BIOETHICS AND ORGAN TRANSPLANTATION IN JAPAN*

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Introduction

Japan has been ranked Number One in terms of World Health Organization (WHO) Health Indicators, and has also been ranked Numer One in terms of healthy life expectancy. Looking at average life expectancy, in 1947 Japanese men lived an average of 50.06 years and women an average of 53.96 years; by 2006, this had increased by around 30 years for both genders, with men now living an average of 79 years and women an average of 85.81 years. This is one manifestation of the high health standards on which the country prides itself.

However, looking broadly around the world, there are many countries in which the average life expectancy is less than 40. As the gap between North and South is growing larger and larger, creating various conflicts as a result, it can be said that the responsibility of the so-called advanced industrialized nations, including Japan, to extend support to the developing nations, is growing immense. What is more, the large-scale earthquakes and the subsequent tsunamis that have occurred in the South Asian region in recent years have had an enormous impact on many aspects of human life. The Japan Medical Association (JMA) has provided international assistance to the countries affected in the aftermath of such natural disasters.

Not only natural disasters but also climate change, water shortages, environmental pollution and a host of other problems have arisen that humanity must cooperate across national borders to resolve. For this conference, we have, therefore, the themes of “Health Care and Human Rights”, “Health Security”, and “Organ Transplantation and Ethics” as key words summing up these areas. We believe these themes are extremely appropriate as guidelines for resolving various problems in the future.

Brain Death and the Organ Transplantation Law

Today I will consider the theme of “Bioethics and Organ Transplantation in Japan”. It can be said that, in today’s society, heart and liver transplantation requiring organ donation from a brain-dead patient is becoming an issue of high interest, not only to medical professionals and the families of those patients awaiting organ transplants, but also to the general public.

The world’s first heart transplantation in a human from a brain-dead patient was performed in 1967 by Dr. Christiaan N. Barnard in South Africa. The first heart transplant operation in Japan took place the following year. When the recipient died 83 days after the operation, the doctor who performed the operation was accused. This case is said to have been a major cause of distrust of health services as the patient was allegedly forced into undergoing the aggressive heart transplant surgery. Some people have criticized this as having led to heart and liver transplantation in Japan, particularly from brain-dead donors, lagging behind.

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cause no compatible donor can be found. Under the current law, the donation of organs by patients aged less than 15 years is not possible; thus the media has reported many cases of families forced to collect donations and travel overseas for transplantations for infants and children, as the issue of organ transplantation for children becomes a social one.

Japanese government and ruling political parties submitted two proposals for revision of the Organ Transplant Law to the National Diet in August 2005; the law is currently under discussion with a view to easing regulations. Of the two proposals submitted, under Proposal A, the major changes to the law would be that brain death would be uniformly recognized as human death, the age restriction on donors of 15 years old would be removed, and donation of organs for transplantation would be possible without the consent of the donor. Under Proposal B, the current legal minimum age for donors would be lowered from 15 years to 12 years of age. Despite several differences, the two proposals are in the same trend with regard to easing conditions for organ donation and promoting organ transplantation in Japan. The JMA is involved in the process of legislative revision, as well as the issue of guidelines concerning organ transplantation and brain death and terminal care.

**Emergency Medicine: Caring for Both the Donor and Recipient**

It goes without saying that legislative reform is important, but the situation will not change unless both patients and the general public overall gain a deeper understanding of heart and liver transplantation. Generally speaking, many people in Japan still become hesitant if asked if they are willing to become donors themselves, despite many other people who express willingness to receive an organ transplant if required. As matters stand, the donor card system cannot be said to have taken root in society. Even if the law is amended, the number of organ donors will not increase without the understanding of the families of brain-dead patients and it is difficult for the situation in Japan to change regarding organ transplants.

Nowadays, doctors are required to consider that there is, in some cases, a possibility of ceasing the attempt to save the patient’s life at some point and having the patient’s organs donated to save the life of someone else. In the old days when organ transplant technology did not exist, they needed only to concentrate on saving the life of the patient that was brought to them. Without policies to assist these doctors who are faced with such contradictory missions, the medical world could become increasingly difficult and the patient and doctor relationship could be impaired. A doctor’s first duty is to save the lives of the patients in their care. However, at all stages of the process, from emergency medical care to organ transplantation, they are also required to make cautious decisions and take appropriate action so that the lives of as many patients as possible can be saved.

