Ethics of Face Transplantation

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Warning
Some of the images shown may be disturbing

I Declare no Conflicts of Interest
Face Transplantation

• Tracking issue as part of my interest in transplantation
• Rumors flying at meetings about face transplant
• Initially I was opposed on ethical grounds

Isabelle Dinoire before and after surgery (France)
Face Transplantation

- Published concerns
- Commented critically in media
I initially opposed face transplant on ethical grounds—1999-2004

Absence of animal studies

Risk-benefit ratio for quality of life improvement?
    alternative –reconstructive surgery/mask

Threat to overall supply of donated organs and tissues
At the same time I supported limb transplantation

Seemed well understood from reimplant surgeries

Seemed not life threatening if it failed

Did not raise ‘donor’ and donor family issues

BUT I WAS WRONG ABOUT BOTH FACE AND LIMB TRANSPLANTS—DID NOT UNDERSTAND FACTS
Face Transplantation

- Got push back from surgeons so…
  - Met those in need
  - Went to talks at meetings
  - Met surgeons at Louisville and Cleveland Clinic
  - Talked to colleagues at Penn
  - Read medical literature
- Cleveland Clinic group and Louisville both very responsive to criticisms and concerns
Face transplants and the facts

- Skills and knowledge to attempt are present -- animal studies not needed (maybe practice on cadavers)

- Risk/benefit must include function not just appearance and the high risk of suicide
Poor knowledge of facts led to poor ethics on limb transplant

- LIMB
  - Is an extension of current techniques but the current techniques do not always lead to functional restoration
  - Psychologically hands are close to be as emotional an issue as the face
  - Prosthetic devices for single amputees do very well and give fairly good function without need for risky immunosuppression
  - The case for limb transplant is really for double amputees even though single might at first impression seem more ethical to do
Why do I think face transplants are ethical in 2010?

• Need
  o Persons with extreme damage beyond reconstruction
  o Children, burns, trauma, victims of war

• Demand is present
  o People willing to try knowing risks—avoid suicide

• Skills and knowledge to attempt are present

• Early experience with partial face transplant is encouraging
• Catholic
  - If the procedure is not for something considered immoral by the Church (such as gender-reassignment surgery), then elective plastic surgery is left to the prudent choice of those involved.

• Moslem
  - Purely cosmetic/enhancement may not be permitted on grounds that you cannot modify God’s gift of a body but Muslim religious scholars have generally given the green light to cosmetic procedures that “restore functionality”—for example, after an auto accident or mastectomy.

• Buddhist
  - Some see cosmetic surgery as immoral but there is no widely observed prohibition against body modification.
So there is a case for limb and face

- **Limb**
  - for double amputees
  - That is what we are doing at Penn
- **Face**
  - for carefully screened/informed candidates with attention to donor issues
Composite transplants are still research today -

Face transplantation--
the ethics of Research or Therapy?
Therapeutic Misconception
Desperation makes it hard for potential subject to hear ‘research’
Damage to face means emotional damage/competency to consent?
Emotional significance of face – nothing like prior txs of kidney, liver or even heart or cornea
Can research on face transplants be done ethically?

- Immunosuppression
  - Life saving vs. Life changing and risk
- Therapeutic misconception
- Donor issues
- Managing Failure
- Impact on donors/recipient families
- Long term follow up care
Consent to Research by Subjects

- Solid information consent show comprehension quizzes
- Waiting period (cooling off)
- Consent gained by non-proponent of TX
- Prep IRB to do review
- Continuous monitoring by IRB
- Attention to post-surgical care—team commitment
Donor issues

Donor Issues
- Who is eligible?
  - Should family consent in addition to deceased
  - Racial, ethnic and gender matching
  - When to seek consent
  - Post donation counseling and support
Donor issues

a) Donor card, advanced directive?
b) Family consent
c) Renounce claims on direct contact?

Need to push to modify existing donor card legislation to include face, uterus, limbs etc.?
Recipient Risks

• How selected?
  - Psychosocial
  - Best chance of surgical success
  - Good family support
  - No bad habits/lifestyle issues
  - Ability to pay
  - Age

• Exit /Failure issues
  - Save patient at all costs?
  - Assistance in dying--allowing to die
  - What is a success and what if patient is unhappy?
Risk to Family

- Lack of satisfaction--high expectations
- Publicity
- Financial
  - Medical and non medical costs
- Follow up support
  - Lessons from artificial heart
Status

- In USA
- Brigham and Women’s 2 full faces 1 partial
- Cleveland 1 full 1 partial
- Interest at-
  - Penn, Louisville, Emory, Pittsburgh
- Some going to limbs first
First partial done in France in 2005
20 face/partial face as of 2/2012
Continued interest in China, France, Spain, Turkey
UK doubt is shifting with reports of preparations for possible face and limb transplants this year
Issues requiring continuing attention

- Avoid therapeutic misconception
- Adequate team
- Full presentation of options
- Exit strategy for failure
- Donor management
- IRB preparation
- Creation of subject advocate
- Modify UAGA donor card statutes/national legislation in other nations
- Insure useful publication—owed to subjects