

Breaking the Transplant Taboo

By Emiko Namihira

For all the medical advances in Japan in recent years, organ transplants are still a rarity. One heart transplant and two liver transplants were performed in 1986 and a single pancreas transplant in 1985. Kidney transplants are the only exception, with more than 5,000 operations performed as of the end of 1987. The kidney operation has now become an established medical practice.

However, 75% of these kidney transplants were using transplants from living donors, usually a close relative of the patient donating one of his or her two healthy kidneys. The other 25% were operations in which a kidney was taken from someone who had died.

This ratio is the reverse of those in the United States, Britain or France. In those countries, about 80% of kidney transplants are from dead bodies, and only about 20% from living donors. If the purpose of organ transplants is to use organs from cadavers and transplant them into the bodies of people who are unable to function because of illness in order to save lives, one must conclude that in Japan, transplant medicine has strayed from this goal.

Plea by surgeons

There are several reasons why transplants using organs from cadavers are not performed in Japan, despite the high number worldwide and the success rate of such operations.

Since 1983, heart surgeons have been trying to convince the general public of the need for heart transplants. They have been releasing information through the mass media to show the extent of the need for the operation in Japan and to inform people that established medical procedures already exist. Behind this is a case which occurred in 1968, when a team led by Dr. Juro Wada of Sapporo Medical College performed a heart transplant on a young boy. After the boy's death, transplant surgery itself was discredited; for



A patient receiving treatment for kidney trouble. More than 5,000 kidney transplants have been performed in Japan. In contrast, there has been only one heart transplant and two liver transplant operations.

more than 10 years, the topic was taboo and people would not even talk about the possibility of heart transplants. But in 1980 a drug called cyclosporine began to be used to control the body's rejection of transplanted tissue, and success rates for transplants in the United States, Britain and other European countries phenomenally increased and transplants began to be more frequent. Subsequently, more and more heart surgeons in Japan urged a resumption of heart transplants.

A civic group had filed complaints against Wada with the Sapporo District Prosecutor's Office alleging murder because of suspicions that the donor was not yet brain dead when his heart was removed. The prosecutors did not pursue the case and Wada was not put on trial. But people have not forgotten this case.

As a step toward resuming heart transplants in Japan, the Health and Welfare Ministry and the Japan Society for Transplantation plan to first set formal, autho-

rized standards for defining brain death, and along with this, work to educate the public that an individual is dead when the brain has ceased to function.

In December 1985, a Health and Welfare Ministry study group on brain death announced standards for determining brain death. When these were first released, there was little negative reaction.

But after the publication of a book titled *Noshi* (Brain Death) by a journalist named Takashi Tachibana, reports submitted to academic meetings often referred to the fact that the brain death standards tend to result in premature pronouncements of brain death. Newspaper surveys have also made it clear that ordinary people do not accept the medical meaning of the term "brain death."

Participants at the 1987 annual meeting of the Science Council of Japan, an advisory body to the prime minister, were unable to reach a decision to accept brain death as being the death of the individual.

A final report on brain death and organ transplants, published in January 1988 by a working group of the Japan Medical Association, concluded that brain death should be recognized as a form of death, suggesting that organs could be removed from brain-dead patients on condition that the patient approved of such a course prior to death or that the relatives have no objection.

For patients who have reservations about brain death being used as the criteria to judge whether life is extinguished, the report said the conventional standard should be applied—that death occurs when the heart stops beating. There is as yet no public consensus as to whether brain death means death, and the public remains confused over the issue.

The report also says that brain death and the issue of using hearts and livers from brain-dead persons for transplants are separate issues, but in most cases ordinary people consider the two issues to be one. Doctors also tend to see it as one issue, as is evident from the fact that the first open symposium held by the Japan Society for Transplantation in February 1983 was on the subject of brain death.

Mourning rites

According to research by cultural anthropologists, even “primitive” peoples without advanced production technology do not wait until the body of a dead person begins to decompose in order to be certain the person will not return to life. In ancient Japan and in the Ryukyu Islands until the early Meiji era there existed a custom called *mogari*, in which close relatives would watch over a body until it decayed. This was not done to confirm death, however, but as a mourning rite. Rites widely held in rural Japan until the 1940s included *tama-yobai*, in which, after ascertaining that a person was dead, people would call his or her name in order to revive the spirit.

