

(This recap was provided to Miss Cindy Naret, University of Pittsburgh, Room M 249 Scaife Hall, 3550 Terrace, Pittsburgh, PA 15261 on 11/2/87)

I convened the Surgeon General's workshop on organ transplantation back in June 1983 partly because I felt that if we could isolate and identify the key issues surrounding transplant technology, we would, in effect, identify the issues that underlie all of contemporary medicine.

Just what are they? First, I would raise the issue of the role of science itself in contemporary life.

in the minds of some people, this issue may carry the echoes of a persistent and historic strain of anti-intellectualism. However, I believe we must take that risk and raise the issue because it forces us to judge the relevance of science to the human and social needs of contemporary society. The public -- in its roles as patient, family, and taxpayer -- has already raised the issue through a variety of forums. It is asking a series of questions that hint at a growing popular uneasiness with the course and direction of science.

It asks if the newest developments in science are fuelled by real patient needs. Are the priorities of science coincident with public priorities? Will the developments in science be available to all who can benefit from them? Are they consistent with accepted social values? Do they uniformly support and strengthen the ethics of modern medicine?

Those are difficult but relevant questions for anyone who labors in the technology of organ transplantation. But they are also the questions to be faced by all of medicine. The role of science needs to be examined in light of the limitations that we know must henceforth be placed on resources, whether human, fiscal, or material. The scarcity of resources is the second issue that we -- and all of medicine -- must continue to explore.

I was informed earlier this week that 1987 could be a banner year in the still brief history of organ transplantation. We expect to transplant over 1,000 livers this year. We expect to at least equal, if not surpass, last year's level of 1,300 transplanted hearts. And we seem headed for a record 9,000 kidney transplants by the close of 1987.

Now that the technology has become more widespread -- including the remarkable achievements in immunosuppressive therapies -- we might well be concerned that the technology could out-pace resources. Here we should be grateful to Dr. Tom Starzl. He has again demonstrated his leadership by coming forward with an equitable way -- using a point system -- of allocating available kidneys among the pool of waiting patients. Dr. Starzl's point system will no doubt become the basis for organ allocation in this field generally. I think that's reasonable and safe to say.

Regardless of the process of allocation, the resource issue remains the same: with a limited supply of dollars, people, materials, facilities, and organs. How will we decide who will get what organ-and when ... and for how

much? If you can resolve this issue in a spirit of fairness and genuine concern, your conclusions will be of great use. Because, today, scarcity is everybody's issue.

I am pleased to see that a good number of people here are representing cooperatives, alliances, joint ventures, and other organizations that combine resources and use them more efficiently. Today we need to pool resources, to share insights and people, to cooperate, to collaborate, and in all other ways to stretch and extend the limited resources we have in order to make the achievements of science available and accessible to all who can benefit from them. That's a big idea, but I see no other way in which medicine -particularly the transplant sector -- can respond to the public's expanding requirements for service. I believe that a willingness to work cooperatively would be medicine's best demonstration to the taxpayer, to government, and to society in general that it will try to honor all its commitments to patients and families, not just those that are convenient or comfortable for the profession.

But we have some new problems and they ought to be anticipated. Modern medicine has evolved within a system of law and with the help of fiscal resources that were most compatible for both the solo practitioner and the unitary institution. Today, both the law and financial community need to demonstrate some new flexibility in order to help foster new and more efficient institutions.

I believe this can be done without placing anyone at risk -- neither our patients nor ourselves. But it must be done thoughtfully, with sufficient public debate. I want to stress the role of the public

because, ultimately, we're talking not only about the evolution of a technology but also the evolution of public policy toward that technology and toward medicine, as its host.

I saw this process begin during that first Surgeon General's workshop on transplantation. Out of the workshop discussions came the rationale and the initiative to establish the American Council on Transplantation, to promote a strengthened community of networks of organ donors and recipients, and, more recently, to support an umbrella organization, the "United Network for organ Sharing."

The Federal Government, clear about its policy in this area so far, has invested a million dollars in U.N.O.S. and I believe that it has been money well-spent. IN the new contract, we are committed to the support of U.N.O.S. for 3 more years.

We ought to be very pleased with our past, and I know that we're proud of our present. But I suspect we're still a little unclear about the future. We need to build upon our successes thus far, but to do so structurally and institutionally, as well as scientifically and ethically. These are serious issues whose resolution could be very far-reaching. They require a close look at current public policy, with an eye to progressive adjustments. For this we need fresh, new thinking. Why not begin here?