

Changes in newspaper coverage on transplants from brain dead donors : Mass media and science journalism from 1968 to the early 1980s

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Introduction

This paper is intended to verify the mutual influence between public opinion, which is concerned about brain death and transplants from braindead donors, and the mass media, especially science journalism in major newspapers, such as the *Asahi Shimbun* and *Yomiuri Shimbun*. The range of validation is from the world's first heart transplant in 1967 to 1985, the establishment of Takeuchi-criteria. The reason this paper uses the two major newspapers is that, in the 1970s and 1980s, the most influential media in forming public opinion was newspaper.

The *Asahi Shimbun* could be called the most influential newspaper in Japan. According to Lock, it is "a newspaper comparable in stature to the *New York Times*" (Lock 2002: 141). This newspaper is read by intellectuals, education officials and medical personnel.

On the other hand, the *Yomiuri Shimbun* has the world's largest circulation, nominally more than 10 million copies a day. This number boasts an overwhelming scale, compared to *USA Today* and *The Washington Post* (about 2 million copies each), the *New York Times* (about 1 million), or even the weekly magazines *Time* and *Newsweek* (about 3 or 4 million copies).

The 18 years from 1967 to 1985 is too long a period for a detailed inspection, so this paper concentrates on two events. The first is Christiaan Barnard's *second* heart transplant, the so-called "Blaiberg-transplant," in January 1968. The second is the official *announcement* of two kidney transplants from brain dead donors in September 1982.

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Christiaan Barnard is the South African surgeon who succeeded in carrying out the world's first heart transplant in December 1967. Needless to say, this surgery is the most famous, so there are thousands of books and papers concerning it. But his second, despite the first recipient surviving only 17 days, and just a month after his first attempt, was successful; Philip Blaiberg survived 594 days, until August 1969. At the time, of more than one hundred heart transplant recipients in the world, he survived the longest. Newspapers of those days said that he was the hope of all patients suffering severe disease of heart, and would be an expected star in the medicine of the future*¹.

Of course the situation overseas was similar. In 1971 Alec Paton says that since Blaiberg's death there had been an "almost complete cessation" of heart transplants (*Seminars in Psychiatry* 1971: 168; cf. Lock 2002: 98).

In September 1982, The Japan Society of Transplantation announced two kidney transplantations had been performed in January and April of that year. Notably, both were from brain dead donors; in Japan brain death had not yet been recognized as death. So it meant that transplantations from brain dead donors were not taboo. The announcement regarded transplantation from brain a dead donor as *fait accompli*.

The current paper contends that those two events are decisively important. The former shows the stagnation and reexamination of heart transplants; the latter is a certification of a brain dead donor. Naturally, a heart transplant is only possible from a brain dead donor. This paper contends that this became a new starting point for heart transplants after about fifteen years.

The objection will no doubt be raised that neither of the two events this paper focuses on are critical. It may be said that what is more important is the first successful heart transplant and the establishment of the Takeuchi-criteria. However, the purpose of this paper is to check not the events themselves, which became the core, but the trigger of stagnation and the sign of resumption. Besides the Wada transplant, what caused the stagnation? In spite of the failure of the Wada transplant, hopes for heart transplants remained. What completely eliminated this hope?

The first reason was distrust of medical care, as it can be seen from harsh criticism of Dr. Wada at the time. The second was a sense of hopelessness regarding rejection. Initially, Dr. Wada had commented that there was no evidence of failure (*Asahi* 19681030M15 "No evidence of rejection"). However, this comment was a falsehood. Many experts had been keenly aware of obstacles leading to rejection. For example, upon Blaiberg's death, medical critic Junji Ohwatari says, "The walls of science should be destroyed by science.

Until a pathological solution to the rejection is made, heart transplants must be postponed. As a doctor, one should not avoid hoping for miraculous success with a little bit of luck. I have heard that Dr. Wada of Sapporo Medical University is looking for a second example, but I want to argue adamantly that it should not be done” (*Asahi*, 19690818E11). However, such strong condemnation of Dr. Wada regarding the transplant’s failure had not appeared until this time.

