

Transplantation and identity: a dangerous split?



Since the first live-kidney transplant in 1952 and the first heart transplant in 1967, transplantation has provoked ethical questions that relate to the donor rather than the recipient. Answers to these questions vary, depending on countries and cultures; practices can range from organ donation (cadaveric or live), organ trading, to a complete ban on transplantation. In France and the UK, a dead person is considered a potential organ donor unless their family explicitly refuses. The fact that the final decision rests with the family indicates that transplantation raises cultural issues, requiring a respect for individuality and kinship. In this situation, the identity of an individual extends beyond him or herself. Until recently, transplant procedures were done only in life-threatening cases and the ethical status of the donor was more acute than that of the recipient, except when receiving an organ was banned on religious or cultural grounds. Furthermore the transplanted organs were internal and non-visible, and the self-identity of the organ recipient was not in question, even if sometimes he or she could not help imagining the donor's life and character.

A major change occurred with the advent of visible and non-vital organ transplants, in particular of the hand¹ and the face.^{2,3} These forms of transplantation raise new ethical issues, both for the donor and recipient. On the donor's side, ethical issues focus on the family circle, who must come to terms with the continuing identity of a loved one, when the hand (or even the face) of a deceased relative comes to life again as part of someone else's body. Although the donation of visible organs is rare, the topic is well publicised in the lay media; anonymity of the donor and recipient can hardly be preserved, making the ethical issues all the more pressing.

The transplantation of visible organs provokes more serious questions for the recipient. Visible organs are components of an individual's identity, and may be involved in the person's relationships with other people and in the image they convey. Hands are an important means of action and communication, often being involved in our interactions with others. The face expresses a person's identity even more directly. For a recipient, encountering a visible transplant every day can be difficult because it implies accepting the constant presence of another person, and even a modified expression of the recipient's personality. For a visible transplant, the donated organ

exercises not only an organic function, but also the expression of this function. Thus the organ contributes to the formation of the image that an individual has of him or herself, to the image others have of them, and above all to the image that he or she believes others have (the social mirror image).

With the transplant of a visible organ, a deep identity split occurs,⁴ because one's self-image is modified substantially. Even if functionality is given to the grafted organ, the recipient still has to come to terms with this new organ—ie, to recognise him or herself in the everyday use of the organ, which indeed is both self and different from self. In some cases transplantation is essential, particularly when a patient's life is threatened by depression.⁵ Therefore, both the living conditions of the patient and their capacity to rebuild identity must be taken into account. For instance, the New Zealander Clint Hallam received a hand graft in 1998 but his hand, which he started to consider as "other" (foreign), became unbearable for him; he stopped taking immunosuppressive drugs, rejection took place, and eventually he asked that his hand be amputated.⁶ Every graft of a visible organ leads to an identity split, the consequences of which can be very serious if the recipient does not succeed in psychologically accepting the organ and in rebuilding its social expression in everyday life. Thus a transplant can be considered successful if it assures not only the function of the organ, but also the rebuilding of the recipient's identity.⁷ This difficult rebuilding work can be fruitful, because identity is characterised by a continuous evolution. The graft of a visible organ can lead to a full expression of one's identity, making the individual aware that to be oneself is to change constantly, and to accept oneself as changing. Ethical debates must be opened on specific questions about the projection of the donor's identity and the rebuilding of the recipient's identity.

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