

Eyes Wide Open - To Cornea, to Medical School, to Life

Aviad Sapir.1

The Experience

I was having a great time with Darya, my two-year-old baby girl, when my cellphone rang. It was Sarah, the hospital's transplant coordinator. "Hurry Up! we got family consent." The meaning of these six words for me was to kiss my daughter and proceed as soon as possible to the pathology department for corneal harvesting.

In parallel to medical studies, since my fourth year, I have been working as a corneal harvester for transplantation. Unlike general organ donation which requires brain death, corneal donation, due to its avascular properties, is more common.\(^1\) In Israel, the law states that one cannot harvest an organ unless the relatives of the deceased have agreed to donate.\(^2\) Many times, this may not be easy to achieve. In Israel some of the Jewish religious population who believe in resurrection, fear that if any organs are taken even from the deceased, the soul will be resurrected without the requisite organ. In like fashion, a tribal Muslim society is concerned about harming the dignity of the deceased if organs are taken from her or him after death.\(^3\)

The procedure is performed by a resident or medical student, after ruling out clinical contraindications such as sepsis or the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV) carriers and after contacting the family for consent. Naturally, this position as corneal harvester has exposed me to countless medical experiences and both ethical and personal dilemmas. Today, as I stand before my final examinations and towards the end of this role, I chose to recall some particular events.

The first time I completed a solo harvest I was both excited and nervous, memorizing the order of actions required for the task. I organized all the necessary equipment and went quickly to the morgue. In paraphrasing Forrest Gump's words, "life is like a body bag, you never know what you're going to get." The first time it was a 72-year-old lady, who passed away as a result of severe heart failure. I immediately recognized her. A day earlier, I had presented her to my tutor in the Internal Medicine Department as part of my clinical clerkships. She was somewhat calm, despite her complicated situation, surrounded by her loved ones. Just a few hours after sitting in front of her obtaining the history with a notebook and pen, I stood over her with a blepharostat, scalpel and surgical tweezers. That time, I learned how the transition between life and death is a conjecture. How inventory invites role-playing games without any preparation.

A few months later, when I was a little more experienced, during a family holiday dinner, I was urgently called again to the hospital. This time it was a seventeen-year-old young man who had committed suicide by gun shot. When the damaged, pale face appeared in front of me, I wanted to cry. Cry for the loss of such a short life, for unfulfilled dreams, for unfulfilled loves. I'll never know what caused that young boy to hurt himself that way, what he thought in the seconds before he pulled the trigger. But from this difficult situation, I learned another of life's lessons, the way an unnecessary event can have meaning. The fact that the corneal recipient may see his grandchildren again, read the book he loves or look at a sunset thanks to these corneas, filled me with comfort and satisfaction.

The last story concerns a unique population living around the Soroka University Medical Center where I study and work is in Be'er Sheva, southern Israel. It is the only tertiary hospital in the region and serves more than a million citizens. This catchment area, the Negev, has a large Bedouin population. Due to various religious, historical and social reasons, the issue of organ donation has not been in the public awareness for many years.4 In this case, I was already an experienced harvester after several dozen operations. A 5-year-old boy, the son of one of the community's dignitaries, was injured in a car accident. He suffered from multi systemic failure and was defined as being in a state of brain death. Surprisingly, it was none other than the father who requested to donate his son's organs, "I want other people's lives to be saved" he said sadly and confidently. As a father, my heart went out to him. Honestly, I didn't even think about trying to talk to the family about requesting a donation. Unfortunately, prejudice and social stigma are a global human disease, crossing countries and cultures. In one clear sentence by a bereaved father, I learned perhaps the most important lesson -- We are all human, no matter what the color of our skin, what our beliefs are or what language we speak--.

I think of all these I have told about and of dozens more if not hundreds I've met over the years and want to thank them. First, on behalf of those who got the corneas and were able to see again. And secondly in my name – you, the dead donors, have made me a better father, a better future doctor and hopefully a better person.

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