Chapter I: Blaiberg-transplant

I-1

This paper emphasizes the meaning of success of Blaiberg-transplant for the following reasons. First, the length of Blaiberg’s survival, from January 2 1968, to August 17 1969 (19 months, 594 days), covered the entire early period of heart transplants in Japan. The Wada-transplant was performed in August 1968. Eighteen-year-old recipient Nobuo Miyazaki survived 83 days (a good result at that time). Second, this success made it difficult for people to see the failure of the Wada-transplant. Miyazaki was dead, but Dr. Blaiberg was still alive, most people in Japan grieved over Miyazaki’s death. In 1968, public opinion was still in a memorial mood (for example, *Asahi* 19681030M01; editorial and *Tensei-jingo*). Dr. Wada was not immediately criticized, but in January of the following year 1969, he was accused of murder. Although immediately after that there were many voices defending Dr. Wada the letter to the editors columns of newspapers, the tone shifted gradually in the opposite direction: praise gave way to suspicion. Third, the death of Blaiberg led patients and doctors to believe that transplantation was premature. The strongest opposition was the rejection of recipients. As a breakthrough, they had to wait for the appearance of Cyclosporine in 1983.

Professor emeritus of the University of Tokyo (at that time, professor of Seikei University) Takezo Kaneko, aged 63, an influential philosopher and ethicist, wrote an essay in the *Yomiuri Shimbun* on July 29, 1968. It was just 10 days before the first heart transplant in Japan would be carried out; of course, no one expected that it would occur.

In his essay, titled “Transience of Human Beings: Considering the Heart Transplant,” Dr. Kaneko is very sympathetic to Blaiberg. Kaneko sympathizes with Blaiberg who was just discharged from the hospital. “He would have entertained a bright hope for the future as well as recalled pains and hardships of days gone by, and indulged in deep emotions.” And subsequently Kaneko writes, “as he is a dentist with a degree and intelligent, it would not be a mistake to say that a thought on a high intellectual level is also included in his

‘deep emotions.’”

From today’s perspective, after an establishment of values based on bioethical thinking, Kaneko’s view discriminates between patients based on their education cannot be condoned. However, newspapers also described Blaiberg as a special patient. He was not only a darling of mass media, but also a patient who owned a doctorate. In actual articles on *Yomiuri* newspaper, the name “Blaiberg” appeared in the headlines for the first time on July 4, 1968. Until the news of his death in August 18, 1969, there are surprisingly 45 times appearances of his name; the *Asahi* also mentioned it 31 times.

In addition, it is more interesting that in the *Asahi* he is very often called “Dr. Blaiberg”, 16 times of a total 31 times. Surgeon Barnard is also Dr., thus the titles of two medical doctors appear in the papers. This situation is the same overseas; for example, *Ebony* magazine also refers to him as “Dr. Blaiberg” (*Ebony* 1968: 118; cf. Lock 2002: 84).

I-2

Ebony sarcastically comments that South African Blaiberg has been the recipient of the heart of a colored (“mixed”) donor, Clive Haupt. Margaret Lock, a British-born sociologist and professor of McGill University who once stayed in Japan and was very familiar with the medical situation in Japan, reports about Raymond Hoffenberg, the physician for Clive Haupt, the donor for Barnard’s second transplant (Cf. Lock 2002: 85). According to Lock’s interview of Hoffenberg in 1998, he remains troubled by the media’s role in the event. He distrusts surgeons, who were “hanging around” the ICU where he was looking after Haupt and that he had to send them away, insisting that the patient was not dead.

Lock also reports Hoffenberg’s shock upon seeing a newspaper photograph showing Blaiberg “swimming” at a Cape Town beach several months after surgery. The photograph was taken in spite of the fact that Blaiberg was never able to walk independently after the surgery. For the photograph, Blaiberg “had to be taken down to the water’s edge in a wheelchair, carried into the ocean, photographed, and then hauled out again,” the report says (Lock 2002: 85).

