Ethical Complications of Transplantation in Patients with Alcohol and Drug Abuse

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October, 2008

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
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

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
Transplant Addiction Service, Mayo Clinic, Rochester
10 years ago

Transplant Service, 2008

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
• 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

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

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
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

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
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

Identify the Addiction Transplant Service Protocol

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

“Transplantation may serendipitously provide effective relapse prevention.”
George E. Vaillant, MD
2-year post transplant study, 1996

Herb’s story, case review

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