

# Giving & Living

Medical history was made this year in Auckland City Hospital. In a New Zealand first, two lives were transformed thanks to a new transplant scheme. **Fiona Barber** investigates this medical “miracle” and meets the remarkable people involved.

**I**T TOOK ONE big heart and two healthy kidneys to get the ball rolling; someone prepared to offer a perfectly good organ to a complete stranger. It took Perry Garrick. The Hamilton man’s altruistic gift of a kidney set in train a series of events enabling not one, but two men to receive life-changing transplants. In a first for New Zealand, a “paired-kidney exchange” was carried out, starting with Perry’s kidney. In this scheme, a person who is close to a potential recipient but is not a match offers a kidney to someone else in the scheme. Their “paired” person then offers a kidney, and so on. In this case, Perry’s kidney was a match for Dunedin’s Stew MacLeod, whose wife, Karen, offered one of her kidneys. Her organ did not match anyone in the paired scheme but it was suitable for Peter Guild of New Plymouth, who was on the waiting list.

The transplants took place at Auckland City Hospital on 13 April and as we went to press, the donors and recipients were all doing well. Here are their stories:

#### THE ALTRUISTIC DONOR, PERRY GARRICK

The way Perry Garrick saw it, he was in a position to help. He had time on his hands, good health and no dependants. And when he found out about the new kidney exchange scheme – where more than one person can benefit from an organ donation – the decision to offer a kidney was even more of a “no brainer”.

“If two people’s lives are changed, that’s a lot better,” says the fit, rugby-playing 45-year-old. His motivation was simple. “It’s about doing what you can,” says Perry who’s adamant what he’s done should not be confused with heroics. “I’m not brave because I had no fear ... Yes, I’ve done a bloody neat thing but it’s not heroic.” And, says the proud atheist,

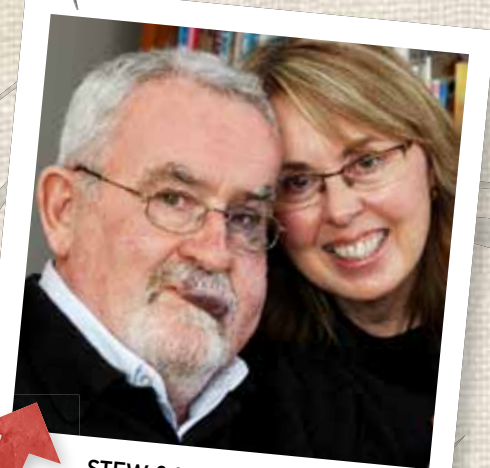
“while I respect everyone’s beliefs, I did it because it was a good thing to do, not because of a religious calling”.

In an article in the *New Zealand Herald’s Canvas* magazine in March, Perry flagged his intentions. In the story, which caught up with the 1981 finalists in the TV quiz show *It’s Academic*, Perry said: “Oh, I know giving an organ away to a complete stranger is a bit out-there, but I’m a bit different to your average bloke and I want to make a difference.”

Perry had been a long-time blood and plasma donor when he started thinking about giving more. He inquired about donating bone marrow, but only marrow from Polynesian donors was urgently needed.

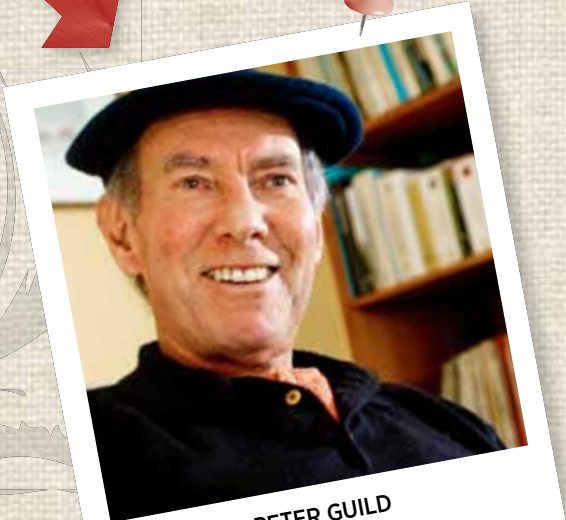
Then came the idea to donate a kidney, something that would require extensive tests, including a psychological check-up, and major surgery.

As a long-distance runner, he had very good health. He also had time. Perry had ▶



STEW & KAREN MACLEOD

*Perry’s kidney went into Stew MacLeod and Stew’s wife, Karen, donated a kidney. It didn’t match anyone in the scheme so it went to the next match on the waiting list.*



PETER GUILD

*Karen MacLeod’s kidney was a match for Peter Guild. As this magazine went to print, all four were doing well.*



PERRY GARRICK

*Perry Garrick donated an organ to the paired-kidney scheme.*

ILLUSTRATION BY MARSHA SMITH AND GETTY IMAGES. PHOTOGRAPHY BY GEOFF DALE AND SHARRON BENNETT.