There were various rites like this showing that, even though people knew a person was dead, they treated his or her body as though it were still alive. Even in modern Japan, in many parts of the country it is still customary to stay up all night

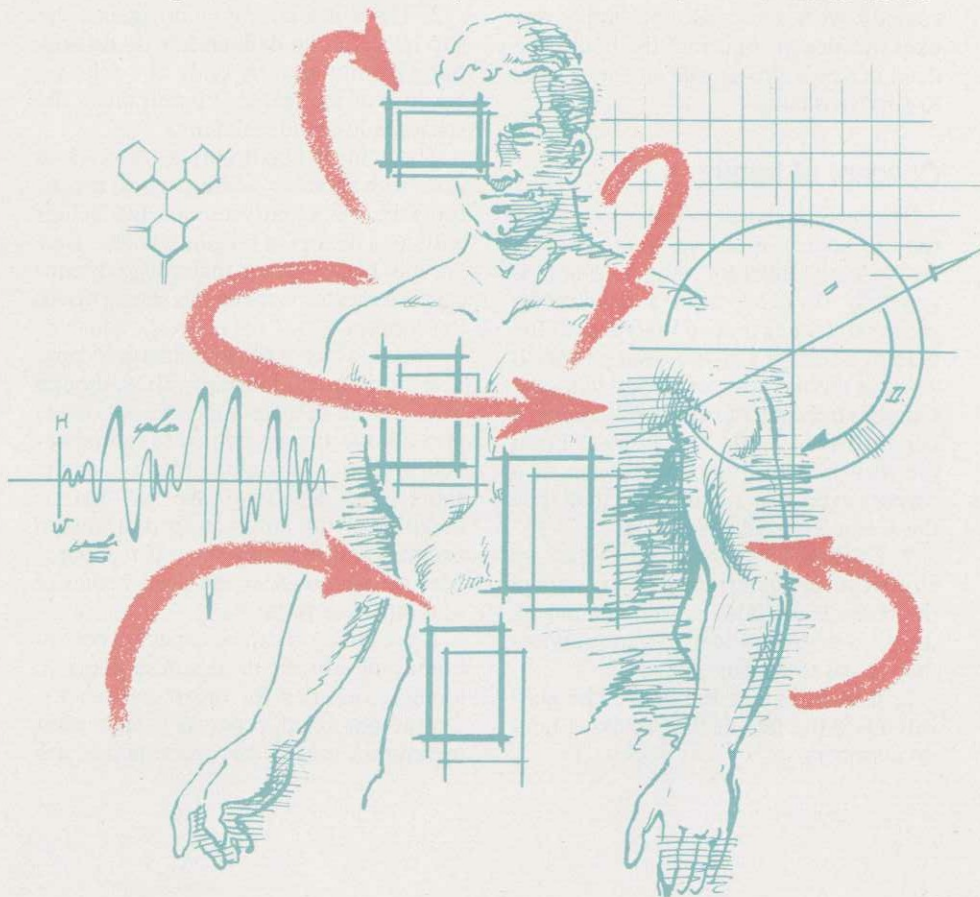
to keep a vigil beside a body. People explain this by saying, “He will probably be lonely”; or “It would be terrible if she came back to life and nobody noticed.” But of course even the people who say these things do not really believe them. The practice of making sure a person is really dead and will not come back to life originated as a religious rite, and there remain rites of passage that carry the deceased from life to death.

