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## An appalling Panorama

The Panorama television programme on brain death (BBC 1, Monday 13 October) was a disgrace. Its inevitable effect will be to alarm the relatives of dying or dead patients and dissuade them from agreeing to the kidneys being removed for transplantation. That damage would be done to the transplant programme was made clear to the BBC before the programme was screened: Sir Ian Trethowan was left in no doubt that patients with endstage renal failure will die as a result. Such serious effects could be justified only by clear evidence that the programme raised new issues of grave public importance. No such evidence was presented. Detailed criticisms by a neurologist appear at p 1064.

Panorama's film centred on four American patients said to have been declared brain dead who subsequently recovered. Advance publicity on BBC radio and in the *Radio Times* was alarmist, with statements such as "transplant surgeons have got their colleagues into a fix, because they've put them under pressure to diagnose death in the potential donor sooner than they want to, perhaps sooner sometimes than it is safe to do so." The programme itself took a sensationalist approach with graphic descriptions by patients of their being conscious while they were assumed dead. In no case were the criteria for certifying brain death set out by the Conference of Medical Royal Colleges and their Faculties<sup>1 2</sup> satisfied or even approximated. The first patient was "thrashing about" at the time he was pronounced dead: he was apparently breathing spontaneously when seen to be alive by the transplant surgeon. The second had muscle-relaxant apnoea (the British criteria specifically warn against this mistake). The third was a neonate,

and the fourth, who had taken a massive drug overdose, was apparently declared "dead" in the ambulance before she arrived at the hospital. Only one of these four had even been considered as a transplant donor.

Little was said in the programme of the safeguards built into the British system for certifying brain death—in particular, that all the tests for absence of the brain stem reflexes should be repeated later. Instead, the report argued that without a mandatory electroencephalogram the British criteria are unsafe, basing much of its evidence on a collaborative study<sup>3</sup> carried out in the United States in the early 1970s. Whether or not an electroencephalogram would strengthen the British criteria is a valid topic of medical controversy and one that could quite reasonably be discussed in a radio or TV programme. No attempt was made to mount a reasonable discussion of that point: the two British experts interviewed were cut off in mid sentence. Doctors are not infallible; the diagnosis of death is sometimes made hurriedly; and—as in any human activity from piloting airliners to felling trees—mistakes are possible. The Royal Colleges' criteria are designed to make such mistakes as close to impossible as human fallibility allows. The Panorama team produced no evidence—not even a hint—that the British system produced anything like the catalogue of disasters they filmed in the United States. In Britain most kidneys are obtained from patients with subarachnoid haemorrhage or head injury—conditions in which the electroencephalogram is considered unnecessary by other countries with good quality neurologists.<sup>4</sup> Clearly the British doctors cannot prove they are infallible; but what justification had Panorama for questioning the integrity of British doctors in such a snide, aggressive way?

The *BMJ* has criticised television in the past, and the medical profession has met with the BBC to try to agree a basis for reasonable co-operation. Panorama went its own way. We suggested two years ago that the prime question should be, "Is this programme likely to confuse, worry, or misinform patients?" This programme seemed designed to cause the maximum disquiet. The reporter interviewed a whole galaxy of American and three British doctors, cutting and editing to serve his own purposes. Asked his opinion about the value of the electroencephalogram in determining brain death, the British neurologist got as far as, "That is always a very difficult point," and was then cut. Little wonder that the doctors concerned are aggrieved.<sup>5</sup>

In a single night Panorama has virtually destroyed all the efforts of the past two years to re-establish trust between television and the medical profession. But it is not only medical amour propre that will suffer. By the end of this year the transplant surgeons will be able to count the patients denied treatment for endstage renal failure. Already one unit has found—for the first time for many months—that relatives are refusing to consent to organs being removed. When, as is inevitable, patients die the BBC will have those deaths on its conscience.

<sup>1</sup> Conference of Medical Royal Colleges and their Faculties in the United Kingdom. Diagnosis of brain death. Statement issued by the honorary secretary of the Conference of Medical Royal Colleges and their Faculties in the United Kingdom on 11 October 1976. *Br Med J* 1976; ii:1187-8.

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<sup>3</sup> Walker AE, Diamond EL, Moseley J. The neuropathological findings in irreversible coma. *J Neuropathol Exp Neurol* 1975;**34**:295-323.

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# THE PANORAMA EFFECT ON ALTRUISTIC ORGAN DONATION

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In 1980, after only one prime-time television current affairs program in the United Kingdom had questioned the validity of brain-death criteria (PANORAMA, BBC), it has taken 15 months for donor referral rates to recover. France and Belgium, both countries with traditionally high organ donation rates, have experienced during the last years a significant drop, at least in part attributed to cases of negative publicity: in the French case revealing a failure to fully inform the bereaved of procurement procedures, and in the Belgian case publicizing the high percentage of nonresidents on national waiting lists <sup>(1)</sup>.

Organ trafficking rumors in a broad sense, whether true or false, have achieved widespread credibility mainly because they embody some of the most potent anxieties of modern life, especially fears of modern technology. It is quite clear that this problem has done an enormous damage to altruistic organ donation all over the world <sup>(2)</sup>.

Spain has a very high cadaveric organ donation rate (27 donors pmp in 1995), mainly due to a very efficient coordinating network <sup>(3)</sup> which also provides data for continuous monitoring of day-to-day transplant activity. At the end of March 1996, a great controversy followed the decision adopted by an international jury about the "King of Spain" Prize of Journalism. A Brazilian reporter was awarded for her sensational newspaper series on the alleged trafficking in organs removed from children in Latin America <sup>(4)</sup>. U.S. government and Spanish experts strongly criticized this prize, which gave some kind of credibility to unsubstantiated stories that have appeared in many countries and are invariably based on flimsy evidence <sup>(2)</sup>.

A significant drop of 20% in organ donation and transplantation activity was observed during the month of April, as can be seen in the Figure 1. In order to minimize the influence of seasonal variations on organ donation, the month-to-month evolution graphic of liver transplants during the last 2 years is shown. Fortunately, after 6 weeks the donor and transplant levels started to recover up to the former levels.

Information, whether positive or negative, plays a very important role in the public predisposition toward altruistic organ donation. A general consensus of all agents involved in this problem and a detailed action plan with a clear definition of objectives according to the local needs and characteristics should be built up in every country if we want to create an internationally positive atmosphere for organ donation.

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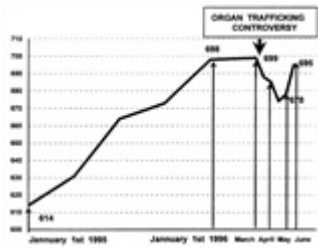


Figure 1

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