

An Update on Organ Transplants in Japan

By Emiko Namihira

In the September-October 1988 issue of this magazine I wrote an article titled "Breaking the Transplant Taboo," in which I explained that despite the advanced levels of medical technology, public subsidies for medical treatment and other social systems in Japan, which are on a par with or even better than those in the United States and West European countries, organ transplants, with the exception of kidney transplants, are almost unheard of here.

The reason for this, I explained, was that though present medical technology requires that organs for use in heart, lung and liver transplants be removed from the body of a brain-dead person, in Japan, a patient who is brain dead is generally considered to be alive, because the heart is beating and the body is still warm. Indeed, a team of doctors that did remove organs from a brain-dead body was accused of murder by another group of doctors determined to protect the rights of the patient.

Mourning rites

In the article I suggested that even if most Japanese came to accept the notion of brain death, organ transplants would not become as common in Japan as they are in the United States. For the fact is that of the 600 to 700 kidney transplants carried out in Japan every year, more than 70% of the cases involve the transplantation of a kidney taken from a living blood relative, such as a mother or sibling. Despite the efforts of medical workers and the Japan Society for Transplantation's long campaign to inform the public of the need for organ transplants, there continues to be a shortage of donors.

As I explained in the article, the reason for this lies deep in Japan's culture and social structure. Most importantly, when a loved one or a close relative or friend dies, the Japanese engage in mourning rites that take place frequently and over a long period of time. Even among Buddhist



A panel of experts meeting to discuss issues concerning organ transplants.

countries, Japan is the only one in which ordinary people continue annual memorial services for the dead (*nenki-kuyo*) for as long as 33 years, or in some regions 50 years.

The remains of the deceased play an important role in the mourning rites. After cremation, for example, relatives and sometimes also friends take turns in picking up the remaining bones one by one with a special pair of chopsticks and putting them in an urn. Through this rite, the Japanese are able to see the "metamorphosis of the human body" and come to terms with the fact that someone has passed away. In the case of brain death, the Japanese are reluctant to cut open the body and remove organs because this metamorphosis has not yet taken place. Even if the Japanese were to accept the theory that brain death constitutes the death of the individual, it would not follow that they would be willing to approve the donation of organs.

Even today, relations with family members and blood relatives play an important role for Japanese in the process of developing their self-identity. So for many

Japanese, the death of a near one brings not only a sense of tragedy and loss but also anxiety and uneasiness, since it influences their own sense of being. As a means of recovering from this, they participate in mourning rites along with relatives and friends of the deceased, thereby reaffirming and strengthening their bonds with them.

I am sure that this situation is not going to change in the near future, and I expect that, even if organ transplants begin in Japan, social tensions will arise because of a shortage of donors.

Since I wrote the article more than two years ago, there has not been a single heart, lung or liver transplant in Japan involving the removal of an organ from a brain-dead person. Nevertheless, as I will explain below, some important developments have been taking place in the attitude of society toward transplants.

In January 1990 the government established a special committee to look into the issues of brain-death and organ transplants. The committee was given the task of considering the definition of brain death as the death of an individual from

the legal and social perspectives and of studying what kind of problems would arise if organ transplants were carried out. Chaired by former Minister of Education Michio Nagai, a prominent scholar, the committee has not only called witnesses and debated the issues but also has held two public hearings as of the end of December 1990 and dispatched missions to study the situation in Australia, Europe and the United States.

In general, the public in Japan is critical of the drift toward relying on this committee's final report, scheduled to be released in January 1992, and making Japanese society acknowledge the notion that brain death means clinical death, which would place control of the situation in the hands of the medical profession.

The government's committee on brain death was scheduled to issue an interim report in January 1991. Many people have criticized the fact that the details of the committee's discussions have remained secret so far. In the United States, the proceedings of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research Defining Death were publicized in their entirety.

The following points can be made concerning recent developments in Japan in

the attitude of the medical profession toward brain death and organ transplants:

(1) The medical profession has greater access to information on organ transplants. Several national networks now link university medical departments and medical institutions, including several hundred hospitals that have expressed their willingness to cooperate in the supply of organs. The objective is that if a donor appears, his or her organs can be used effectively in a transplant.

In the past, the university medical departments and top hospitals tended to vie with one another to become the first to carry out a heart or liver transplant, but now they clearly have overcome this sectionalism and are eager to give transplants a place in Japan's medical world.

(2) As of the end of December 1990 the medical ethics committees of two universities—Osaka University and the University of Tokyo—had given their approval for transplants involving the removal of organs from brain-dead patients. In September 1990 a hospital attached to the medical department of Osaka University removed and transplanted a kidney from the body of a crime victim. The event stirred quite a debate, because although the hospital did not remove the kidney until the patient's heart had stopped beating, it had made the decision that the patient was dead at the time of brain death.

Clash expected

The hospital's action was criticized as illegal. Moreover, the National Police Agency expressed its opposition to the medical department's attitude in jumping the gun and trying to gain the approval of the police for making brain death the time of an individual's death without waiting for the recommendations of the government-appointed committee on the issue.

In the near future the medical and legal professions are expected to clash openly on the issue of timing the death of traffic accident victims, whose organs will be very much in demand for transplants.

(3) From November 1989 to the end of December 1990 there were 11 cases in Japan in which babies and children with

serious liver diseases received liver transplants from living donors. Since there had been less than 10 such cases in the rest of the world before, it is interesting that so many transplants took place in Japan in such a short time. The main reason is the need to develop new medical technologies, since the achievement of legal and social approval of brain death will take time and, even if it is approved, there are likely to be few donors. (Of the 11 liver transplant patients, five have died.)

(4) Even the medical profession, which previously stressed only the positive aspects of organ transplants, has begun to openly accept that the medical costs will be enormous, postsurgery treatment will be difficult, there will be a shortage of organs, and even if a person's life can be extended, he or she will never completely recover.

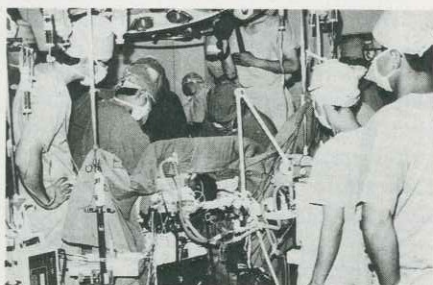
Search for a way

Previously the mass media were divided into supporters and opponents of organ transplants, but now such a distinction is not so obvious. Reports on the issue are becoming more comprehensive. Clearly the media are trying to stimulate debate by providing as much information as possible.

The medical profession remains adamant in its attitude toward organ transplants: "There is a patient who can only be saved by an organ transplant. The duty of the medical profession is to give this patient the best treatment possible. Society ought to cooperate in this."

In bringing about this situation, however, various contradictions and difficult problems arise concerning life and death. While searching for a way to introduce organ transplants and make them acceptable, the general public, and even some members of the medical profession, remains troubled by these issues. The situation that I described in my previous article remains as true today as it was in 1988.

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Some patients cannot survive without a transplant. In a number of cases parents have donated part of their liver to their children.