

Sees Need For Committees To Decide Heart Transplants

Select committees may be needed to make difficult moral questions in future heart transplants, says a university of Michigan professor of psychiatry and law. And he says those committees should exclude doctors.

Dr. Andrew S. Watson, of the U-M Medical School, believes that the role of the physician will have to be clearly defined. He foresees "considerable legislative change" in the future.

Social, moral, and legal issues have come to the forefront, since Dr. Christian N. Barnard, South African cardiac surgeon, performed the first human heart transplant.

"WE ARE FACED with a myriad of perplexing questions that will have to be answered," according to Dr. Watson. "The prospect of more clinical transplant trials by surgical teams calls for defining the physician's role. Who gets the transplanted organ? Whom do you let die, whom do you let live?"

"This latter question is critical. Can we leave it up to the doctors to decide?"

Dr. Watson thinks not, especially in cases where only one patient may receive the organ that several may need.

"The doctor's role probably will be limited to recommending which patient needs the transplant surgery or the use of a kidney machine. It is likely that a committee drawn from the community at large ultimately will make the decisions which would then reflect judgments on social and community values."

DR. WATSON suggests that the committee be broadly representative of the social organizations—legal, economic, political, religious.

"Such a social committee would see that all procedures in the medical situation would adhere to legal and social stipulations. Its members also would have to be sure that the medical profession would not inappropriately 'use' people."

The committee's function would be to take a request for an organ from the physician. The committee members would know of organs available from potential donors, as well as of persons who need vital parts.

Some sort of rank-ordered lists would have to be maintained, with data on blood types and other medical information to assure proper matching, Dr. Watson theorizes.

"The question of whom to save becomes paramount...It eventually gets into the area of philosophy. Do you save a person because of his importance to the community? His wealth? How does age fit into the picture? Who is 'most important' to society or the community depends on a variety of factors. These, essentially, are moral questions, not medical ones, and should be outside the discretion of the physician."

ANOTHER QUESTION to be resolved in transplantation also focuses on the physician. Should the doctor who determines when a donor is dead be a member of the team which transplants the organ to the living patient? Probably not, says Dr. Watson.

The lawyer-physician notes a confusing legal situation which often involves more than the patient, who requires an organ. State statutes now differ greatly in regard to organ requests.

(At least one possible donation of a heart has been reported by the press as being blocked when relatives refused to comply with the wishes of the would-be donor, although the wife agreed to the donation.)

"New legislation will be a future necessity. As the law now stands in many states, after a person dies the immediate

next of kin has the legal right to dispose of the body as he desires, even though it will set forth different wishes of the deceased.

For example, if a man dies many miles from a medical center, even though he has designated in his will that his body parts be donated for research or transplantation, his immediate family may consider the donation too much trouble or too expensive, or they just may not wish to do it," Dr. Watson points out.

In the case of a donor who remains alive after transplantation, such as in a kidney operation, formal documents must be signed and witnessed and all parties must understand the meaning of their action.

THE "UNDERSTANDING" of the individual manifests an interesting aspect of the traditional patient-doctor relationship.

"With the advent of science in medicine, there has been a gradual emphasis on mechanization of diagnostic procedures, pushing emotional factors aside. This has resulted in doctors losing certain skills in human relations," Dr. Watson notes.

"The current attention in medical school curricula revision recognizes that our future doctors need to know how people react to illness, to understand why patients may be afraid, etc."

"Hopefully, the physician will come to understand the scope of the emotional problems that may be involved, the kinds of skills the old family physician intuitively possessed."

INHERENT in transplantation procedures is the necessity for the physician to "sell himself" to the patient, the U-M professor asserts.

"The doctor has to win his confidence, to establish a warm relationship psychologically, and obtain his consent to the operation. This can be a delicate situation. The unconscious image the patient has of his doctor can be most important."

The doctor who simply processes the patient as an object will arouse his anger. Similarly, the physician who tends to act godlike will not be likely to have good rapport with his patient."

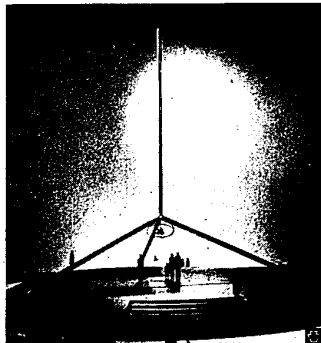
Why do so many people desire to donate their body parts after death? A recent Gallup Poll reported that 80 per cent of Americans would be willing to have their heart or other vital organs donated to medical science upon death.

Cranbrook Sets Science Programs

Preserving natural resources will be one of the prime topics in the new series of "exploring science" programs for young people in grades four through seven opening March at the Cranbrook Institute of Science.

The four Saturday morning programs begin at 9 a.m. and will be repeated at 10:30 a.m. There is a 50 cent charge for non-members.

Topics which will be discussed include "Animal Habits and Behavior," "Preserving Our Natural Resources," "Snakes and Their Relatives," and "Exploring Low Temperatures with Liquid Air."



