

Professor Ronald W. Busuttil: my opinion about the national program for diseased organ donation in China



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Prof. Busuttil (Figure 1) previously served as the Co-Chairman of the International Congress on immunosuppression and is past President for the American Society of Transplant Surgeons as well as past-President of the International Liver Transplant Society. Dr. Ronald W. Busuttil is currently Distinguished Professor and Executive Chairman of the UCLA Department of Surgery and holds the William P. Longmire, Jr. Chair in Surgery.

In 1984, Dr. Busuttil founded the UCLA Liver Transplant Program and has been the Director and Chief Surgeon for 30 years. The program has grown to become one of the largest liver transplant centers in the world. Clinical activities encompass the entire spectrum of liver transplantation and hepatobiliary surgery for adults and children. Dr. Busuttil and his team have performed over 5,500 liver transplants and he is internationally recognized for his expertise in transplantation and liver surgery.

Dr. Busuttil has demonstrated a life-long commitment to teaching and advancing the field of transplantation and surgery. His training program in transplant surgery is among the foremost in the world. He has trained over 300 transplant surgeons from the US and abroad; many lead liver transplant programs in the US, Asia and Europe. His laboratory has trained a large number of research fellows, including surgical residents and trainees in basic science disciplines.

Dr. Busuttil's basic science research over the past four decades has been focused upon organ ischemia/reperfusion (IR) injury, immunosuppression, tolerance, hepatic tumors. HBSN was honored to invite Prof. Busuttil to do this interview with us regarding his opinions on the national program for diseased organ donation in China.

HBSN: The national program for diseased organ donation is a big step for transplantation in China. What's your overall opinion about this program?

Prof. Busuttil: This program is long overdue and the transplant community is hopeful that it will be successful. I believe that the entire transplant world community was very concerned about the guidelines and practices that China was



Figure 1 Prof. Ronald W. Busuttil.

using for organ donors particularly with the use of executed prisoners as organ donors. This practice was contrary to what has been accepted as appropriate and ethical in other countries throughout the world because of questions regarding proper consent, monetary advantage and lack of accountability. These ethical practices of organ donation for transplantation were called into serious question. I think the steps that are now being taken by the Chinese transplant leadership and the government by establishing the categories of organ donation after brain death and absolute prohibition of using non-consented executed prisoners are an important essential step forward. This national program is probably going to be one of the most important advances that the Chinese transplantation community will make.

HBSN: As you are from a country with a much more mature organ donation system, in your opinion, what

kind of barriers/challenges can be foreseen in China by implementing this national program for deceased organ donation?

Prof. Busuttil: First of all, the Chinese government has to be totally transparent and then be supported financially to provide and support the foundation of a regulated and monitored organ procurement agency. They have to be able to fund and to provide the trained personnel to work in it, which is not an easy thing to do because they have never done it before. They need to develop the relationship with the transplant centers and the transplant center has to trust them so that the best and most ethical practices are being followed. It is something which has now started and I think it is a right path that they are taking. I think ultimately it is going to improve not only the results of transplantation but also will result in renewed confidence of the transplant practices in China.

HBSN: China and those that have helped China move forwards the National Program for Diseased Organ Donation in China have been criticized for allowing the system to continue to use organs for transplantation for executed prisoners while developing a new program. What do you think about it?

Prof. Busuttil: The use of executed prisoners as organ donors must stop immediately. Only the Chinese government can make this happen. They can say “no more executed prisoners are going to be organ donors”. The government has to be 100% behind it. It is not enough for just the transplantation community to be behind it, the government needs to enforce it. In the USA, the government was completely involved in establishing the National Organ Transplant Act back in the early 80s and did this as a collaborative relationship with the transplant profession and community.

HBSN: What's your opinion about China category III: organ donation of brain death followed by circulatory death (DBCD)?

Prof. Busuttil: I am not quite sure about what they mean by that. There are people who are brain dead, and then you withdraw the support, wait until their heart stops beating and then harvest the organs. This is my understanding of the China category III. I don't know why they haven't gone one step further. That is, they would accept brain dead

donors without waiting until they have circulatory arrest; however I realize that this may be a cultural issue.

HBSN: China category III is believed to enable abdominal organ retrieval after the implementation of extracorporeal membrane oxygenation (ECMO) to reduce ischemic injuries to transplantable organs. You are an expert in ischemia reperfusion injury, what are your comments on this?

Prof. Busuttil: That is a possibility but there are no randomized control trials to prove it and that's the problem but I can't say that is the only reason. A trial needs to be done to prove that ECMO is beneficial. In a similar vein, there are discussions in the West to perform a trial evaluating hypo or normothermic perfusion of marginal organs in order to resuscitate them.

HBSN: Donor organs have always been in the “supply in demand” situation, what's your suggestion on expanding the number if useable donor organs?

Prof. Busuttil: I think that one of the biggest problems that we must overcome is to develop techniques to resuscitate marginal organs so that they will function properly. As an example, if we were to modify fatty livers, organs that have had long ischemia times and organs from older donors so that they are usable, this would be a tremendous advancement. My lab has been working on this for more than 20 years or more. There are great challenges like finding the technology that works consistently and that can be utilized by many transplant centers.

HBSN: In China people are not familiar with organ donation, what's your suggestion to encourage people to be an organ donor?

Prof. Busuttil: I think this is a cultural issue and although not easy to change, I believe that a concerted effort by the Chinese transplant community and the Chinese government to support organ donation as an ethical means to save lives would go a long way. I mean it's going to take a while. You can't change a culture that has been around for 2,500 years.

HBSN: Do you think China will be accepted by the Whole Transplantation Community in the near future?

Prof. Busuttil: I am totally supportive for this new

program of organ donation which is being proposed to China. It was not even spoken about ten years and now that there is a dialogue with plans to stop using organs from executed prisoners and applying ethical principles to organ donation, this will be a great step forward. I believe that the support that you have seen today from many leaders of transplantation around the world is representative of the optimism which has been expressed for a new paradigm of

organ donation in China.

HBSN: Thank you very much, it really helps!

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