



GIFT OF LIFE

DR.K.GANAPATHY gives an inside view of the first multiple organ transplant done in India at the Apollo Hospitals, Madras on Christmas day 1995.

"There ought to be a law that parents must die first. When I was lighting the funeral pyre of my son, I thought - should it not have been him, lighting mine instead." - A grief stricken father.

"Vex not his ghost. Oh, let him pass! He hates him, that would upon the rack of this tough world stretch him out longer. " The Tragedy of King Lear, Act V, Scene III

It was almost 30 years ago that my English teacher D.O.Perry (whom we irreverently but affectionately addressed, by the first four letters of his name, behind his back of course!) had asked me what was meant by the phrase "have a heart ". With the ingeniousness of youth I had translated it to literally mean "offering a heart". Not being in a co ed school, and at that time, a paragon of virtue and simplicity personified, it never struck me that I could offer my heart to someone else! That was to happen 10 years later. Even then, I never dreamt that 20 years after this offering, I would one day, literally be telling a cardiac surgeon, "Here, have a heart"

Though stout hearted, it would have broken Mr. Perry's heart to have heard me talk thus. A man who held the Queens English sacrosanct, who felt that tweedledum was different from tweedledee, he would have considered such talk blasphemy. With a twinkle in his eye, in an emotionally charged voice, he would have narrated how Cupid's Bow had

mended many a broken heart. Chicken hearted in front of him, we dared not question the great Man. We were just enthralled to hear all that the heart stood for.

To therefore authorise that a human heart, beating in all its magnificent glory and still pumping the elixir of life could be removed, meant becoming stone hearted.

It all started with a telephone call at 10pm on 22nd December 1995. A 30 year old youth driving a scooter had been knocked down by a lorry, a few hours earlier. He had become deeply comatose from the moment of the accident and had stopped breathing with both pupils dilated. Artificial respiration had been started immediately in a nearby hospital. Following this he was transferred to the Apollo Hospitals, a high tech tertiary care hospital. A CT scan revealed that the entire brain had been very badly damaged. The heart was beating strongly, the blood pressure was stable and the kidneys were secreting adequate urine.

The relatives and close friends were informed that the condition was very critical and that recovery was most unlikely. Treatment was initiated and carried out with an enthusiasm that was self deceptive. After all justice delayed is justice denied. Justice must not only be rendered but seen to be rendered. Imminent death cannot be accepted suddenly, with equanimity.

When is enough enough? When does the doctor treating a critically ill patient say "This far, and no farther". Unfortunately, notwithstanding all the rhetoric, there are no definite rules. More important the art of medicine is different from the science of medicine. A second and third opinion from a neurologist and a neurosurgeon was obtained. This confirmed the hopeless prognosis.

The human mind in a desperate situation will grope at every straw. After all, it is better to light a candle than to curse the darkness. The fact that like all candles, the illumination is only temporary is at that time lost sight of. 24 hours after the accident, at 4pm the next day, the situation was reviewed with the patient's brother, close relatives and friends. The ground was laid to make them to accept the inevitable. 24 hours had elapsed and there was still no spontaneous breathing. It was pointed out that though the heart was beating, brain death had already occurred. The topic of organ transplantation was introduced.

The relatives were informed that the decision to donate the organs, was entirely theirs. Treatment would continue to be as vigorous as ever. A meeting was scheduled at 6 am the following morning, when the relatives could give their decision. This would give them 14 hours more to discuss among themselves, the issue threadbare. Though the law permitted certification of brain death after six hours, as a matter of abundant precaution 36 hours were decided upon.

In keeping with the highest traditions of medical ethics the neurosurgeon primarily in charge of the patient was totally unaware of the identity of the possible recipients. The transplant surgeons were equally in the dark, at that point of time, of a possible donor. The total absence of any word or deed, which could even remotely, be later on construed as

an act of coercion was crucial. Similarly no time frames were given as deadlines. This was vital, to ensure that at all times, the relatives realised, that it was the individual patient alone who mattered to the attending doctor and not the recipients.

Man proposes but God disposes. The best laid plans of men and mice go awry. At midnight, 30 hours after the accident I was informed that the blood pressure was falling and that an irreversible cardiac arrest could soon occur. To save the life of a waiting recipient, the heart had to be removed before this. Easier said than done. The final consent for organ donation had still not been given. Now we were racing against time.

What transpired in the next 6 hours, would have done any international crisis committee proud. Scores of telephone calls were made and vehicles dispatched all over the city. The various teams involved in multiple organ transplantation were placed on red alert. So was the blood bank, the various laboratories, operation theatres, nursing personnel and a host of other paramedical support service teams. Doctors authorised by the government, to declare brain death were contacted. Legal experts reviewed the gazette notification of the Transplantation of Human Organs Rules 1995. Photocopies of various proformas were taken. Effortlessly two secretaries had already appeared at 3am. The whole atmosphere was charged with a palpable tension.

Even the Food and Beverages division, the lift operators, the ward boys, the electricians, the security - anyone who was someone in the Hospital did their little mite. It was a dramatic demonstration, of the whole being greater than the sum of its parts. In the meantime the doctor primarily in charge of the patient, the medical superintendent and the managing director of the hospital discussed the game plan. What was extraordinary, was the fact that neither a carrot nor a stick was used. The greatest motivation apparently was self motivation. A chain is only as strong as the links which make it up and in those few hours every single link was crucial.

Consent had still not been obtained and the clock was ticking away. It had been decided that the primary physician would have the onerous task of getting the consent. Tact and diplomacy had to be supplemented with discretion, consideration, poise and thoughtfulness. It was indeed savoir faire at its best. To do things quickly, without at the same time appearing to be unduly anxious about the ultimate outcome ; knowing when to push and when to have restraint - this was the order of the day. Not having a degree in astrology nor being a member of the Indian Foreign Service one had to depend on one's gut feelings.

