

TOKYO **Media coverage of first transplantations fuels public distrust in Japan**

More than 4 months have passed since Japan's first organ transplantation from a brain-dead donor, but the debate on the media coverage of that and subsequent similar operations continues to rage unabated.

In most nations, groundbreaking transplantation surgery receives a short burst of publicity. In Japan, however, it has sparked a debate on everything from journalistic ethics to medical transparency.

The furor began before the brain death of the donor was confirmed. On Feb 25, NHK, the state-run broadcaster, broke the news that a potential donor was being examined at Kochi Red Cross Hospital on the island of Shikoku. Within hours, about 300 journalists had descended on the hospital and for the next 3 days they produced breathless reports on every stage of the transplantation process. Television cameras on helicopters tracked the motorcade carrying the organs; bulletins were broadcast during soap operas; and evening news programmes carried footage of the boxes containing the organs.

The morbid detail of the coverage was only half of the problem. The bereaved family of the donor were upset that the reporting started before the final tests for brain-death had been completed, and before they had given their formal permission for the organs to be removed. As the *Mainichi Shimbun* newspaper—one of the few news organisations to show any restraint—noted in a commentary, the surgery led to a media carnival that deeply hurt members of the bereaved family.

The intense and often intrusive coverage prompted the donor's family

to insist on a news blackout. As a result, doctors at the hospital and the Health and Welfare Ministry refused to reveal detailed information about the surgery until 2 weeks after the event. Far from making the process more transparent, this merely fuelled media suspicions of impropriety by medical authorities and this was partly confirmed by an admission that doctors had made a mistake in the procedure for ascertaining brain death.

Since then, there have been three more transplantations from brain-dead donors, each widely reported on television and in newspapers. The

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problem of intrusiveness has hardly improved. During the third operation on June 16, the family of the donor, whose identity is supposed to remain secret, complained that television crews and news reporters had visited their house asking for interviews.

The Japan Federation of Newspaper Workers Unions deemed that such reporting infringed the family's right to privacy. A member of Japan's parliament, Michio Sato, noted that few people will be willing to donate their organs if they feel they will be treated as media playthings.

Journalists have defended their actions by referring to the need for medical transparency. Writing in the *Yomiuri Shimbun* newspaper, Yojiro Ikawa said that the coverage aimed to uncover mistakes by doctors; deepen public understanding of the proce-

dures; and ensure that everything possible was done to save the donor's life.

The deep sense of distrust felt by the public and media over transplantation operations in Japan stems from the country's first heart transplantation, which was carried out without the full approval of medical authorities in 1968. The surgeon, Juro Wada, was investigated for the possible murder of the donor and the recipient died less than 3 months after surgery.

Japan has struggled ever since with the legacy of that operation. It was not until October, 1997, that parliament passed the Organ Transplant Law, which recognised the concept of brain death for the first time. Although that law set the world's strictest standards for transplantations, the public continues to be divided about its application. Surveys in Japan have consistently shown only 50% of people accept the concept of brain death.

It is too early to judge how public opinion has been affected by the coverage of the first four transplantations, all of which seem to have been successful. According to some reports, the number of donor-card holders has increased since February, but this is hardly surprising since only 3% of the population carried cards before then.

As the number of successful operations increases, suspicion among the public and media should fade. But while the nation tries to make up its mind—and with a review of the Organ Transplant Law scheduled for this autumn—the debate looks likely to simmer on for months, if not years.

Jonathan Watts

DUBLIN **Methadone clinics in Ireland meet with mounting disapproval**

Expansion of drug-addiction treatment facilities in Ireland has almost been halted by opposition to methadone clinics being set up in towns, and even on hospital or health-centre premises.

Local businesses, residents, and anti-drug groups have united against any expansion into their areas, saying that drug dealers hang around existing clinics and that they fear a rise in crime.

On July 7, angry residents in Tallaght, near Dublin, confronted addicts going into a reopened treatment centre. The centre, which is part of a Eastern Health Board-

owned (EHB) building was burnt down in a fire last month, which is still being investigated.

The EHB is the largest health authority in Ireland doubled its treatment places for addicts between 1996 and 1998. However, in the past 6 months, it has created only 128 new places because of local opposition and its waiting list is growing. The EHB has tried to ease fears within communities where it wants to establish satellite clinics by making security a priority and stressing the strictness of its addicts' monitoring policy.

Although the police support the

EHB's claim that methadone clinics reduce crime and unsocial behaviour, opposition continues.

For example, opposition to plans for suburban clinics resulted in the EHB drawing up plans for a larger facility at a regional hospital, which in turn is being opposed by people living nearby who are threatening "direct action" if the clinic opens.

Meanwhile, more and more people in Ireland are joining protest groups despite acknowledging that treatment is needed for addicts but just not in their backyards.

Karen Birchard