

HEALTH & WELLNESS

ISSUES CONCERNING THE WELL-BEING OF THE AFRICAN AMERICAN COMMUNITY



In early 1998 blacks represented 917 of the 1,432 North Carolinians awaiting a kidney.

File photo

More black organ donors needed, doctors say

By BETTINA SEBASTIAN
THE ASSOCIATED PRESS

DURHAM — Three days a week for the past seven years, all of Veronica Herring's blood was siphoned from her body, cleansed in a fake kidney and pumped back into her bloodstream.

Herring, 34, of Mebane had been poked with needles so many times that she wore a permanent catheter in her chest so nurses could hook the tubes directly. That procedure even wore thin; doctors wanted to move the catheter to her thigh.

For 31 1/2 years, Herring, whose kidneys failed after she was diagnosed in 1992 with lupus, also toted around a cell phone and pager, hoping for the call that would tell her doctors had found a healthy kidney to transplant.

Often it seemed the call never would come.

For Herring, it finally did. On July 10 she got a new kidney.

But for many blacks like Herring, the wait can be much longer.

In kidney transplants, a perfect match is everything. Blood and antigen types must match to ensure the best chance for survival, and race plays an important role in matching donor to recipient. With the right match, kidney recipients stand a 90 percent chance of survival, according to Duke University Medical Center statistics.

Yet, in February 1998, blacks represented 917 of the 1,432 North Carolinians awaiting a kidney — 64 percent — while the state's population is only 20 percent black.

Moreover, blacks are traditionally underrepresented among kidney donors. The United Network for Organ Sharing says that while blacks make up 35 percent of the people in the United States needing kidney transplants, only 11 percent of the kidney donors are black.

That means there are far fewer kidneys available with blood and antigen types that match those of blacks needing new kidneys.

"There need to be more black donors," said Dr. Randal Bollinger, chief of general surgery and head of Duke's transplantation program.

Sarah Springs, who is black and the community affairs coordinator for the Carolina Organ Procurement Agency — one of three such agencies in North Carolina — said there are many reasons why black people cannot or won't donate organs, but their reluctance can be traced to lack of information.

"African Americans are not aware that we make up the majority of the need for those kidneys," she said.

"The reality is there's probably not a whole lot of faith in medicine within the African American community," said Dr. Duane Davis, cardiothoracic surgeon and

lung transplant program coordinator at Duke.

Springs said some people fear that by designating themselves as donors, doctors will make less of an effort to keep them alive. But she said doctors only can use organs from people who are brain dead with functioning organs.

"After all measures to save a person's life have been exhausted, a neurologist examines the patient twice — six hours apart — to determine whether brain death has occurred.

"So it's absolutely wrong for someone to say, 'Oh, he has a gunshot wound to the head; he'll never survive,'" said Dr. Robert Harland, Duke's former director of abdominal transplant. "That person may not be brain dead, and even a neurologist couldn't make that decision based on one exam.

"And by not actively treating that patient, we are not letting the family decide whether or not the patient should be an organ donor," Harland said.

Some blacks fear their organs will go to rich white people rather than black people, but of every 10 black people who get new organs, nine come from white donors, UNOS said.

"A perfect match overrides everything for kidneys," Bollinger said. "A perfect match is crucial for long-term outcome."

Moreover, families may specify the organ recipient, so long as that person is a match. Designating a recipient can cut the waiting period for an organ by up to eight years.

Springs said she tries to get her grassroots message across to churchgoers about the need for black donors, since religion plays such a strong role in the black community.

"If you ask in a black church who knows somebody on dialysis, every time you'll see at least two or three hands go up," said Springs.

Alice Hughley, assistant principal at West Millbrook High School, had just returned from a meeting in 1997 on organ and tissue donation when she learned her 21-year-old son, Carey Hughley III, had been shot in the head. She and her husband, Carey Hughley II, arrived at their son's bedside to learn he was brain-dead.

For seven hours the Hughleys remained at their son's side, saying goodbye.

"I knew that the agency would come in and ask us about donation, but it doesn't make it any easier," Hughley said.

Their daughter Alicia said she knew her brother wanted to be a donor, so the family respected his wishes.

But what helped them decide was knowing a woman at their church who needed a kidney. Carey's kidney turned out to be a perfect match.

"Nobody rushed us to do any-

thing," Alice Hughley said. "But when we decided within ourselves that he would die, we made the decision ourselves."

Springs said even though families must decide fairly quickly whether to donate organs, organ procurement agencies try to respect families' feelings.

"We care about the family, even if it means crying with them, giving them time, getting meals or just being there. Even if they don't

donate," said Springs.

"Donation doesn't take away the tears, but it gives the family an opportunity, an alternative to do something good for someone else," she said.

Alice Hughley said while donating Carey's kidney enabled the family to do something positive, it didn't take away the pain.

"When you've lost a child, your life has been changed forever," she said.

New prostate treatment unveiled

By LINDA A. JOHNSON
THE ASSOCIATED PRESS

TRENTON, N.J. — A New Jersey urologist has developed a new and easier procedure for treating enlarged prostates that has shown promise in clinical trials.

Doctors at a dozen medical centers have begun testing the procedure, which is cheaper and less painful than current techniques and doesn't require an overnight hospital stay.

Dr. Joseph V. DiTrollo's procedure, using a device he has patented, could prove to be more effective than today's best treatments, according to Dr. Elroy Kursh, a urologist who researches prostate treatments at the Cleveland Clinic, one of the study sites.

Kursh said he foresees the treatment eventually being performed in a doctor's office.

Prostate enlargement, which is not related to cancer, causes bothersome symptoms requiring surgery, medication or other treatment in one-fourth of men by age 80, and nearly all show signs of the disorder by 85.