This report is interesting because two relations are similar: the physician for the recipient and the surgeon for the donor, and the doctor between the media in South Africa and Japan. In the case of the Wada-transplant, the physician of the donor Mitsuo Miyahara accused Juro Wada, the surgeon of the recipient, several times in medical societies. More than anyone else, Miyahara knew that Wada was a person who unnecessarily hastened the

death of the donor.

Such physicians' distrust for surgeons is often pointed out, similarly to doctors' distrust for the media. Goto depicts a heart surgeon, working in a university hospital. He first mentioned the distrust of journalist Goto, then similarly the distrust of the physician (Goto 2000: 318-319). The interviewer Goto asked him why the heart transplants were not carried out in Japan. The surgeon answered in frustration, "it is rather your responsibility, isn't it?" And he also said, "the reason for that is because the cardiologist does not leave us a patient." However, such mutual distrust commenced with distrust of surgeons in the Wada Case.

Lock reports from *The American Journal of Cardiology*, a list of outcomes of the 146 heart transplants performed through August 1969, the same month of Blaiberg's death. Only 21 patients survived (among these 9 had been operated on within the previous two months), and details were not known about one other patient in Switzerland. "No judgments were made in this article, but the figures were damning" (Lock 2002: 97).

Similarly in South Africa, North America and Europe, people had already begun to lose hope for heart transplants. Lock says, "by December 1968, one year after the first heart transplants [sic], the initial euphoria had all but evaporated" (Lock 2002: 85). On the other hand, severe distrust of medicine did not occur in Japan until the following year, 1969, at least up to Blaiberg's death in August of that year*².

Writer and journalist Akira Yoshimura says, "I think the death of Mr. Blaiberg is a good opportunity for looking back on the basic problems of the heart transplants." For the general public, it meant that "light of hope for the heart transplants" (*Asahi* 19690818E11) had disappeared. The death of Blaiberg brought home to the public the limits of heart transplantation.

The following underscored that limitation. *Time*, Monday April 27, 1970, reports on the world's new longest survivor of a heart transplant. An *obscure* Negro schoolteacher, Louis B. Russell Jr., who had a heart transplant in Indianapolis, in August 1968, just after of the Wada transplant, had surpassed the record set by Blaiberg (We also know about this news indirectly from the *Asahi* 19700428E10, reporting the second longest survivor of the heart transplant living in France). As the world record holder, Blaiberg and Russell are identical. However, the latter is almost unheard of. This coincides with the fact that heart transplantation came to be forgotten.

Chapter II: Organ transplants from brain dead donors

II-1

There is no disagreement on the point that in the 1970s, brain death and heart transplant movement were hardly seen openly (Cf. Bai 1989, Nakajima 1994, Morioka 2000, Lock 2002, Komatsu 2004). For movements in Japan from 1970s to early 1980s, the case was plainly “sedation” or “stagnation,” says medical lawyer Koichi Bai (Bai 1989: 109). Lock also points out that in the 1970s few publications on brain death appeared in Japan (Cf. Lock 2002: 136).

However, opinions vary as to when a turning point came in public opinion on brain death and organ transplant, shifting from denial to affirmation.

According to Lock, the situation, i. e. stagnation, “changed dramatically in the 1980s,” because of two events. First, the United States passed *the Uniform Determination of Death Act*. It was influential also on Japanese doctors. Second, an improved immunosuppressant, so-called *Cyclosporine*, became available (Cf. Lock 2002: 136).

Journalist Michi Nakajima says that in Japan from 1981, transplants from brain dead donors began to be carried out, and from 1984 due to a promotion of organ transplants a movement to recognize brain death as human death was suddenly active (Cf. Nakajima 1994: 20-21).

Noshi no hito by Masahiro Morioka (bioethics) is the basic reference about brain death. Morioka*³ divides the brain death theory of Japan into three periods: the first period “from 1980 around 1985,” is referred to as the “so-to-speak dawn of brain death theory” (Morioka 2000: iii).

