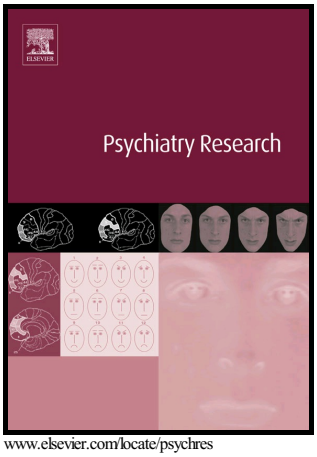

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Samaritan donation: a new challenge for the Italian transplant community

"Samaritan donation" is an organ donation to people who do not have any familiar or emotional relationship with the recipient. As for all transplant donations, there is no form of return, even indirectly, it is performed when no other forms of living donation is available and currently represents a promising procedure in medicine (Bramstedt et al., 2011). In 2010, the Italian press wrote about three candidates to Samaritan donation, therefore, it was necessary to reflect and regulate this new procedure in Italy, that was already admitted in other European countries (such as Spain, Holland, Belgium), the United States of America and New Zealand. Over the past 2 decades, the number of kidney transplantations from living unrelated donors has substantially increased worldwide with different ethical issues outlined (Ghods, 2009) (for each country situation please see: http://www.stoporgantraffickingnow.org/wp-content/uploads/2014/05/Organ-Procurement-Around-the-World-Basic-Data-on-21-countries.pdf). In the United Kingdom, this procedure was implemented in 2006 to address shortages of kidneys, while recently in the United States policies to offer financial incentives to increase living kidney donation rates remain highly controversial (Fisher et al., 2015).

The Italian National Bioethics Committee (Comitato Nazionale Bioetica, 2010), based on European Parliament and Council directive, expressed a positive opinion on samaritan donation, although some controversial aspects had been outlined (Petrini, 2011). Currently, in Italy, samaritan donation is an experimental procedure: the first ten samaritan donations will be managed by the Italian National Transplant Center (NTC) as supervisor, referring to the Italian Health Superior Council. The NTC has established that samaritan donor must be included in the National chain program, the identity of the donor must be kept confidential, donor and recipient can not meet each other and donor can't influence the choice of the recipient. In Italy a psychological profile and the exclusion of a psychiatric disorder are essential evaluations in donor procedure, similarly to other countries protocols (Kranenburg et al., 2008). From 2011 to 2014, three potential candidates have been assessed in the Department of Psychiatry, University of Milan: the first interrupted the assessment spontaneously, the second did not meet the criteria required to approve the donation, while the third received the approval.

We present the case of a 63-year old woman, working as a physician, living alone, never having significant love relationships. She lived with her parents till their death, describing herself as a solitary woman with no close friendship; only a young colleague was informed about her idea to donate a kidney. She explained that she wanted to donate to help another person and give a sense to

her life, never having the intention to meet the recipient. She was firstly evaluated in another hospital through clinical assessments and administration of Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID I)(First et al., 2002): no major psychiatric disorders were outlined and she was qualified for donation (for patient demographic variables see Table 1). The NTC required to our hospital a further psychiatric/psychological opinion, thus we administered the Minnesota Multiphasic Personality Inventory (MMPI) II (Butcher et al., 2011) and Rorschach test (Rorschach, 2007). With regard to MMPI II, the woman resulted to have a vulnerability to depression as a reaction to considerable stress situations, causing feelings of pessimism and mild anhedonia. The subject did not show any particular difficulty to make decisions, having good coping strategies. She did not like social interaction, having some difficulties to act in a group possibly having a passive attitude when people try to involve her. She acted in a realistic way on the basis of an adequate assessment of her capabilities, psychological defense systems were well preserved. Rorschach test was interpreted according to Exner method, there were a number of average responses without relevant formal and cognitive falls, no major indexes for psychiatric conditions; in addition, trauma index was negative.

The patient was in good psychological and psychiatric state, she had good intellectual resources and a high complexity of thinking, used to control her emotions. A state of anxiety merged in reaction to specific external situations (situational stress), however not fulfilling a personality trait. A depressive personality was outlined from tests, but the patient seemed to be able to find resources to manage it.

From a motivational point of view, evaluations seem to suggest that Samaritan donation meet patient's emotional needs, that have been not fully satisfied, needing compensation. The assessments, however, did not reveal major psychopathological or psychiatric conditions that could represent a contraindication to Samaritan donation. It is noteworthy that all the evaluations done in our hospital have been reviewed by an external psychologist, selected by NTC, as supervisor. After a complete clinical evaluation to establish her good health, her proposal was accepted and in April 2015 the first live kidney transplant from a Samaritan donor in Italy took place. This particular type of donation gave the start to a "chain donation" kidney transplantation (Akkina et al., 2011), all donors and recipients continue to do well postoperatively, continuing follow-up. The donor did not develop a depressive disorder during the 12- month follow up period, she declared to be grateful for the opportunity to help someone.

Samaritan donation currently represents an ethical challenge, however this procedure can not be the solution to the lack of organs for transplantations. Health problems concern the entire society

and not a single individual, moreover, organ donation culture should be implemented in order to have more available organs. As reported by Klotzko (2000) community may be well inspired by samaritan donation experiences with a major number of people giving their permission to donate their organs after death. Moreover, it is important to underline that this procedure could have a negative subsequent psychological impact on the donor, representing a body mutilation that needs to be well evaluated (Petrini, 2011).

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Il Rorschach secondo il Sistema Comprensivo di Exner. 2007. Manuale per l'utilizzo dello strumento. Editore Cortina Raffaello.

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Highlights

"Samaritan donation" is an organ donation to people who do not have any familiar or emotional relationship with the recipient, a recent challenge in medicine.

We present the case of a 63-year old woman who has been admitted to the first Italian samaritan donation after completing psychological and psychiatric assessments.