

Liver Transplants for Alcoholics?

Victoria Edwards, Grade 12, Germantown Academy

Andy is a recovered alcoholic suffering from his past choices, and now desperately needs a liver transplant. In contrast, Jack is a man who developed a liver disease beyond his control and now he too needs the same surgery. Many believe that those who suffer from alcoholism, like Andy, do not deserve a liver transplant over someone who has an uncontrollable liver disease like Jack. They may have reasons such as: alcoholics are morally to blame for their condition so they should not receive the transplant over someone who has an unmanageable disease. Critics also say that alcoholics will not have a satisfactory survival rate after the transplant, so there is no reason to waste a perfectly useful organ. However, both of these moral and medical arguments are questionable when you consider what it means to disqualify a group of people from their right to medical attention.

If the American Medical Association had to take moral choices into consideration when they choose who receives organs, they would have to consider more than just alcoholism. For example, what if Jack is an abusive father and spouse? The medical association would then be obliged to refuse him of the organ as well because of his moral choices. Judgments of this kind could not possibly be made consistently and therefore the consideration of morality would be an inefficient policy (Cohen and Benjamin, 461). Furthermore, medically excluding a patient from treatment because of the probability of their survival rate would also affect more than just the alcoholic transplant patients, thus, the medical argument is flawed as well. If the American Medical Association refused alcoholics from medical treatment

because of moral choices and medical statistics then they would have to raise everyone to these standards as well which would not only prevent large numbers of people from getting medical treatment but it would also create unmanageable policy for our medical system. Therefore, there is no good reason morally or medically that alcoholics should not be able to have organ transplants.

Andy has alcoholic cirrhosis, which is an end-stage liver disease brought about by excessive drinking and at this stage there is no other solution but liver transplantation. Is it justified to deny him desperately needed medical attention because you believe that he brought it upon himself by the wrong moral choices? It is true that livers are a very scarce resource, but if the medical association were given the power to deny Andy this organ then they would have to uphold everyone to this standard. Cohen stated that the reasons the association cannot use moral stature as a policy for the dispersion of organs are,

“(1) We have a genuine and well-grounded doubts about comparative degrees of voluntariness and, therefore, cannot pass judgment fairly. (2) Even if we could assess degrees of voluntariness reliably, we cannot know what penalties different degrees of misconduct deserve. (3) Judgments of this kind could not be made consistently in our medical system” (Cohen and Benjamin, 461).

If the association were to take on this policy they would have to somehow find out the moral background of every patient on the transplant list. Not only is that close to impossible because of time and resources, but also how would they know that the information they found is valid? Then if they do find a productive way of going about finding this information, do they have the right to decide who lives and

who dies based on the information? Also they would then have to decide what degrees of punishment each patient should have based on their moral offense. Finally they would have to regulate this for every single patient that ever needs a transplant in the United States. There are very valid reasons that moral conduct is not apart of the credential for receiving medical attention, and therefore, it should not be considered when an alcoholic needs a liver transplant.

People argue that alcoholics would do poorly after the transplant as a result of their previous bad habits; however, this argument can be disproven with statistics. According to Dr. Neuberger of the Queen Elizabeth Hospital in Birmingham, "Fewer than 10% of people return to drinking more than 21 units per week. At five years, less than 5% of grafts are lost as a direct or indirect consequence of alcohol misuse", thus, the accusation that most alcoholics return to drinking after surgery lacks validity (Webb and Neuberger). Critics may also say that even if the person doesn't return to their old drinking habits that there is a great risk of organ failure because of the condition of the patient's body. But once again this means that if the association had to refuse Andy the transplant because of his survival rate they would have to do this with every patient on the list. So is it justified to exclude patients from treatment because they have a low prognosis? Do they not deserve the same chance as everyone else to receive the necessary medical treatment? According to Cohen out of "35 carefully selected alcoholics who received transplants and lived six months or longer, only two relapsed into alcohol use. Liver transplantation, it would appear, can be a very sobering experience" (Cohen and Benjamin, 462). The medical argument that alcoholics will relapse or have a low

survival rate are disproven by the facts that show only a small percent of alcoholics slip back to their old lifestyles and since they have the same survival rate as many ill patients it would not be justified to deny them treatment.

In conclusion, both the moral and medical arguments that alcoholics should be denied transplants have proven to be illogical because the American Medical Association would have to change their policy based on moral standards and false accusations which is not only impractical but unnecessary.

Works Cited

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Webb, Kerry, and James Neuberger, M.D. "Transplantation for Alcoholic Liver Disease." Editorial. *BMJ: Helping Doctors to Make Better Decisions*. BMJ Publishing Group Ltd., 2004. Web. 6 Dec. 2009. <<http://www.bmj.com>>.