

The Perils of Organ Retrieval

The miracle of organ transplantation is one of the greatest developments in medicine during the last fifty years. Individuals dying from organ failure can now routinely go back to leading full productive lives with their families thanks to the pioneers who developed organ transplantation.

The miracle of organ transplantation involves a large number of individuals, such as surgeons, physicians, nurses, coordinators, and administrators who coordinate an extremely complex set of events orchestrated with the help of the most modern technology. This collaboration facilitates the admission and preparation of a dying patient to undergo surgery that will give the gift of life. The joy and success experienced by the transplant recipient, their families, and the team members are all well recognized. By that same token, the tragedy, sorrow, and bereavement of the donor family who made everything possible are as equally well recognized.

The loss of the lung retrieval team and the two pilots from the University of Michigan on the 4th day of June 2007 brings to light another facet of organ transplantation. To make organ transplantation a therapeutic modality available to as many patients as possible, organ retrieval teams board private aircraft and helicopters on a daily basis to transport them to the donor institution and to complete their life-saving mission return through the air to the transplant hospital. Such flights take place many times everyday throughout the United States. They take place whether the sun is shining, in the middle of the night, if it is raining or snowing, whether there are thunderstorms, or bad weather. Transplant teams have put themselves in jeopardy for the sake of the recipients for as long as transplantations have been performed and they will continue to do so. The fact that they are putting themselves at risk when they do this is evidenced by the death of a cardiac transplant team in the late 1980's in New Mexico. A coordinator severely injured in California and pilot killed in 2000; a cardiac team in Italy in 2005; the liver transplant team from Besancon, France in 2006; and now most recently the University of Michigan team. No statistics have been kept on the number of crashes and close calls that have occurred over the years.

The recipients and their families are always grateful for the efforts made by the transplant team. However, recognition that the organ recovery trips result in a risk to the team members is poorly if ever, recognized by the universities, the transplant hospitals, and certainly not third party payer, or government agencies. Neither the teams effort, the time involved, the unpredictability of organ donors, the unpredictability of other circumstances such as weather, are simply ignored when it comes to judgment for employment, promotions, insurance, reimbursement and salaries. Transplant surgeons are usually seen and treated as a regular attending in general surgery and so are transplant fellows and residents rotating through transplant services. It is time for those alluded to, to recognize these people and act accordingly.

It is my personal belief that it should be mandatory for all transplanting institutions to provide a substantial life insurance policy for all members of the transplant teams flying on organ retrieval missions. Remember that most of the individuals affected are young and often on low salaries without a "nest egg." They have families that need future support. The four transplant team members from the University of Michigan who were lost had three children each.

It is time for the transplant community to stand up and make life insurance a requirement and to make sure that the employing and participating institutions recognize the circumstances in which organ retrieval and transplantations take place.

The great loss suffered by the families of the University of Michigan Transplant team and pilots is massive. I can only express my most deeply felt and personal condolences to them. We will never forget them.

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