

## The Rule of Rescue and Organ Transplants

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If you were planning on donating a kidney and had to choose between donating it to your best friend and donating it to an anonymous stranger, whom would you pick? It is generally agreed that given this situation, a person would choose their friend. Now suppose that you glanced over an article about a person who desperately needed a kidney. Although you've never met them, given the choice between donating a kidney to that person and donating to a complete stranger, who would you pick? I would pick the person that I met in print. The "Rule of Rescue," named by bioethicist Albert Johnsen, refers to the human tendency to give "scarce medical resources to an identified patient, rather than to equally deserving and equally endangered anonymous people" (Pence). This human tendency to try to save the life of an identified person, no matter what the cost, before the life of an anonymous person can be manipulated very easily in our society, which is run by the media. If a person manages to use the media to make a public appeal for an organ donor, based on the rule of rescue, they are much more likely to receive a transplant (not only from the public but from organ allocation committees) because they have identified themselves. While it is alright for people to advertise their own cases in order to try and attract a donor, it should not have *any* effect on allocation committees whatsoever.

As long as we have newspapers, television, and other types of media, specific transplant cases will be recognized while others will be ignored. In 1982, Jamie Fiske's father mounted the famous and eventually successful nationwide appeal for a liver transplant for his daughter (Truog). Now, looking at this case from a positive perspective, the father made an appeal to the public and someone answered his request. If someone decides to donate specifically to the girl

because of the appeal, then it is solely beneficial to the girl, and it is not hurting anybody. In fact, one could argue that there is no better use for the media than to save lives. It is a way for people to identify themselves, just as walk-a-thons, door-to-door fundraising, and other types of fundraising identify individual people and causes, and therefore make them more likely to receive help from the public. The Web site MatchingDonors.com allows individuals to create profiles and try to find a donor to donate an organ to them. Self-preservation is a human instinct, and if people can do something to help their chance of survival, such as advertising their own case and appealing to the public for help, they will do it. In individual cases, the rule of rescue does not hurt anybody, and only helps attract donors that otherwise may not have donated to save individual lives.

Although the rule of rescue helps people get attention and receive organs, it can become dangerous when heavy media coverage is involved and the public is emotionally swayed. Gregory E. Pence argues that “The rule of rescue makes journalists and their editors the gatekeepers of life and death. The rule of rescue replaces the God Committee with the assignment editor” (Pence). If the media decides which story will air, it is then deciding which patient will receive the public audience and the organ transplant. Going back to the case of Jamie Fiske, is it possible for the media to make god committees feel *obligated* to save the life of a person whose story has swayed the public? Clark Havighurst and Nancy King claim that once the action in an organ case is under full publicity, the government begins to view itself as responsible for making sure that nothing as “heart-rending” as the death of the patient could happen. They claim that it is much easier for policymakers to ignore anonymous cases than it is to ignore these public transplant dramas (Havighurst and King). This aspect of the rule of rescue

also starts to give people who have more money or access to the media a greater chance of being recognized, and therefore greater chance of receiving a donation.

In hospitals, it is thought that physicians will get attached to their patients, and do everything possible to their patients alive. If a patient is on his or her third failing kidney transplant, the attached physician will certainly try to obtain another kidney for the patient, but isn't it time to give someone else on the waiting list a chance? This person is identified, and because of that, the physician feels a connection or attachment to them. While that physician may know how long the list of people waiting for transplants is, it is much easier to ignore anonymous suffering than the suffering of the human being right in front of him or her. Still, can this attachment really cause so much unequal distribution of organs? What if someone is on their *eleventh* transplant? It's possible. Danny Canal of Wheaton, MD, received three quadruple organ transplants (Pence). The rule of rescue has the potential to cause one person to receive an unfair amount of organs, and caution in organ distribution must be exercised because of it.

The rule of rescue states that individuals who are "identified" are more likely to receive a transplant or help of any kind in a medical situation. This identification could result from appearing in the news, having a profile on a Web site, or any other form of getting noticed. While it seems okay, even beneficial, for people to use this rule of rescue in their favor in hopes of finding a donor, caution must be exercised when there is media coverage involved in a case. In our society, it seems too easy for public emotion to sway decision makers, and we cannot let public emotion help one person rise too far above all of the other anonymous patients in need of organs.

## Works Cited

Havighurst, Clark C., and Nancy M. P. King. "Liver Transplantation in Massachusetts: Public Policymaking as Morality Play." *Indiana Law Review* 19.995 (1986): 956. Web. 6 Dec. 2009.

<<http://scholarship.law.duke.edu>>.

Pence, Gregory E. "The Rule of Rescue." *Classic Cases in Medical Ethics*. Boston: McGraw Hill, n.d. 268-269. Print.

Truog, Robert D., M.D. "The Ethics of Organ Donation by Living Donors." *New England Journal of Medicine* 353.5 (2005): 444-446. *New England Journal of Medicine*. Web. 6 Dec. 2009.

<<http://content.nejm.org/>>.