

THE FIRST SUCCESSFUL HEART TRANSPLANT

THE FIRST SUCCESSFUL HEART TRANSPLANT: A LANDMARK IN MEDICAL HISTORY

THE FIRST SUCCESSFUL HEART TRANSPLANT MARKS ONE OF THE MOST GROUNDBREAKING MOMENTS IN MEDICAL HISTORY, FOREVER CHANGING THE LANDSCAPE OF CARDIOLOGY AND ORGAN TRANSPLANTATION. THIS EXTRAORDINARY ACHIEVEMENT NOT ONLY DEMONSTRATED THE INCREDIBLE POTENTIAL OF SURGICAL INNOVATION BUT ALSO OPENED NEW DOORS FOR COUNTLESS PATIENTS SUFFERING FROM END-STAGE HEART DISEASE. LET'S DIVE INTO THE STORY BEHIND THIS PIONEERING EVENT, EXPLORING THE CHALLENGES, BREAKTHROUGHS, AND LASTING IMPACT OF THE FIRST SUCCESSFUL HEART TRANSPLANT.

THE STORY BEHIND THE FIRST SUCCESSFUL HEART TRANSPLANT

THE JOURNEY TOWARD PERFORMING THE FIRST SUCCESSFUL HEART TRANSPLANT WAS FILLED WITH SCIENTIFIC CURIOSITY, ETHICAL DEBATES, AND TECHNICAL HURDLES. IT WAS IN THE LATE 1960S THAT THE MEDICAL COMMUNITY WAS POISED ON THE BRINK OF A REVOLUTIONARY CHANGE. ADVANCES IN SURGICAL TECHNIQUES, ANESTHESIA, AND IMMUNOSUPPRESSION SET THE STAGE FOR THIS HISTORIC OPERATION.

WHO PERFORMED THE FIRST SUCCESSFUL HEART TRANSPLANT?

THE CREDIT FOR PERFORMING THE FIRST SUCCESSFUL HEART TRANSPLANT GOES TO DR. CHRISTIAAN BARNARD, A SOUTH AFRICAN CARDIAC SURGEON. ON DECEMBER 3, 1967, AT GROOTE SCHUUR HOSPITAL IN CAPE TOWN, DR. BARNARD AND HIS TEAM PERFORMED THE SURGERY ON LOUIS WASHKANSKY, A 53-YEAR-OLD MAN SUFFERING FROM SEVERE HEART FAILURE DUE TO CORONARY ARTERY DISEASE.

THIS OPERATION WAS NOT ONLY A MEDICAL MILESTONE BUT A TESTAMENT TO HUMAN COURAGE AND INGENUITY. DESPITE THE ENORMOUS RISKS INVOLVED, DR. BARNARD BELIEVED THAT A HEART TRANSPLANT COULD PROVIDE A NEW LEASE ON LIFE FOR PATIENTS WITH NO OTHER OPTIONS.

THE PATIENT AND THE DONOR

LOUIS WASHKANSKY WAS CRITICALLY ILL AND HAD EXHAUSTED ALL CONVENTIONAL TREATMENTS. HIS CONDITION MADE HIM AN IDEAL CANDIDATE FOR THIS EXPERIMENTAL SURGERY, ALTHOUGH THE CHANCES OF SUCCESS WERE UNCERTAIN. THE DONOR WAS DENISE DARVALL, A YOUNG WOMAN WHO TRAGICALLY DIED IN A CAR ACCIDENT. HER HEART WAS HARVESTED UNDER STRICT PROTOCOLS TO ENSURE VIABILITY AND ETHICAL STANDARDS.

CHALLENGES FACED DURING THE FIRST HEART TRANSPLANT

PERFORMING THE FIRST SUCCESSFUL HEART TRANSPLANT WAS NOT WITHOUT FORMIDABLE OBSTACLES. THE SURGICAL TEAM DEALT WITH NUMEROUS CHALLENGES RANGING FROM TECHNICAL DIFFICULTIES TO POST-OPERATIVE CARE.

