

Ethics and VCA Transplants—Same Issues or New Challenges?

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What's different about VCA transplants?

- Comparing to the questions we ask about solid organ transplant:
- Will it work? How well?
 - Matters for risk benefit and informed consent
- “Quality of life” vs lifesaving
- Temporary vs permanent
- Source of organs

Different questions?

- Will it work? How well?
 - What are the criteria and metrics?
 - Function
 - Hands, face, penis, uterus
 - Appearance
 - Hands, face, penis
 - What are sufficient levels of function and appearance to justify risks (and costs)
 - Clear answers improve the consent process
 - Including understanding alternatives
- “Quality of life” vs lifesaving



What we can learn from the ethics of uterus transplants

- Offers an alternative to existing options
 - Adoption, gestational surrogacy
 - In some ways parallel to how renal transplant changed renal disease as an alternative to dialysis
 - Both aim to restore function
- Aspects that are unique but helpful to think through the ethics of VCAs
 - Temporary vs permanent
 - Alters evaluation of risk-benefit
 - Different aspects of living donation
 - No shortage of supply, so limitations are different
- Challenges posed by the combination of transplant and reproductive technologies
- Potential for transgender applications

Comparing uterus and penis transplants

- Risks and potential benefits
 - Uterus
 - Temporary transplant alters risk calculation
 - Purpose for gestation
 - Penis
 - Permanent transplant and related risks
 - Purpose for physical appearance and function
- Do differences in intended purposes alter assessment of potential benefits, alter acceptability?

VCA for Transgender?

- Justification of transplants has been based on the promise of
 - Preservation of life/prevention of death
 - Heart, lung, liver, kidney
 - Restoration of function
 - Kidney, VCA
- Does VCA for transgender do either?
 - Doesn't *restore* function since it is providing *new* function to the individual
 - This sounds like the definition of an enhancement rather than a treatment
 - Enhancements generally viewed as more difficult to justify ethically, esp. with high risk/uncertainty
 - But could be more accurately described as ***providing authentic function?***
 - How to think about psychological benefit?
 - Closest other VCA example may be face transplant?
- When is it appropriate to offer VCA to provide authentic function and psychological benefit?
 - When is it acceptable to deny VCA for these reasons?
 - Debate over long-term or even permanent uterus transplant
- Who should decide
 - Individuals and providers
 - Risks and benefits acceptable and clearly understood (consent)
 - Fundamental ethics principles
 - Control of body
 - Best interests of patients
- Who will decide
 - Payers and policymakers

Issues Related to Donation

- Deceased donor intent
 - Not likely to have envisioned this donation
 - Separate request, as “research ask”
 - Secondary in importance to donation of life-saving organs?
- Family concerns, and consent?
 - Spouse or partner concerns
 - Clear discussion of what donation entails (and doesn’t)
 - No gametes involved in penis or uterus donation
- Living donors
 - Presumably only uterus?
 - Clarity of understanding
 - Consent
 - Role of donors in choosing recipient?
- Privacy and confidentiality

Looking ahead

- Assessing when it is appropriate to move VCAs from research to routine clinical care
- Allocation of donations
 - Selection of recipients when there are limits to availability
 - Role of donors in selecting/directing donations
- Resources and insurance coverage
 - Equitable access
- VCA transplant for transgender
 - Where permitted, how to prioritize and otherwise navigate
- So, to answer the question on the title slide—some of the same issues but also some new challenges!