FOR 1,000 YEARS? — Yes, a stainless steel monument, now being erected in Amarillo, Tex., will last that long, says the builder, United States Steel Corp. Purpose of the 60-foot tower is to commemorate the 100th anniversary of the discovery of helium.

Peace Corpsman Has Rare Disease

ANN ARBOR—A 23-year-old former Peace Corpsman is recovering at the University of Michigan Hospital from a rare disease which has cost him a portion of his left leg.

Doctors say he represents the first documented case of mycobacterium ulcerans in the United States, and one of few white people who have contracted it anywhere.

The patient, Robert Funk, of Bryan, O., was struck by the disease while on Peace Corps duty in Enugu, Nigeria, in March 1966.

Returning home, he entered the hospital at Bryan, and was transferred to University Hospital in June 1966. The disease mainly affects the skin and subcutaneous tissue, but had progressed so far that in August 1966 U-M doctors amputated his left leg below the knee.

LAST SEPTEMBER, Funk enrolled at Ohio State University to begin training as a veterinarian. He re-entered the U-M Hospital December 19, with a flare-up of the original disorder, and underwent minor surgery to remove local areas of recurrence.

Economists Neglect Long-Run

DR. MCCRACKEN, professor of business administration and a former member of President Eisenhower's Council of Economic Advisors, noted that the 1966-67 period also has had its good points—one of them being the lesson that "guided by a more explicit game plan, economic policy in reality put in the textbook may begin to look more like the something."

The economy during 1966 and 1967 has had reasonably full employment, white gains in output and real incomes have also been impressive. And there was no real recession.

Still, there is deep unease about our economic situation, "a growing awareness that we must do some fresh thinking about three major areas of economic policy."

"The 7-1/2 per cent per year average increase in the minimum wage since 1961 obviously is part of the explanation for the fact that non-white teenage unemployment rates today are even higher than in the recession year of 1954."

McCracken suggested approaches which may help alleviate the problem.

The negative-income-tax approach clearly suggests itself and does not price work out of the market, he said.

Economic policy during 1966-1967 probably has concentrated too much on the short-run view at the expense of long-range goals.

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To determine if their treatment was the best possible for their patient, the Michigan doctors called in three of the world's top specialists to review Funk's condition and help determine if further amputation was necessary.

U.S. Air Force jets brought the three to Ann Arbor for consultations. They were:

Fletcher Lunn, surgeon-physiologist of Guy's Institute of Pathology, London.

Dr. Daniel Comors, pathologist with the Armed Forces Institute of Pathology, Washington.

Dr. Norman Morrison, an Australian biochemist now at Johns Hopkins University, Baltimore.

Lunn has seen about 400 cases of mycobacterium ulcerans in Africa where the disease is usually found, and is believed to have more clinical experience with it than anyone else in the world.

The visitors confirmed the Michigan doctors' plan for treatment for Funk. No further amputation is planned.

THE DISEASE is caused by an organism related to those which cause leprosy and tuberculosis. It apparently cannot be transmitted from person to person, but seems to thrive in hot areas with swampy rivers. Doctors suspect it is carried by snails, fish, or insects inhabiting those areas.

Treatment involves the use of an antibiotic-like drug which is being widely used in Africa to control the disease.

Doctors estimate Funk will remain in University Hospital three to four more weeks while recent skin grafts heal.

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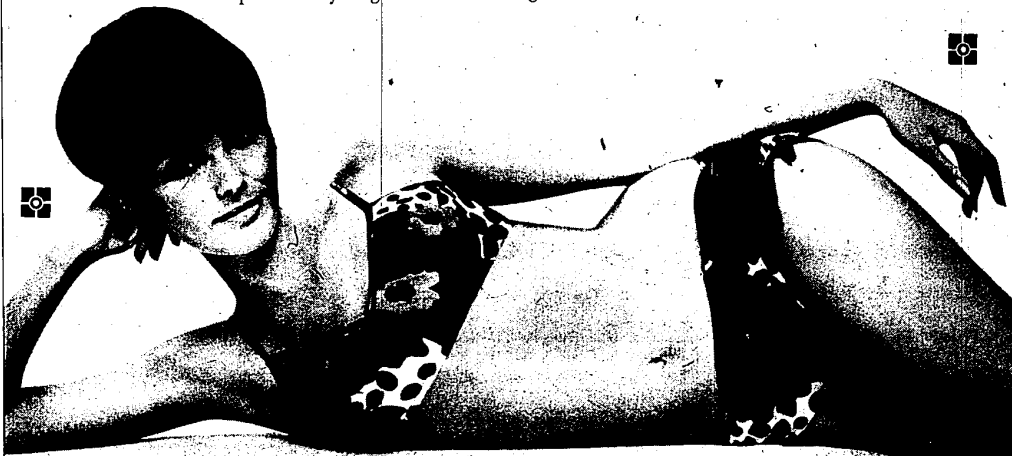
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