First Canadian live-donor lung transplants performed in Winnipeg

Canadian medical history was made in Winnipeg last December with the first lung transplant that used healthy, single lobes from 2 living donors. A second live-donor lung transplant has since been performed by a team headed by Dr. Helmut Unruh, director of the Manitoba Lung Transplant Program at the Health Sciences Centre. The first patient has been discharged, but the second has since died of cardiac complications.

"Many of my colleagues wondered if [the transplant operation] was worth it," Unruh commented. "Does the outcome justify the risk to the donors? With a 5-year survival rate of 60% on lung transplant, does it warrant it? But any transplanted organ [has] a finite lifetime."

Unruh believes the procedure is worth the risk, given the lengthy waiting list for cadaveric donations and the condition of the patients involved. For the donors, the life-long outcome is a reduction of approximately 20% of their lung capacity, perhaps preventing them from marathon running but not restricting them from a generally active life.

Unruh said the procedure itself is similar technically to a cadaveric lung transplant. He said allowance must be made for smaller vessels because the transplanted lobe might not fill the entire thoracic cavity. This is one of the reasons why children and small adults are the primary candidates for live-donor lung transplants. The limited number of small cadaveric lungs available for transplantation also places them in the live-donor recipient category.

Although the procedure remains relatively new — about 60 of the operations have been performed worldwide — Unruh has advised other patients to start looking for possible live donors.

"There is no bank of [living] lung donors so the responsibility for procuring a donor is the patient's or the family's, or a coordinator appointed by them, depending on the complexity," said Unruh. "The hospital can't go and solicit lung donations."

Having live donors has added a new dimension to lung transplantation. Unruh said the team had to consider how to screen donors and consider their motivation. It would be advantageous, he suggested, to learn about psychological considerations in screening live donors.

As Unruh and his team pursue live-donor transplants as an option for some patients, centres in Toronto, Montreal and Vancouver are expected to start performing the procedure. Although Unruh's colleagues across the country are waiting to see the longer-term outcome, families of patients on organ transplant waiting lists may be looking to a new window of opportunity and hope. — *Jane Stewart*, Winnipeg

Courts' views on MDs' standards of practice changing, rural docs warned

It appears that the longstanding legal practice of lowering the standard of practice to accommodate the limited facilities and resources available to Canada's rural physicians is becoming a thing of the past.

Recent US decisions indicate that, because of advances in communication technology and access to larger centres of education and science, the courts no longer automatically adjust the standard of practice downward according to a physician's practice location. Instead, said Niels Ortved, managing partner McCarthy Tétrault, a Toronto law firm specializing in medicolegal cases, "appropriate allowances" are being made.

"Historically, the locality rule was often relied upon to recognize the differences between urban and rural medical practices," Ortved told about 150 surgeons attending a recent medicolegal course at the University of Toronto. "However, the advantages of modern communication and education have reduced the disparities between rural and urban practices."

As a result, locality is merely one circumstance that is considered by the court in setting the standard of care imposed upon a physician when medical cases end up in court. He advises rural physicians to be "mindful of their access to information on tertiary care centres" and "be diligent to tap into these resources when appropriate."

In rural Manitoba, for example, a family physician was sued for failing to inform a patient about the side effect that a drug could have on her fetus. The doctor argued that his practice was in accordance with the standard of rural practitioners. The judge rejected his argument, saying that the doctor could have easily acquired more information.

In other words, said Ortved, "the court held that the doctor failed to conform with the basic standard of care to which all physicians must be held — regardless of the location of their practice — to make use of the tools available to them to obtain in a timely manner the facts and information on which to make an informed decision, which may include referring a patient to a tertiary care centre." — *Barbara Sibbald*, CMAJ