

## **SUBMISSION**

On

### **THE CULTURAL, SPIRITUAL AND ETHICAL ASPECTS OF XENOTRANSPLANTATION: ANIMAL-TO-HUMAN TRANSPLANTATION**

#### **Toi te Taiao the Bioethics Council**

The New Zealand Nurses Organisation (NZNO) thanks you for the opportunity to comment on this discussion document.

NZNO is a national body representing over 39,000 nurses and other health workers on a range of professional and employment related issues across the public, private and community sectors. The majority of our members are registered, enrolled and student nurses and midwives. NZNO also represents other health professionals such as radiographers and anaesthetic technicians. The remainder of our membership consists of unregulated health workers.

As part of our structure we have 21 professional Colleges and Sections covering a range of nursing specialities. Māori nurses and healthcare workers are represented in our organisation by Te Runanga o Aotearoa.

We have circulated information about the discussion document to all sectors of our organisation. Feedback has been summarised and the key points raised are provided in this submission.

#### **Executive Summary**

*The primary purpose of the NZNO submission is to inform Toi te Taiao the Bioethics Council what xenotransplantation means from the perspective of nurses and health workers.*

The core concepts of nursing are person, culture, care, health, healing, environment and nursing itself or more specifically the end good of nursing. (Megan Jane Johnstone, 1999) Nursing ethics provide practical guidance on how to decide and act morally if and when xenotransplantation procedures are part of nursing practice.

The nature of nursing and the nurse client relationship will look to informed ethical practice to guide the experience. Nurses and health workers experiences and stories continue to reveal and inform our code of ethics, duty of care and the social contract we have with society as nursing professionals.

NZNO social policy statement (1993) discusses the trust relationship between society and the profession and our ethical responsibilities in care. The philosophy underlying the NZNO Code of Ethics (1993) is that *the purpose of nursing is to affect positively the influence of a health/illness related event on the life of the individual*. Peach (1998) reinforces this when she states that *the core principles of respect for person, sanctity of life (value of life), non-maleficence (avoiding harm), beneficence (doing good), justice and fairness, veracity (honesty), fidelity (promise keeping), autonomy (individual freedom) and confidentiality establishes the expectations of society about how its members will be treated*.

Nursing ethics then can be defined broadly as the examination of all kinds of ethical and bioethical issues from the perspective of nursing theory and practice.

#### Safety and Effectiveness

Nurses and health workers are aware of the international and national situation of increased donor need and decreased supply. We acknowledge the compounding needs with New Zealand's aging population and the accelerating rate of chronic medical conditions e.g. diabetes is predicted to rise and affect younger age groups due to rising levels of obesity.

Given the need for alternative approaches to accommodate the shortage of donor supply, the risks posed and discussed were; the transplant will not work, or could make the recipients condition worse or the transplant itself could infect the recipient. Risks to the general population through the possible spread of a serious new epidemic are also concerning.

Nurses and health workers are particularly interested in how nursing practice that involves xenotransplantation will sit with the core principles of *non-maleficence (avoiding harm), beneficence (doing good)*. Questions rose during discussion indicating the professional concerns nurses must address with xenotransplantation:

- Will xenotransplantation nursing affect positively the influence of a health/illness related event on the life of the individual? *And*
- Who will and how will the nursing profession be ethically informed on this?

The bioethics discussion document states that before introduction of xenotransplantation, there would be a scientific review of the pre-clinical data by an expert group, and then review by one of New Zealand's seven new Health and Disability Ethics Committees.

NZNO considers it imperative that nurses are invited onto Bioethics and Health and Disability Ethics committees to provide the very important nurse voice. NZNO also believes that ethical approval for any new procedure involving xenotransplantation should be reviewed by a national ethics committee, not regional ethics committees.

Nurses understand that we have an obligation to provide nursing services to all people. If xenotransplantation should ever become a mainstream practice: for example for the treatment of diabetes, nurses cannot opt out of caring for those undergoing xenotransplantation, as they can for persons undergoing abortion.

There are two areas to which conscientious objection can be legally raised – abortion and sterilisation under the Abortion, Contraception and Sterilisation Act, 1977. What should be remembered however is that in an emergency the nurse is required to provide care. Also nurses can legally refuse to participate in a treatment or procedure they know is criminal in law, for example euthanasia, and/or one which they believe is likely to cause the patient harm.

Nurses have provided accounts of their own stories during the discussion period of this paper and voiced the moral dilemmas that they face. The safety issues of nursing HIV positive patients and SARS patients were raised. The sadness reheard for nurses who died whilst nursing those in countries plagued with SARS, particularly in Japan. One nurse recalled a moral dilemma she faced and learnt from when nursing a very violent criminal:

*“The detail and horror of the actions against that girl completely interfered with my ability to establish a professional relationship with that patient. I very quickly learned that to work effectively within that environment I needed to know the substance of the illness and its outcomes leading to the admission, but not the detail”.*(AB)

Each nurse will have their own mechanism for resolving this dilemma within themselves and determining how they can establish and maintain a therapeutic and professional relationship. For some this may be more difficult than for others. However, nurses and health workers are acutely aware that nursing ethics, bioethics and the duty of care must take priority over personal feelings in these circumstances.

The Bioethics Council acknowledges the diverse views across the nation on this topic and considers that Māori must be accorded particular consideration when decisions such as xenotransplantation are being made.

NZNO supports that Māori need to determine if xenotransplantation will reduce inequalities in health outcomes for Māori.

Any decision made by Government requires dialogue and consultation with Māori nurses and Māori medical practitioners.

## **Conclusion**

There is a growing demand for xenotransplantation services and an increase in demand for access to use such therapies.

The benefits and risks of xenotransplantation have been discussed within NZNO resulting in the following NZNO recommendations:

- NZNO considers it imperative that nurses are invited onto Bioethics and Health and Disability Ethics Committees to provide the very important nursing voice.
- NZNO believes that ethical approval for any new procedure involving xenotransplantation should be reviewed by a national ethics committee, not regional ethics committees.
- NZNO believes that Māori need to determine if xenotransplantation will assist Māori health and further reduce inequalities in health outcomes for Māori.
- Any decision made by Government requires interaction with Māori nurses and Māori medical practitioners.

## **Final Recommendation:**

NZNO be invited to remain actively involved in the development and implementation of the xenotransplantation legislation into New Zealand health care.

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