TECHNICAL AND SURGICAL HURDLES

HEART TRANSPLANTATION REQUIRES PRECISE SURGICAL SKILLS TO REMOVE THE DISEASED HEART AND REPLACE IT WITH A HEALTHY DONOR HEART WHILE ENSURING ALL VITAL CONNECTIONS—SUCH AS BLOOD VESSELS AND NERVES—ARE CORRECTLY REATTACHED. AT THE TIME, THIS KIND OF OPERATION HAD NEVER BEEN ATTEMPTED ON A HUMAN SCALE WITH A SUCCESSFUL OUTCOME.

MOREOVER, PRESERVING THE DONOR HEART DURING TRANSPORT AND ENSURING IT REMAINED VIABLE WAS A SIGNIFICANT CHALLENGE. THE TEAM HAD TO ACT QUICKLY TO MINIMIZE ISCHEMIC TIME, WHICH IS THE PERIOD THE HEART REMAINS WITHOUT BLOOD SUPPLY.

IMMUNOLOGICAL BARRIERS AND REJECTION

ONE OF THE BIGGEST THREATS TO ANY ORGAN TRANSPLANT IS THE RECIPIENT'S IMMUNE SYSTEM REJECTING THE NEW ORGAN. IN 1967, IMMUNOSUPPRESSIVE DRUGS WERE STILL IN THEIR INFANCY. THE TEAM USED AZATHIOPRINE AND CORTICOSTEROIDS TO SUPPRESS THE IMMUNE RESPONSE, BUT THESE MEDICATIONS WERE FAR LESS EFFECTIVE THAN MODERN TREATMENTS.

LOUIS WASHKANSKY'S BODY DID MOUNT AN IMMUNE RESPONSE, BUT THE TEAM MANAGED TO CONTROL IT ENOUGH TO ALLOW THE HEART TO FUNCTION INITIALLY. UNFORTUNATELY, HE LATER SUCCUMBED TO PNEUMONIA 18 DAYS AFTER THE OPERATION, A COMPLICATION RELATED TO IMMUNOSUPPRESSION.

THE IMPACT AND LEGACY OF THE FIRST SUCCESSFUL HEART TRANSPLANT

DESPITE THE PATIENT'S RELATIVELY SHORT SURVIVAL, THE FIRST SUCCESSFUL HEART TRANSPLANT WAS WIDELY HAILED AS A TRIUMPH AND A PROOF OF CONCEPT THAT HEART TRANSPLANTATION COULD WORK.

PAVING THE WAY FOR MODERN TRANSPLANT SURGERY

DR. BARNARD'S PIONEERING SURGERY INSPIRED SURGEONS WORLDWIDE TO REFINE TECHNIQUES AND IMPROVE PATIENT OUTCOMES. OVER THE FOLLOWING DECADES, ADVANCEMENTS SUCH AS BETTER IMMUNOSUPPRESSIVE THERAPIES—including CYCLOSPORINE INTRODUCED IN THE 1980S—DRAMATICALLY INCREASED TRANSPLANT SURVIVAL RATES.

HOSPITALS ACROSS THE GLOBE BEGAN ESTABLISHING DEDICATED HEART TRANSPLANT PROGRAMS, AND ORGAN DONATION AWARENESS INCREASED, HELPING TO ALLEVIATE DONOR SHORTAGES.

ETHICAL AND SOCIAL CONSIDERATIONS

THE FIRST SUCCESSFUL HEART TRANSPLANT ALSO SPARKED INTENSE ETHICAL DISCUSSIONS ABOUT ORGAN DONATION, CONSENT, AND THE DEFINITION OF DEATH. TERMS LIKE "BRAIN DEATH" BECAME CRITICAL IN DETERMINING WHEN ORGANS COULD BE ETHICALLY HARVESTED.

THESE DEBATES INFLUENCED LEGISLATION AND HOSPITAL PROTOCOLS, SHAPING THE MODERN FRAMEWORK THAT BALANCES MEDICAL INNOVATION WITH PATIENT RIGHTS AND ETHICAL RESPONSIBILITY.

UNDERSTANDING HEART TRANSPLANTATION TODAY

TODAY, HEART TRANSPLANTATION IS A WELL-ESTABLISHED TREATMENT FOR PATIENTS WITH END-STAGE HEART FAILURE. WHILE STILL COMPLEX AND RESOURCE-INTENSIVE, THE PROCEDURE OFFERS HOPE FOR EXTENDED AND IMPROVED QUALITY OF LIFE.

