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DALLAS--The University of Texas Southwestern Medical School at Dallas has adopted a set of guidelines for death of donors in heart transplants.

The criteria were drafted after a conference of faculty leaders convened by Dean Charles C. Sprague. The group considered medical experience and literature on the subject.

A team of surgeons from Southwestern performed the world's 21st heart transplant on June 7, 1968. The recipient, Mrs. Esther Matthews, died an hour and a half after she was given the heart of Bobby Wayne Blocker.

Although there were no questions of death in the transplant (Blocker's heart had arrested but was restarted prior to the operation) it was felt a set of guidelines should be established for any future transplant.

Members of Southwestern's Neurology Department would make the decision as to complete cerebral death.

The criteria for cerebral death in presence of heart beat and relatively normal blood pressure are:

1. There would be no electrical activity of the brain, as shown by completely flat electroencephalograph lines, even with high amplification. There would be no EEG response to pinch or noise.

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first add donor death

2. There would be no spontaneous respiration. (In such cases, the respiration would be solely supported artificially.)

3. There would be no reflexes of the pupils or tendon reflexes and no pulse change from eyeball pressure.

4. There would be no eye response to stimulation with 200 milliliters of ice water in each ear--tested separately.

5. This state (Nos. 1, 2, 3 and 4) must persist unchanged for at least two hours.

6. All such patients must also have no evidence in blood samples of toxic levels of central nervous system depressants such as might be used in a suicide attempt.

On fulfillment of these standards, a member of the Neurology Department, with agreement of one or more colleagues, would certify that the patient is neurologically non-viable or has reached the point of cerebral death. The neurologists would in no other way be involved in determining the suitability of the donor, or in problems of care of either donor or recipient.

Finally, no transplant will be done if there is any suspicion the donor was involved in a homicide.

In this, the Neurology Department would act as an independent party to the team concerned with the actual transplant. Recommendations of a similar nature have been made by the Board on Medicine of the National Academy of Sciences and the American Medical Association's House of Delegates.

Currently, a nine-member interim committee of the Texas House of Representatives is studying the subject of organ transplants and is to report any need for laws to the House in January.