nzerue, Chike

Between a rock and a hard place.

Document 7
Serur, David; Charlton, Marian
Kidney paired donation 2011.
Progress in transplantation (Aliso Viejo, Calif.) 2011 Sep; 21(3): 215-8

Abstract: Patients with incompatible live donors have had to resort to the long wait on the deceased donor list. Now, through kidney paired donation, these incompatible pairs can enter a kidney exchange program where kidneys are "swapped" between incompatible pairs. This review highlights the evolution of kidney paired exchange and reviews the challenges and ethical considerations within a paired exchange system.

Document 8
Levey, Andrew S; Danovitch, Gabriel; Hou, Susan
Living donor kidney transplantation in the United States–looking back, looking forward.
American journal of kidney diseases : the official journal of the National Kidney Foundation 2011 Sep; 58(3): 343-8

Abstract: There is a desperate need for kidney donors. Twenty-five years ago, we urged more widespread acceptance of unrelated living donors for kidney transplantation. Since then, 2 of us have donated a kidney to an unrelated recipient. In our view, the major challenges for living donor transplantation today are to improve access to this extraordinary gift of life and ensure its safety. Our perspective is that altruism is the motivation for most living kidney donors and the decision to donate represents a shared responsibility among the donor, the donor's physician, and the team of professionals at the transplant center. Thus, sound knowledge of the benefits and risks to donors and recipients is required for informed decisions, and all parties share in the responsibility for the outcomes after living kidney donation. We encourage our colleagues and agencies within the US Department of Health and Human Services to accept the responsibility to do their utmost to provide access to this life-enhancing procedure and systematically evaluate the safety of kidney donation as it evolves to meet the needs of more of our patients.

Document 9
Rosen, Lara; Vining, Aidan R; Weimer, David L
Addressing the shortage of kidneys for transplantation: purchase and allocation through chain auctions.

Abstract: Transplantation is generally the treatment of choice for those suffering from kidney failure. Not only does transplantation offer improved quality of life and increased longevity relative to dialysis, it also reduces end-stage renal disease program expenditures, providing savings to Medicare. Unfortunately, the waiting list for kidney transplants is long, growing, and unlikely to be substantially reduced by increases in the recovery of cadaveric kidneys. Another approach is to obtain more kidneys through payment to living "donors," or vendors. Such direct commodification, in which a price is placed on kidneys, has generally been opposed by medical ethicists. Much of the ethical debate, however, has been in terms of commodification through market exchange. Recognizing that there are different ethical concerns associated with the purchase of kidneys and their allocation, it is possible to design a variety of institutional arrangements for the commodification of kidneys that pose different sets of ethical concerns.
We specify three such alternatives in detail sufficient to allow an assessment of their likely consequences and we compare these alternatives to current policy in terms of the desirable goals of promoting human dignity, equity, efficiency, and fiscal advantage. This policy analysis leads us to recommend that kidneys be purchased at administered prices by a nonprofit organization and allocated to the transplant centers that can organize the longest chains of transplants involving willing-but-incompatible donor-patient dyads.

Document 10
Hirth, Richard A; Merion, Robert M
The angel is in the details.

Document 11
Frankford, David M
Dehumanizing a most human practice.

Document 12
Seitz, R; Schneider, C K; Hengel, H
Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2011 Jul; 54(7): 789-90

Document 13
Voltz-Girolt, C; Celis, P; Boucaumont, M; D'Apote, L; Pinheiro, M-H; Papaluca-Amati, M
The advanced therapy classification procedure. Overview of experience gained so far.
Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2011 Jul; 54(7): 811-5
Abstract: The classification procedure, introduced by the European Regulation on advanced therapy medicinal products (ATMPs), has received a tremendous interest from companies, academic and public sponsors developing ATMPs. This procedure gives companies the opportunity to verify whether or not the product they are developing can be considered an ATMP and can therefore benefit from the new regulatory pathway introduced in the European Union for these types of medicinal products. This procedure is optional, free of charge and may take place at any stage of the development of an ATMP in advance of applying for a marketing authorisation. In case of doubt, briefing meetings organised by the European Medicines Agency Innovation Task Force may help preparing for an ATMP classification and are a starting point for the interactions between the Agency and the developers of ATMPs. This article reviews the advantages of the classification procedure for both the developers of ATMPs and the European regulatory network. Since the introduction of this procedure and up to 10 November 2010, the Committee for Advanced Therapies (CAT) has finalised 38 applications for classification.

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**Document 14**

Berger, A; Schüle, S; Flory, E


Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2011 Jul; 54(7): 816-21

**Abstract:** Advanced therapy medicinal products (ATMPs) are gene therapy, cell therapy, and tissue engineered products. To gain access to the market within the European Union, ATMPs must be authorized by the European Commission (EC). Especially for small and medium-sized enterprises (SMEs), the European centralized procedure of marketing authorization that is conducted by the European Medicines Agency (EMA) constitutes a major challenge, because SMEs often have little experience with regulatory procedures and many have limited financial possibilities. To tackle these challenges, a certification procedure exclusively for SMEs and their ATMP development was introduced by the EC. Independently from a marketing authorization application, development and/or production processes can be certified. An issued certificate demonstrates that the respective process meets the current regulatory and scientific requirements of the EMA, representing a valuable milestone for putative investors and licensees. This article highlights the background, the detailed procedure, the minimum requirements, as well as the costs of certification, while giving further noteworthy guidance for interested parties.

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**Document 15**

Reiss, M; Büttel, I C; Schneider, C K

[Report from the Committee for Advanced Therapies (CAT). Pitfalls on the way from concept to medical treatment with advanced therapy medicinal products]. = Erfahrungsbericht aus dem Ausschuss für neuartige Therapien (CAT). Fallstricke auf dem Weg vom Konzept zur medizinischen Anwendung neuartiger Therapien.

Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2011 Jul; 54(7): 822-30

**Abstract:** Advanced therapy medicinal products (ATMP) are highly innovative and complex medicines. They comprise gene therapy medicinal products, somatic cell therapy medicinal products, and tissue-engineered products (TEP). With the European Regulation on ATMP that came into force in 2008, a consolidated regulatory framework was created, where the Committee for Advanced Therapies (CAT) at the European Medicines Agency (EMA) plays a central role. This article discusses pitfalls and challenges that the CAT has experienced in its discussions of various procedures. Often ATMPs are developed by small and medium-sized enterprises (SME) which also face non-scientific challenges. The CAT wishes to meet these challenges on a scientific and regulatory level during its 2010-2015 work program.

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**Document 16**

Thanner, M; Nagel, E


Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2011 Jul; 54(7): 843-8

**Abstract:** Advanced therapy medicinal products (ATMP) are associated with high expectations because they offer new opportunities for the treatment of diseases, e.g., the possibility of regenerating damaged or lost tissue. What the products (gene therapy, somatic cell therapy, and tissue engineered products) have in common is an innovative and complex development process that combines science and engineering. At the same time, this field of research is becoming increasingly interdisciplinary and requires international cooperation. A comprehensive assessment of ATMP has to take these issues into account. The application of Beauchamp and Childress' Four Principles (Principle-Based Ethics) as well as Discourse Ethics as a framework may lead to a broader consideration of medical ethics issues.

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Information channels and the dynamics of uptake of living kidney donors: a retrospective study in a reference area.


Abstract: Activity in renal transplantation at our center continues to grow due to the gradual increase in living donor kidney transplantsations (LDKT). Our objective was to describe the generation process of living donation in our area of influence including two provinces and 18 chronic kidney disease (CKD) treatment units in particular the origin of paired donor/recipients and information channels.


Néphrologie & thérapeutique 2011 Jul; 7 Suppl 1: S1-39

Abstract: The renal transplantation is nowadays the reference treatment of ESRD. Living donor kidney transplantation is less often performed in France than in other countries. Nevertheless, numerous French and international surveys have evidenced that it provides the recipients a longer life expectancy and a better quality of life. Donors themselves, what do they become? How are they? For the first time in France, a survey has been implemented to investigate the quality of life of living kidney donor to one of their close relations. This study has been undertaken by the Agency of the biomedicine and the service Clinical Epidemiology and Evaluation (EEC), of the University teaching hospital of Nancy. The main objective was to describe the quality of life of the living donors having given a kidney for more than a year and less than 5 years. The secondary objective was to contribute to the knowledge of the main factors associated to the living kidney donor quality of life, one year after the donation. Participants had to be living in France at the time of the donation which had taken place between June 30(th), 2005 and March 1(st), 2009. A folder gathering various self-administered questionnaires was sent to the place of residence of the donor between March and April, 2010. These data were completed by medical data collected near the transplantation centres by the Agency of biomedicine within the framework of the register CRISTAL. They included the characteristics of the donation and of the donor at the very time of the donation, 3 months after the donation and at the last annual assessment. Three living donors in four, that is 501 persons, agreed to fully participate. They constituted a representative national sample of all the living donors of this period. The non-participants were younger (4.5 years on average) and had a less adequate annual follow-up. The women were more represented (61 %) than men. The median age was 53 years. More of 2/3 were employed at the time of the survey. The three main categories of donors were ascendants (36 %), collateral (33 %) and spouses (26%). The donation decision was taken without hesitation (94 %) and at an early stage of the evolution of the recipient renal disease (64 %). The delivered information was considered globally satisfactory except for the painful consequences and for the scar. The living donors were, long after their donation, in an excellent physical health state according to the SF36 summarized physical score and this especially when they were old as compared to the same age and sex general population. This phenomenon highlights the drastic selection of the potential donors. The only factor influencing the level of long term physical health was the surgical technique: the 261 subjects having undergone a coelioscopy had less often presented post-operative pain (OR=0.5; 0.3-0.8; P<0.002) and had more often recovered completely without any residual pain (OR=1.7; 1.2-2.5; P<0.004). The quality of life mental dimension according to the SF36 summarized mental score was very close to that of the same age and sex of the general population although a slightly lower. It is influenced by characteristics related to the way the donation had been lived, particularly the understanding of their donation by their circle of acquaintances (average score 74.2/100), the perception of a feeling of owing on behalf of the recipient (46.5 %) and the fact of having lived a competition to be retained as the donor (for 266 cases another potential donor did exist and 21 lived the donation as a strong competition). More than 84 % of the donors were still followed by a healthcare professional at the time of the survey. The main expressed complaints concern the quality of the medical follow-up (70 donors expressed themselves openly on this topic) and the pain and scar after effects of the intervention. In spite of the surgical complications, of the dissatisfactions regarding their medical follow-up, of dismissals or of necessary adjustments of their professional life (13 %), of their difficulties to carry heavy loads, of sometimes complex relations with the recipient (23 % positive, 10 % negative) or their circle of acquaintances, of expenses non reimbursement and of losses of salary (12 %), they would be 95 % to recommend
the donation and if it was to be redone 98% would do it again! Benefits brought to the recipient won largely over the encountered difficulties. This retrospective and cross-sectional study allows to state recommendations which have to be confirmed by the 2009-2012 longitudinal study: to favour the coelioscopy which offers an advantage in terms of less frequent pain and a better post-operative recovery, to better understand the phenomena of competition between potential and donors recipients, to improve the information about the potential consequences of the donation on the pain and on the scar, to inform the donor about the importance to associate the proxies with the decision-making or at least with the discussion and finally to improve the society recognition of the donation.

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**Document 19**

Andreoni, Kenneth A

**No strings attached: good intentions and unintended consequences in promoting kidney donation.**


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**Document 20**

Germain, Michael J; Davison, Sara N; Moss, Alvin H

**When enough is enough: the nephrologist’s responsibility in ordering dialysis treatments.**


**Abstract:** For more than 20 years, nephrologists have been reporting that they are increasingly being expected to dialyze patients whom they believe may receive little benefit from dialysis therapy. During this time, there has been substantial research about the outcomes of patients of differing ages and comorbid conditions requiring dialysis and the development of clinical practice guidelines for dialysis decision making based on research evidence, ethics, and the law. The importance of palliative medicine to the care of the patient throughout the continuum of kidney disease also has been recognized, and its application has been described. This article summarizes these advances and provides an approach for decision making and treatment for patients who are not likely to benefit from dialysis therapy.

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**Document 21**

d e Groot, Yorick J; Lingsma, Hester F; Kompanje, Erwin J O

**Rates of kidney transplantation in nations with presumed consent.**

Annals of internal medicine 2011 Jun 7; 154(11): 778; author reply 778

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**Document 22**

Siemionow, Maria

**Ethical considerations in face transplantation: ethical issues related to inclusion criteria for face transplant candidates.**

Archivum immunologiae et therapiae experimentalis 2011 Jun; 59(3): 157-9

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**Document 23**

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Feeling trapped and being torn: physicians' narratives about ethical dilemmas in hemodialysis care that evoke a troubled conscience.

Abstract: This study is part of a major study about difficulties in communicating ethical problems within and among professional groups working in hemodialysis care. Describing experiences of ethically difficult situations that induce a troubled conscience may raise consciousness about ethical problems and thereby open the way to further reflection. The aim of this study was to illuminate the meanings of being in ethically difficult situations that led to the burden of a troubled conscience, as narrated by physicians working in dialysis care.

Extended criteria liver donation and transplant recipient consent: the European experience.