MODERN SURGICAL ADVANCES

CONTEMPORARY HEART TRANSPLANT SURGERIES BENEFIT FROM STATE-OF-THE-ART IMAGING, MINIMALLY INVASIVE TECHNIQUES, AND ENHANCED PERIOPERATIVE CARE. THE SURGICAL TEAMS NOW HAVE ACCESS TO BETTER ORGAN PRESERVATION SOLUTIONS,

ENABLING LONGER TRANSPORT TIMES AND INCREASED DONOR-RECIPIENT MATCHING OPTIONS.

IMMUNOSUPPRESSION AND PATIENT CARE

IMMUNOSUPPRESSIVE THERAPY HAS EVOLVED SIGNIFICANTLY, WITH TAILORED PROTOCOLS REDUCING THE RISK OF REJECTION WHILE MINIMIZING SIDE EFFECTS. POST-TRANSPLANT PATIENTS UNDERGO LIFELONG MONITORING FOR REJECTION, INFECTION, AND OTHER COMPLICATIONS, SUPPORTED BY MULTIDISCIPLINARY CARE TEAMS.

TIPS FOR PATIENTS CONSIDERING HEART TRANSPLANTATION

FOR PATIENTS FACING THE POSSIBILITY OF A HEART TRANSPLANT, UNDERSTANDING THE PROCESS AND MAINTAINING A HEALTHY LIFESTYLE ARE VITAL. HERE ARE SOME KEY TIPS:

- **STAY INFORMED:** LEARN ABOUT THE TRANSPLANT PROCESS, RISKS, AND BENEFITS TO MAKE EMPOWERED DECISIONS.
- **FOLLOW MEDICAL ADVICE:** ADHERE STRICTLY TO PRE- AND POST-TRANSPLANT CARE INSTRUCTIONS TO OPTIMIZE OUTCOMES.
- **MAINTAIN A SUPPORT SYSTEM:** EMOTIONAL AND PSYCHOLOGICAL SUPPORT CAN BE CRUCIAL DURING THIS CHALLENGING JOURNEY.
- **ADOPT HEALTHY HABITS:** MANAGE DIET, EXERCISE, AND AVOID SMOKING OR ALCOHOL ABUSE TO IMPROVE OVERALL HEALTH.

REMEMBERING THE COURAGE BEHIND THE FIRST SUCCESSFUL HEART TRANSPLANT

THE FIRST SUCCESSFUL HEART TRANSPLANT STANDS AS A TESTAMENT TO HUMAN DETERMINATION AND THE RELENTLESS PURSUIT OF MEDICAL PROGRESS. IT REMINDS US THAT BEHIND EVERY SURGICAL MILESTONE LIES A STORY OF COURAGE—FROM THE DONOR'S ULTIMATE GIFT TO THE PATIENT'S BRAVERY AND THE SURGEON'S SKILL.

AS WE CONTINUE TO ADVANCE IN THE FIELD OF TRANSPLANTATION, IT IS IMPORTANT TO HONOR THESE PIONEERING MOMENTS THAT HAVE SAVED COUNTLESS LIVES AND RESHAPED THE FUTURE OF MEDICINE.

FREQUENTLY ASKED QUESTIONS

WHEN WAS THE FIRST SUCCESSFUL HEART TRANSPLANT PERFORMED?

THE FIRST SUCCESSFUL HEART TRANSPLANT WAS PERFORMED ON DECEMBER 3, 1967.

WHO PERFORMED THE FIRST SUCCESSFUL HEART TRANSPLANT?

THE FIRST SUCCESSFUL HEART TRANSPLANT WAS PERFORMED BY DR. CHRISTIAAN BARNARD IN CAPE TOWN, SOUTH AFRICA.

WHERE WAS THE FIRST SUCCESSFUL HEART TRANSPLANT CONDUCTED?

IT WAS CONDUCTED AT GROOTE SCHUUR HOSPITAL IN CAPE TOWN, SOUTH AFRICA.

WHO WAS THE RECIPIENT OF THE FIRST SUCCESSFUL HEART TRANSPLANT?

THE RECIPIENT WAS LOUIS WASHKANSKY, A 53-YEAR-OLD MAN SUFFERING FROM SEVERE HEART DISEASE.