A brief review of all that had transpired was made. It was pointed out that the five specialists who had confirmed irreversible brain death, between them had almost a hundred years of experience and that the intensive care unit had state of the art equipment and personnel. In other words everything humanly possible, anywhere on terra firma had been done but to no avail. Would they accept this and save four other people and give vision to two blind individuals?

Mention was made of a newspaper report in the USA wherein a mother who consented to multiple organ transplantation had said, " My son never died- he is travelling in different people " It was somewhat similar to saying " The King is dead. Long live the King. "After a 20 minute discussion it was suggested that the father hold an in camera dialogue with the other family members. It was repeatedly stressed that their decision would be final. Five minutes later the family members present, gave the authorisation to proceed with the necessary formalities. However it was morally and legally essential that the wife took her own independent decision. A vehicle was dispatched and a heartbroken weeping young woman was brought.

Even if the attending doctor gives the full information to the wife of a brain dead patient is it reasonable to expect her to take a calm, unruffled calculated decision after weighing the pros and cons, all in a critical care setting. In my heart of hearts, I knew that ultimately I would have to strike a chord which would resonate with the wife's ideas. Any irrevocable decision making process, involving life and death, is after all influenced by one's education, cultural and social milieu.

The wife was asked to describe the personality of her husband. Would he have wanted his organs to be donated ? Ultimately this would be the pivotal question. She pointed out that he was interested in social services. Could there be a nobler way to leave this world - with an indelible mark - than to save four dying persons and give eyesight to two : the question was posed.

They had been married only three years ago and the next day would be his birthday followed a week later by the wedding anniversary. At this stage I unashamedly broke down. The stiff upper lip of the British, the years of professional training, the knowledge that the end justifies the means, all this gave way to naught. Tears spontaneously rolled down my cheeks. I made no attempt to brush it off. After all William Boyd the famous pathologist had once said, "the sorrow that has no vent in tears makes other organs weep." Here was I at 5 am asking a young woman permission to remove the beating heart of her young husband !" You doctors, have a heart "Mr. Perry would have remarked.

It was possibly a ludicrous sight to see a hard hearted neurosurgeon like this. After all I had certified hundreds of deaths and even been involved in certifying brain stem death for purposes of disconnecting the ventilator - but never for removing a beating heart. Retrospectively, this display of one's basic instincts probably reinforced the subtle message that the medical team were human beings first, specialists second and trained technicians in a tertiary care hospital last. Accompanying the wife to the ICU and seeing her look expectantly at the ECG and blood pressure monitor displaying good activity of her husband 's heart, literally broke my heart. "Et tu Brute? she seemed to be implying. Is this the heart you are all waiting for ? With one last unwavering look and full of determination she asked for the relevant forms and signed it.

The last entry made in the case records was : Blood pressure 110/70 (with dopamine) Heart sounds well heard. No spontaneous respiration. Both pupils dilated. No response to any form of stimuli. Patient has features of irreversible brain stem death. Consent

obtained from wife and father for organ donation. To be sent to operation theatre for removal of heart, liver, kidneys and both corneas.

Hardly had these entries been made when I was sent for again by the wife. She wanted a reassurance before the organs were removed, that they would not be misused. Putting the rest of the activities on "hold" (by now it was on autopilot and no new really knew from where, the dozens of orders were coming the credibility of the hospital and the teams were vouched for. If there was the slightest of misgivings, she was assured that we would not think twice, of destroying the consent forms and calling off the whole exercise.

The rest as they say is history. With ruthless efficiency born of decades of professionalism the heart, the liver, the two kidneys and the corneas were removed. Teams of anaesthetists and surgeons swung into action. I still wonder where they were, when the discussions with the relatives were going on. It was a masterpiece in strategy, that there appeared to be no undue activity at all, before the final consent was obtained. For the liver transplant 160 units of blood and blood products were made available. In the best of times this would have been a herculean, possibly impossible task. On a Christmas eve Sunday as an emergency, to do this required a magician. Obviously the Blood Bank Medical Officer and his team were magicians. Voluntary blood donors lined up by the dozens. This extraordinary display of camaraderie, of esprit d'core was all the more dramatic because it was done by ordinary people - who had only one mission that Sunday - to ensure that the ultimate sacrifice made by a remarkable father and wife would not be in vain.

In 1993 throughout the world 315,737 kidneys, 34,307 livers, 29,395 hearts and 1476 pancreas had been transplanted besides lungs and certain other organs. (Data from Russia and China not available. Source - Aug 1995 issue of the Bulletin of the American College of Surgeons). That 35,000 liver transplants had been done elsewhere before India could join this select band only reflects our different priorities.

It is true that it will take a long time before organ transplant (particularly multiple organs) gets the priority it deserves. There will always be sceptics who will question these "heroic" attempts when there are major public health problems. The first multiple organ transplant done at the Apollo Hospitals, Madras is symbolic of India's rapid progress in health care. It is indeed a matter of justifiable pride, that slowly but surely one sixth of the world's population, will eventually have access to twenty first century health care. As Rakesh Sharma India's first astronaut said, " For India, the sky is no longer the limit ".

Epilogue. This article was published in the Hindu Weekly Magazine on Jan 1996. I got fan mail from more than 35 people from India and overseas for this article. Several years later the Films division of the Govt of India produced a documentary on Organ transplant where I had been interviewed. This was played in over 4000 theatres in India.. I have a tremendous sense of satisfaction that till today I have personally helped in at least a hundred and fifty cadaver transplants at the Apollo Hospitals Chennai . More than 50% of India's cadaver transplants are from Chennai