Abstract: The organization known as ELPAT (Ethical, Legal and Psychological Aspects of Organ Transplantation) coordinated the distribution of an electronic questionnaire concerning the definition of extended criteria liver donation (ECD) and the implication for informed consent of transplant recipients to European liver transplant centers. Completed questionnaires were received from 30 centers in 13 countries. Twenty-eight centers accepted ECD liver donors. The criteria for defining a liver donor as ECD were: steatosis in 24 centers (85%); age up to 80 years in 23 centers (82%); serum sodium levels higher than 165 mmol/L in 17 centers (60%); intensive care unit stay with ventilation longer than 7 days in 16 centers (57%); serum glutamic oxalo-acetic transaminase levels higher than 90 U/L in 12 centers (42%); body mass indices more than 30 in 10 centers (35%); serum glutamic pyruvic transaminase levels higher than 105 U/L in 10 centers (35%); serum bilirubin levels higher than 3 mg/dL in 10 centers (35%); and other criteria in 13 centers (46%). Twenty-three centers informed the transplant candidate of the ECD status of the donor: 10 centers (43%) when the patient registered for transplantation, 3 centers (14%) when an ECD liver became available, and 10 centers (43%) on both occasions. Ten centers required the liver transplant candidate to sign a special consent form. Ten centers informed the potential recipient of the donor's serology. Only three centers informed the potential recipient of any high risk behavior of the donor.
Davis, Connie L

**How to increase living donation.**
Transplant international: official journal of the European Society for Organ Transplantation 2011 Apr; 24(4): 344-9

**Abstract:** Living donation is the key to increasing access to successful solid organ transplantation worldwide. However, the means to expanding the number of living donors on a global scale are not known. Although there have been many suggestions for the best approach, cultural issues may limit the effectiveness of some strategies. Only a few ideas have been studied, and one in particular—outright payment to donors—may raise ethical issues that are difficult to surmount and might negatively alter altruistic behavior. With respect to the present environment, this article will describe some of the approaches that are being discussed to increase the number of living donors, with a particular focus on kidney transplantation.

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Arulraj, Ramakrishnan; Neuberger, James

**Liver transplantation: filling the gap between supply and demand.**
Clinical medicine (London, England) 2011 Apr; 11(2): 194-8

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Khalifeh, Neda; Hörl, Walter H

**Gender and living donor kidney transplantation.**
Wiener medizinische Wochenschrift (1946) 2011 Mar; 161(5-6): 124-7

**Abstract:** Renal transplantation is the first choice of treatment for end-stage renal disease (ESRD) patients. It offers a longer life span, a better quality of life, and lower health care costs as compared to long-term dialysis. In the past years, a constantly rising demand of kidneys on the one hand and a shortage of disposable organs on the other hand pose a growing challenge on transplant medicine. Donor and recipient gender may influence many aspects of kidney transplantation, but the nature of these interactions is still unclear. This article summarizes a part of our present knowledge in the field of gender-related kidney donation and kidney transplantation. Causes for gender disparity and its consequences will be discussed.

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Friedman, Eli A

**A nephrologist by accident: a life obsession.**
Artificial organs 2011 Mar; 35(3): 199-201

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Barnieh, Lianne; McLaughlin, Kevin; Manns, Braden J; Klarenbach, Scott; Yilmaz, Serdar; Taub, Ken; Hemmelgarn, Brenda R; Alberta Kidney Disease Network

**Evaluation of an education intervention to increase the pursuit of living kidney donation: a randomized controlled trial.**
Progress in transplantation (Aliso Viejo, Calif.) 2011 Mar; 21(1): 36-42

**Abstract:** Many transplant candidates have concerns about living donation.
Document 32

Campo-Engelstein, Lisa

**Gametes or organs? How should we legally classify ovaries used for transplantation in the USA?**

Journal of medical ethics 2011 Mar; 37(3): 166-70

**Abstract:** Ovarian tissue transplantation is an experimental procedure that can be used to treat both infertility and premature menopause. Working within the current legal framework in the USA, I examine whether ovarian tissue should be legally treated like gametes or organs in the case of ovarian tissue transplantation between two women. One option is to base classification upon its intended use: ovarian tissue used to treat infertility would be classified like gametes, and ovarian tissue used to treat premature menopause would be classified like organs. In the end, however, I argue that this approach will not work because it engenders too many legal, cultural and logistical concerns and that, at least for the near future, we should treat ovarian tissue like gametes.

Document 33

Steinberg, David

**Compatible-incompatible live donor kidney exchanges.**

Transplantation 2011 Feb 15; 91(3): 257-60

**Abstract:** The participation of an immunologically compatible donor-intended recipient pair in a kidney exchange that is unnecessary for them can significantly increase the number of kidneys available for transplantation. Despite their utilitarian value transplant ethicists have condemned this type of organ exchange as morally inappropriate. An opposing analysis concludes that these exchanges are examples of moral excellence that should be encouraged.

Document 34

Langer, Róbert

**[Eurotransplant–new possibility for the Hungarian transplantation]. = Eurotransplant - új lehetőség a magyar transzplantáció számára.**

Orvosi hetilap 2011 Feb 13; 152(7): 243-5

**Abstract:** The year 2010 was a milestone in the history of transplantation in Hungary. The State Secretary for Health Issues announced a program in order to solve the serious problems of organ transplantation: 1) to increase waiting lists, 2) to raise donor numbers, 3) to establish a lung transplant program in the country, 4) to promote education and increase the knowledge base regarding transplantation for the public and the medical profession, and finally, 5) to begin negotiations for Hungary to join Eurotransplant. Joining Eurotransplant has been a priority of the transplant community. Finally, this year saw the Budapest Transplant Center perform 20% of their kidney transplants from living donors, up from a 5% frequency historically, an operation which is available in all four centers from this year.

Document 35

Pavlakis, Martha

**Live kidney donation: a 36-year-old woman hoping to donate a kidney to her mother.**

JAMA : the journal of the American Medical Association 2011 Feb 9; 305(6): 592-9

**Abstract:** Ms D, a healthy 36-year-old woman, wishes to donate a kidney to her mother, who has diabetes and end-stage renal disease. Ms D has been evaluated as a donor at another medical center and was told to lose weight and quit smoking. Evidence from cohort studies suggests that live kidney donation is a safe procedure in the short and long terms, although donor follow-up studies have often had incomplete data on limited populations. The benefits of live donation are mostly for the recipient, but kidney donors often have improved quality of life as a result of both
their generous act and the improved health of the recipient. Evaluation and eligibility of live kidney donors and their short- and long-term risks are discussed.

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### Document 36

Saso, Srdjan; Del Priore, Giuseppe; Smith, J Richard

**Uterine transplantation: future directions.**


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### Document 37

Kazi, Javed Iqbal; Mubarak, Muhammed

**Stem cells in kidney disease: opportunities and challenges.**

JPMA. The Journal of the Pakistan Medical Association 2011 Feb; 61(2): 112-3

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### Document 38

Kamani, Naynesh; Lantos, John D; Myers, Doug; Kahn, Jeffrey P

**Ethical considerations in pediatric BMT donors and recipients.**

Biology of blood and marrow transplantation : journal of the American Society for Blood and Marrow Transplantation 2011 Jan; 17(1 Suppl): S132-6

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### Document 39

Ivanosvski, N.; Masin, J.; Rambabova-Busljetic, I.; Pusevski, V.; Dohcev, S.; Ivanovski, O.; Popov, Z.

**The outcome of commercial kidney transplant tourism in Pakistan**

Clinical Transplantation 2011 January-February; 25(1): 171-173

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### Document 40

Fassett, Robert G; Robertson, Iain K; Mace, Rose; Youl, Loren; Challenor, Sarah; Bull, Rosalind

**Palliative care in end-stage kidney disease.**

Nephrology (Carlton, Vic.) 2011 Jan; 16(1): 4-12

**Abstract:** Patients with end-stage kidney disease have significantly increased morbidity and mortality. While greater attention has been focused on advanced care planning, end-of-life decisions, conservative therapy and withdrawal from dialysis these must be supported by adequate palliative care incorporating symptom control. With the increase in the elderly, with their inherent comorbidities, accepted onto dialysis, patients, their nephrologists, families and multidisciplinary teams, are often faced with end-of-life decisions and the provision of palliative care. While dialysis may offer a better quality and quantity of life compared with conservative management, this may not always be the case; hence the patient is entitled to be well-informed of all options and potential outcomes before embarking on such therapy. They should be assured of adequate symptom control and palliative care whichever option is selected. No randomized controlled trials have been conducted in this area and only a small number of observational studies provide guidance; thus predicting which patients will have poor outcomes is problematic. Those undertaking dialysis
may benefit from being fully aware of their choices between active and conservative treatment should their functional status seriously deteriorate and this should be shared with caregivers. This clarifies treatment pathways and reduces the ambiguity surrounding decision making. If conservative therapy or withdrawal from dialysis is chosen, each should be supported by palliative care. The objective of this review is to summarize published studies and evidence-based guidelines, core curricula, position statements, standards and tools in palliative care in end-stage kidney disease.

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**Document 41**
Zachary, A A; Leffell, M S
**Response: Good ethics require good science: why transplant programs should not disclose misattributed parentage.**

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**Document 42**
Diekema, Douglas S; Joffe, Steven; Vandeven, Andrea M; Lantos, John D
**Bone marrow donation between siblings living in different families.**

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**Document 43**
'Abd al-Ghani, Ihab Mustafa
**Naql wa zira'at al-'a'da' = Transfer and transplantation of organs**

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**Document 44**
Sanal, Aslihan
**NEW ORGANS WITHIN US: TRANSPLANTS AND THE MORAL ECONOMY**
Call number: RD575 .S263 2011

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**Document 45**
Mohsin, N.; Militsala, E.; Budruddin, M.; Al-Khawaldi, H.; Al-Dhuhli, Y.; Al-Rahbi, Y.; Al-Lawati, J.
**Attitude of Omani population toward organ transplantation**
Transplantation Proceedings 2010 December; 42(10): 4305-4308

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**Document 46**
Clark, Emma; Hanto, Ruthanne; Rodrigue, James R
Barriers to implementing protocols for kidney paired donation and desensitization: survey of U.S. transplant programs.

Progress in transplantation (Aliso Viejo, Calif.) 2010 Dec; 20(4): 357-65

Abstract: Special types of kidney transplant exist for patients who have willing but incompatible donors. Two types of transplants that circumvent donor-recipient incompatibility are "kidney paired donation" and "desensitization." Lack of access to these protocols limits living donations and shortens the life span of patients with willing but incompatible donors.

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Document 47

Strong, D Michael; von Versen, Rüdiger

Coding and traceability for products of human origin.

Cell and tissue banking 2010 Nov; 11(4): 325-7

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Document 48

Zhang, Li-Chao; Zhao, Yong-Bing; Hu, Wei-Lie

Ethical issues in penile transplantation.

Asian journal of andrology 2010 Nov; 12(6): 795-800

Abstract: This article provides an overview of the ethical issues associated with penile transplantation, a form of composite tissue allografting. There is only one reported case of human penile transplantation, and, as such, this technique is considered to be experimental. The ethical issues at stake involve both the graft donor and the graft recipient. With regard to the recipient, there are significant concerns relating to surgical risks and benefits, informed consent, body image (including surgical expectations and outcomes) and compliance. Donor issues may include family consent and privacy, as well as graft harvesting (leaving the donor cadaver without a penis). Many of these ethical issues can be explored during the recipient's assessment and consent process. Because no medium-term or long-term outcome data for this procedure exist-only one such operation has ever been performed-the burdens and ethical issues concerning penile transplantation remain unknown.

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Document 49

Satel, S L

The physicians' voice is only one of many.


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Document 50

Legendre, Ch; Kreis, H

A tribute to Jean Hamburger's contribution to organ transplantation.


Abstract: Jean Hamburger, one of the pioneers of scientific medicine in the mid-20th century, who was involved in the inception of intensive care, nephrology, hemodialysis and scientific clinical research, has also been one of the very few fathers of human organ transplantation. He was involved in the primary French kidney transplantations in 1950, and in 1952, he realized the first allotransplantation in the world of a kidney removed from a voluntary living donor. At the same time, he was the first to describe the various clinical and pathological aspects of acute rejection.
He suggested the use of cortisone for the treatment of rejection as early as 1950 and promoted nonlethal body irradiation, which was successfully used in 1959 both by John Merrill in Boston and by himself in Paris, to prevent allograft rejection. In October 1962, in collaboration with Maurice Goulon, he was the first to use a kidney removed from an individual in 'coma dépassé'. He and his group contributed to transplant immunosuppression, to transplant immunology, to organ preservation, to acute and chronic rejection pathology and so on. As early as 1956-1957, he understood the potential importance of Jean Dausset's discovery for transplantation.

van Buren, M C; Massey, E K; Maasdam, L; Zuidema, W C; Hilhorst, M T; Ijzermans, J N; Weimar, W

For love or money? Attitudes toward financial incentives among actual living kidney donors.

Abstract: Due to lengthening waiting lists for kidney transplantation, a debate has emerged as to whether financial incentives should be used to stimulate living kidney donation. In recent surveys among the general public approximately 25% was in favor of financial incentives while the majority was opposed or undecided. In the present study, we investigated the opinion of living kidney donors regarding financial incentives for living kidney donation. We asked 250 living kidney donors whether they, in retrospect, would have wanted a financial reward for their donation. We also investigated whether they were in favor of using financial incentives in a government-controlled system to stimulate living anonymous donation. Additionally, the type of incentive deemed most appropriate was also investigated. In general almost half (46%) of the study population were positive toward introducing financial incentives for living donors. The majority (78%) was not in favor of any kind of reward for themselves as they had donated out of love for the recipient or out of altruistic principles. Remarkably, 60% of the donors were in favor of a financial incentive for individuals donating anonymously. A reduced premium or free health insurance was the preferred incentive.

Cassuto, J R; Reese, P P; Sonnad, S; Bloom, R D; Levine, M H; Olthoff, K M; Shaked, A; Najj, A; Abt, P

Wait list death and survival benefit of kidney transplantation among nonrenal transplant recipients.