Wada thinks that in Japan we had at least eight chances to resume heart transplants (Wada 1992: 74-82). They are as follows:

1. Immediately following Wada’s first Japanese heart transplant
2. After non-prosecution disposal decision for Wada
3. Approval of Cyclosporine by Ministry of Health and Welfare
4. Harvard criteria in 1968, criteria by the Japan EEG Society in 1974, and Takeuchi criteria in 1985
5. Report of brain death determination by the Bioethics meeting of the Japan Medical Association in January 1988
6. Offer of the provision of heart from brain deaddonor by Euro Transplant (Spring 1990/Japan refused)
7. Final report by the Special investigation committee of the Prime Minister

regarding brain death in January 21 1992

8. Xenotransplantation from baboons to humans, with *FK506* (about 30 times more effective immunosuppressant than Cyclosporine/1993)

II-2

As Yoshihiko Komatsu (bioethics) acutely pointed out (Komatsu 2004: 256), the definitive change happened in early September 1982. In contrast, Koichi Bai describes a symposium (he was one of the main speakers) at the 17th Conference of The Japan Society of Transplantation in September 1981 as a “spark” (Bai 1989: 225) that caused discussion about brain death and organ transplantation. Let us begin our analysis by reexamination of the reports by newspapers at that time.

First of all, the *Asahi* and *Yomiuri* newspapers did not report on this symposium. So it was assumed that this symposium had little impact on general public opinion. By “spark,” Bai means it was a stimulus only for transplant surgeons and lawyers.

Secondly, this symposium was the first attempt to discuss the possibility of transplants from braindead donors. In addition to Bai, four other people attended this symposium, including Kazuo Takeuchi (a neurosurgeon) and Kazuo Ohta (a transplant surgeon). This paper contends that these three played important roles in the resumption of transplants from braindead donors in Japan. This symposium sparked the transplants from brain dead donors which would be performed in the following year.

These three played important roles also in the changes in newspaper coverages on brain death and heart transplant. The reason is not only that they had been key speakers at the symposium of the Japan Society of Transplantation in 1981, but also they appeared several times in the *Asahi Shimbun* after September 1982, especially in the round-table discussion in the *Asahi*, on November 16, 1982, just 2 months after the announcement.

Bai also wrote an article titled “Doctors and citizens around the brain death” in the *Asahi* on October 15, 1982. The relation between the *Asahi Shimbun* and Bai (1924–2011) goes further back (19760628E), “People of the Asahi academic scholarship pt-1. Significance and limitations of legal control over the medical care: Bai Koichi, professor of Tokyo Metropolitan University School of Law,” Bai says “In the future, litigation concerning “rights to die” is likely to increase, because of organ transplant or dialysis, removal of artificial life support systems, with a few precedents. So the relation of medicine and law will be more deeply connected”. In December 1969, he founded the Japanese Association of Medical Law.

Ohta (1931–2010) was the surgeon who had carried out the kidney transplant

from a braindead donor (April 1982) in the announcement. He is one of the members that succeeded in carrying out Japan's first kidney transplant at the University of Tokyo in 1964, so he is introduced in the article "Significance of surgery. Listening to three young transplant surgeons in Japan," in January 1968, just after the Blaiberg transplant (*Asahi* 19680120E05). Here already he talks about the difficulty of rejection and awkwardness of sticking to cardiac death.

Takeuchi (b. 1923) would soon become chief of a Ministry of Health and Welfare study group regarding brain death in 1983. The mission of this group was to make a new standard for brain death. Takeuchi is one of the authors of the Japan's first brain death criteria by former Japanese EEG Society enacted in 1974. So he was known as an early authority in this field. He is a co-editor of *Human rights of brain death and organ transplant* (1986) with Ohta and Ichiro Kato (former President of the University of Tokyo and jurist). Kato has served the chairman of the Bioethics Council of Japan Medical Association, established in the same year (the news of this was reported on the front page of *Asahi* 19851207M01, the top story of same page is the establishment of determination of the Takeuchi-criteria).

Another reason why the report on September 11, 1982, is the turning point is successive reports about the artificial heart by the *Asahi* since 19821203M01, to 19830326M05. At this time, the world's first transplantation of the permanent artificial heart has been carried out at the University of Utah. However, this surgery was criticized as close to experimentation on a human being. In fact, the patient also died after 112 days. The *Asahi* appealed that what was needed was not the artificial heart but heart transplantations.