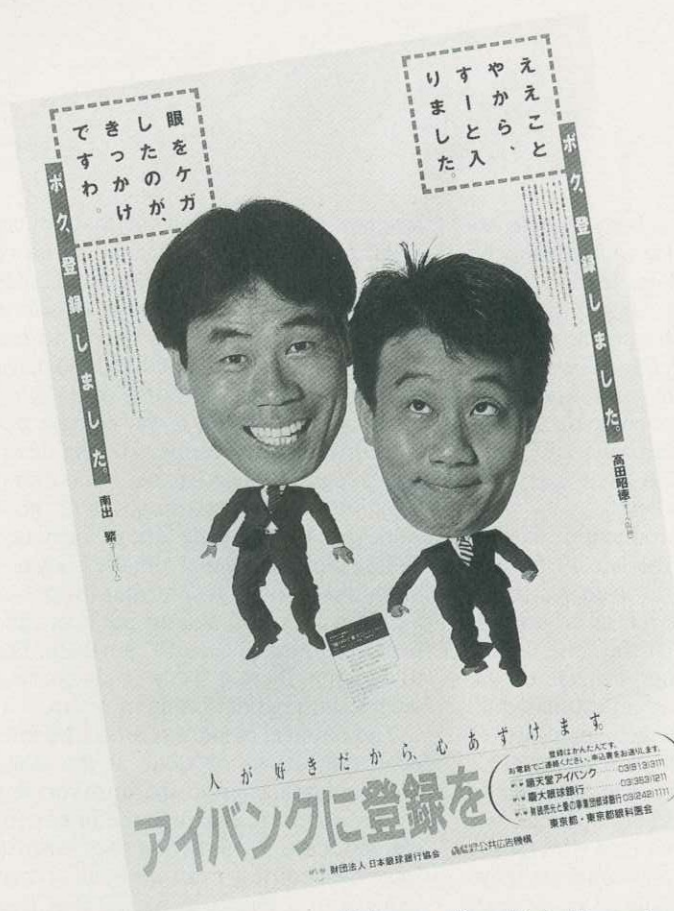
In Japan, the production system changed radically in the late 1950s, and the number of people involved in primary industries dropped sharply as urban populations swelled. Yet at the time of *Bon* (the Buddhist summer festival of the dead) and at New Year, an estimated 30 million to 40 million people return to their hometowns to visit relatives. This shows that the importance attached to blood ties and ties to in-laws has not weakened. Japanese perform rites for the dead at set intervals and continue these for many years (generally 33 or 49 years after death). This indicates that despite rapid social change in many areas, the value that Japanese attach to the family

has not really changed all that much.

All of the long, complicated series of rites Japanese perform for the dead, especially those from the time the person is pronounced dead by the doctor to the time the body is cremated or buried, have to some extent the meaning of verifying death. They are also a way for the bereaved to come to terms with the death psychologically. For Japanese, mourning is expressed in formal rituals, and “grief work” has this characteristic of formality. Taking internal organs from the body of a brain-dead person means that his or her family will not be able to perform rites which “confirm the death” for them. For this reason, there is likely to always be a severe shortage of donors in Japan.

The removal of kidneys for transplants need not always be done at the stage of brain death. Even so, there are very few kidney donors in Japan. Sometimes people will leave a will saying they wish to leave their corneas to an eye bank or their kidneys to a kidney bank, or that they want to leave their body to be used for educational purposes. Even so, in many cases the family will not honor the de-





Posters promoting public health campaigns appear in public offices, though donating organs remains a sensitive issue.

ceased's wishes because the family dislikes the idea of "injuring" the body. The dead person's "living will" is not allowed to survive death.

Concept of family

The two Japanese words commonly used to refer to a corpse, *shitai* and *itai*, have clearly different usages. *Shitai* is generally used to mean a dead body, while *itai* means a dead body left to the bereaved relatives by the dead person. It also has the meaning of a body that contains ties between the deceased and his or her relatives, family and friends. From the way in which Japanese refer to a corpse, even now, it is clear that they think along the following lines:

1. The happiness and peace of the soul after death are determined by the state of the body. If the body is badly damaged, then it is necessary to hold more services than usual to console the spirit.
2. To some extent, the state of the spirit will affect the fate of the surviving family members.

3. There is a strong taboo against the surviving family deliberately doing anything to mutilate the body of a relative, because of the fear that it will make the spirit restless and unhappy.

These ideas about corpses have close links with ancestor worship which constitutes the core of unsystematic folk beliefs without a history of religious debate: they are folk beliefs rather than religious concepts. Ancestor worship has strong ties to the concept of "ie," the domestic and family group, which is the foundation of Japanese human relationships. Thus, though they can be seen as superstitions, these ideas about corpses are tied to central beliefs and will not change much over the short term. Japanese have few qualms about receiving an organ from a foreign cadaver, and this may suggest that Japanese do not consider the dead bodies of non-Japanese to be *itai*.

More criticism can be expected both at home and abroad of Japanese going to foreign countries for organ transplants. On the one hand, progress in transplant techniques means that more people are

willing to undergo such operations, but there remains a lack of consensus about the procedure within Japan.

As a matter of reason, Japanese can understand that it is more important to offer organs to save the lives of seriously ill people than it is to worry about the peace of the souls of the dead. But some new code of ethics will be necessary before ordinary Japanese can accept the idea of organ transplants at an emotional level. It is possible that organ transplants might then become an accepted medical practice in Japan. But given the likely shortage of donors, even greater societal tension can be expected in homogenous Japan than in the United States and other Western countries on the question of who, among the many patients waiting for transplants, will be able to receive them.

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