HOW LONG DID THE RECIPIENT OF THE FIRST SUCCESSFUL HEART TRANSPLANT SURVIVE AFTER THE SURGERY?

LOUIS WASHKANSKY SURVIVED FOR 18 DAYS AFTER THE HEART TRANSPLANT.

WHAT MADE THE FIRST HEART TRANSPLANT CONSIDERED SUCCESSFUL DESPITE THE RECIPIENT SURVIVING ONLY 18 DAYS?

IT WAS CONSIDERED SUCCESSFUL BECAUSE THE TRANSPLANTED HEART FUNCTIONED WELL AND THE SURGERY DEMONSTRATED THE FEASIBILITY OF HEART TRANSPLANTATION.

WHAT CHALLENGES DID DR. CHRISTIAAN BARNARD FACE DURING THE FIRST HEART TRANSPLANT?

CHALLENGES INCLUDED MANAGING ORGAN REJECTION, SURGICAL TECHNIQUE, AND ETHICAL CONSIDERATIONS SURROUNDING ORGAN DONATION.

HOW DID THE FIRST SUCCESSFUL HEART TRANSPLANT IMPACT MEDICAL SCIENCE?

IT REVOLUTIONIZED CARDIAC SURGERY AND PAVED THE WAY FOR ADVANCES IN TRANSPLANT MEDICINE AND IMMUNOSUPPRESSIVE THERAPIES.

WHAT WAS THE DONOR'S CONDITION IN THE FIRST SUCCESSFUL HEART TRANSPLANT?

THE DONOR WAS DENISE DARVALL, A YOUNG WOMAN WHO WAS DECLARED BRAIN DEAD AFTER A CAR ACCIDENT.

ADDITIONAL RESOURCES

THE FIRST SUCCESSFUL HEART TRANSPLANT: A MILESTONE IN MEDICAL HISTORY

THE FIRST SUCCESSFUL HEART TRANSPLANT MARKED A PROFOUND TURNING POINT IN THE FIELD OF CARDIOVASCULAR SURGERY AND ORGAN TRANSPLANTATION. THIS GROUNDBREAKING OPERATION NOT ONLY SHOWCASED THE HEIGHTS OF SURGICAL INNOVATION BUT ALSO SET THE STAGE FOR ADVANCES IN IMMUNOLOGY, PATIENT CARE, AND ETHICAL CONSIDERATIONS IN MEDICINE. WHILE HEART TRANSPLANTS ARE NOW A RELATIVELY ROUTINE PROCEDURE IN SPECIALIZED CENTERS WORLDWIDE, THE JOURNEY TO THAT INITIAL SUCCESS WAS FRAUGHT WITH CHALLENGES, SKEPTICISM, AND TECHNICAL HURDLES.

A HISTORICAL OVERVIEW OF THE FIRST SUCCESSFUL HEART TRANSPLANT

THE FIRST SUCCESSFUL HEART TRANSPLANT WAS PERFORMED ON DECEMBER 3, 1967, BY DR. CHRISTIAAN BARNARD AT GROOTE SCHUUR HOSPITAL IN CAPE TOWN, SOUTH AFRICA. THE RECIPIENT, LOUIS WASHKANSKY, WAS A MIDDLE-AGED MAN SUFFERING FROM SEVERE HEART FAILURE DUE TO CORONARY ARTERY DISEASE. HIS PROGNOSIS WAS GRIM WITHOUT INTERVENTION, MAKING HIM A CANDIDATE FOR THIS PIONEERING SURGERY.

WHILE EARLIER ATTEMPTS AT HEART TRANSPLANTATION HAD BEEN MADE IN ANIMALS AND EVEN HUMANS, NONE HAD RESULTED IN LONG-TERM SURVIVAL. THE PROCEDURE REQUIRED NOT ONLY SURGICAL SKILL BUT ALSO BREAKTHROUGHS IN IMMUNOSUPPRESSIVE THERAPY TO PREVENT ORGAN REJECTION. BARNARD'S OPERATION WAS A CULMINATION OF YEARS OF RESEARCH, EXPERIMENTATION, AND COLLABORATION WITH A TEAM OF SURGEONS, ANESTHESIOLOGISTS, AND NURSES.

