## PART OF MY LIVER<sup>1</sup>

James Dwyer

My ex-wife called and asked if I would give her part of my liver. I asked if she could wait until I died. She said that would be too late. I was in good health, and she needed a liver transplant this year.

"Please, Frank," she said, "I'm not asking you to decide right now. Just take the blood test to see if we're compatible."

"Marie," I said, "20 years of marriage proved that we are not compatible."

"I'm not talking about that," she said. "I'm talking about our blood types. All I'm asking is for you to take a blood test and talk to the transplant team."

What could I say? I said I would, and I did. I took the test, talked to the team, and read a lot. I did my homework.

The first thing I learned is that a liver is not a kidney. You have two kidneys. You can donate one of them and live quite well with the other one. Lots of people do it. It's no big deal anymore. The doctors remove one of your kidneys, and in 2 or 3 days you're back at work. You can resume a normal life, except for kickboxing.

Livers are different. You only have one, but it can regenerate itself. If surgeons remove part of your liver, it will grow back. So that's what they do. They cut out half of your liver and implant it in the recipient.

To make things work, they need a living donor with a good liver, a recipient with a bad liver, two adjacent operating rooms, and two sets of transplant surgeons. While the surgeons in one room are cutting out half of your liver, the surgeons in the next room are cutting out the recipient's liver. Then your surgeons pass the good piece over to the other surgeons, who hook it up in the recipient. Each operation takes about 8 hr.

If things go well, you recover. Slowly. When you wake up, you have a ventilator tube in your mouth, a catheter in your bladder, a feeding tube in your stomach, some kind of drain in your abdomen, and several intravenous lines stuck here and there. If there are no complications, you need 6 days in the hospital, 3 months off work, and lots of home care.

If things don't go well, you die.

"How often does that happen?" I asked the surgeon.

"Although we have to quote a mortality rate of 1%," he told me, "we think the actual rate may be as low as 1 in 200."

"As low as?" I wanted to say. Think about it. Two hundred people are sitting in a theatre watching a movie. One of them doesn't go home. The janitors sweep him up with the paper and popcorn.

I know all this because I did my homework. I read a lot and talked to a lot of people. But no one I talked to could tell me what I owed my ex-wife. Divorce lawyers know about legal

DOI: 10.1097/01.TP.0000087838.55922.EB

obligations: alimony, child support, common assets, and things like that.

Hospital ethicists know about moral obligations: duties to prevent harm, duties to assist, obligations based on relationships, and special obligations based on family relationships.

But who knows about my relationships? I loved my wife. That's why we got married. That's why we had a child, a lovely daughter named Sophie. Everyone said that Sophie looked just like her mother: big, intelligent eyes; long, athletic limbs; and light brown hair with four shades of red. But it was a long time before I saw the resemblance.

Kids grow up so fast. They crawl around, learn to walk, play soccer, do homework, and go off to college. The part I liked best was helping Sophie with her homework. We went through school together. We drew pictures, made up stories, wrote book reports, and solved chemistry problems. When she went away to college and got straight As, I realized that she didn't need so much help.

The kid turned out well. She has a clear head and a good heart. But it wasn't until she was in high school that I realized how much she was like Marie. One Sunday morning I was sitting in the kitchen, sipping tea and musing about life. Marie was up in bed, sleeping off the effects of the night before. I was watching the sunlight refract through the window when Sophie came down the stairs.

"Good morning, Dad," she said. "Where's Mom?"

"She's still sleeping," I said. "Would you like some breakfast? I made some oatmeal."

"Not yet," she said. "I'm going out for a run."

And then I saw that she was dressed for a run. I saw her long legs and slim butt outlined in those stretchy tights. Standing in the kitchen, she bent over at the waist, as if she was going to touch her toes, and shook her hair down with the help of gravity. Layers of colors tumbled toward the floor and hung suspended in the sunlight. Then she funneled her hair between her hands, stood up straight, and formed a ponytail. With her long, slender fingers, she slipped the ponytail through a cloth-covered rubber band. Her fingers gave the band a half twist and slipped the ponytail through again.

"I'll be back in 30 min," she said as she headed out the door. I walked over to the window and watched as she ran up the street with long, easy strides. Her ponytail swung back and forth with the rhythm of a metronome.

Pretty hair, long legs, beautiful hands, and a good heart—Sophie was just like Marie, except for the drinking. At first I thought I could change Marie's habit. Then I thought I could control the problem. Finally I just tried to shield my daughter from the worst aspects. That's how you survive a difficult marriage: Lower your expectations. But the whole thing wore me down. A month after Sophie left for college, I moved out. One year later I filed for divorce.

I'm glad Marie quit drinking, but she waited until it was too late, for her and for me. During our marriage, I was never very good at saying no, but this time I would. I was ready when she called.

"Hello," I said, sensing that this was the call I was waiting for.

<sup>&</sup>lt;sup>1</sup>Although the issues and problems presented in this story are real, the story itself is a fictional composite.

University of Pittsburgh, Pittsburgh, Pennsylvania.

Address correspondence to: James Dwyer, Ph.D., University of Pittsburgh, 3708 Fifth Avenue, Suite 300, Pittsburgh, PA 15213. E-mail: jdwyer@pitt.edu.

Received 11 November 2002. Revised 15 March 2003. Accepted 17 June 2003.  $\,$ 

"Hello, Frank," Marie said. "Do you have a minute?"

"Sure," I said, "this is a good time to talk."

"First of all, I want to thank you," she said. "My doctor told me that you spoke with the transplant team."

"Yes," I said, "I spoke to a lot of people at the hospital. Of course, the first step was the blood test."

"Frank, I appreciate what you've done already. It means a lot to me."

"I didn't do that much. I just took the test and talked to the doctors. Did your doctor tell you about the test?"

"No," she said. "Are we compatible?"

"Well, one doctor offered to lie for me and say that our blood wasn't a good match, but the truth is that you are type A and I'm type O. We are compatible. In fact, I'm compatible with everyone."

"Oh, that could be good news for me. Have you thought about my request?"

"Marie, I thought about it a lot. If you needed a kidney, I would do it. I really would."

"Frank, I know I am asking a lot, but I'm in trouble. I'm afraid, I'm afraid I'm going to die. A lot of people die while they're waiting for a dead donor."

"And some people die as living donors."

"Frank, I know there's a risk, but I need your help. Please, just think about it some more. If you decide not to do it, I'll leave you alone. I'll try my best to find another solution. Maybe I'll ask Sophie."

I felt like I had the wind knocked out of me. I knew Sophie would say yes. That's the kind of person she is. When I got enough air into my lungs to speak, I told Marie that I needed more time to think about it, that I would call her in 2 weeks.

Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.