Abstract: The disparity between the number of patients waiting for kidney transplantation and the limited supply of kidney allografts has renewed interest in the benefit from kidney transplantation experienced by different groups. This study evaluated kidney transplant survival benefit in prior nonrenal transplant recipients (kidney after liver, KALi; lung, KALu; heart, KAH) compared to primary isolated (KA1) or repeat isolated kidney (KA2) transplant. Multivariable Cox regression models were fit using UNOS data for patients wait listed and transplanted from 1995 to 2008. Compared to KA1, the risk of death on the wait list was lower for KA2 (p < 0.001; HR = 0.84; CI = 0.81-0.88), but substantially higher for KALu (p < 0.001; HR = 3.80; CI = 3.08-4.69), KAH (p < 0.001; HR = 1.92; CI = 1.66-2.22), and KALi (p < 0.001; HR = 2.69; CI = 2.46-2.95). Following kidney transplant, patient survival was greatest for KA1, similar among KA2, KALi, KAH, and inferior for KALu. Compared to the entire wait list, renal transplantation was associated with a survival benefit among all groups except KALu (p = 0.017; HR = 1.61; CI = 1.09-2.38), where posttransplant survival was inferior to the wait list population. Recipients of KA1 kidney transplantation have the greatest posttransplant survival and compared to the overall kidney wait list, the greatest survival benefit.

Post, Stephen G

In defense of myoblast transplantation research in preteens with Duchenne muscular dystrophy.
Pediatric transplantation 2010 Nov; 14(7): 809-12
Document 54
Scarantino, Andrea
Inductive risk and justice in kidney allocation.
Bioethics 2010 Oct; 24(8): 421-30
Abstract: How should UNOS deal with the presence of scientific controversies on the risk factors for organ rejection when designing its allocation policies? The answer I defend in this paper is that the more undesirable the consequences of making a mistake in accepting a scientific hypothesis, the higher the degree of confirmation required for its acceptance. I argue that the application of this principle should lead to the rejection of the hypothesis that 'less than perfect' Human Leucocyte Antigen (HLA) matches are an important determinant of kidney graft survival. The scientific community has been divided all along on the significance of partial antigen matches. Yet reliance on partial matches has emerged as one of the primary factors leading blacks to spend a much longer time than whites on the waiting list for kidneys, thereby potentially impacting the justice of the kidney allocation policy. My case study illustrates one of the legitimate roles non-epistemic values can play in science and calls into question the ideal of a value-free science.

Document 55
Reese, Peter P; Friedewald, John J
Profiling live kidney donors in America: cause for optimism and for concern.

Document 56
Zhao, Wen-Yu; Zhang, Lei; Han, Shu; Zhu, You-Hua; Wang, Li-Ming; Zhou, Mei-Sheng; Zeng, Li
Evaluation of living related kidney donors in China: policies and practices in a transplant center.
Clinical transplantation 2010 Sep-Oct; 24(5): E158-62
Abstract: Rigorous donor evaluation is essential for living related donor kidney transplantation (LRDKT). However, guidelines for living kidney donor evaluation are absent in China. The aim of this study is to describe the initial experience in the living kidney donor evaluation process in a single transplant center in China.

Document 57
Potts, Michael; Byrne, Paul A; Evans, David W
Infant heart transplantation after cardiac death: ethical and legal problems.
The Journal of clinical ethics 2010 Fall; 21(3): 224-8
Abstract: The donation of organs after cardiac death in infants is not morally justified and should not be continued.

Document 58
Friedman, Eli A
Stressful ethical issues in uremia therapy.
Abstract: The objectives of this review are to introduce and explore the following representative ethical problems generated by modern renal replacement therapy: (1) reviewing the historical origin of medical ethics with specific reference to nephrology; (2) recognizing the complex stresses surrounding assignment of a deceased donor renal transplant to a geriatric patient while young patients continue waiting for a donor kidney; and (3) appreciating the concept of futility and support for a uremic patient opting for death rather than further uremia therapy as the best in choice in coping with renal failure.

Document 59
Zeiler, Kristin; Guntram, Lisa; Lennerling, Anette
Moral tales of parental living kidney donation: a parenthood moral imperative and its relevance for decision making.
Medicine, health care, and philosophy 2010 Aug; 13(3): 225-36
Abstract: Free and informed choice is an oft-acknowledged ethical basis for living kidney donation, including parental living kidney donation. The extent to which choice is present in parental living kidney donation has, however, been questioned. Since parents can be expected to have strong emotional bonds to their children, it has been asked whether these bonds make parents unable to say no to this donation. This article combines a narrative analysis of parents' stories of living kidney donation with a philosophical discussion of conditions for parental decision-making. Previous research has shown that parents often conclude that it is "natural" to donate. Our study shows that this naturalness needs to be understood as part of a story where parental living kidney donation is regarded as natural and as a matter of non-choice. Our study also highlights the presence of a parenthood moral imperative of always putting one's child's needs before one's own. On the basis of these results, we discuss conditions for decision-making in the context of parental LKD. We argue that the presence of a parenthood moral imperative can matter with regard to the decision-making process when parents consider whether to volunteer as living kidney donors, but that it need not hamper choice. We emphasise the need for exploring relational and situational factors in order to understand parental decision-making in the context of parental LKD.

Document 60
Yen, S-Y; Lee, S-M; Tu, C-F; Tang, S-M; Tapsoba, J D D
A survey of the attitudes of scientists toward xenotransplantation in Taiwan.
Transplantation proceedings 2010 Jul-Aug; 42(6): 2117-21
Abstract: This study examined the attitudes of scientists in Taiwan's leading animal research institution toward xenotransplantation. The aim was primarily to evaluate the opinions of professionals in the biomedical field on key issues including ethical moral, legal, and regulatory issues raised by the biotechnology. A secondary objective was to identify potential factors that influenced opinions. A questionnaire-based survey was used to evaluate opinions. A test for internal consistency of the questionnaires to sample of 91 scientists was performed as well as a principal component analysis. We evaluated associations between variables using the nonparametric Kruskal-Wallis test. Among the subjects 85.2% thought that xenotransplantation can be more beneficial than harmful to human society and 94.3% believed that it is important to develop xenotransplantation. Also, 97.8% of participants believed that legislative guidelines should be adopted to regulate research in biotechnology. Gender was an influencing factor, whereas, variables such as religion, marital status, and age did not have obvious effects. Further studies on the general public are needed to detect other factors and to examine the attitude of nonprofessionals toward xenotransplantation.

Document 61
Jorqui-Azofra, M; Romeo-Casabona, C M
Some ethical aspects of xenotransplantation in light of the proposed European directive on the protection of
animals used for scientific purposes.
Abstract: Unlike what has happened in other times, society in general and especially the scientific community has become aware that animals share our sensitivity to pain and the capacity to suffer. In this regard, it is generally accepted that animals must be protected from all types of abuse. In fact, it is unavoidable today that animals used in scientific experiments enjoy the maximum degree of protection and well-being. This view is based on an ecocentric notion of living matter as opposed to the traditional anthropocentric approach because it has become evident that ethics should not be limited to those belonging to the same species. Likewise, there is a broad consensus—with the exception of members of certain animal protection groups—regarding the need to experiment with animals, when no alternative methods (AM) are available, given that the current state of scientific knowledge still does not allow for this type of experimentation to be entirely abolished. Nevertheless, we must keep in mind that not every scientific procedure in which animals are used is legitimate. On one side of the scale that symbolizes the legislation in this field, we find the weight of science and safety, and on the other side, the weight of ethics. In this article we have reviewed some of the main ethical criteria that serve as a basis to balance the scale, in other words, to guide and legalize animal experimentation in the field of xenotransplantation (XT). To that end, we take into account the current revisions made to the European Directive regarding the welfare of animals used in scientific procedures (86/609/EEC), in order to reflect, in turn, on the following issue: where is European institutional ethics headed on this issue?

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Document 62

Ríos, A; Martínez-Alarcón, L; Sánchez, J; Jarvis, N; Ramis, G; López, A; Parrilla, P; Ramírez, P
The attitude of Scottish citizens to xenotransplantation in the South East of Spain: an emerging population subgroup.
Transplantation proceedings 2010 Jul-Aug; 42(6): 2126-9
Abstract: It is important to discover whether xenotransplantation would be accepted in society. In populations where there are preclinical projects there is the possibility of xenotransplantation to humans. In the South East of Spain in recent years there has been a significant social change, due to the migratory influx, which is making it necessary to reconsider the level of acceptance of xenotransplantation. The objective of this study was to analyze the attitudes of and to determine relevant variables among the population from southeastern Spain who were born in Scotland.

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Document 63

Martínez-Alarcón, L; Ríos, A; Ramis, G; Quereda, J J; Herrera, J M; Muñoz, A; Parrilla, P; Ramírez, P
Are veterinary students in favor of xenotransplantation? An opinion study in a Spanish university with a xenotransplantation program.
Transplantation proceedings 2010 Jul-Aug; 42(6): 2130-3
Abstract: The shortage of available transplant organs has made it necessary to search for new alternatives, one of which is xenotransplantation. However, the use of animal organs and the personnel involved in its implementation could face opposition. Our objective was to analyze the attitudes of veterinary degree students in a Spanish university toward xenotransplantation and to determine the factors that affect its acceptance.

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Document 64

Davison, Sara N; Kromm, Seija K; Currie, Gillian R
Patient and health professional preferences for organ allocation and procurement, end-of-life care and organization of care for patients with chronic kidney disease using a discrete choice experiment.
Nephrology, dialysis, transplantation : official publication of the European Dialysis and Transplant Association - European Renal Association 2010 Jul; 25(7): 2334-41
Abstract: Clinical practice, policy and research, and the ethical bases upon which they are founded, should be
systematically and transparently informed by both patient and professional values.

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Document 65
Turkmani, Abdulhamid M
Kidney diseases prevention and organ donation: need for strategies.
Saudi journal of kidney diseases and transplantation : an official publication of the Saudi Center for Organ Transplantation, Saudi Arabia 2010 Jul; 21(4): 750-1

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Document 66
Svenaeus, Fredrik
What is an organ? Heidegger and the phenomenology of organ transplantation.
Theoretical medicine and bioethics 2010 Jun ; 31(3): 179-96
Abstract: This paper investigates the question of what an organ is from a phenomenological perspective. Proceeding from the phenomenology of being-in-the-world developed by Heidegger in Being and Time and subsequent works, it compares the being of the organ with the being of the tool. It attempts to display similarities and differences between the embodied nature of the organs and the way tools of the world are handled. It explicates the way tools belong to the totalities of things of the world that are ready to use and the way organs belong to the totality of a bodily being able to be in this very world. In so doing, the paper argues that while the organ is in some respects similar to a bodily tool, this tool is nonetheless different from the tools of the world in being tied to the organism as a whole, which offers the founding ground of the being of the person. However, from a phenomenological point of view, the line between organs and tools cannot simply be drawn by determining what is inside and outside the physiological borders of the organism. We have, from the beginning of history, integrated technological devices (tools) in our being-in-the-world in ways that make them parts of ourselves rather than parts of the world (more organ-like), and also, more recently, have started to make our organs more tool-like by visualising, moving, manipulating, and controlling them through medical technology. In this paper, Heidegger's analysis of organ, tool, and world-making is confronted with this development brought about by contemporary medical technology. It is argued that this development has, to a large extent, changed the phenomenology of the organ in making our bodies more similar to machines with parts that have certain functions and that can be exchanged. This development harbours the threat of instrumentalising our bodily being but also the possibility of curing or alleviating suffering brought about by diseases which disturb and destroy the normal functioning of our organs.

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Document 67
Perpich, Diane
Vulnerability and the Ethics of Facial Tissue Transplantation

Georgetown users check Georgetown Journal Finder for access to full text

http://www.springer.com/medicine/journal/11673 (link may be outdated)

Document 68
Svenaeus, Fredrik
The Body as Gift, Resource or Commodity? Heidegger and the Ethics of Organ Transplantation
Document 69
Symvoulakis, Emmanouil K; Stavroulaki, Emilia; Morgan, Myfanwy; Jones, Roger
Kidney organ donation: developing family practice initiatives to reverse inertia.
BMC health services research 2010 May 17; 10: 127
Abstract: Kidney transplantation is associated with greater long term survival rates and improved quality of life compared with dialysis. Continuous growth in the number of patients with kidney failure has not been matched by an increase in the availability of kidneys for transplantation. This leads to long waiting lists, higher treatment costs and negative health outcomes.

Document 70
Stein, Ronald Alan; Zarifian, April; Paramesh, Anil; Mave, Vidya
West Nile virus in a kidney transplant recipient.

Document 71
Brännström, Mats; Wranning, Caiza A; Altchek, Albert
Experimental uterus transplantation.
Human reproduction update 2010 May-Jun; 16(3): 329-45
Abstract: BACKGROUND: Uterus transplantation (UTx) is developed in animal models as a future method to treat uterine factor infertility. METHODS: All published studies in the area of UTx research were identified. Aspects relating to surgery, cold-ischemia/reperfusion, rejection, immunosuppression, pregnancy, ethics and institutional requirements were examined. RESULTS: Uterus retrieval surgery has been solved in animals, including primates. Studies on cold-ischemia/reperfusion indicate an ischemic tolerance of >24 h. The transplantation procedure, with vascular anastomosis, has not been fully developed in animal models, indicated by frequent thrombosis formation. Pregnancies have only been reported in syngenic/auto-UTx animal models. Several ethical issues in relation to UTx, and requirements for a team that would be suitable to undertake human UTx, exist. CONCLUSION: Much research on UTx has been performed in appropriate animal models. Several aspects of the procedure have been optimized but some remain to be solved. It is predicted that the research will soon reach a stage that could merit introduction of human UTx as an experimental procedure.

Document 72
Mamzer-Bruneel, Marie-France; Fournier, Catherine; Legendre, Christophe
[Living donors for kidney transplantation: ethical and legal challenges] = La transplantation rénale ... partir de donneurs vivants: enjeux éthiques et juridiques.
Abstract: Living donor kidney transplantation has developed very heterogeneously worldwide despite excellent results and without taking into account the context of global organ shortage. Such a heterogeneity highlights persistent ethical issues, whereas organ trafficking is emerging as an organized transplant tourism reinforcing the need for strong national legal frameworks. Despite its powerful regulation system, which ensures standardization, transparency and accountability of support for donation, France remains reluctant to enlarge the circle of legal
Kidney transplantation and HIV: does recipient privacy outweigh the donor's right to information?