And during this time *Asahi* continued to post articles to arouse controversy about brain death and organ transplants, like "Also kidney removed before cardiac arrest" (February 13, 1983), "Brain death: Whether to allow or not" (February 21, 1983), and "Discussion of brain death spreads" (March 14, 1983).

Most decisive was that five-day series "Era of the brain death" commencing on September 8, 1983. In addition to them, the fourth part on September 11, an article "Start-up to renew the criteria for brain death. Ministry of Health and Welfare study group" was posted. And same day of the final episode in September 12, the editorial "Way from cardiac death to brain death" was posted. The magnitude of the effect of such series is no longer in doubt. The two documents indicate an increase in the coverage number in *Asahi* and in positive opinion indicated by the opinion polls (cf. *Document* 1, 2).

II-3

As a different movement from these reports by newspapers, surgeon Yasunaru Kawashima (Osaka University) began the activities with the aim of resuming of the heart transplants. In the United States, the International Society for Heart Transplantation was established primarily by members of Stanford University in 1981. Having heard this news, Kawashima issued a plan to surgeons Hitoshi Koyanagi (Tokyo Women's Medical University) and Akira Taira (Kagoshima University), and they promised to establish a study group on heart transplants. A few months later Hiroshi Amemiya of the National Cerebral and Cardiovascular Center joined them.

According to Kawashima, this meeting was held on May 28, 1982, at the social gathering of the Japanese Society for Cardiovascular Surgery in Sendai (Kawashima 2009: 46-48). A second meeting was held on September 10, 1982, at the 18th conference of the Japan Society of Organ Transplantation in Fukuoka.

That is, the announcement of September 11, 1982, that this paper considers the most important event (that would be notified beforehand by *Asahi Shimbun* in the morning of September 11) was made in the same conference of that second meeting. However, both are different in important meaning: the announcement was concerning about not heart transplants but two kidney transplants. Therefore, the announcement had potential for heart transplants, in comparison to the meeting for establishing of the Study Group of Heart Transplantation.

However, even the announcement was still potential; its impact on changes in public opinion was enormous. So it should be considered that the certification of the kidney transplants from brain dead donors led the resume of heart transplants in the later years.

(It should be noted that this Study Group has since become a society, with 32 years from the start of activities, since May 27, 1983. Its English name is "The Japanese Society for Heart Transplantation," or "The Japanese Study Group [Kenkyukai] for Heart Transplantation" in Japanese: <http://www.jsht.jp/about/index.html>)

The Japan Heart Transplant Study Group was established in May 1983 by heart surgeons, with the aim of resuming heart transplants in Japan. It was also the first public activity since the Wada-transplant (Goto 2000: 327). Goto thinks that from this time a movement towards heart transplants resumed in Japan (Goto 2000: 356). This group was formed of Hisao Manabe, as an auditor, and the main members were Kawashima, Koyanagi, Taira and Amemiya. The first three are heart surgeons, and the last is an expert in transplantation immunology. Kawashima is a successor as the Director of Osaka University

Hospital. He was one of the surgeons who wished most keenly that heart transplants would be resumed.

II-4

Manabe, president of the National Cerebral and Cardiovascular Center, once said, “The Japan Society of Transplantation is actually The Japan Society of *Kidney* Transplantation, because most of the activities are kidney transplantations” (at the invitation lecture at Bioethics Lawmakers Research Federation. Cf. Shiomi 1989: 106-107).

He intended this as a criticism; however this paper does not think that is the case. Due to the fact that kidney transplants had been carried out, heart transplants resumed in 1999. Therefore, the announcement in September 1982 surely became the first step toward the new start of heart transplants in Japan*4.

Conclusion

This paper has shown that the former two events were highly influential in changing newspaper coverage on brain death and organ transplantations. One was for the stagnation, and the other was for the new start. A more than 30-year blank in heart transplants has occurred due to many reasons. Of course, the major cause is the Wada-transplant. However, the Blaiberg-transplant is also a cause that cannot be ignored. It is one of the most important factors concerning heart transplantation, however it has not received much attention.