TECHNICAL CHALLENGES AND INNOVATIONS

PERFORMING THE FIRST SUCCESSFUL HEART TRANSPLANT NECESSITATED OVERCOMING SEVERAL FORMIDABLE OBSTACLES:

- **DONOR ORGAN PRESERVATION:** THE HEART HAD TO BE HARVESTED AND TRANSPLANTED WITHIN A NARROW TIME WINDOW TO MAINTAIN VIABILITY.
- **SURGICAL TECHNIQUE:** PRECISE ANASTOMOSIS OF MAJOR VESSELS LIKE THE AORTA, PULMONARY ARTERY, AND VENA CAVAE WAS CRITICAL TO RESTORE CIRCULATION.
- **IMMUNOSUPPRESSION:** CONTROLLING THE IMMUNE RESPONSE TO PREVENT REJECTION WAS A MAJOR HURDLE, AS EARLY IMMUNOSUPPRESSANTS WERE LIMITED AND HAD SIGNIFICANT SIDE EFFECTS.
- **ETHICAL CONSIDERATIONS:** THE DEFINITION OF DEATH AND CONSENT PROTOCOLS FOR ORGAN DONATION WERE EVOLVING, RAISING COMPLEX MORAL QUESTIONS.

DR. BARNARD AND HIS TEAM UTILIZED A TECHNIQUE KNOWN AS THE "ORTHOTOPIC" TRANSPLANTATION, MEANING THE DONOR HEART WAS PLACED IN THE EXACT ANATOMICAL POSITION OF THE RECIPIENT'S HEART. THIS APPROACH DIFFERED FROM EARLIER HETEROTOPIC TRANSPLANTS, WHERE THE DONOR HEART WAS PLACED ALONGSIDE THE RECIPIENT'S HEART, OFTEN DUE TO TECHNICAL LIMITATIONS.

IMPACT OF THE FIRST SUCCESSFUL HEART TRANSPLANT ON MEDICINE

THE SUCCESSFUL OPERATION DRAMATICALLY ALTERED THE TRAJECTORY OF CARDIAC SURGERY AND ORGAN TRANSPLANTATION GLOBALLY. IT DEMONSTRATED THAT THE HUMAN HEART COULD BE REPLACED, GIVING HOPE TO PATIENTS WITH END-STAGE HEART DISEASE WHO HAD NO OTHER THERAPEUTIC OPTIONS.

ADVANCEMENTS IN IMMUNOSUPPRESSIVE THERAPY

ONE OF THE MOST SIGNIFICANT DEVELOPMENTS FOLLOWING THE FIRST SUCCESSFUL HEART TRANSPLANT WAS THE EVOLUTION OF IMMUNOSUPPRESSIVE DRUGS. EARLY PATIENTS OFTEN SUCCUMBED TO REJECTION WITHIN WEEKS OR MONTHS. HOWEVER, SUBSEQUENT INTRODUCTION OF MEDICATIONS SUCH AS CYCLOSPORINE IN THE LATE 1970S AND EARLY 1980S REVOLUTIONIZED TRANSPLANTATION OUTCOMES BY SIGNIFICANTLY IMPROVING GRAFT SURVIVAL RATES.

DEVELOPMENT OF ORGAN DONATION SYSTEMS

THE OPERATION ALSO HIGHLIGHTED THE NECESSITY FOR ROBUST ORGAN DONATION FRAMEWORKS. COUNTRIES AROUND THE WORLD BEGAN TO ESTABLISH DONOR REGISTRIES, STANDARDIZED BRAIN DEATH CRITERIA, AND CONSENT SYSTEMS. THESE EFFORTS INCREASED THE AVAILABILITY OF DONOR HEARTS AND IMPROVED ALLOCATION FAIRNESS, DIRECTLY IMPACTING TRANSPLANT SUCCESS RATES.

COMPARATIVE SURVIVAL RATES AND OUTCOMES

IN THE DECADES FOLLOWING THE FIRST SUCCESSFUL TRANSPLANT, SURVIVAL RATES IMPROVED DRAMATICALLY. WHEREAS LOUIS WASHKANSKY LIVED FOR ONLY 18 DAYS POST-OPERATION DUE TO PNEUMONIA AND COMPLICATIONS FROM IMMUNOSUPPRESSION, MODERN HEART TRANSPLANT RECIPIENTS HAVE A MEDIAN SURVIVAL EXCEEDING 10 YEARS, WITH MANY LIVING WELL BEYOND 20 YEARS POST-SURGERY.

