Nicholas Green Heart

In a small restaurant in Rome a few months ago our table was next to that of a singularly beautiful woman, vaguely familiar. “She’s a television personality,” my friend, Andrea, told me, “and is sensitive to human issues.” It was Alessia Marcuzzi.

I have a good cause too, when we got up to leave, I excused myself for interrupting her talk with her handsome companion and introduced myself as the father of seven-year old Nicholas Green, an American boy who was shot in an attempte d carjacking on the Salerno-Reggio Calabria autostrada.

That was twenty years ago but I was sure she would remember because my wife, Maggie, and I donated his organs and corneas to seven Italians, four of them teenagers, and I have yet to meet an Italian who was an adult at that time who does not remember the upsurge of emotion from your generous-hearted countrymen. She did remember, said some kind things and we left.

That night, however, she put an item about our meeting and Nicholas’ story on her Facebook page and included Aido’s webpage address. By the next day 30 000 people had said they ‘liked’ it. Seven hundred of them sent in a comment, most of them expressing passionate support for organ donation, and 1600 thought the story was worth putting on their own Facebooks, potentially reaching hundreds of thousands more. Postings on the site around that time were averaging about one thousand ‘likes’.

So, yes, it’s true, we all know it, organ donation is normally too remote a subject to capture widespread attention. It is my observation, however, that once people feel a personal connection, once they see an interesting human face in it, organ donation can become of riveting interest. This is not surprising: every one of us could need a new heart, kidney or some other vital organ or new tissue, such as skin to cure excruciating burns or bone to straighten spines. Equally, any of us could be a donor. It is truly a universal subject. Add in that it is also a story of life coming out of death so, when told as a human story, how could it be anything other than compelling?

Some people have no choice about being interested: they are on a long and lengthening waiting list, waking up every day thankful that they are still alive but with growing anxiety as they wait for someone completely unknown to them, devas-
will ever have to make the world a better place for others. Normally in Italy the two sides never meet. In our case, however, where the publicity was all-enveloping, the recipients were known within days and we met them all with, I think, the overwhelming approval of Italians of all kinds. Having met them, and learning how close to death some of them were and knowing what would have happened to them, I know that if we had simply shrugged off their problems as none of our concern, Maggie and I could never have looked back without a deep sense of shame at having turned our backs on them.

And so, the most fundamental of all changes that would improve donation rates is for people to think about organ donation when they are calm and can discuss it thoughtfully with their families. To do this we must make an all-out effort to make the public feel at home with the idea of organ donation so that it ceases to be something distant or strange or something to be thought about later and instead becomes as natural as making end-of-life decisions while you are still quite healthy.

There are many ways to do this but for me, the most effective way is through personal stories. Everyone with any connection to transplantation has a unique story. I believe we should all – and especially donor families and physicians – be telling those stories. For anyone who wants to work with me, I will do whatever I can to help.

The results of transplantation, though they vary by different organs, surprise most laymen. In the United States 90% of heart recipients are alive one year after the operation, 75% after five years and 55% after ten. Given that all these people were terminally ill, some on the threshold of death, and that some will die of unrelated causes, it is an amazing record.

Oh, and by the way, speaking to beautiful strangers in restaurants can also produce surprisingly good results.

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Reginald Green has written two books and produced a 12-minute documentary film, all of which have been translated into Italian. He has offered to send any of them electronically without charge to anyone who contacts him at rfdgreen@gmail.com. His website is www.nicholasgreen.org.

Why transplant matters

Every night, somewhere in Italy (as all over the world) an interventional cardiologist wakes up and goes to the cath lab, to open the coronary arteries of a patient suffering from an acute myocardial infarction. This cardiologist is proud of being able to deliver this highly effective treatment – and is right. The same cardiologist is much less enthusiastic if and when he or she should go to the hospital in the middle of the night to perform a coronary angiography in a 55-year brain dead man – and in this case is wrong, because excluding coronary artery disease in a potential heart donor is at least as life-saving as opening a blocked coronary artery... The only difference is that in the case of the potential organ donor the cardiologist performing the angio does not know the ultimate beneficiary of his/her work. Similarly, a noninvasive cardiologist is generally ready to study with a complete and sophisticated echocardiographic exami-
that patient, taken together, make the NNT (Number Needed to be Treated) for a given amount of time to avoid one event. So, by the end, medicine becomes again a matter for individuals—we just are not able to identify ex ante the beneficiary.

The opposite happens with heart transplantation that if guided by appropriate, equitable and shared allocation policies is an extremely well targeted therapy. Both patients and physicians know exactly how big a difference it can make to get it, or not.

May be that with the help of Mr. Green’s words we could correct this sort of presbyopia that makes it more difficult for us to see what is closer—the individual, the patient. Keeping all the good that the so-called EBM (evidence-based medicine) made for our methodology, practices, and, by the end, for patient outcomes, we should at the same time be able to recover the ancient art of caring for individuals, if we want to understand the values of transplantation. On the other side, a few issues challenge societal values, and need an agreement between healthcare organizations, professionals, patients, and the citizens’ community, more than transplantation: shared principles, based on both ethics and knowledge, should be translated into regulations and protocols regarding organ donation and allocation priorities, which should be strict enough to make it clear how to adhere to them, and flexible enough to adapt to incorporate new discoveries and opportunities.

Thus, transplant medicine is an extraordinary school of both individually-targeted and socially-oriented medicine, whose teachings are useful in other complex, borderline conditions which face our professional lives: e.g. decision making in emergency conditions, in the intensive care setting, regarding end-of-life issues and allocation of scarce resources.

As doctors, I think we have the responsibility to work to refine all the facets of this precious stone, including citizens attitude, healthcare organization, scientific advance, and personal commitment—whatever our role. Because transplantation may matter—it matters, indeed—for all of us.

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