The latter occurred more than 17 years before the new start of heart transplant in Japan 1999. However it should be called the source of the great impact on public opinion through the mass media. Discussions between braindeath deniers and affirmers have not continued to a significant degree following after the establishment of the Act on Organ Transplantation in 1997; however that does not mean that all the problems have been solved. In Japan the denial voices for brain death are still quite strong.

After the period up to 1985, which this paper deals with, the debate over a special investigation committee of the Prime Minister regarding brain death around 1990 is the most important (it will be discussed next opportunity). In spite of active coverage and public discussion, organ transplants from braindead donors has not resumed immediately. Surgeries could not get the courage to carry out the transplant, insufficient in the Code of Ethics, waiting for the enactment of the law and the approval of public opinion.

Today, as a member of the international community, Japan continues to make

efforts to take a positive attitude toward organ transplantation and brain death with the aim of expanding organ donation and eradicating transplant tourism. The most important and difficult problem is how to increase donations. Therefore, this paper hopes that these historical validations may serve as material for the right decision in the future.

Notes

1. For example, the well-read column *Tensei-jingo* in the morning August 19, 1969, edition of the *Asahi* (19690819M01) said, “The light of one life has disappeared, one that was a symbol of hope for heart disease patients.”
2. The most valuable report about Blaiberg (and his wife) is by Akira Yoshimura (Yoshimura 1998: Chapter 5). He visited Blaiberg in South Africa in the early summer of 1968, before Japan’s first heart transplant in August of the same year. Yoshimura expresses a distrust of Blaiberg, or to be more precise, of his wife (Yoshimura sees her as a miser). This distrust is also related that Blaiberg was undergoing his cardiac surgery with a contract money from NBC-TV (also cf. Lock 2002: 83. She reports that a TV broadcaster had a \$50,000 agreement for exclusive interviews with the transplant recipient and his wife). Yoshimura was one the most reliable journalists in this time, because of his coverage of the earliest period of heart transplants in South Africa, of course, the United States and other areas. During the interviews in Cape Town in early August 1968, he was recalled suddenly to Japan; the Wada transplant had been carried out.
3. This paper is not concerned with the validity of brain death. In this respect, Morioka’s *Brain-Dead Person* is required reading, because he thinks that brain death an interaction between people, a human relationship. “The important point is that a brain dead person is, again, a ‘person,’ and that brain death is nothing but a form of human relationships” (Morioka 1986: Chapter 1).
4. For more information about the relationship of coverage of the *Asahi Shimbun* and the medical community around September 1982, see Ino 2016: 156–169.

Documents

1. Numbers of article about brain death and heart transplants in *Asahi Shimbun* in *Showa* era (to 1989)

before 1966	1967	1968	1969	1970
6	38	216	96	79

1971 15	1972 13	1973 3	1974 5	1975 0
1976 0	1977 9	1978 2	1979 1	1980 1
1981 5	1982 53	1983 44	1984 62	1985 64
1986 36	1987 55	1988 109	1989 46	

2. Changes in public opinion poll (*Yomiuri Shimbun*, 19851204E07)

*The four successive numbers mean following four (Oct. 1982; Feb. 1984; Nov. 1984; Nov. 1985) investigations (%) :

Q. 1: Should brain death be considered death?

It may be considered as death.	15.2→21.5→23.5→27.8
It might be considered as death.	13.4→11.7→14.3→14.3
I cannot decide.	23.4→22.2→16.8→19.9
It probably should not be considered as death.	14.7→12.8→13.1→11.5
It should not be considered as death.	24.8→24.0→25.7→20.3
No answer	8.5→ 7.8→ 6.7→ 6.1

Q.2: Would you agree to an organ donation if your relative was brain dead?