**Abstract:** BACKGROUND AND OBJECTIVES: There exists an inherent conflict between a kidney donor's right to know key aspects of a recipient's medical history and specific disease, such as HIV, where federal and state statues protect this information. The authors of the live organ donor consensus group expressly stated the principal of a donor's right to recipient information. This information includes the risks and benefits of not only the donation procedure, but also the risks, benefits, and alternative treatment options of the recipient. In this paper, a case will be presented highlighting this conflict and the ethical and legal reasoning used to resolve it.

DESIGN, SETTING, PARTICIPANTS, & MEASUREMENTS: A 22-year-old woman came forward as a directed kidney donor for an HIV-positive individual. The donor and recipient were medically appropriate for kidney donation and transplantation. During the donor advocacy panel review, there was disagreement regarding whether or not the potential donor had the right to know about the HIV status of the potential recipient.

RESULTS: In living kidney transplantation to HIV-positive individuals, the recipient's right to privacy of information outweighs the donor's right to know.

CONCLUSIONS: Although protecting the recipient's right to privacy is paramount, the donor is still entitled to consider factors a priori that could alter their decision to donate. This can be accomplished by informing the donor that they are not entitled to protected health information of the recipient and that their decision to donate should be based on knowing the recipient is medically appropriate for kidney transplantation.

**Determine of the decision to accept a kidney from a donor at increased risk for blood-borne viral infection.**

**Abstract:** BACKGROUND AND OBJECTIVES: The use of kidneys from donors at increased risk for viral infections (DIRVI) such as HIV could increase the number of transplants and decrease waiting times. This study aimed to identify the proportion of kidney transplant candidates that would accept a kidney from a DIRVI and the factors that influenced this decision.

DESIGN, SETTING, PARTICIPANTS, & MEASUREMENTS: Conjoint analysis was used to assess the conditions in which renal transplant candidates would accept a DIRVI kidney. Candidates completed 12 scenarios in which the waiting time for a kidney, the donor age as a surrogate for kidney quality, and the risk of contracting HIV were systematically varied.

RESULTS: Among 175 respondents, 42 (24.0%) rejected DIRVI kidneys under all conditions, 103 (58.9%) accepted DIRVI kidneys under some conditions, and 31 (17.7%) always accepted DIRVI kidneys. In multivariable logistic regression, patients were more likely to accept a DIRVI kidney when waiting time was longer, the donor age as a surrogate for kidney quality, and the risk of contracting HIV were lower (P < 0.01 for each variable). Patients on dialysis (P < 0.01) and older patients (P = 0.04) more commonly accepted DIRVI kidneys, but self-rated sense of health was not associated with DIRVI kidney acceptance.

CONCLUSIONS: Most renal transplant candidates would accept a DIRVI kidney under some circumstances. These findings suggest that recipients can be allowed to make prospective choices regarding DIRVI kidney acceptance without hindering placement of these organs.

A conflict of responsibility: no patient left behind.

**Abstract:** BACKGROUND AND OBJECTIVES: There exists an inherent conflict between a kidney donor's right to know key aspects of a recipient's medical history and specific disease, such as HIV, where federal and state statues protect this information. The authors of the live organ donor consensus group expressly stated the principal of a donor's right to recipient information. This information includes the risks and benefits of not only the donation procedure, but also the risks, benefits, and alternative treatment options of the recipient. In this paper, a case will be presented highlighting this conflict and the ethical and legal reasoning used to resolve it.

DESIGN, SETTING, PARTICIPANTS, & MEASUREMENTS: A 22-year-old woman came forward as a directed kidney donor for an HIV-positive individual. The donor and recipient were medically appropriate for kidney donation and transplantation. During the donor advocacy panel review, there was disagreement regarding whether or not the potential donor had the right to know about the HIV status of the potential recipient.

RESULTS: In living kidney transplantation to HIV-positive individuals, the recipient's right to privacy of information outweighs the donor's right to know.

CONCLUSIONS: Although protecting the recipient's right to privacy is paramount, the donor is still entitled to consider factors a priori that could alter their decision to donate. This can be accomplished by informing the donor that they are not entitled to protected health information of the recipient and that their decision to donate should be based on knowing the recipient is medically appropriate for kidney transplantation.
Abstract: In its program END THE WAIT, the National Kidney Foundation (NKF) outlined four comprehensive strategies to achieve the goal that within 10 years, every individual on the US waiting list will receive a transplant within 1 year of listing. Lifetime immunosuppressive coverage is a critical piece of the foundation of this program. Events in 2009 that were dedicated toward achieving a lifetime immunosuppressive benefit were complicated by legislative challenges and a dynamic that placed oral medications in the ESRD bundling proposal in direct conflict with the potential for the lifetime immunosuppressive benefit. In line with its mission, the NKF could not sacrifice one kidney patient constituency for another. Successful patient-centered organizations stay consistent with their mission. The NKF had to weigh the risk of postponing a long-sought goal and its relationships with other organizations with standards of patient safety and equitable and efficient patient care. In a perfect world, we never have to make such choices. In the real world, we can use such choices to forge new ways and dialogue to achieve better health care for all patients affected by kidney disease.

World Health Organization

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

http://www.who.int/entity/transplantation/Guiding_PrinciplesTransplantation_WHA63.22en.pdf (link may be outdated)

Knibbe, Marie; Verkerk, Marian

Making sense of risk. Donor risk communication in families considering living liver donation to a child.
Medicine, Health Care, and Philosophy 2010 May; 13(2): 149-156

Abstract: This paper contributes to the growing line of thought in bioethics that respect for autonomy should not be equated to the facilitation of individualistic self determination through standard requirements of informed consent in all healthcare contexts. The paper describes how in the context of donation for living related liver transplantation (LRLT) meaningful, responsible decision making is often embedded within family processes and its negotiation. We suggest that good donor risk communication in families promote "conscientious autonomy" and "reflective trust". From this, the paper offers the suggestion that transplant teams and other relevant professionals have to broaden their role and responsibility for risk communication beyond proper disclosure by addressing the impact of varied psychosocial conditions on risk interpretation and assessment for potential donors and family stakeholders. In conclusion, we suggest further research questions on how professional responsibility and role-taking in risk communication should be morally understood.

http://www.springerlink.com/content/102960/ (link may be outdated)

Orr, Robert D.; Rutecki, Gregory W.

To dialyze or not to dialyze
Ethics & Medicine 2010 Spring; 26(1): 11-14

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Ross, L F

**What the medical excuse teaches us about the potential living donor as patient.**

**Abstract:** Since the inception of living donor kidney transplantation, physicians have expressed concern about the voluntariness of the donors and their ability to recuse themselves. The literature from the late 1960s and early 1970s reveals the practice of offering a false medical excuse, although more recent comments seem to focus more on a 'general statement of lack of suitability' or 'a blameless explanation'. Simmerling et al. argue that the provision of a medical excuse rests on deception, which is wrong on deontological grounds (that physicians should hold to a principle of veracity) and on consequential grounds (deception threatens to damage trust and the doctor-patient relationship and deception may have adverse impact on the donor's relationship with his family). In this paper I examine and reject these objections. I argue that a false medical excuse is morally unjustifiable, but the medical excuse understood as a 'general statement of lack of suitability' is morally permissible because it promotes donor autonomy (the donor's right to decide whether or not to donate), and protects and preserves the donor's rights to privacy and confidentiality (by affirming the donor as an independent patient).

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Roodnat, J I; Zuidema, W; van de Wetering, J; de Klerk, M; Erdman, R A M; Massey, E K; Hilhorst, M T; Ijzermans, J N M; Weimar, W

**Altruistic donor-triggered domino-paired kidney donation for unsuccessful couples from the kidney-exchange program.**

**Abstract:** Between January 2000 and July 2009, 132 individuals inquired about altruistic kidney donation to strangers. These donors were willing to donate to genetically and emotionally unrelated patients. Some altruistic donors wished to donate to a specific person, but most wished to donate anonymously. In domino-paired donation, the altruistic donor donates to the recipient of an incompatible couple; the donor of that couple (domino-donor) donates to another couple or to the waiting list. In contrast to kidney-exchange donation where bilateral matching of couples is required, recipient and donor matching are unlinked in domino-paired donation. This facilitates matching for unsuccessful couples from the kidney-exchange program where blood type O prevails in recipients and is under-represented in donors. Fifty-one altruistic donors (39%) donated their kidney and 35 domino-donors were involved. There were 29 domino procedures, 24 with 1 altruistic donor and 1 domino-donor, 5 with more domino-donors. Eighty-six transplantations were performed. Donor and recipient blood type distribution in the couples limited allocation to blood type non-O waiting list patients. The success rate of domino-paired donation is dependent on the composition of the pool of incompatible pairs, but it offers opportunities for difficult to match pairs that were unsuccessful in the kidney-exchange program.

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Andreoni, K A

**Educating kidney transplant professionals and candidates may improve utilization, allocation efficiency and lifetime survival.**

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Ross, L F

**Good ethics requires good science: why transplant programs should not disclose misattributed parentage.**
American journal of transplantation : official journal of the American Society of Transplantation and the American Society of Transplant Surgeons 2010 Apr; 10(4): 742-6

**Abstract:** In 1996, I argued that the recommendation by the Institute of Medicine (IOM) to inform women when tests reveal misattributed paternity and not to disclose this information to the women's partners was morally wrong. I argued in favor of disclosure to both parties. It is a position that I still hold. But claims of misattributed paternity are not 'incidental findings' as it was called in the old genetics literature, but a rather serious indictment of biological infidelity. In this paper I argue that the tests used by transplant programs for living donor-recipient compatibility are inadequate to accurately determine misattributed paternity. Further I argue that it is not the responsibility of the transplant community to undertake such serious forensic evaluations. Genetic inconsistencies in ABO and HLA inheritance should be reported as variations. Families who want further clarification should be referred to a genetic professional.

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Document 83

Roodnat, J I; Zuidema, W; van de Wetering, J; de Klerk, M; Erdman, R A M; Massey, E K; Hilhorst, M T; Ijzermans, J N M; Weimar, W

**Altruistic donor triggered domino-paired kidney donation for unsuccessful couples from the kidney-exchange program.**


**Abstract:** Between January 2000 and July 2009, 132 individuals inquired about altruistic kidney donation to strangers. These donors were willing to donate to genetically and emotionally unrelated patients. Some altruistic donors wished to donate to a specific person, but most wished to donate anonymously. In domino-paired donation, the altruistic donor donates to the recipient of an incompatible couple; the donor of that couple (domino-donor) donates to another couple or to the waiting list. In contrast to kidney-exchange donation where bilateral matching of couples is required, recipient and donor matching are unlinked in domino-paired donation. This facilitates matching for unsuccessful couples from the kidney-exchange program where blood type O prevails in recipients and is under-represented in donors. Fifty-one altruistic donors (39%) donated their kidney and 35 domino-donors were involved. There were 29 domino procedures, 24 with 1 altruistic donor and 1 domino-donor, 5 with more domino-donors. Eighty-six transplantations were performed. Donor and recipient blood type distribution in the couples limited allocation to blood type non-O waiting list patients. The success rate of domino-paired donation is dependent on the composition of the pool of incompatible pairs, but it offers opportunities for difficult to match pairs that were unsuccessful in the kidney-exchange program.

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Document 84

Waterman, Amy D; Robbins, Mark L; Paiva, Andrea L; Hyland, Shelley S

**Kidney patients' intention to receive a deceased donor transplant: development of stage of change, decisional balance and self-efficacy measures.**


**Abstract:** In order to sustain life, patients whose kidneys fail must receive dialysis or obtain a transplant. This study reports on the development and validation of measures of Stage of Change, Decisional Balance and Self-efficacy based on the Transtheoretical Model (TTM) to assess patients' readiness to receive a deceased donor transplant. We surveyed 293 transplant-eligible kidney patients about their deceased donation readiness. Exploratory and confirmatory analyses for all measures demonstrated factor structures similar to previous application of the TTM to other health behaviors, excellent model fit and good internal and external validity. These brief, reliable instruments with good psychometric properties can guide the development of improved, individually-tailored transplant education for patients.

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Thuong, Marie; Biomedicine Agency


Néphrologie & thérapeutique 2010 Apr ; 6(2): 138-44

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Maple, Najma H; Hadjianastassiou, Vassilis; Jones, Roger; Mamode, Nizam

Understanding risk in living donor nephrectomy.
Journal of medical ethics 2010 Mar ; 36(3): 142-7

Abstract: OBJECTIVES: To investigate risk perception relating to living kidney donation, to compare the risk donors would accept with current practice and identify influential factors. DESIGN: An observational study consisting of questionnaires completed by previous living donors and the general public. Participants selected the risk they would accept from a list of options, in various scenarios. Risk communication was investigated by randomly dividing the sample and presenting risk differently. SETTING: Primary care (two centres) and secondary care (one centre), London. PARTICIPANTS: 175 questionnaires were sent to patients who had previously undergone living-donor nephrectomy and to members of the public consulting a general practitioner. The living-donor sample comprised 77 consecutive donors at Guy's Hospital from May 2003 to January 2005. The general-public sample was recruited from two London healthcare centres. Of the eventual 151 participants, 61 were living donors and 90 were from the general public. MAIN OUTCOME MEASURE: The amount of risk a participant would accept to donate a kidney. RESULTS: 74% of participants were willing to accept a risk of death higher than 1/3000. The most commonly accepted risk was 1/2 (29%). Those presented with a 'chance of survival' accepted higher risks than those presented with a 'risk of death' (p<0.01). Greater risks were accepted when the recipient was closely related and, for some, when the recipient's prognosis was worse. No difference was observed between the living-donor and general-public groups. CONCLUSIONS: Kidney donors will accept a higher risk of death than is currently quoted, especially if risks are presented in terms of chance of survival.