THE IMPROVEMENTS REFLECT NOT ONLY SURGICAL FINESSE BUT ALSO ADVANCES IN POSTOPERATIVE CARE, INFECTION CONTROL, AND PATIENT MONITORING. TODAY, HEART TRANSPLANTATION IS CONSIDERED THE GOLD STANDARD FOR TREATING END-STAGE HEART FAILURE UNRESPONSIVE TO CONVENTIONAL THERAPIES.

LEGACY AND CONTINUING CHALLENGES

DESPITE THE IMMENSE PROGRESS SINCE THE FIRST SUCCESSFUL HEART TRANSPLANT, SEVERAL CHALLENGES PERSIST IN THE FIELD:

- **ORGAN SHORTAGE:** THE DEMAND FOR DONOR HEARTS FAR EXCEEDS SUPPLY, PROMPTING RESEARCH INTO ARTIFICIAL HEARTS AND XENOTRANSPLANTATION.
- **CHRONIC REJECTION:** LONG-TERM GRAFT FAILURE REMAINS AN ISSUE, NECESSITATING ONGOING IMMUNOSUPPRESSIVE MANAGEMENT AND MONITORING.
- **ETHICAL DEBATES:** QUESTIONS SURROUNDING EQUITABLE ACCESS, DONOR CONSENT, AND ALLOCATION CRITERIA CONTINUE TO PROVOKE DISCUSSION.

RESEARCHERS ARE EXPLORING INNOVATIVE SOLUTIONS SUCH AS REGENERATIVE MEDICINE, STEM CELL THERAPY, AND GENE EDITING TO ADDRESS THESE LIMITATIONS. MEANWHILE, THE FIRST SUCCESSFUL HEART TRANSPLANT STANDS AS A TESTAMENT TO HUMAN INGENUITY AND DETERMINATION IN OVERCOMING MEDICAL FRONTIERS.

THE ROLE OF MEDIA AND PUBLIC PERCEPTION

THE GLOBAL MEDIA ATTENTION SURROUNDING BARNARD'S OPERATION BROUGHT TRANSPLANTATION INTO THE PUBLIC EYE, INFLUENCING PERCEPTIONS OF MEDICAL POSSIBILITY AND ETHICS. WHILE INITIAL EXCITEMENT WAS TEMPERED BY THE REALITIES OF COMPLICATIONS AND MORTALITY, THE PROCEDURE INSPIRED PUBLIC SUPPORT FOR ORGAN DONATION PROGRAMS WORLDWIDE.

COMPARISONS WITH OTHER ORGAN TRANSPLANTS

HEART TRANSPLANTATION IS OFTEN COMPARED WITH OTHER SOLID ORGAN TRANSPLANTS LIKE KIDNEY AND LIVER TRANSPLANTS. UNLIKE KIDNEYS, WHICH CAN BE DONATED BY LIVING DONORS, HEART TRANSPLANTATION IS LIMITED TO DECEASED DONORS BECAUSE THE HEART MUST BE HARVESTED UNDER STRICT CONDITIONS. THIS DIFFERENCE UNDERSCORES THE UNIQUE LOGISTICAL AND CLINICAL COMPLEXITIES ASSOCIATED WITH THE FIRST SUCCESSFUL HEART TRANSPLANT AND ITS SUCCESSORS.

THROUGH THESE LENSES, THE PIONEERING HEART TRANSPLANT BY DR. BARNARD WAS NOT ONLY A SURGICAL MILESTONE BUT ALSO A CATALYST FOR SYSTEMIC CHANGES IN MEDICINE, LAW, AND SOCIETY.

THE LEGACY OF THE FIRST SUCCESSFUL HEART TRANSPLANT ENDURES, INSPIRING CONTINUOUS INNOVATION AND HOPE FOR PATIENTS FACING TERMINAL CARDIAC CONDITIONS. AS MEDICAL SCIENCE ADVANCES, THE FOUNDATIONS LAID BY THIS HISTORIC PROCEDURE WILL CONTINUE TO INFORM AND IMPROVE THE LIVES OF COUNTLESS INDIVIDUALS WORLDWIDE.