I would agree.	13.2→15.7→16.7→18.0
Only if the recipient is relative.	12.8→ 9.2→ 7.7→ 8.5
Only if the deceased person has offered to provide organs.	15.1→16.0→23.7→18.4
Even though the brain is dead, treatment should be continued until the heart stops completely.	not investigated →9.1→ 7.6→ 7.9
I would refuse to provide.	8.7→14.1→12.6→13.1
I cannot answer when it would become such a situation.	47.0→31.4→27.7→30.7
No answer	3.2→ 4.5→ 4.0→ 3.4

Q.3 Would you receive a transplant if you were ill and might survive with a transplant?

I would accept a transplant of anyone's organ.	13.3→22.3→25.3→25.6
I would prefer the transplantation of organs of parents, siblings, or close friends.	25.9→12.2→13.0→13.6
I would definitely refuse.	19.4→15.6→14.6→17.7
I cannot answer when it would become such a situation.	37.9→45.2→43.8→40.2
No answer	3.5→ 5.0→ 3.3→ 2.9

Q. 4 Should heart transplants that need heart donation from braindead donors be promoted in the future in Japan? (first time investigated)

It should be promoted.	63.1
It should not be promoted.	16.4

No answer	20.5
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Chapters 1, 2, 5 and 7 were translation by Yuko Tamura (chap. 1), Alex Jones (chap. 2, 5, 7)

<http://www.lifestudies.org/braindeadperson01.html> (chap. 1)

<http://www.lifestudies.org/braindeadperson02.html> (chap. 2)

<http://www.lifestudies.org/braindeadperson05.html> (chap. 5)

<http://www.lifestudies.org/braindeadperson07.html> (chap. 7)

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<https://database.yomiuri.co.jp/rekishikan/>

(first 8 Arabic figures mean year/month/day, and Morning or Evening, and last 2 figures mean page)

Yomiuri Shimbun

19680104M14 “Success of heart transplant again”

19680729M09 (Essay by Kaneko) “Transience of Human: Considering the Heart Transplant”

Asahi Shimbun

19671204M15 “First success of human heart transplant in the world”

19680103M15 “Heart transplant succeeded again”

19680808E01 “Japan premiere heart transplant”

19681029E01 “Heart transplanted boy Miyazaki died”

19690316M19–19691130M19 (38 series every Sunday by Yoshimura) “The Silence of Gods,”
vol. 1–38

19690819E01 “Mr. Blaiberg died”

19691024M01 “Sapporo Distinct Public Prosecutors Office investigates ‘Heart Transplant’”

19700512M03 “Prof. Fujimoto in Sapporo Medical University criticizes college Prof. Wada”

19700901M01 “Supreme Public Prosecutors’ Office determined non-prosecution of Prof. Wada”

19710407M22 “Controversy between Prof. Fujimoto and Prof. Wada”

19810710E14 “A new determination of death in the United States”

19820911M01 “Announcement of 2 kidney transplants from brain dead donors will be held today”

19821015E05 (Article by Bai) “Doctors and citizens around the brain death”

- 19821116M14-15 (Round-table discussion) "Brain death and Organ transplants"
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脳死移植に関する新聞報道の変遷 ——1968年から1980年代初頭までのマス・メディアと 科学ジャーナリズム——

文学研究科哲学専攻博士後期課程満期退学

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要旨

本稿は脳死と心臓移植に関する輿論とマス・メディア、特に大新聞における科学ジャーナリズムとの相互影響関係について検証する。

クリスチャン・バーナードの二度目の心臓移植、いわゆる「ブレイバーク・移植」は成功であった。フィリップ・ブレイバークは当時としては最長の594日間生存した。同時期の新聞はブレイバークこそ深刻な心臓病に苦しむ患者たちの希望であり、将来の医療の星だと報じた。

1982年9月、日本移植学会は脳死ドナーからの二つの腎臓移植が同年一月と四月におこなわれていたことを公表した。この声明は脳死移植への既成事実となった。

本稿はこの二つの出来事をきわめて重要であるとみなしている。前者は心臓移植の停滞と再考のきっかけとなり、後者は脳死ドナー承認のきっかけとなったわけである。

キーワード：脳死、臓器移植、新聞、マス・メディア、輿論