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Diamandis, Phedias

The cost of autonomy: estimates from recent advances in living donor kidney transplantation.

Abstract: Autonomy, an individual's right to make personal decisions regarding his/her own health, represents one of the major ethical principles of medicine. While there are many examples citing the benefits this right provides for the individual, the impact that personal healthcare decisions have on others is often neglected. Here, evidence from end-stage renal disease is reviewed to hypothesise the creation of a universal kidney donation programme that although provides unparalleled benefits to its citizens, relies on the participation of a large proportion of the society. Given that this essay also addresses the public's major concerns regarding kidney donation, one of the only remaining implementation barriers is the individuals' right not to participate. Therefore, irrespective of the humane and complex emotionally laden reasons for not enrolling in such programmes, this essay provides some estimates of the significant resource and quality of life costs associated with autonomy. Assuming humans are competent to make informed personal healthcare choices, similar to recent efforts to increase awareness about the negative impact of certain lifestyle choices on global warming, citizens should also be better informed about the medical costs their autonomy has on society.

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**Document 88**

Shores, Jaimie T.; Brandacher, Gerald; Schneeberger, Stefan; Gorantla, Vijay S.; Lee, W.P. Andrew

Composite tissue allotransplantation: hand transplantation and beyond.


**Abstract:** Recent advances in transplant immunology are shifting the focus from immunosuppression to immunoregulation, making composite tissue allotransplantation with novel and less potent immunosuppressive regimens a possibility. Hand transplantation has been the most frequently performed human composite tissue allotransplantation, with more than 50 upper extremity-based transplants done worldwide. Further research is needed regarding immunomodulating protocols, and careful oversight and individualized screening procedures will be required as patients seeking improved quality of life through human composite tissue allotransplantation come to accept a certain level of risk in these experimental procedures. Still, composite tissue allotransplantation offers to advance transplant medicine and reconstructive surgery.

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**Document 89**

Taylor, K.

Xenotransplantation [letter]


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**Document 90**

Rhodes, Rosamond; Schiano, Thomas

Transplant tourism in China: a tale of two transplants.

American Journal of Bioethics 2010 February; 10(2): 3-11

**Abstract:** The use of organs obtained from executed prisoners in China has recently been condemned by every major transplant organization. The government of the People's Republic of China has also recently made it illegal to provide transplant organs from executed prisoners to foreigners transplant tourists. Nevertheless, the extreme shortage of transplant organs in the U.S. continues to make organ transplantation in China an appealing option for some patients with end-stage disease. Their choice of traveling to China for an organ leaves U.S. transplant programs with decisions about how to respond to the needs of patients who return after transplantation. By discussing two cases that raised this dilemma, we argue for upholding medicine's commitments to traditional principles of beneficence and nonjudgmental regard in sorting out the policies that a transplant program should adopt. We also explain how position statements that aim for the high ground of moral purity fail to give appropriate weight to the needs and suffering of present and future patients in the U.S. and in China.

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**Document 91**

Testa, Giuliano; Angelos, Peter

The transplant surgeon and transplant tourists: ethical and surgical issues.


Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/issues.php) for access to full text
Document 92

Hippen, Benjamin

**Professional obligation and supererogation with reference to the transplant tourist.**

American Journal of Bioethics 2010 February; 10(2): 14-16

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Document 93

Ho, Dien

**Providing optimal care with dirty hands.**

American Journal of Bioethics 2010 February; 10(2): 16-17

Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/issues.php) for access to full text

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Martin, Dominique

**Professional and public ethics united in condemnation of transplant tourism.**

American Journal of Bioethics 2010 February; 10(2): 18-20

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Document 95

Devereaux, Mary; Loring, Jeanne F.

**A modest proposal in response to Rhodes and Schiano.**


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Tsai, Daniel Fu Chang

**Transplant tourism from Taiwan to China: some reflection on professional ethics and regulation.**


Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/issues.php) for access to full text

Document 97
**Document 98**

Schiano, Thomas D.; Rhodes, Rosamond

**The dilemma and reality of transplant tourism: an ethical perspective for liver transplant programs.**

Liver Transplantation 2010 February; 16(2): 113-117

**Abstract:** Transplant programs are likely to encounter increasing numbers of patients who return after receiving an organ transplant abroad. These patients will require ongoing medical care to monitor their immunosuppression and to provide treatment when the need arises. Transplant societies have condemned transplantation with organs purchased abroad and with organs procured from executed prisoners in China. Nevertheless, transplant programs require guidance on how to respond to the needs of returning transplant tourists and to the needs of patients who may choose to become transplant tourists. This discussion presents a case that raised such issues in our program. It goes on to offer reasons for considering a program's responses in terms of the most relevant principles of medical ethics, namely beneficence and nonjudgmental regard.

Georgetown users check [Georgetown Journal Finder](http://www.bioethics.net/journal/issues.php) for access to full text

**Document 99**

Watts, Geoff

**Bit of an animal.**

British Medical Journal 2010 January 16; 340(7738): 128-129

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R?os, A; L?pez-Navas, A; Ayala-Garc?a, M A; Sebasti?n, M J; Abdo-Cuza, A; Mart?nez-Alarc?n, L; L?pez-L?pez, A; Ram?rez, E J; Muñoz, G; Camacho, A; Suárez-L?pez, J; Castellanos, R; Rodr?guez, J S; Mart?nez, M A; Nieto, A; Ram?rez, P; Parrilla, P

**Attitudes toward living kidney donation in transplant hospitals: a Spanish, Mexican, and Cuban multicenter study.**

Transplantation proceedings 2010 Jan-Feb; 42(1): 228-32

**Abstract:** INTRODUCTION: Living donor kidney (LKD) transplantation provides better results than deceased donor donation, involving minimum risk for the donor. However, LKD donation rates are low in most countries. We analyzed attitudes toward LKD in transplant hospitals in Spain, Mexico, and Cuba. MATERIALS AND METHODS: Data were obtained from five transplant hospitals through the International Collaborative Program "Proyecto Donante Vivo, Murcia" in three countries: Spain (n = 1168), Mexico (n = 903), and Cuba (n = 202). The random sample (2273 employees) was stratified according to job category. The instrument used to evaluate attitude was a validated questionnaire. Statistical analysis included Student t test, the chi(2) test, and multivariate analysis. RESULTS: Eighty eight percent (n = 2002) of Spanish, Mexican, and Cuban transplant hospital personnel were in favor of related LKD and 24% nonrelated LKD (n = 555). Attitudes were more favorable among centers in Cuba 97% (n = 195), followed by Mexico 88% (n = 793) and by Spain 87% (n = 1014; P < .001). According to job category, 91% (n = 617) of physicians were in favor, 88% (n = 543) of nurses, 85% (n = 198) of health care assistants, and 85% (n = 198) of auxiliary personnel. Attitudes were related to variables of: attitude toward deceased donation (P < .001), discussion about organ donation and transplantation (P < .001), concern about body mutilation after donation (P = .001), a possible need for a transplant in the future (P < .001), and attitude toward living liver donation (P < .001).
CONCLUSIONS: Attitudes toward LKD in Hispanic/Latin Transplant Hospitals were favorable and could encourage an increase in LKD in the coming years assuming suitable sociopolitical and economic condition, as well as support from nephrologists.

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Morrissey, Paul
Kidney donation from brain-injured patients before a declaration of death
Medical Ethics Newsletter [Lahey Clinic] 2010 Winter; 17(1): 1, 2-8
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http://www.lahey.org/Ethics/ (link may be outdated)

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Gummere, Peter J.
Replay to Howard, Hargroder, and Seamands
Ethics and Medics 2010 January; 35(1): 3-4
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Howard, Joseph C.; Hargroder, David E.; Seamands, Aaron M.
Depression and renal dialysis
Ethics and Medics 2010 January; 35(1): 2-3
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Steinbuch, Robert
UNOS-coordinated organ sales: toward improving the health and welfare of the historically underprivileged.
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Strosberg, Martin A.; Gimbel, Ronald W.
Kidney donation: when all else fails, try a regulated market.
Journal of the National Medical Association 2010 January; 102(1): 44-45
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Demme, Richard A.
Ethical concerns about an organ market.
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Ross, Lainie Friedman
An ethical and policy analysis of elective transplantation for metabolic conditions diagnosed by newborn screening.
Journal of Pediatrics 2010 January; 156(1): 139-144
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Mommaerts, Maurice; Abeloos, Johan S.V.
Allotransplantation or autotransplantation to the face, which first?
Georgetown users check Georgetown Journal Finder for access to full text

Document 109
Alexander, Ashlin J.; Alam, Daniel S.; Gullane, Patrick J.; Lengelé, Benoît G.; Adamson, Peter A.
Arguing the ethics of facial transplantation.
Archives of facial plastic surgery 2010 January-February; 12(1): 60-63
Abstract: While 7 face transplants have been performed around the world, to date, there remains debate regarding the validity of this procedure. We submit that performing a facial transplant-in the appropriately selected patient-is technically defensible and ethically sound. By outlining the technical and ethical boundaries of the debate, responding to the key arguments against the procedure, and describing its motivations and potential benefits, we state our justification of facial transplantation.
Georgetown users check Georgetown Journal Finder for access to full text

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Somer, Parvin; Vatanoglu, Elif; and Jansen, Brigitte E.S., (ed.)
ORGAN TRANSPLANTATION AND CLINICAL TRIALS IN TURKEY: LEGAL AND ETHICAL ASPECTS

Document 111
Baqli, Haytham 'Abd al-Rahman
Al-Himayah al-jina'iyyah li-naqql wa zira'at al-a'da' al-bashariyyah bayna al-shari'ah wa al-qanun al-muqaran [Criminal protection for the transfer and transplantation of human organs in sharia and comparative law]

Document 112
Hakim, Nadey; Canelo, Ruben; and Papalois, Vassilios, eds.
Document 113

Egypt. Laws, statutes, etc.

Qanun tanzim zar' al-a'da' al-bashariyah al-jadid [New code for the regulation of the transplantation of human organs, no. 5, 2010]


Abstract: This is a reprint of the original code published in the official newspaper, issue (9) on March 16, 2010. It is divided into four main sections: general rules; institutions permitted to undertake organ transplantation; procedures of human organ transplantation; and sanctions.

Document 114

Ríos, A; López-Navas, A I; Ramírez, P; Parrilla, P; Proyecto colaborativo internacional donante

[Cadaveric donor procurement units versus living donation]. = Las unidades generadoras de donantes de órganos de cadáver ante la donación de vivo.


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Document 115

Gulín Dávila, J; López Rodríguez, L

[Change in regulations for dispensing immunosuppressants to patients who have undergone a kidney transplant] = Cambio en la normativa de dispensación de inmunosupresores en el paciente sometido a un trasplante renal.

Nefrología : publicación oficial de la Sociedad Española Nefrología 2010; 30(3): 370-1

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Document 116

Ullrich, Gerald; Schmidt, Sandra; Scharf, Elfriede; Penkert, Jens; Niedermeyer, Jost; Schulz, Wolfgang

Lung transplant recipients' views on the integration of their new organs.

Disability and rehabilitation 2010 32(9): 713-22

Abstract: AIM: Although donorship issues and the integration of the new organs are the most distinguishing aspects of lung transplantation (LTx) compared to other kinds of 'high-tech' medicine, there is a paucity of papers on that matter. Therefore, we aimed to evaluate these aspects in young adult LTx recipients with at least 1-year survival. METHODS: Semi-structured interviews; content analysis of specific parts of the interviews; frequency distributions of resulting categories. SAMPLE: Forty-five adults aged 18-42 years (mean: 32 +/- 5.5 years). Post-transplant survival ranged from 1 to 11 years. RESULTS: The majority of recipients (60%) fulfilled criteria of denial towards the foreign organ and/or the donor. However, they were rather sensitive towards the ethical and psychological impact of the upcoming option of living donorship in LTx. Also, the majority of recipients (79%) understood that there might as well be good reason not to opt for a LTx. CONCLUSIONS: LTx recipients appeared at first sight 'pragmatic' towards the gift of life, but they remained sensitive to its ethical and psychological challenges.

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Document 117

BMC Medical Ethics 2010; 11: 5

**Abstract:** BACKGROUND: The overwhelming scarcity of organs within renal transplantation forces researchers and transplantation teams to seek new ways to increase efficacy. One of the possibilities is the use of personalized medicine, an approach based on quantifiable and scientific factors that determine the global immunological risk of rejection for each patient. Although this approach can improve the efficacy of transplantations, it also poses a number of ethical questions. METHODS: The qualitative research involved 22 semi-structured interviews with nephrologists involved in renal transplantation, with the goal of determining the professionals' views about calculating the global immunological risk and the attendant ethical issues. RESULTS: The results demonstrate a general acceptance of this approach amongst the participants in the study. Knowledge of each patient's immunological risk could improve treatment and the post-graft follow-up. On the other hand, the possibility that patients might be excluded from transplantation poses a significant ethical issue. This approach is not seen as something entirely new, given the fact that medicine is increasingly scientific and evidence-based. Although renal transplantation incorporates scientific data, these physicians believe that there should always be a place for clinical judgment and the physician-patient relationship. CONCLUSIONS: The participants see the benefits of including the calculation of the global immunological risk within transplantations. Such data, being more precise and rigorous, could be of help in their clinical work. However, in spite of the use of such scientific data, a place must be retained for the clinical judgment that allows a physician to make decisions based on medical data, professional expertise and knowledge of the patient. To act in the best interests of the patient is key to whether the calculation of the global immunological risk is employed.

Organizational issues in providing high-quality human tissues and clinical information for the support of biomedical research.

