

A Case for More Kidney Transplants

THE furore caused last week by the removal of the kidneys of a teenage boy without his parent's permission being obtained can be guaranteed to have at least one effect. And that is that surgeons, until the memory of the incident is erased, will find it even more difficult than usual to obtain kidneys for transplantation. The supply of kidneys in Britain for transplantation is nothing if not erratic and in spite of publicity and campaigns carried out by the Department of Health and Social Services, the last of which was launched six months ago, there is a serious shortage. Sadly, whenever a transplant operation, or the removal of kidneys from a cadaver as in this case, receives a great deal of publicity the supply gets even worse. The first reasons for this is that those who are asked to give permission for organs to be removed from deceased relatives from that they will receive undue publicity. The second is a more fundamental, but unfounded, fear that surgeons when given permission to remove an organ might proceed without being as certain as they should be that all signs of life had left the dying donor.

But what does the law allow? The removal of organs from bodies is governed by the Human Tissue Act of 1961 which, without prejudice to the case where the deceased has made an explicit decision to donate organs, provides that the person lawfully in possession of the body may authorize the removal of parts of it provided that—having made such reasonable enquiries as practicable—he has no reason to believe that there was objection on the part of the deceased before death or that the surviving relatives would object. That this is ambiguous, is to say the least. Who indeed is the person legally in possession of the body and how can “reasonable enquiry” be defined? These are the questions which a committee set up with Sir Hector MacLennan as chairman addressed itself to in 1969, but the committee failed to provide a unanimous recommendation for the way in which the law should be modified. Consequently the law remains ambiguous and incidents such as took place last week continue to make the lot of the transplant surgeon difficult.

But what are the options? There is a patent need for more kidneys for transplantation and on the face of it it seems that the best source of these is the 6,000 people who are killed on Britain's roads every year. The call in Britain at present is for some 2,000 kidneys a year but in fact only about 500 kidney transplants were carried out in 1972. In spite of the fact that the prognosis for patients with transplanted kidneys is getting better every year, barely 15% of those who need transplants benefit. The net result is that between 1,500 and 2,000 people between the ages of 15 and 55 die every year in Britain from malfunction of their kidneys. The situation is such that according to one estimate 90% of people who suffer from fatal kidney diseases die without treatment. An alternative treatment to transplantation is a dialysis machine but here the problems of cost and the avail-

ability of such machines rules against this being the universal solution. These are the facts which most unfortunately have not been given sufficient publicity in the past two weeks.

But before there are any large changes in the law—for example to allow organs to be transplanted unless the dead person is on a register of those unwilling to allow this—there must be a change in the public attitude to transplants. So what are the possibilities in the meantime?

The law at present is based on a contracting-in scheme and the question is should the present law be refined so that it would favour the surgeon? This would entail, for example, defining the person legally in charge of the body as the hospital or hospital authorities at the time of death and to interpret the phrase, “reasonable enquiry as may be practicable” as a commonsense statement that an attempt should be made to obtain the consent of relatives but that practicability should pay regard to the limited time available between death and when the kidneys must be removed. But such a proposal seems certain to run into heavy water if it is put before the public and Parliament.

The Department of Health and Social Service is committed to a campaign to persuade people to contract-in to a kidney donation scheme by filling in and carrying on them a card signifying that their organs can be removed in the event of their death. This scheme will not provide a large enough pool of donors to solve the problem but the hope of the department is that it will generate enough publicity to make the public aware of the need for kidneys. In this light it is not surprising to find that the names of potential donors are not recorded in a central registry. But if the DHSS is to demonstrate that it is serious about its intentions then the campaign to enrol potential donors should be stepped up and consideration given to the setting up of just such a central registry.

100 Years Ago



THE following are the principal additions to the Brighton Aquarium during the past week:—10 Thornback Rays (*Raja clavata*), 1 Large Tope (*Galeus canis*), 1 Large Smooth Hound (*Mustelus vulgaris*) 3 Three-bearded Rockling (*Motella tricirrata*), 1,000 Sticklebacks (*Gasterosteus spinosus*), 1 fine group of *Actinoloba dianthus* (orange variety); a Smooth Hound (*Mustelus vulgaris*) gave birth to seven young ones, which died immediately, or were born dead.

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