PERSONAL VIEW

I must say I was horrified by the news of the first heart transplant. Now that it is a fact of life I am not sure why I was, but it was a feeling shared by many colleagues, and perhaps merits examination. The controversy that still smoulders does not make examination any easier, though neither the legal problems nor the difficulty of defining death nor the cost in manpower and resources—complex as these are—concern me here. They are common to other forms of transplantation. Two aspects particularly worried me: the ethics and the publicity.

Some authorities have said that there is little hope of recovery from such an operation. If so, heart transplants are experiments on human beings, and this should be stated so that society can make up its mind what it wants. Recipients of certain grants for heart research in the United States are reported to have been expressly forbidden to undertake human transplants, and the British view seems to accord with this. Would you send a man to the moon, knowing that there was scant chance of his returning? An unfair analogy perhaps, but I wonder if the surgeon who commented that the patients were so ill that even an appendicectomy would be hazardous appreciated the irony. If the operation can succeed—and no one doubts the technical feasibility—the next patient should surely be young, and healthy apart from heart disease.

* * *

I had an unpleasant feeling that there was something competitive about it all. After it was over another surgeon implied that his team would have been first if it had not been for the small matter of availability of a suitable donor. Perhaps I am being too harsh, but surely it is time that patient and surgeon were protected from the intrusion of privacy created by press and television publicity. It is not the first time and will happen again unless we speak out. I do not believe that balanced decisions can be taken under the public gaze, and I doubt if people are any better "informed" about medical progress by this sort of hysterical reportage.

* * *

In the final analysis I am afraid my reaction was one of anxiety. Not, I hope, a purely emotional response to change: I am after all of the same generation as Professor Barnard. And it is salutary to remember that many people were opposed to blood transfusion because it was "unnatural." As my children remarked: "If everyone felt like you, we'd still be living in caves." The trouble is that things like resuscitation and transplants keep upsetting assumptions about the way we

treat patients, and events are moving too fast. About the same time as the heart transplant I read that an artificial pacemaker had been successfully implanted in a man aged 101. I thought this was unnecessary tampering with nature, and said so to a cardiologist friend whose caution and common sense I respect. He replied that many of the patients for whom he advised pacemakers were in their eighties. "What is more," he added, "they are among the most grateful patients I have."

In practical terms the techniques of modern medicine make demands on the time, thought, and skill of the clinician which he may find difficulty in meeting. In spiritual terms it no longer seems possible to resign ourselves and our patients to the will of God. For a Christian it used to be comfort enough that we must all die. Death is no longer respectable, and perhaps there will come a time when "death from natural causes" will be a matter for the coroner. Just how far we have already travelled was brought home to me by the news that certain religious objections of the relatives of the deceased heart transplant patient were overruled "in the interests of science."

* * *

The final horror may be that we cannot hold up progress, and yet we have long since learnt that progress is not necessarily beneficial. No doubt by the end of the century new hearts will be routine, though they will probably be artificial rather than human. And then it will be the turn of the brain. Do not be deceived by those who say it will never be possible. "Consider the following situation," says J. S. Hayes in his contribution to *The Scientist Speculates*:

"Your body, by now perhaps 130 years old, and consisting for the most part of prosthetic devices, is lying partly in a hospital bed and partly on the surrounding shelves and tables. It will soon become impracticable to maintain the necessary oxidative reactions in your brain. Someone younger is wheeled in, his own mental activities are temporarily suspended, and the process of transferring to his brain the whole of the information of your own begins. As it nears completion, you begin to be aware of sensations deriving from his exteroceptors and proprioceptors as well as your own. You see with his eyes, hear with his ears. A sympathetic technician asks what was formerly the other fellow's body how you are feeling, and on receiving a satisfactory reply turns off what was, a few minutes ago, your heart. After a short rest period the temporary block on access to the experiences acquired by your new body on its own account is removed, and you begin to remember having been him as well as yourself. But this in no way diminishes you, nor decreases your certain knowledge of your own existence."

Thirty years ago space travel was called science fiction. Remember?

Birmingham.

ALEC PATON,
Consultant Physician.