The First Successful Heart Transplant

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the first successful heart transplant: Social Work and Transplantation of Human Organs Surjit S. Dhooper, 1993-11-30 The possibility of treating patients with organ replacement therapy has created a new frontier in medical care. Hospitals have to deal with such vital issues as selecting potential recipients of transplants, ensuring equity in allocating organs, pre- and peri-transplantation care of patients, and post-transplantation follow-up of organ recipients. The decisions pertaining to these issues often fall to social workers, who, with their bifocal concern for individuals and society, have significant contributions to make. Here, Dhooper reviews the contributions of the few social workers in this field and suggests ways of improving their work, consolidating their professional gains, and maximizing their impact. Dhooper discusses all aspects of organ transplantation, and explores and proposes new social work roles and appropriate skills for involvement at the individual, organizational, and community levels. He deals with the larger moral, societal, economic, and technical issues, as well as the here-and-now concerns of the social worker. Recommended for social workers trained for practice in the 1990s and beyond, and particularly those specializing in health and mental health social work.

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the first successful heart transplant: *The Transplantation and Replacement of Thoracic Organs* D.K. Cooper, L.W. Miller, G.A. Patterson, 2007-08-20 It is a great pleasure for me to contribute a few words as an achieved by many heart transplant centers and the ever improving results of lung transplantation and the functioning of mechanical introduction to the second edition of this volume, first published in 1990 when it was edited by David Cooper and Dimitri cardiac assist devices. Novitzky. The first edition was, in fact, a greatly expanded The current editors bring a wealth of expertise and experience version of an even earlier volume Heart Transplantation, edited to their task, and have blended together absolutely superb con by David Cooper and Robert Lanza and published in 1984. This tributions by many of the world's experts in their fields. This first work, authored by members of the medical staff of Groote comprehensive and highly readable volume documents the Schuur Hospital and the University of Cape Town Medical present 'state of the art' in the field of transplantation and School, was, I believe, the first volume reviewing this relatively replacement of thoracic organs. It provides an invaluable and un new field of medicine. paralleled source of information for those concerned with heart and lung medicine or surgery, and is essential reading for all who The present volume, therefore, continues the documentation of wish to keep abreast of developments in this field.

the first successful heart transplant: Medicine and Healers Through History Kara Rogers Senior Editor, Biomedical Sciences, 2011-01-15 A chronology of famous doctors and other medical professionals throughout history profiles their lasting accomplishments in the field of medicine, from ancient civilizations through the Renaissance, Victorian, and modern eras.

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the first successful heart transplant: Organ Transplants from Executed Prisoners Louis J. Palmer, Jr., 2014-04-22 In a revised and updated edition, this book continues the debate on whether transplantable organs of executed capital felons should be used to save lives. It provides the reader with relevant data and information necessary for making an informed and intelligent judgment of the

matter. Every conceivable constitutional argument on behalf of capital felons and their families is discussed, along with all of the societal pros and cons. Based on precedents by the United States Supreme Court, the author argues that the constitution supports the removal of transplantable organs from executed capital felons.

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the first successful heart transplant: Psychosocial Care of End-Stage Organ Disease and Transplant Patients Yelizaveta Sher, José R. Maldonado, 2018-11-22 This book takes an integrated, evidence-based approach to the psychiatric aspects of organ transplantation. Unlike any other text currently on the market, this title presents the core principles of transplant psychiatry through an organ-based structure that includes the heart, lungs, liver, GI organs, kidney, composite tissue, and other key areas of transplantation. Each section is divided into chapters discussing psychosocial, medical, and surgical considerations prior to and post-transplant, such as indications leading to a particular type of transplantation, medical course and complications after transplantation, psychiatric and psychosocial considerations before and after transplantation, history of each type of organ transplant, and any other special considerations. The text ends with special topics in care, including psychopharmacology, substance abuse, psychosocial evaluation of recipients and donors, ethical considerations, cross-cultural aspects, and building the transplant psychiatry practice. It includes excellent learning tools, including over 140 tables and figures for ease of use. Written by interdisciplinary experts, *Psychosocial Care of End-Stage Disease and Transplant Patients* is a valuable resource for students and medical professionals interested in psychiatry, psychology, psychosomatic medicine, transplant surgery, internists, hospital administrators, pharmacists, nurses, and social workers.

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