Dear Editors,

Re: A critique on the Policy Statement of the American Academy of Pediatrics – Children as Hematopoietic Stem Cell Donors – conditions too easy to fulfill

I am truly indebted to the invaluable comments from the two reviewers Dr Elaine Morgan and Dr Heidi Mertes.

In light of the comments of Dr Morgan I would like to respond as follows:

1. However, the current standard of care is to use the sibling donor as the first option most of the time because that provides the best outcomes to date. The decision to use a less standard approach may be appropriate in certain situations and may be the correct choice in the balance of risks and benefits, but cannot be proposed as an equal alternative currently.

Response:
I sought to argue in my article (in pages 9 and 10) that using tissue matched unrelated or haplo-identical transplants for some haematological diseases can be as effective as using sibling donors in terms of survival rate and complication rate.

While I suggest that minor siblings should not be used in there is an equally effective alternative source, I did not propose that tissue matched unrelated or haploidentical transplants are equally effective in all situations.

It cannot be said that using tissue matched unrelated or haploidentical transplants is less standard if they can be equally effective as using sibling
In fact, the purpose of my article is to convince the readers that a moral approach should be to seek other equally effective options before subjecting a minor to unnecessary bodily injury rather than to pursue the current practice of invariably using sibling donors as the first option.

I do not object to using sibling donors if there are no equally effective alternative sources or if the medical condition of the recipients cannot permit a search of other sources.

As a result, I did not make any changes to my manuscript.

2. The second issue is that of timing. It is rare that transplant can be delayed until the ‘donor’ achieves decisional capacity without increasing the risk to the recipient.

Response:
I did not propose that all decisions must wait until the donor becomes Gillick competent.

Nonetheless, if the medical conditions of the potential recipient can wait until the potential donors become Gillick competent without increased risks of serious complications, tissue harvest offers no benefits for the donors as I argued in page 7 of the article that the long-term psychological benefits for the donors mainly derived from the survival of the recipients. We ought to bear in mind that any decision to harvest tissues from a minor donor must be made in the best interests of the donor.

There is no moral obligation on the part of a Gillick competent minor to donate his or her tissues even if it can save a life. Therefore there is no moral basis to harvest tissues from a minor if the medical conditions of the recipient can wait.

Some haematological diseases can permit such a long wait. For instance, patients with thalassemia may receive continued transfusion without increased risks of significant complications. Moreover, it may not necessarily be long before a donor achieves decisional capacity.

Even though not many decisions can afford a long wait, the modification can better safeguard the best interests of a minor donor.

In fact, the purpose of my article is to convince the readers that a moral approach should be to assess whether transplant can wait rather than to pursue the current practice of invariably using sibling donors whenever ‘there is some likelihood that the recipient will benefit from the transplantation’.

I do not object to using sibling donors if the medical conditions of the recipient do not permit any wait.
As a result, I did not make any changes to my manuscript.

3. I believe that your statements need to be reframed in view of the current standard of care and should address the uncertain balance of risks and benefits to all parties.

Response:
If the policy statement of the American Academy of Pediatrics is considered to be the current standard care, I am afraid the purpose of my writing this article is to challenge the current standard. There is already extensive discussion on the benefits and risks from pages 5 to 10 which underlie the reasons for my proposed changes to the policy.

Thanks very much. I look forward to the article being accepted soon.

TK CHAN