

次の英文を読んで、以下の問いに日本語で答えよ。

In the present study, we assessed attitudes toward living organ donation with the objective of aiding policy development for living donor programs. Ethical guidelines for the clinical practice of both donor and recipient procedures are urgently needed because living donor programs are expanding worldwide. In this trial, we assessed subjects from three different societies. Undergraduate medical students were chosen for the study because it can be assumed that these individuals share a similar educational background in different industrial nations. Japan, Germany, and the United States were chosen as study nations because their socioeconomic structure can be considered generally comparable, whereas significant diversity can be observed in terms of cultural and traditional values, religion, and political attitude. Having chosen students with medical backgrounds for the present study may have influenced the overall donation readiness toward a more positive attitude compared to the basic population. The focus of this study, however, was not to select cohorts representative of the respective nations but to compare the influence of cultural background on comparable groups.

One general conclusion from this study is that the sociological surroundings of a distinct study group determine donation readiness, independent of the need for organ donation within a group. In 2002, the rate of cadaveric donations per million inhabitants was 21.5 in the U.S., 12.2 in Germany, and below 1.0 in Japan. In addition, the prevalence of hepatitis and hepatic carcinoma is significantly higher in Asia, increasing the number of potential recipients. Therefore, it might have been expected that where the need for liver grafts was higher, there would also be a greater willingness to donate. Data from the present trial show that this is certainly not true for living donations of the liver or kidney, with the lowest donation readiness among Japanese students. The particular situation for organ donation in Asia is described in a recent article by De Villa et al. Here, the authors stressed that living liver donation is prevalent because of the lack of cadaveric organs. In our study, the Japanese cohort exhibited a lower inclination for organ donation in general, and postmortal donation in particular, than the other groups. This is especially notable because Japan has one of the world's largest living liver transplant programs, with many excellent centers. In the present study, the groups' cultural background was a more relevant predictor of the attitude of the potential donor than was the actual need for organ grafts in the respective society.

Data from this study also emphasize that there is no clear difference between the willingness to donate a kidney or parts of one's liver. Although no data are yet available describing the long-term detriment of live kidney versus liver donation, the risk of immediate postoperative donor death in living kidney donation is estimated to be lower than that in living liver donation. Therefore, it could have been expected that potential donors would be more doubtful about participating in living liver donation. This was untrue for the groups of

students analyzed in this study.

One of the most obvious fears in living donation is the incremental decrease of ethical standards over time, allowing for an unintended change of principle values. Albeit, this threat must be considered real and needs to be carefully addressed, it must again be pointed out that a categorical decision that is applicable to all possible donation situations is highly unlikely. Therefore, widely accepted guidelines for the everyday procedure of clinical living organ

(注)

living organ donation :生体臓器移植提供

donor :臓器提供者

cadaveric :死体の

detriment :損害,損傷

categorical 明白な,無条件の

問 1 本研究の調査対象をあげ, その選ばれた理由を述べよ(150 字程度)。

問 2 日本で生体肝移植が多い理由を述べよ(150 字程度)。

問 3 生体肝移植と生体腎移植におけるドナーの問題点について述べよ(50 字程度)。

問 4 本論文を読んで, 生体臓器移植における今後の問題点と対策について簡潔に述べよ(150 字程度)。