

OPO Official Addresses the Alleged Premature Organ Retrieval Actions of a Renal Transplant Surgeon

Interview with Bryan Stewart

Interview Conducted by Gordon Lore

With the Assistance of Shari Gilford, Renal Support Network Editors

[A]ccording to a detailed report in the Los Angeles Times, Hootan Roozrokh, MD, a transplant surgeon from San Francisco, CA, was criminally charged with possibly hastening the death of Ruben Navarro, a severely disabled, cognitively impaired 25-year old, 80-pound man with the purpose of facilitating the premature harvesting of his organs. He was accused by the San Luis Obispo County District Attorney of "dependent adult abuse, administering a harmful substance, and prescribing controlled substances without a legitimate medical purpose." The felony charges are believed to be the first in the US against a physician for his role in an organ transplant.

Roozrokh was a surgeon with Kaiser Permanente's previously troubled and now defunct renal transplant program in San Francisco on February 3, 2006, when he and a colleague traveled to Sierra Vista Regional Medical Center in San Luis Obispo to retrieve Navarro's organs after the patient was removed from life support and his family had agreed to donate his organs when he was declared dead. With six healthcare professionals in attendance, Roozrokh ordered 200 mg. of morphine and 80 mg. of Ativan for Navarro, reportedly many times the normal doses of the drugs. Navarro survived for more than seven hours after he was administered the drugs and removed from life support, but,

"by that time, his organs were no longer viable and could not be recovered."

"You get one case like this, and people get worried," remarked Dr. Michael Grodin, Director of Medical Ethics at Boston University's School of Public Health. "This could be a major, major setback to actually appropriate donation. This is an example of something that could be really, really scary for the people at large."

Immediately, many transplant surgeons and organ procurement organizations (OPOs) feared that the charges would prompt transplant surgeons to be overly cautious as to when and how they retrieve organs. If convicted of all the counts against him, the surgeon could receive a maximum of eight years in state prison and a \$20,000 fine. A warrant was issued for his arrest, and he was expected to turn himself in during the week of July 30, 2007.

KidneyTimes asked Bryan Stewart, Director of Communications at OneLegacy, the non-profit, federally designated organ and tissue recovery agency serving the seven-county greater Los Angeles area, a series of questions on this case. Stewart is also President of Donate Life California, administrator of the state-authorized organ and tissue donor registry, and Chairman of the Donate Life Rose Parade Float Committee. Stewart has been closely following this case since the end of 2006. For more information, log onto: www.donateLIFECalifornia.org.]

Crossing the line?

KidneyTimes: *A recent Los Angeles Times story reported on a San Francisco transplant surgeon being criminally charged with possibly hastening the death of an organ donor in order to prematurely harvest his organs. What is the position of the OPOs, including OneLegacy, on this report?*

Stewart: State law and national guidelines provide for a clear separation between the roles of the attending physician who is solely responsible for the care of a patient prior to death, and the transplant surgeon. If what is alleged is true, then the transplant surgeon's actions crossed that line. The harsh reaction to the physician's alleged behavior is evidence that any transgressions in the donation and transplant process are dealt with most severely. The public should keep in mind that this situation is unprecedented. There are rigorous regulations and safeguards in place to make sure protocols in all donation cases are correctly followed every time. An individual only has been indicted, not the system.

Concerned Donors

KidneyTimes: *Tell us about some of the calls and e-mails you have gotten from potential organ donors who may now have second thoughts about donating.*

Stewart: We have received a number of phone calls from people who recently checked "Yes" on their driver's license and had second thoughts after having received their license with the pink dot imprinted on the front. They are concerned their treatment will be compromised if their status as a donor is visible on the license. While we understand why someone might think this, it is simply not the case. A person can be a donor only if he/she is given the most aggressive life-saving treatment. If the heart stops beating, that person cannot be a donor unless it stops under rare--and controlled--circumstances.

An Urban Legend?

KidneyTimes: *The report seems to almost raise the specter of a bizarre urban legend. Do you know of any other reports of a surgeon being charged with possibly hastening the death of a patient in order to harvest his/her organs sooner?*

Stewart: [As I previously mentioned], the allegations raised in this case are unprecedented.

What Does an OPO Do?

KidneyTimes: *What, exactly, does an OPO do?*

Stewart: OneLegacy is part of a nationwide network of 58 non-profit, federally-designated OPOs that serve as a bridge between hospitals (donors) and transplant centers (recipients). Our common mission: achieving the donation of life-saving and life-enhancing organs and tissues for those in need of transplants and providing a sense of purpose and comfort to the families we serve. OPO donation specialists identify potential donors and help their families, despite the grief, understand and consent to life-giving organ and tissue donation and to lead them sensitively through the donation process. As a public health agency, we also educate the public about the critical need for organ and tissue donation.

