

Liver transplantation for alcoholic liver disease: a medical and ethical debate

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The current shortage of organ donors for transplantation increases the need to apply strict selection criteria in choosing organ recipients. In the case of liver transplantation, the degree of liver failure is easily evaluated by objective parameters such as coagulation factors, serum albumin and bilirubin levels. However, other criteria also need to be evaluated in deciding whether a patient should be placed on a waiting list for transplantation. The general somatic status of the patients is screened for contraindications: concomitant

cardiac, pulmonary or kidney disorders may bar a patient from the waiting list. The presence of a malignant tumour in or outside the liver raises questions of long-term survival, and patients with disseminated disease are unlikely to be admitted as potential recipients. All these somatic problems are evaluated by objective tests and parameters. Evaluation of the mental status is more difficult. In the case of alcoholic liver disease, some objective criteria are available to assess the degree of addiction or dependence but not to predict recurrence of alcohol consumption. Most of the centres that accept alcoholic disease as an indication for liver transplantation will perform psychological evaluations and require a 6 months' period of abstinence prior to transplantation. If this requirement is not clearly predictive of posttransplantation abstinence, it has the advantage of defining a goal for patient and transplant team, and also of avoiding unnecessary liver transplantations in patients whose liver function will improve. This rule should certainly be applied with flexibility, since some patients cannot wait as long as 6 months and present a favourable psychological evaluation. So the question is, should active alcoholic patients be transplanted? In answering this question, many aspects must be taken into account and the debate becomes more ethical than medical. The letter of Alleman P. et al. raises important problems in relation to the issue of liver transplantation for

alcoholic liver disease. The paper has the courage to launch this ethical debate without trying to answer the questions. One aspect we would like to emphasise is the importance of public opinion. Organ donation depends on the general public's opinion of medicine and organ transplantation. If certain patients are saved by liver transplantation, recurrence of alcoholism after transplantation may have disastrous effects on public opinion and organ donation. This was recently confirmed by a Swiss Television interview of intensive care and anaesthesia nurses [1]. The nurses held a negative view of liver transplantation on the erroneous grounds that the majority of patients receiving liver transplants have alcoholic cirrhosis. Thus, transplantation of patients with alcoholic liver disease who will resume alcohol consumption not only prevents some other patient from receiving a life-saving organ, but will also have a negative impact on organ donation and thus increase the death rate among patients on all transplantation waiting lists. The decision to perform organ transplantations for specific indications needs to be debated in ethics bodies on which the views represented also include those of physicians not involved in transplantation and of non-physicians.

Reference

- 1 Télévision Suisse Romande, «Mise au point», 26.5.02

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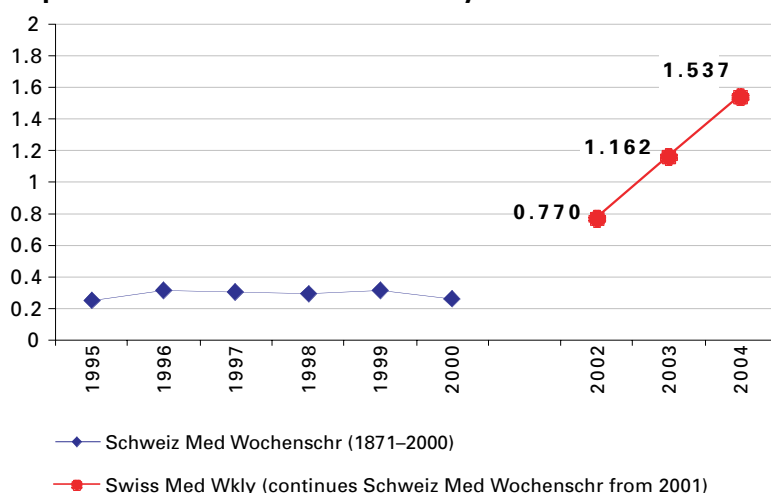
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