

AN AFFAIR IN HEARTS
(Originally published February 1968)

There is much that is disturbing in the recent furor and publicity attending the transplantation of human hearts. Research in immunology, experimental and clinical work on tissue grafts and organ transplants in animals and humans has been going on in many centers for decades now. This latest spectacular surgical feat is entirely logical and justifiable, but only, as another tentative, hesitant advance in an extremely complicated field. While one may applaud the nerve, knowledge and the clinical excellence of Dr. Barnard and his team of specialists, it is an unusual coincidence that other operations of the same magnitude should suddenly take place at widely separated points in so short a time interval. It might be suspected that others were poised and eagerly waiting for someone to take the plunge, or that some, with similar programs in progress, became resentful and rushed into the amphitheatres so as not to miss out on the lavish notoriety waiting to be reaped. Furthermore, the feeling persists that the individual patient (and the procedure's improbable benefit to him) has become an entirely secondary consideration and ranks much lower in importance than the surgical and immunological exercise.

In years gone by, outstanding medical feats of similar nature have been performed quietly, evaluated soberly, and then only months or years later, after having been duly reported and recognized through medical channels, have been "discovered" and publicized in the lay press. Unfortunately, and particularly in this country, we have developed a society of superficiality that worships at the shrine of instant communication and expects instant answers to questions barely posed. The dramatic aspects of human heart transplantation become natural fodder for the all-consuming monster known as our communications industry; and the name of the game at which our monster excels is called sensation seeking.

In pursuit of the premise that immortality for all lies just ahead on the visible horizon of science and medicine, the news hawkers relish the opportunity to wring every bit of human interest and controversy out of medical spectacles like this. (The excitements and confusions created by the relentless armies of press, radio and television are conditions that befuddle sanity.) Principals and authorities agree to be flown thousands of miles to appear on a panel and answer the inane questions of an inane interviewer. Because one of the hearts used was that of a mulatto, racism is dragged into the picture. Not unexpectedly, commercialism, by way of the selling of publication and picture rights, is arranged for by one of the patients. To complete the frenzied atmosphere of this three-ring surgical circus, a Gallup Poll announces that 80 million Americans are willing to donate their hearts to ailing humanity.

It becomes difficult at times to remember that in spite of the tremendous advances in medicine and public health occurring here over the past 70 years, we have not succeeded in prolonging life significantly. We have been successful only in eliminating many of the causes of death in the early years of life, thus allowing most of us to reach the age of 50. Beyond this point, however, with all the miracles of seventy years, life expectancy has increased only a meager 2 years. (On reaching 50 in 1900, the lucky individual could expect to live another 21 years; now he can look forward to 23.)

We have been assured by one of the recently publicized heart surgeons that he does not anticipate heart grafts will become so common the demand for organs would greatly exceed the supply. Another authority observes that heart transplants may always be "far beyond the reach of clinical medicine." These are comforting observations as undoubtedly there will be few personal family fortunes able to withstand the expense of a 22-man surgical team, the laboratory and X-ray charges and the hospitalization and follow-up costs incident to such a procedure. Even with governments paying all of the bills, should such procedures become just fairly common at all, they would be enough to bankrupt the treasury of any country's socialized scheme.

In the experimental animal, survival after heart transplantation rarely reaches one year; so far in the experimental human, none have lasted one month. Looking at it from the viewpoint of an individual patient, it has been said that any diseased vascular system capable of withstanding the rigors of a 5- to 12-hour operative procedure plus the prolonged stresses of a strenuous post-operative convalescence might just be capable, on its own, of surviving a few weeks longer than one of those successfully operated upon. It certainly would survive more comfortably.