Methods in Molecular Biology 2010; 576: 1-30

**Abstract:** Superior-quality human tissues are required to support many types of biomedical research. To be useful optimally in supporting research, not only must these tissues be accurately diagnosed, but also the specific aliquots of tissue supplied to investigators must be accurately described as part of the quality control analysis of the tissue. Tissues should be collected, processed, and stored uniformly. Some tissues are provided to investigators from tissue banks for which tissues have been collected and processed according to standard operating procedures (SOPs) of the tissue bank. Other tissues provided to support research are collected and processed according to SOPs modified to meet investigator needs and requirements, i.e., prospective collection/processing. These different models of tissue collection require different goals, designs, and SOPs. The objectives of tissue repositories also vary based on the types of tissues provided (e.g., fresh tissue aliquots, fixed paraffin-embedded tissue, paraffin tissue sections, etc.) and how the tissues are to be used in research. For example, the potential use of tissues affects the need for extensive annotation of the specimen including both clinical information (e.g., clinical outcomes) and demographics. Specifically, if the tissues are to be used for extraction of proteins or basic studies of disease processes, less clinical information, if any, may be needed than if the tissues are to be used for the correlation of an aspect of the disease process with clinical outcome or response to a specific therapy. In this review, we describe, based on our experience, the major issues that should be addressed in designing and establishing a tissue repository.

Kidneys for sale?

Free Inquiry 2009 December-2010 January: 30(1): 14

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Knibbe, Mare

**PhD Thesis - M. Knibbe**
EACME Newsletter [electronic] 2009 December; (23): 9-10

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Moran, A.; Scott, P.A.; Darbyshire, P.

**Existential boredom: the experience of living on haemodialysis therapy**
Medical Humanities 2009 December; 35(2): 70-75

*Abstract*: tba

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http://mh.bmj.com/content/35/2.toc (link may be outdated)

Sparrow, Robert

**Xenotransplantation, consent and international justice.**
Developing World Bioethics 2009 December; 9(3): 119-127

*Abstract*: The risk posed to the community by possible xenozoososis after xenotransplantation suggests that some form of 'community consent' is required before whole organ animal-to-human xenotransplantation should take place. I argue that this requirement places greater obstacles in the path of ethical xenotransplantation than has previously been recognised. The relevant community is global and there are no existing institutions with democratic credentials sufficient to establish this consent. The distribution of the risks and benefits from xenotransplantation also means that consent is unlikely to be forthcoming. Proceeding on the basis of hypothetical consent to a package of global health measures that includes xenotransplantation, as Rothblatt has recently advocated, is more problematic than she acknowledges. Given that it may place the lives of citizens of poor nations at risk to benefit the citizens of wealthy nations, xenotransplantation raises significant questions of international justice.

Georgetown users check [Georgetown Journal Finder](http://www3.interscience.wiley.com/journal/117981440/home) for access to full text

http://www3.interscience.wiley.com/journal/117981440/home (link may be outdated)

Larrabee, Wayne F.; Hilger, Peter A.

**The first composite face and mixilla transplant [abstracts and commentary]**

Georgetown users check [Georgetown Journal Finder](http://jama.ama-assn.org/content/vol302/issue20/) for access to full text

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Holden, Constance

**Clean pigs offer alternative to stem cell transplants. [news]**
**Document 125**

Trommelmans, Leen; Selling, Joseph; Dierickx, Kris

*Is tissue engineering a new paradigm in medicine? Consequences for the ethical evaluation of tissue engineering research.*

Medicine, Health Care, and Philosophy 2009 Nov; 12(4): 459-67

**Abstract:** Ex-vivo tissue engineering is a quickly developing medical technology aiming to regenerate tissue through the introduction of an ex-vivo created tissue construct instead of restoring the damaged tissue to some level of functionality. Tissue engineering is considered by some as a new medical paradigm. We analyse this claim and identify tissue engineering's fundamental characteristics, focusing on the aim of the intervention and on the complexity and continuity of the process. We inquire how these features have an impact not only on the scientific research itself but also on the ethical evaluation of this research. We suggest that viewing tissue engineering as a new medical paradigm allows us to develop a wider perspective for successful investigation instead of focusing on isolated steps of the tissue engineering process in an anecdotal way, which may lead to an inadequate ethical evaluation. We argue that the concept of tissue engineering as a paradigm may benefit the way we address the ethical challenges presented by tissue engineering.

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Coorey, Genevieve M.; Paykin, Catherine; Singleton-Driscoll, Linda C.; Gaston, Robert S.

*Barriers to preemptive kidney transplantation: a survey of people with chronic kidney disease finds that many see transplantation as an option of last resort*


**Abstract:** tba

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Galarneau, Charlene


American Journal of Bioethics 2009 November; 9(11): 69-70

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**Document 128**

Trommelmans, Leen; Selling, Joseph; Dierickx, Kris

*Is tissue engineering a new paradigm in medicine? Consequences for the ethical evaluation of tissue engineering research.*

Medicine, Health Care, and Philosophy 2009 November; 12(4): 459-467

**Abstract:** Ex-vivo tissue engineering is a quickly developing medical technology aiming to regenerate tissue through
the introduction of an ex-vivo created tissue construct instead of restoring the damaged tissue to some level of functionality. Tissue engineering is considered by some as a new medical paradigm. We analyse this claim and identify tissue engineering's fundamental characteristics, focusing on the aim of the intervention and on the complexity and continuity of the process. We inquire how these features have an impact not only on the scientific research itself but also on the ethical evaluation of this research. We suggest that viewing tissue engineering as a new medical paradigm allows us to develop a wider perspective for successful investigation instead of focusing on isolated steps of the tissue engineering process in an anecdotal way, which may lead to an inadequate ethical evaluation. We argue that the concept of tissue engineering as a paradigm may benefit the way we address the ethical challenges presented by tissue engineering.

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**Discontinuing renal dialysis**
Ethics and Medics 2009 October; 34(10): 2-4

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Sack, Kevin
**Cost-saving policy forces new kidney transplant**

http://www.nytimes.com (link may be outdated)

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Parker-Pope, Tara
**A new heart, tangled in red tape**
New York Times 2009 September 1; p. D5

http://www.nytimes.com (link may be outdated)

Document 132
Rutecki, Gregory W.
"Give me children or I'll die!" Is it time to consider the uterus as a non-vital organ transplant?
Ethics & Medicine 2009 Fall; 25(3): 177-186

Document 133
Byk, Christian
**The European protocol on organ transplant: key issues.**
Journal international de bioéthique = International journal of bioethics 2009 Sep ; 20(3): 119-33, 153
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**Abstract:** What is interesting in the philosophy of the European Protocol is the search of a balanced position which acknowledges the medical progress brought by organ transplants and considers the necessity to ensure that human dignity and individual freedom are respected. However, the principles adopted for such regulations at the European level leave on some major issues a great margin of appreciation to the domestic legislation. This is particularly true in areas such as defining death or consenting to organ transplants including the situation of minors and the role of the family. A last point should also be stressed regarding the European protocol: its lack of efficiency concerning a neglected but important issue: organ trafficking.

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Fovargue, Sara; Ost, Suzanne

**A plea for precaution with public health: the xenotransplantation example**

Clinical Ethics 2009 September; 4(3): 119-124

**Abstract:** In this paper we argue that while individual private interests such as autonomy and the need for a medical procedure or treatment are important in the provision and delivery of health care and the utilization of biotechnologies, these concepts need to be balanced with other interests such that in certain situations they do not take priority. We use as an example a particular developing biotechnology, xenotransplantation, to suggest that interest in the health of the public is such that this biotechnology should not be permitted to move to the clinical trial stage because of the particular risk of harm it poses to the potential xeno-recipient, their close contacts and the wider population. This is despite the interest of those in need of a transplant in allowing such clinical trials to proceed. We derive support for our position from John Stuart Mill's harm principle.

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**Document 135**

Byk, Christian

**The European protocol on organ transplant: key issues.**


**Abstract:** What is interesting in the philosophy of the European Protocol is the search of a balanced position which acknowledges the medical progress brought by organ transplants and considers the necessity to ensure that human dignity and individual freedom are respected. However, the principles adopted for such regulations at the European level leave on some major issues a great margin of appreciation to the domestic legislation. This is particularly true in areas such as defining death or consenting to organ transplants including the situation of minors and the role of the family. A last point should also be stressed regarding the European protocol: its lack of efficiency concerning a neglected but important issue: organ trafficking.

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Noël, Luc; Martin, Dominique

**Progress towards national self-sufficiency in organ transplants [editorial]**

Bulletin of the World Health Organization 2009 September; 87(9): 647

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Keirns, Carla C.; Goold, Susan Dorr; Gordon, Elisa J.; Ryan, Christopher James

Dirty Blood

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Tuffs, Annette

Man with transplanted arms shows his skills [news]
BMJ: British Medical Journal 2009 August 1; 339(7715): 260

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Abatani, Lori

Dominoes align for key kidney transplant: successful eight-way chain of surgeries involving Johns Hopkins is a first
Washington Post 2009 July 8; p. B1, B3

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Louhiala, Pekka

Bone marrow transplantation in the prevention of intellectual disability due to inherited metabolic disease: ethical issues
Journal of Medical Ethics 2009 July; 35(7): 415-418

Abstract: Many inherited metabolic diseases may lead to varying degrees of brain damage and thus also to intellectual disability. Bone marrow transplantation (BMT) has been used for over two decades as a form of secondary prevention to stop or reverse the progress of the disease process in some of these conditions. At the population level the impact of BMT on the prevalence of intellectual disability is minute, but at the individual level its impact on the prognosis of the disease and the well-being of the patient can be substantial. The dark side of BMT use is the burden of side effects, complications and transplantation-related mortality in less successful cases. The ethical issues involved in this therapy are discussed in this review.

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Guiglielmo, Connie

Apple should disclose liver transplant, experts say (update 3)
Bloomsberg.com 2009 June 22; 2p.

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Coghlan, Andy

**Hybrid hearts for transplant [news]**
New Scientist 2009 June 6-12; 202(2711): 8-9

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Affairs of the pig-human heart [editorial]
New Scientist 2009 June 6-12; 202(2711): 5

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Fleming, John I.

**Is trade in human body parts intrinsically wrong?**
National Catholic Bioethics Quarterly 2009 Summer; 9(2): 253-261

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Shildrick, Margrit; McKeever, P.; Abbey, S.; Poole, J.; Ross, H.

**Troubling dimensions of heart transplantation**
Medical Humanities 2009 June; 35(1): 35-38

*Abstract:* Heart transplantation is now the accepted therapy for end-stage heart failure that is resistant to medical treatment. Families of deceased donors routinely are urged to view the heart as a "gift of life" that will enable the donor to live on by extending and sustaining the life of a stranger. In contrast, heart recipients are encouraged to view the organ mechanistically-as a new pump that was rendered a spare, reusable part when a generous stranger died. Psychosocial and psychoanalytic research, anecdotal evidence and first-person accounts indicate that after transplant, many recipients experience unexpected changes or distress that cannot be understood adequately using biomedical explanatory models alone. In this paper it is argued that phenomenological philosophy offers a promising way to frame an ongoing empirical study that asks recipients to reflect on what it is like to incorporate the heart of another person. Merleau-Ponty and others have posited that any change to the body inevitably transforms the self. Hence, it is argued in this paper that replacing failing hearts with functioning hearts from deceased persons must be considered much more than a complex technical procedure. Acknowledging the disturbances to embodiment and personal identity associated with transplantation may explain adverse outcomes that heretofore have been inexplicable. Ultimately, a phenomenological understanding could lead to improvements in the consent process, preoperative teaching and follow-up care.

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Young, Ann; Kim, Sang Joseph; Gibney, Eric M.; Parikh, Chirag R.; Cuerden, Meaghan S.; Horvat, Lucy D.; Hizo-Abes, Patricia; Garg, Amit X.;

**Discovering misattributed paternity in living kidney donation: prevalence, preference, and practice.**
Transplantation 2009 May 27; 87(10): 1429-1435

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Starzl, Thomas E.; Barker, Clyde
The origin of clinical organ transplantation revisited.
JAMA: The Journal of the American Medical Association 2009 May 20; 301(19): 2041-2043

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Winslow, Ron
Face-transplant patient emerges
Wall Street Journal 2009 May 6; p. A3

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Delmonico, Francis L.
The international realities of live donor kidney transplantation.
Kidney International 2009 May; 75(10): 1003-1005

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Torpy, Janet M.; Lynm, Cassio; Glass, Richard M.
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JAMA: The Journal of the American Medical Association 2009 April 22; 301(16): 1730

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Calne, Roy
Heart transplants in the headlines [review of Hearts Exposed: Transplants and the Media in 1960s Britain, by Ayesha Nathoo]
Lancet 2009 April 11; 373(9671): 1241-1242

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Dogan, Hanzade; Demirhan Erdemir, Aysegül
**Organ transplantation in the Republican period of Turkey**

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[http://www.ishim.net/ishimj/JISHIM15_16_17_18.pdf](http://www.ishim.net/ishimj/JISHIM15_16_17_18.pdf) (link may be outdated)

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Harman, Chloë
**Presumed consent: yes we should.**

Georgetown users check [Georgetown Journal Finder](http://www.ishim.net/ishimj/JISHIM15_16_17_18.pdf) for access to full text

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Pierson, Richard N., III
**Current status of xenotransplantation.**
JAMA: The Journal of the American Medical Association 2009 March 4; 301(9): 967-969

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Fischer, Nils
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Wynn, Francine
**Reflecting on the ongoing aftermath of heart transplantation: Jean-Luc Nancy's L'intrus.**
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**Ethical issues in live donor kidney transplant: views of medical and nursing staff.**
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Fasting Ramadan in kidney transplant patients is safe
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Full facial transplantation: a bioethical study from a Catholic perspective
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Moral issues in lung transplantation surgery
National Catholic Bioethics Quarterly 2009 Spring; 9(1): 47-53
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Hermesen, Maaike; van der Donk, Marjolein
Nurses' moral problems in dialysis.
Nursing Ethics 2009 March; 16(2): 184-191
Abstract: This article gives an overview of the moral problems experienced and described by nurses working in a dialysis unit in the Netherlands. The nurses raised a wide variety of issues that they considered were moral problems, which were grouped into seven topics. A selection of cases are described, one of which is analysed using the Nijmegen method of ethical case deliberation. This method facilitates practical approaches to the different types of moral problems encountered. The argument is made that, owing to their specific moral position and responsibility, nurses' contribution to ethical reflection in ward discussions should be valued more. All caregivers involved are indispensable in developing a basis for well-reasoned decisions when deliberating about moral problems.
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Sandroni, Stephen

The evolving ecology of risk for hospitalized dialysis patients.
Seminars in Dialysis 2009 January-February; 22(1): 5-8

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Coyne, Daniel W.

