

Japan's change of heart

Years after the country's only transplant, some Japanese want to try again.

There has been only one heart transplant performed in Japan, and that was 27 years ago. Now, after decades of discussion, a group of Japanese legislators are trying to give an organ transplant bill a final push through the Japanese Diet (parliament). The bill would allow heart transplants to resume after Japan's first — and only — heart transplant ended in controversy. That first heart transplant, in 1968, was followed by public demands that the doctor who performed the operation be tried for murder. No trial actually took place, but the threat of legal action and the brutal media attacks that the doctor, Juro Wada of the Sapporo Medical University, had to endure put a quick end to further heart transplant operations in Japan.

Although heart (and liver) transplants are not technically illegal in Japan, the experience of the first transplant operation — and a general reluctance to accept "brain death" — make it impossible for Japanese doctors to perform them, even though these operations are now routine in many countries. The new law, proposed by a group of 59 legislators belonging to the Federation of Diet Members Studying Life Ethics, would make the legality of transplants explicit, as well as support a criterion of brain death.

Wealthy Japanese who need organ transplants not available at home must now travel overseas. Government officials estimate that at least 20 Japanese have gone abroad for heart transplant surgery and more than 120 for liver transplants. The government is concerned that Japan could be open to international criticism that its wealthy citizens are buying up organs, which are in short supply overseas, while their compatriots are unwilling to acknowledge "brain death," and thus are refusing to donate organs.

The new bill has not had an easy time. In a last-ditch attempt to pass the bill before the next election (which is expected to take place early next year), the group

recently added an amendment that would limit transplants from brain-dead donors to cases where the donor has given prior written permission. Taro Nakayama, a former Foreign Minister and a medical doctor who heads the group backing the bill, hopes this will allay the concerns of some legislators, giving the bill the momentum needed to win a vote this fall. "Japan cannot continue to be left behind forever, we needed to make this compromise to help push the bill through," Nakayama says.

The original bill had allowed relatives to give permission, but that was considered by some legislators to

Juro Wada performed Japan's first (and only) heart transplant on August 8, 1968, at the Sapporo Medical University in Hokkaido. The patient, aged 18, lived for 82 days after the operation, and Wada was severely criticized in the press. One complaint held that the donor was not dead at the time the heart was removed, and therefore Wada should be tried for murder. Allegations that the recipient's condition was not serious enough to necessitate a heart transplant were also made. Formal charges against Wada were dropped two years later because of insufficient evidence.

be too relaxed and open to abuse. Interestingly, that criterion does apply to cornea and kidney transplants, which are legal — although uncommon — in Japan. But corneas and kidneys, unlike hearts and livers, can be harvested from donors whose hearts have stopped beating.

Critics are concerned that the new amendment is too limiting and will lead to a situation where transplants may be legal but impossible: the Japanese are extremely reluctant to donate organs. For example, Japan has the highest number of kidney machines per capita in the world, with 140,000 people receiving dialysis per year, according to Takeshi Kobayashi, Secretary General of the

Japan Society of Kidney Disease Patients. But only about 500 kidney transplants are performed annually in Japan, with two-thirds of donations coming from living people, usually relatives.

Many different religious and cultural reasons have been given for the reluctance of the Japanese to donate organs and to accept the criterion of brain death, but many scientists believe the real explanation is a lack of public education. Yoshio Aranami, of the Transplants Recipients International Organization in Japan (TRIO), in anticipation that the new transplant bill will be passed, has arranged for 250,000 "donor cards" to be distributed throughout Japan in an effort to increase public understanding and to encourage people to donate their organs. But a much larger government-backed public relations campaign will be essential to build consensus and to increase donations.

Legislators campaigning against the bill argue that, despite years of debate, there has not been sufficient time to reach a consensus on brain death. There is also concern that Japanese doctors, who often seem aloof and dictatorial, might be overly zealous in performing transplants, not waiting until a donor is dead before removing their organs.

Other groups, such as the Citizens' Committee Against Brain Death and Organ Transplants, object to the bill as a matter of principle. Ritsuo Shikawa, head of the Citizens' Committee, cannot understand why there is little debate overseas over the ethical implications of brain death. He claims to have support from patient advocacy groups throughout Japan that represent mentally and physically handicapped patients who, he says, feel particularly vulnerable and uncomfortable about the proposed bill, as Japan has a very poor record of protecting their rights.

Supporters of the bill say these concerns are unfounded, and ask why, if this is such an important ethical issue, campaigners against the bill restrict their activities to Japan, and do not voice their concerns and abhorrence on an international level, where brain death — and transplants from the brain dead — are well-established practices.

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