When organ transplantation is performed, doctors must work together with other medical professionals and transplant coordinators while quelling the anxiety of the patient and their family members, respecting the noble wishes of the donor. The foundation that enables doctors to make correct decisions and provide the best possible medical treatment for the patient is their strict adherence to consistently high ethical standards; it can thus be said that doctors are more and more strongly required to deeply consider bioethical issues on a routine basis and make efforts to study.

**Ethics-related JMA activities**

Now I will move to JMA activities concerning ethics education. The JMA carries out a variety of activities related to bioethics to provide guidance for appropriate medical practices and help doctors develop highly ethical qualities. Through the use of continuing education curricula, the JMA Journals, JMA News, and Internet transmissions, the JMA provides useful health information and information about ethical issues, cultivating and supporting continuing education.

In May 2007, the JMA translated “Medical Ethics Manual” of the World Medical Association into Japanese and published 220 thousand copies, distributing them to the 160,000 members of the JMA, as well as to local medical associations and to all the medical faculty deans and students at medical colleges throughout Japan, as part of our efforts to support medical education.

As a teaching tool on medical ethics that are uniform worldwide, this “WMA Medical Ethics Manual” has already been translated into 15 languages and is read around the globe. The manual comprehensively covers a broad range of ethical issues that all medical professionals should read through at least once.

**From WMA Documents**

The WMA is an international organization representing doctors worldwide; membership currently comprises medical associations from 89 countries throughout the world. The JMA joined it in 1951 and has been playing a leading role in the organization. The issue of organ transplantation and ethics is an important theme that the WMA has also long discussed. In 1968, the WMA adopted a Declaration on the Determination of Death, and in 1987 issued its first statement concerning organ transplantation. The issue of organ transplantation and ethics has been in-
cluded in six of the main documents issued by the WMA between 1987 and 2007.

The “Declaration on Human Organ Transplantation”, adopted at the WMA General Assembly held in Madrid in 1987, provides guidelines for physicians engaged in the transplantation of human organs. This declaration recommends, as a fundamental rule, that for the physicians, both donor and recipient are patients, and care must be taken to protect the rights of both. I believe that the fundamental rule that it is not permissible for the best emergency care to be withheld from a patient on the premise that they are a potential donor should be strictly followed. The WMA “Statement on Live Organ Trade,” adopted in 1985, strongly denounces the problematic practice of organ trading, and the “Resolution on Physicians’ Conduct Concerning Human Organ Transplantation,” adopted in 1994, strongly prohibits doctors from involvement in the use of organs from executed prisoners for transplantation. These are activities that doctors should have absolutely no part in and which we in Japan, too, must watch out for as we keep world trends in view.

The WMA “Statement on Human Organ Donation and Transplantation,” which was adopted by the General Assembly in Edinburgh in the year 2000 and revised in Pi-
lanesberg, South Africa, in 2006, provides even more detailed guidelines and policies for doctors. The document covers a broad range of issues, including professional obligations of physicians, social aspects of acquiring organs, free decision-making based on sufficient information, determination of death, and fair dispensation. The “Statement on Human Tissue for Transplantation” adopted by the WMA General Assembly in Copenhagen, in October 2007, also requires that, in addition to organ transplantation, doctors maintain high ethical standards in tissue transplantation, such as corneas, bone, blood vessels and cardiac valves.

Conclusion

The issue of bioethics is not limited to the medical field but affects many other connected areas. While there is undoubtedly a need to review the traditions, culture, and values in search of a suitable approach, we must also focus on the underlying bioethics that exist universally throughout the world. With regard to organ transplantation procedures, also, doctors must provide patients with sufficient information, and patients should adequately understand and accept that information before making a decision. This fundamental rule of “informed consent” is an extremely important item that should be observed. Accompanying the benefits brought by advances in medical technology and pharmaceuticals, humanity today has been laden with a problem that was unimaginable in the past. This is the problem faced by physicians. We must also take into consideration individual values, culture and many other factors. Consequently, resolving this issue is not something that should be rushed. It is vital that solid discussions and debates be carried out repeatedly and built upon.

With regard to the issue of organ transplantation, physicians can be said to have a mission to further deepen understanding of medical ethics and steer the right direction of this debate. In speaking about “Bioethics and Organ Transplantation” from a physician’s standpoint, we can sense the highest mission of physicians.

We are faced with another dimension of biotechnology including regenerative medicine as multidisciplinary tools. Accordingly, we are in the position to find a solution in the ethical field to meet the people’s demand at the various clinical fields, such as regenerative medicine, telemedicine, and so on, in the near future. That is, to find ways to best help and save people who are sick in this ever-changing world of today.