"Everybody's looking for an easy way to treat prostate (enlargement) because so many men have it," said DiTrollo, a researcher at the University of Medicine and Dentistry of New Jersey.

Along with frequent urination and extra nighttime trips to the bathroom, the disorder can cause difficulty emptying the bladder as the swollen prostate gland constricts the flow of urine through the urethra, around which the gland is wrapped.

Blocked flow of urine can damage kidneys and the bladder. In rare cases, it can become fatal.

DiTrollo, an assistant professor of urology at UMDNJ's New Jersey Medical School in Newark, said his procedure, using the InjecTx device, can be done in about a half-hour with a local anesthetic, although using a small amount of intravenous sedative is preferable. An overnight hospital stay is not needed.

The device — a customized version of the cystoscope, which urologists use to see inside the bladder — has a long sheath with a cylindrical lens and needle running through its center.

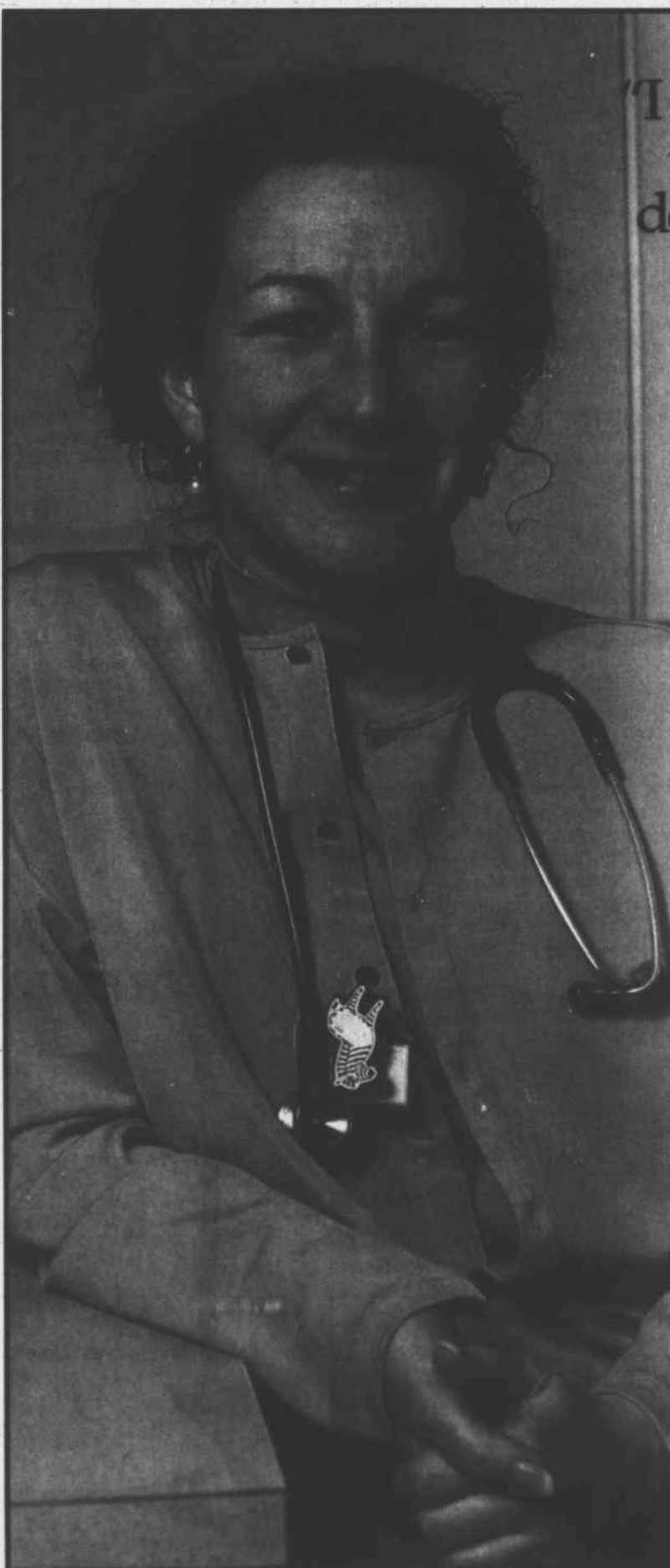
The needle is pushed just past the sheath's end high up in the urethra where the prostate surrounds it. The needle tip then is turned sideways and pushed through the urethra wall into the adjacent prostate tissue at two to five points, depending on how swollen the prostate is.

Small amounts of purified alcohol are injected at each point, DiTrollo said. The alcohol passes freely into cells, which try to dilute it by drawing in water from outside the cells.

"They take in so much water that they explode and they die," and the prostate shrinks as the body eliminates those cells, DiTrollo said.

The alcohol kills the prostate cells so quickly there's no painful

See Treatment on C4



"I like children. It's that simple. So caring for them, and doing everything I can to keep them healthy, is where I can help families most."

Aegis-Westgate welcomes pediatrician Dr. Marcela Heinrich to the practice. Dr. Heinrich brings her love of children and enthusiasm for helping people, and looks forward to meeting her new friends and patients. Beyond her activities in pediatrics, Dr. Heinrich volunteers her time and skills for organizations including the Sunny Side Clinic, a free clinic for underprivileged children. She is fluent in English, Spanish and German, and easily communicates with children and their families throughout the community.

"Often parents feel a little overwhelmed when their child becomes sick. I'm here to take care of the children, but just as importantly to help their parents know that things can get better."

Dr. Marcela Heinrich and the whole Aegis-Westgate team.

Working together to give you our best.

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