Managing anemia in for-profit dialysis chains: when ethics and business conflict.
Seminars in Dialysis 2009 January-February; 22(1): 18-21

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Trading kidneys for prison time: when two contradictory legal traditions intersect, which one has the right of way?
University of San Francisco Law Review Winter 2009; 43(3): 507-558

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Ethical issues of organ transplantation in Chinese community: perspectives of health professionals, legal professionals, and religious experts in Taiwan and mainland china.

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2007: the year of regulatory change.

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No heroic measures: how soon is too soon to stop?
Annals of Thoracic Surgery 2009 January; 87(1): 11-18

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Rémy, Catherine

The animal issue in xenotransplantation: controversies in France and the United States. History and philosophy of the life sciences 2009; 31(3-4): 405-28

Abstract: In recent years scientists have created genetically modified pigs for the purpose of xenotransplantations. These are transplants of animal organs into human patients. But xenotransplantation has a long history. Since the early twentieth century, many surgeons tried to insert animal organs into human and non-human bodies. This paper examines the controversies that these innovations have caused in the United States and France, including the notion of the objectification of animals. Three phases are described. The historical review shows that far from the choice of pigs being "natural" it turns out to be recent and to follow controversies surrounding the possible use of primates. During the last phase, the scientists have internalized the "animal issue" in their practice: the official donor is now the pig, and the animals are treated respectfully during all the lab manipulations. Since pigs are different from humans they can be objectified and thus absorbed. This objective distance is, however, threatened by new
discourses on animal rights, by genetic manipulations that "humanise" pigs, and by scientific practice itself that
recognizes a moral proximity between pigs and men.

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Suwaylam, Muhammad Ahmad
Ahkām zirā'at al-kabid fi al-qanūn al-madānī wa al-fiqh al-Islāmī, dirāsah muqāranah = Rulings pertaining to
liver transplantation in civil law and Islamic jurisprudence, a comparative study

Abstract: This book focuses on rulings concerning liver transplantation in both civil law and Islamic jurisprudence. It
consists of a preliminary chapter and three main chapters. The preliminary chapter covers background information
about the liver, liver transplantation, and history of this procedure. The first chapter discusses rulings pertaining to
liver transplantation from living donors. The second chapter discusses rulings pertaining to liver transplantation from
cadavers. The third chapter discusses rulings pertaining to physicians' roles and responsibilities.

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Huh, Kyu Ha; Kim, Hyun Jung; Jeon, Kyung Ock; Kiml, Beom Seok; Kim, Yu Seun; Park, Kill
Exchange-donor renal transplantation.
Clinical transplants 2009: 231-4

Abstract: Exchange-donor programs may prevent the current loss of many suitable living donors. Both incompatible
donor-recipient pairs—with ABO incompatibility or positive cross-matches—and compatible pairs who wish to locate
more suitable donors should be encouraged to participate in exchange-donor programs. Advantages and limitations
of exchange-donor programs must be carefully explained to prevent interfamilial conflict. Exchange-donor programs
may relieve shortages of donor organs and offer good posttransplant outcomes. Therefore, this program should be
widely implemented.

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Rees, Michael A; Bargnesi, David; Samy, Kannan; Reece, Laurie
Altruistic donation through the Alliance for Paired Donation.
Clinical transplants 2009: 235-46

Abstract: Kidney paired donation is an evolving strategy for overcoming the incompatibility barrier inherent in living
donor kidney transplantation. As evidence of the growing interest in this new approach, more than 800 paired
donation transplants have been performed in the United States as of February 2010, greater than half of which were
performed in 2008 and 2009. Recent advances in this field have incorporated non-directed or altruistic donors to
initiate chains of transplants that are either performed simultaneously, or by utilizing "bridge donors" who continue a
nonsimultaneous chain at a later date. In this report from the Alliance for Paired Donation, we summarize our
experience with altruistic and bridge donors. The program has utilized 6 altruistic-donor initiated chains that have
resulted in 22 transplants and have generated 16 bridge donors. In addition, we report our experience with website
registrations and national media exposure that has resulted in over 3500 registrations on the APD website, with 37%
expressing interest in altruistic donation. We discuss the financial barriers to paired donation in America, and
suggest a solution similar to the CMS-approved organ procurement organization standard acquisition charges for
deceased donors. Finally, we propose a new approach to integrate paired donation and deceased donors that would
allow altruistic living donors to benefit patients on the waiting list without willing, but incompatible donors and
simultaneously eliminate the risk of reneging in nonsimultaneous extended altruistic donor chains. We call this new
approach a "reverse list exchange".

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On chain lengths, domino-paired and unbalanced altruistic kidney donations.
Clinical transplants 2009: 247-52

**Abstract:** Kidney transplantations with living related and unrelated donors are the optimal option for patients with end-stage renal disease. For patients with a willing—but blood-type or HLA incompatible donor—a living-donor kidney exchange program could be an opportunity. In Asia, the United States and Europe, kidney exchange programs were developed under different conditions, with different exchange algorithms, and with different match results. The easiest way to organize a living-donor kidney exchange program is to enlist national or regional cooperation, initiated by an independent organization that is already responsible for the allocation of deceased donor organs. For logistic reasons, the optimal maximum chain length should be three pairs. To optimize cross-match procedures a central laboratory is recommended. Anonymity between the matched pairs depends on the culture and logistics of the various countries. For incompatible donor-recipient pairs who have been unsuccessful in finding suitable matches in an exchange program, domino-paired kidney transplantations triggered by Good Samaritan donors is the next alternative. To expand transplantations with living donors, we advise integrating such a program into a national exchange program under supervision of an independent allocation authority. If no Good Samaritan donors are available, an unbalanced kidney paired-exchange program with compatible and incompatible pairs is another strategy that merits future development.

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Reese, Peter P.; Abt, Peter L.; Bloom, Roy D.
Protecting live kidney and liver donors
Call number: QH332.P46 2009

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Jones, Nora L.
The importance of embodiment in transplant ethics
Call number: QH332.P46 2009

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Kaplan, Bernard S.; Green, Cynthia; Baluarte, H. Jorge; Meyers, Kevin E.C.
Ethical challenges in pediatric dialysis and kidney transplantation
Call number: QH332.P46 2009

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Friedman, Eli A.; Friedman, Amy L.
Reassessing marketing of kidneys from the 2008 perspective.
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Poole, Jennifer M.; Shildrick, Margrit; McKeever, Patricia; Abbey, Susan; Ross, Heather
"You might not feel like yourself": on heart transplants, identity, and ethics
Call number: R724.C8247 2009

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Courtney, Aisling E.; Maxwell, Alexander P.
The challenge of doing what is right in renal transplantation: balancing equity and utility.
Nephron. Clinical Practice 2009; 111(1): c62-67; discussion c68
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Kaufman, Sharon R.; Russ, Ann J.; Shim, Janet K.
Aged bodies and kinship matters: the ethical field of kidney transplant
Insurer is sued over liver transplant

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Surgeons say recipient of face transplant "Is doing well"
Washington Post 2008 December 18; p. A1, A2

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In an extensive and intricate operation, a face is remade

http://www.nytimes.com (link may be outdated)

For the first time in US, extensive face transplant is performed
Washington Post 2008 December 17; p. A4

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Surgeons transplant nearly all of a face

http://www.nytimes.com (link may be outdated)

Living kidney donation among Hispanics: a qualitative examination of barriers and opportunities.
Progress in Transplantation 2008 December; 18(4): 243-250
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Rosenthal, Lori

**Design and implementation of an informed consent process before liver transplantation.**

Progress in Transplantation 2008 December; 18(4): 273-283

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Ozturk Turkmen, H.; Arda, Berna

**Ethical and legal aspects of stem cell practices in Turkey: where are we?**

Journal of Medical Ethics 2008 December; 34(12): 833-837

**Abstract:** Advances in medical technology and information have facilitated clinical practices that favourably affect the success rates of treatment for diseases. Regenerative medicine has been the focus of the recent medical agenda, to the extent of fundamentally changing treatment paradigms. Stem cell practices, their efficacy, and associated ethical concerns have been debated intensively in many countries. Stem cell research is carried out along with the treatment of patients. Thus, various groups affected by the practices inevitably participate in the discussions. In addition to discussions based on avoiding any harm, providing benefits and respecting personal autonomy and justice, problems arise owing to the lack of legal regulations for stem cell research and practice. The dimensions of the problems vary in the developing countries, with widespread use of advanced medical technology but with lack of sources allocated for healthcare, dominance of paternalistic physician-patient relationships and failure to achieve a sufficient level of awareness of patients' rights. This article discusses the current situation of stem cell practices within the context of regenerative medicine in Turkey and ethical concerns about some of the legal regulations, such as the Regulation for Umbilical Cord Blood Banking and Guidelines for Non-embryonic Stem Cell Study for Non-clinical Purposes directing the research on this issue.

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Legge, Mike; Jones, L.M.

**Stem cell spinal cord regeneration: first do no harm.**

Journal of Medical Ethics 2008 December; 34(12): 838-839

**Abstract:** The prospect of "curing" spinal cord injury using stem cell therapy is one of the significant goals of many stem cell researchers. In this communication we consider some of the physiological implications of successful in vivo spinal cord repair and the ethical issues this potential revolutionary therapy will raise.

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Coghlan, Andy

**Save by a pig's heart? [news]**

New Scientist 2008 November 29 - December 5; 200(2684): 8-9

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**Pigs might fly: we were too quick to write animals off as a source of organs [editorial]**
New Scientist 2008 November 29 - December 5; 200(2684): 5

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**Tonks, Alison**

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**Carreyrou, John**

**Doing a volume business in liver transplants**
Wall Street Journal 2008 November 21; p. A1, A20

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**Dyer, Clare**

**Changes to abortion law fail as fertility bill moves to Lords [news]**
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**Kuri, Aruro Dib**

**The law and the ethic in human transplantation. The Declaration of Istanbul = Etica y legalidad en trasplante humano. La Declaración de Estambul.**
Revista médica del Instituto Mexicano del Seguro Social 2008 November-December; 46(6): 581-582

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**Some issues in facial transplantation.**
American Journal of Transplantation 2008 October; 8(10): 2169-2172
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White, B.E.; Brassington, I.

**Facial allograft transplants: where’s the catch?**

Journal of Medical Ethics 2008 October; 34(10): 723-726

**Abstract:** Face transplantation -- or, more properly, facial allograft transplantation (FAT) -- generates much public interest and academic debate. In this paper, we suggest that it is up to opponents of FAT to make the case for its impermissibility. We allow that there is a number of apparently strong arguments that might be deployed against FAT. However, all but one of these turn out not to be compelling after examination. The remaining argument is not so easily dismissed -- but its central point is fairly workaday and certainly does not tell us anything about FAT in particular. Therefore, qua argument about facial transplant surgery, it fails to hit its target. Overall, we conclude that a compelling case against FAT remains to be made.

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Derksen, Mechteld-Hanna Gertrud; Horstman, Klasien

**Engineering flesh: towards an ethics of lived integrity**

Medicine, Health Care, and Philosophy 2008 September; 11(3): 269-283

**Abstract:** The objective of tissue engineering is to create living body parts that will fully integrate with the recipient's body. With respect to the ethics of tissue engineering, one can roughly distinguish two perspectives. On the one hand, this technology is considered morally good because tissue engineering is 'copying nature'. On the other hand, tissue engineering is considered morally dangerous because it defies nature: bodies constructed in the laboratory are seen as unnatural. In this article, we develop a phenomenological-ethical perspective on bodies and technologies, in which the notion 'lived body' and concrete experiences of health and illness play an important role. From that perspective, we analyse the practice of tissue engineering by focussing on one specific example: the engineering of heart valves. On the basis of this analysis, we propose that the ethics of tissue engineering should be framed not in terms of 'natural' or 'unnatural' but in terms of 'good embodied life' and 'lived integrity'.

[http://www.springerlink.com/content/102960/](http://www.springerlink.com/content/102960/) (link may be outdated)

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Sasaki, Kaori

**Popularizing organ transplatation in Japan: travelling iceboxes as the 'relay of life'**

Science as Culture 2008 September; 17(3): 293-316

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Abdeldayem, Hesham M.; Salaa, Ibrahim; Soliman, Sayed; Gameel, Khaled; Gabal, Ashraf Abo; El Ella, Khaled Abo; Helmy, Amr

**Patients seeking liver transplant turn to China: outcomes of 15 Egyptian patients who went to China for a deceased-donor liver transplant.**

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International Summit on Transplant Tourism and Organ Trafficking

The Declaration of Istanbul on Organ Trafficking and Transplant Tourism.
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Kane, Francis; Clement, Grace; Kane, Mary
Live kidney donations and the ethic of care
Journal of Medical Humanities 2008 September; 29(3): 173-188

Abstract: In this paper, we seek to re-conceptualize the ethical framework through which ethicists and medical professionals view the practice of live kidney donations. The ethics of organ donation has been understood primarily within the framework of individual rights and impartiality, but we show that the ethic of care captures the moral situation of live kidney donations in a more coherent and comprehensive way, and offers guidance for practitioners that is more attentive to the actual moral transactions among donors and recipients. A final section offers guidelines for the practice of live kidney transplants that emerge from an ethic of care.

