

Ethical Complications of Transplantation in Patients with Alcohol and Drug Abuse

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Learning Objectives

- Identify a brief history of addiction and organ transplant
- Discuss methods of detection, coping with and treatment of alcohol and drug abuse
- Identify the addiction transplant service protocol
- Discuss the ethical complexities of transplantation in patients with a history of alcohol and drug abuse and critical issues in the decision-making process

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- Alcoholic first transplanted at Mayo Clinic, Rochester, liver transplant mid to late 1980s
 - Alcoholics are morally blameworthy
 - Self-inflicted liver disease
 - Will not exhibit satisfactory rates of survival
- 1991 JAMA. Cohen C., Benjamin M.
- Veterans Affairs Medical Center, Pennsylvania, USA, May 1997
 - General public does not favor transplanting alcoholics



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- Department of Transplant Surgery, University of Vienna, Austria, September 1994
 - Transplant centers are reluctant to accept alcoholic patients
- Therese K. Killeen, PhD, APRN, BC: Ethical and Nursing Implications, 1993
 - Need for rigorous criteria
 - Substance abuse treatment can have a positive impact for candidacy



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Transplant Addiction Service, Mayo Clinic, Rochester 10 years ago

Transplant Service, 2008



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Methods of Detection, Coping with and Treatment of Alcohol and Drug Abuse

Defense mechanism

- Denial – avoiding or refusing to admit impact of addiction
- Rationalization – an attempt to explain or excuse behavior
- Diversion – an attempt to change the subject
- Projection – focus blame on someone else



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- Corroboration with relatives and s/o's
- Bring family members on "your side"
 - Chemical Dependency is a treatable disease
- Written contracts have little use
- Dictation of letter while patient and family are in the room
- Education – support, short-lived relapse does not necessarily predict failure



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Transtheoretical Model Stages of Change

- Precontemplation – no intention to change behavior
- Contemplation – aware that a problem exists
- Preparation – intending to take action
- Action – modify behavior, enter treatment
- Maintenance – working to prevent relapse to past behavior

Prochaska and DiClemente



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Drug and Alcohol DSM-IV Diagnostic Criteria

- Increased tolerance
- Withdrawal and or use to avoid withdrawal
- Loss of control/compulsive use/unsuccessful efforts to control use
- Increased time spent using/decreased activities
- Continued use despite problems related to use



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Walking the Ridge Line of Addiction



Trust in a High-Risk Situation



Projecting "Hope" for Improved Physical/Emotional Health



- Review of medical records, cause of disease process
- Routine alcohol/drug use testing
- Screening markers for clandestine relapse – carbohydrate-deficient transferrin

University of Vienna, Austria, 1999
2005 – failed to be effective,
Pittsburgh Medical Center

- H.P.S.P. effective but expensive



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Confrontation

- "This is not a negotiation; we are not negotiating." Humphrey Bogart
- "Apparently we have reached an impasse."
- Parent-child relationship, patients need us
- Focus: Medical problem, not a moral concern; educational confrontation



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Higher Risk of Relapse

- Alcohol and drug abuse
- Positive family history of alcoholism
- Chemical dependency and mental illness problems
- Personality disorders

- Poor family support
- Chronic pain and narcotic pain medications
- Non-acceptance of their alcohol or drug dependency
- History of multiple failed addiction treatments

- Protracted dishonesty
- Willpower is an inadequate form of relapse prevention
- Medical noncompliance
- Past adaptation to stressors

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Identify the Addiction Transplant Service Protocol

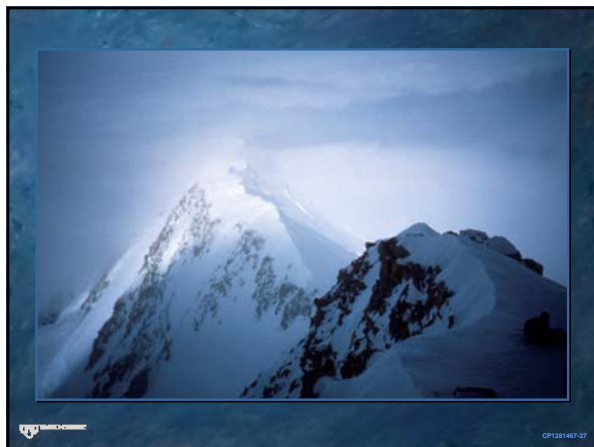
- Psychiatric evaluation
- Chemical dependence evaluation
- 6 months of abstinence
- Treatment for addictions and mental health concerns

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Discuss Ethical Complexities of Transplantation in Patients with a History of Alcohol and Drug Abuse and Critical Issues in the Decision-Making Process

- Three patients on Station 10-2, Methodist Hospital, August 2007
 - Tylenol-induced suicide attempt; unknown history of alcohol and methamphetamine use
 - Patient and family minimize alcohol-induced liver disease; transplant needed immediately
 - Past liver transplant patient; relapses to active alcoholism



Anecdotal Research

- Faith
- Family
- Alcoholics anonymous
- History of steady employment
- Friendliness/non-defensive



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"Transplantation may serendipitously provide effective relapse prevention."

George E. Vaillant, MD
2-year post transplant study, 1996

Herb's story, case review



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Don't Forget

Clinicians came before you

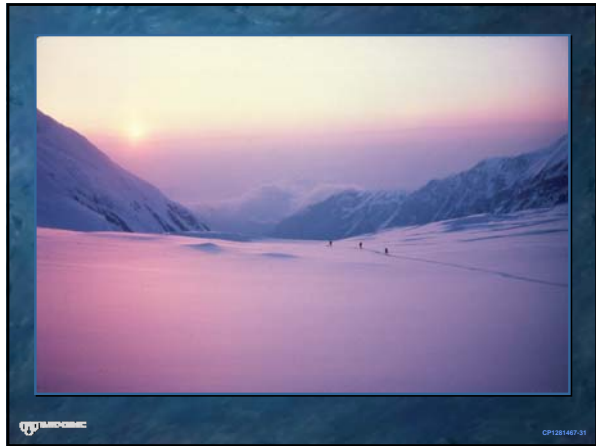
Clinicians are on either side of you

Clinicians are coming up behind us to help out

Dan Anderson, PhD
Hazelden Foundation, Minnesota



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PHOTOGRAPHIC

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PHOTOGRAPHIC

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