OPO Safeguards

KidneyTimes: *What are the safeguards you and other OPOs have to assure that premature harvesting of organs from someone who may be on life support is not made?*

Stewart: In addition to strictly adhering to the national standard DCD [donation after cardiac death] Critical Pathway: OneLegacy ensures that a team of organ recovery coordinators and a clinical manager are on-site to coordinate every DCD organ recovery, as compared to the typical one coordinator on a standard recovery. Only the hospital's attending physicians assess and declare death on all donation cases and administer medications prior to death. OneLegacy staff do not physically assess or treat the potential donor until death has been declared.

KidneyTimes: *Are there any other safeguards OneLegacy and other OPOs are thinking of instituting to assure that this does not happen again?*

Stewart: The alleged actions are those of an individual, not the system. Every safeguard that could possibly ensure this does not happen again is already in place. The protocols are well-established and well-understood. That's why these allegations are so shocking. The transplant system relies heavily on trained professionals following prescribed protocols and using their judgment. If individuals use bad judgment or do not follow the protocols, they will pay a heavy price.

What is the Hospital's Role?

KidneyTimes: *The Times article seemed to indicate that, in order to increase the donor pool, some hospitals may be removing life support from some patients for the purpose of retrieving their organs. Is this true?*

Stewart: Hospitals do not remove life support for the purpose of recovering organs for transplant. The decision to withdraw support is solely that of the family, and this decision precedes any discussion of organ donation. Once the family has made the decision to withdraw life support, and the patient appears to be a candidate for donation after cardiac death, only then is the opportunity to donate mentioned to the family.

The Standard Protocol

KidneyTimes: *In addition to the massive doses of morphine and Ativan, the transplant surgeon even administered Betadine, an antiseptic, through a feeding tube in the patient's stomach. This allegedly hastened his death. What made the doctor think he could do this?*

Stewart: The standard protocol for DCD includes an evaluation procedure that can predict with 90%-plus certainty whether a patient's heart will stop within one hour of withdrawal from life support. The fact that the patient's heart, in this case, took so long to stop beating is

indicative that he was not a good DCD candidate. Occasionally, the heart does not stop beating within the projected one-hour time frame, but there is no precedent of which I am aware for being as off-target as in this case. We cannot speak for the actions of the accused.

Family Involvement

KidneyTimes: *As you know, the involvement of family members in the organ donation process is very important. At what point in the process are family members asked about organ donation?*

Stewart: Unless the family initiates the discussion of donation, family members are approached after they have been informed by the hospital physician that their loved one is brain dead, or after the family has made the decision to withdraw the patient from life support. In either case, the family is approached only if there is a high probability that the patient is eligible to donate.

KidneyTimes: *What are some of the things family members want to know when they give consent to donate a loved one's organs?*

Stewart: Families want to know:

- ✓ How their donation will help people;
- ✓ Whether funeral arrangements will be delayed (there should be no delay);
- ✓ Whether there is a cost to the donor family (there is no cost to the donor of family donation-related hospital costs once consent has been received); and
- ✓ Whether the donor family will meet the recipients (this is possible only if both parties agree).

Stopping Life Support

KidneyTimes: *When and how is it determined to stop life support for a potential organ donor?*

Stewart: Patients who are declared brain dead are not kept on life support as they are no longer alive. A ventilator maintains cardio-respiratory function so that the organs continue to receive blood and oxygen, making it possible for the organs to be transplanted. For patients who do not progress to brain death but have extremely minimal brain function, it is the family's decision whether or not to discontinue life support. This decision is made prior to any discussion of organ donation.

Personal Thoughts

KidneyTimes: *What are your own personal thoughts about this incident?*

Stewart: It is deeply disappointing when the good works of so many people and organizations--and the wonderful stories of donor family members and transplant recipients who embody the beauty that is the gift of life--are overshadowed by the singular actions of an individual. I have faith that people will understand that the organ donation process is respectful of all donors and their families and that they will look beyond the actions of an individual and choose to help others by registering as organ and tissue donors.

Conclusion

KidneyTimes: *Do hospitals and transplant surgeons need to be better educated about the laws, rules, regulations, and ethics involved in retrieving organs for transplant? Any thoughts about how these surgeons can be better educated?*

Stewart: Given that this situation is unprecedented, it is not indicative of a systemic problem.

KidneyTimes: *Is there anything else you would like to add that you think will be helpful to anxious and worried potential donors?*

Stewart: Being a registered organ donor, and having a donor designation symbol on your driver's license, will in no way impact your care at the hospital. The hospital's mission is to save the lives of patients who come through their doors. They are not scouting for organs. Period!