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Arie, Fumie
Ethical issues of transplant coordinators in Japan and the UK
Nursing Ethics 2008 September; 15(5): 656-669

Abstract: Ethical problems surrounding organ donation have been discussed since before technologies supported the procedure. In addition to issues on a societal level (e.g. brainstem death, resource allocation), ethical concerns permeate the clinical practice of health care staff. These latter have been little studied. Using qualitative methods, this study, focused on transplant co-ordinators and their descriptions of dilemmas, ethical concerns and actions in response to them. Interviews with three co-ordinators in Japan and two in the UK revealed five areas in which dilemmas occurred: aspects of discrimination; conditions placed on who should be the recipient and the related issues of directed donation; respect for a person's right to make a decision and the extent of information provided and understood by donors and recipients; potential issues of coercion, compensation and rewards in live-related and live-unrelated donations; and potential conflicts in duties. This study describes the dilemma areas revealed. Their meaning for co-ordinators will be presented in a subsequent report.

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Coghlan, Andy
It's a new face, but it's not like the donor’s
New Scientist 2008 August 30-September 5; 199(2671): 13

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Kranenburg, Leonieke; Weimar, Willem
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Transplantation 2008 August 27; 86(4): 500-501

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Cardiac transplantation in infants [editorial]

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Donating hearts after cardiac death -- reversing the irreversible [perspective]
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**Gender disparity in kidney transplantation**

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**Regulatory face-off: what agency should oversee face transplants?**
American Journal of Transplantation 2008 July; 8(7): 1393-1395

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**The association of state and national legislation with living kidney donation rates in the United States: a national study.**
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*Situating the practice of organ donation in familial, cultural, and political context.*
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Mueller, Paul S.; Case, Ellen J.; Hook, C. Christopher
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Turner, Leigh

**Let's wave goodbye to "transplant tourism"**

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Ferriman, Annabel

**Becoming a live kidney donor**

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**Is it time to pilot paying for organs? [editorial]**

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Kamal, M. Mostafa

**Ethical issues of organ transplantation in Islam**


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Outcomes 18 months after the first human partial face transplantation [letter and reply]


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First things first: laying the ethical and factual groundwork for living kidney donor selection standards.

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Linacre Quarterly 2008 May; 75(2): 112-131

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Rifkin, Dena
A holiday from illness, all too fleeting
New York Times 2008 April 22; p. F6

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Wang, Hai; Ji, Zhi-Gang
[Living donor kidney transplantation]
Abstract: Along with the wide application of cadaveric donor kidney transplantation (CDKT), most transplantation centers face the shortage of cadaveric donors. Living donor kidney transplantation (LDKT) has been successfully applied with remarkable advantages over CDKT. Human leukocyte antigen matching generally is not an important problem in non-related LDKT. Even with 6-locus mismatch, the effectiveness of LDKT is still superior to non-mismatch CDKT. Although LDKT donor has extremely low mortality and incidence of complications, the safety of LDKT donor is becoming a research highlight. In addition, many social problems are involved in LDKT, which should be deliberately considered during clinical practice.

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Biofutures: Owning Body Parts & Information

Abstract: "From stories of cloning to regenerative tissues, from gene therapy to biotech startups, news media are replete with reports about the revolutionary potential of human tissue and genetic material. At the same time, many uses of human tissues and DNA have provoked vigorous opposition from groups representing a variety of different ethical, religious, and social justice perspectives—opposition that tends to be particularly pronounced when human tissue and genetic material become a source of commercial ownership and profit." [description taken from back of DVD case]

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Nabíh, Nisrin 'Abd al-Hamid

Naql wa bay'al-a'da' al-bashariyah bayna al-shari'ah al-Islamiyah wa al-qawanin al-wad'iyah = Transfer and sale of human organs between Islamic sharia and positive laws
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Weimar, W.; Bos, M.A.; and Busschbach, J.J., eds.
ORGAN TRANSPLANTATION: ETHICAL, LEGAL AND PSYCHOSOCIAL ASPECTS: TOWARDS A COMMON EUROPEAN POLICY
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Marhaba, Isma'il
Al-Bunuk al-Tibbiyah al-bashariyah wa ahkamuhå al-fiqhiyah = Human biological banks and their jurisprudential rulings
Abstract: The study consists of a preliminary chapter -- giving background information about the view of sharia on medical treatment and organ transplantation -- and eight main chapters discussing jurisprudential rulings concerning: blood banks; milk banks; semen banks; fertilized ova banks; skin banks; bone banks; genetic banks; and other biological banks.

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Pourmand, Gholamreza
Brain death donors (ethical points)
Abstract: It should be borne in mind that the ethical issues of organ transplant are significant and require deliberation due to various considerations such as religion, culture, social customs, and definition brain death.
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Aramesh, Kiarash

**Iranian model of kidney transplantation: an ethical review**


**Abstract:** Aramesh described the history of transplantation in Iran. He proposed establishing models such as a cross-donor system, and correcting the process of obtaining informed consent to prevent exploitation. He also suggested a government “donation gift “paid by the government and a non-profit/charitable organization, rewarded gifting, and using the mass media, deceased donors, eliminating waiting lists, brokers’ involvement and uncontrolled organ purchases.

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Marjan, Laal

**Transplantation: an Islamic view**


**Abstract:** Laal presented the Islamic view on transplantation. She discussed the different kinds of organ transplants and Suras in the Koran that encourage people to save lives. An operation on the body of the deceased for the purpose of saving a human life is allowed in Islam.

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Abouna, George M.

**Islamic views and perspectives in organ donation and transplantation**


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**Iran's commercial renal transplantation program: results and complications**


Call number: RD120.7 .O74 2008

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**Commercial renal transplantation in Iran: the recipients' perspective**


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Meckler, Laura

**For religious group, true charity begins on the operating table**

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**Face-transplant patient "satisfied"; some who criticized procedure are impressed with results**

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Ross, Lainie Friedman; Siegler, Mark; Thistlethwaite, J. Richard, Jr.

*We need a registry of living kidney donors*


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Shabanzadeh, Ali Reza; Toushih, Mohammad

Shaheed Beheshti University of Medical Sciences. Iranian Research Center for Ethics and Law in Medicine

*Jayeghah peyvand aza dar keshwar haye Islami and ghir Islami = Human organ transplantation in Islamic and non-Islamic countries*

First International Congress of Medical Law, Shaheed Beheshti University of Medical Sciences, Iranian Iran Research Center for Ethics and Law in Medicine 2007 November 15-16

**Abstract:** Autograft a transplant of issue from one to oneself. Sometimes this is done with surplus tissue, or tissue that can regenerate, or tissues more desperately needed elsewhere (examples includes skin crafts, vein extraction for CABG, etc.) Sometimes this is done to remove the tissue and then treat it or the person, before returning it (examples includes stem-cell autograft and storing blood in advance of surgery). Allograft an allograft is a transplanted organ or tissue from genetically non-identical member of the same species. Most human tissue and organ transplants are allograft. Isograft a subset of allograft in which organs or tissues are transplanted from a donor to a genetically identical recipient (such as an identical twin). Sograft are differentiated from other types of transplants because while they are anatomically identical to allograft, they are closer to autograft in terms of the recipient's immune response. Xenograft and xenotransplantation is a transplant of organs or tissue from one species to another. Xenotransplantation is often an extremely dangerous type of transplant. Examples include porcine heart valves, which are quite common and successful a baboon-to-human heart (failed), and piscine-primate (fish to non human primate) islet(i.e. pancreatic or insular tissue), the latter's research study directed for potential human use if successful. The religion of Islam strongly believes in the principle of saving human lives. According to A. Sachedina in this Transplantation Proceedings article, Islamic Views on Organ Transplantation, "The majority of Muslim scholars belonging to various schools of Islamic law has invoked the principle of priority of saving human life and has permitted to organ transplant as a necessity to procure that noble end."

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Dialysis facility ownership and epoetin dosing in patients receiving hemodialysis: the authors respond
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likely to feel that their loved one "lives on". It is also argued that facial allograft transplantation allows the recipients to regain an identity, because they can now be seen in the social world. Moreover, they may regain expressivity, allowing for them to be seen even more by others, and to regain an identity to an even greater extent. Informing both recipients and donors about the role that identity plays in facial allograft transplantation could enhance the consent process for facial allograft transplantation and donation.

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Abstract: This is a comparative jurisprudential study on the transfer and transplantation of human organs. It consists of an introduction and four main chapters. The introduction gives background information about the definition and history of organ transplantation. The first chapter discusses the views that support the transfer and transplantation of human organs from living donors, elaborating on the justifications for and conditions of these procedures. The second chapter discusses the view that rejects the transfer or transplantation of human organs and refutation of this view. The third chapter discusses the permissibility of cadaveric organ transplantation. The fourth chapter discusses the Egyptian statutes regulating the transfer and transplantation of human organs.

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Abstract: There are many potential benefits that xenotransplantation (cross-species transplantation) might afford us, but there are also many weighty biological hurdles which must be surmounted if this procedure is ever to become a clinical reality. Many of these biological concerns are being addressed by specific and novel therapies; however, we must still determine the point at which xenotransplantation could be considered safe enough for clinical implementation. Many members of the scientific community believe that we should strive to make xenotransplantation products as safe and effective as possible, whereas others argue that we should not need to optimize the safety and efficaciousness of xenotransplantation products for them to be deemed acceptable for human use. In this paper I take the latter position, I argue that "the scientific community should move from the paradigm of...trying to indicate to society optimal solutions to that of...trying to help society in finding 'satisficing' solutions" which, although not necessarily optimal, are, nevertheless, good enough (Giampietro, 2002, p. 466).

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Abstract: An American surgical team has announced its intention to perform the first human facial transplantation. The team has, however, invited further analysis of the ethical issues before it proceeds and in this paper we take up that challenge in seeking to frame the debate with a particular focus on the recipients of the transplant. We address seven related areas of concern and identify numerous questions that require answers or, perhaps, better answers. We start by examining the nature of the procedure and its intended benefits, why the procedure is being developed, and whether or not this should be viewed as experimental. Having concluded that this is experimental in nature, we then consider the broad question, who is the patient? Here we perceive difficulties in terms of the autonomy of the recipient, the unpredictable effects of receiving the transplant, and the role and influence of society. We conclude by
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Abstract: HLA typing and the time a patient has spent on the waiting list are the primary criteria used to allocate cadaveric kidneys for transplantation in the United States. Candidates with no HLA-A, B, and DR mismatches are given top priority, followed by candidates with the fewest mismatches at the HLA-B and DR loci; this policy contributes to a higher transplantation rate among whites than nonwhites. We hypothesized that changing this allocation policy would affect graft survival and the racial balance among transplant recipients. METHODS: We estimated the relative rates of kidney transplantation according to race resulting from the current allocation policy and racial differences in HLA antigen profiles, using a Cox model for the time from placement on the waiting list to transplantation. Another model, also adjusted for HLA-B and DR antigen profiles, estimated the relative rates of kidney transplantation that would result if the distribution of these antigen profiles were identical among the racial and ethnic groups. We also investigated the effect of HLA matching on the risk of graft failure, using a Cox model for the time from the first transplantation to graft failure. The results of the two analyses were used to estimate the change in the racial balance of transplantation and graft-failure rates that would result from the elimination of HLA-B matching or HLA-B and DR matching as a means of assigning priority. RESULTS: Eliminating the HLA-B matching as a priority while maintaining HLA-DR matching as a priority would decrease the number of transplantations among whites by 4.0 percent (166 fewer transplantations over a one-year period), whereas it would increase the number among nonwhites by 6.3 percent and increase the rate of graft loss by 2.0 percent. CONCLUSIONS: Removing HLA-B matching as a priority for the allocation of cadaveric kidneys could reduce the existing racial imbalance by increasing the number of transplantations among nonwhites, with only a small increase in the rate of graft loss. Copyright 2004 Massachusetts Medical Society

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ABC News

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**Abstract:** "When a convicted murderer needs a kidney transplant, should he get one? What if thousands of working poor cannot get that level of care? Our convoluted and inadequate health care system sometimes means you might get better care if you committed a crime and were incarcerated. What's going on here?? Horacio Reyes Camarena was convicted of committing a heinous crime. He stabbed an 18 year old woman to death. And that was not the end of the trouble he caused the state of Oregon. Two days before his sentencing, he and another prisoner escaped from jail. In the process, Reyes-Camarena fell four stories and eluded capture for three more weeks. During the fall, he suffered injuries and now has such severe kidney damage that he must be hooked up to a dialysis machine three days a week, four hours at a time. His treatment while on death row, awaiting his ongoing appeals, is costing the taxpayers of Oregon some $120,000 per year. Last month, Reyes-Camarena's prison doctor pointed out that he is a good candidate for a kidney transplant, medically speaking. But ethically speaking? That's another story. First, the money. And with health care these days, money is often the bottom line. Reyes-Camarena's dialysis costs $120,000 per year. Every year. A transplant operation would be a one time cost of approximately $100,000. He would still require anti-rejection drugs, which are not cheap, but there is no question that the surgery would be less expensive to the state of Oregon than ongoing dialysis. Now the ethics. Some 55,000 people are waiting for kidney transplants across the country. And in Oregon, the state budget crisis is so dire that thousands of people are denied some level
of health care each day because the state health system is virtually broke. So, the people of Oregon were outraged when it was even discussed as a possibility that Reyes-Camera might get one of the precious few kidneys available for transplant. Would the state be keeping him healthy just long enough to kill him?" (from ABC web description)

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