*Perry Garrick shows the scar from where the kidney was removed.*

something else, something helpful. “Habitat for Humanity? But I couldn’t use a hammer.”

He became a sperm donor, accepted just before the age cut-off of 46. “For me it’s a small deal; I’ve got some good genes health-wise and people are desperate out there,” says Perry, who is divorced, but hasn’t given up on the idea of finding a new partner and maybe having children.

Still, he wondered what else he could do. “I thought I would look into this kidney thing.” But first he had to make sure his “spare” wasn’t needed closer to home. “One of my brothers is diabetic, but he’s in better shape than the vast majority of people aged 50-plus. I checked with him that he didn’t need my kidney – and there’s no guarantee we’re a match anyway.” He didn’t, and about

*“I was happy to be anonymous but if one more person donates because of this article, then it’s been worthwhile. It’s something I’m proud of.”*

spent 13 years as a senior technician in a laboratory testing raw milk when he was made redundant. He decided to take some time out.

He’d gone back to rugby after a decade-long break, and just when he thought he’d start looking for a new job, he injured a knee in a footy match. “After a couple of months, when things were slow to come right, I saw a specialist.”

He discovered he’d damaged a cruciate ligament and needed several hours of rehabilitation exercises each day.

“About the same time, I got a couple of niggles at the gym, which ended up being significant issues as well,” he recalls. “I damaged a bicep tendon and a rotator cuff, so I needed to get them right before I went back to work.”

“I consigned myself to doing six months of four hours a day of rehab and exercise. I thought, ‘I’ll make that my number-one focus so I can be a productive employee.’”

In the meantime, he wanted to do

June last year, preparations to donate a kidney to a needy stranger kicked off. Perry sailed through all the tests, including the psychiatric assessment, which he completely understood.

“People could have all sorts of motivations for these operations ... making a friend for life ...”

He was comfortable not knowing anything about the new owner of his kidney and had “zero” trepidation about the safety of the operation.

He hoped it would all be over and done with by Christmas so that he could start hunting for a job before year’s end, but the transplant was delayed indefinitely. He was still committed to the operation but worried that it would be unfair on any employer for him to accept a job and then ask for a couple of weeks off work. So after using the last of his redundancy money, he reluctantly signed up for the unemployment benefit in January and picked up odd bits of short-term work where he could. He

knew, however, that his kidney would save taxpayers \$50,000 to \$60,000 a year – the cost of one person’s dialysis.

Finally, on 13 April this year, Perry was wheeled into the operating theatre and one of the first pieces in the paired-kidney exchange puzzle was in place. An X was drawn on his abdomen marking the spot where the life-saving treasure lay within.

Perry doesn’t know his kidney’s new owner – although he will after this article is published – but it is not important. It was urgently needed, and that was enough. “They [the doctors and health officials] have a priority system and I was certainly very trusting it [the kidney] would go to someone who deserved it.” And that, says Perry, includes people who deserve second chances, those who might have contributed to their health problems.

“How do I feel about my kidney in someone else? Once that kidney was out of my body it was no longer part of me. I don’t have any emotional attachment to it at all. From my perspective, it isn’t such a big deal. I’ve clearly made sacrifices but at no time did I have concerns about it” – although he now has a pretty clear focus on finding a job as soon as he can.

And he’s continuing to enjoy regaining his impressive pre-operation fitness. He’s now back playing for his Kereone rugby team and in July, he scored his first try in 19 years. Perhaps, he jokes, it’s because he’s now (an organ) lighter on his feet. In August, he competed in the Rotorua Tough Guy and Gal challenge with 2000 others – 12km of mud, hills and obstacles. There’s no doubt, he says, donating a kidney ranks at the top of his personal achievement list but that’s where he thought it would quietly remain – until The Australian Women’s Weekly came calling.

“I was happy to be anonymous, but if one more person donates because of this article, then it’s been worthwhile. It’s something I’m proud of.”

“And ultimately, you do get something out of it – the feel-good factor. What I’ve gone through and the time involved is nothing compared to the change in someone else’s life. And if we all do something – whether it’s giving blood or helping at a sausage sizzle – there’s a domino effect and we’re all better off.”

*“Hopefully I’ll get back to doing some of the things I want to do – working, travel, getting out in my boat ... I’m getting better by the day. He [Perry] has given me my life back. What more can I say?”*

**THE “PAIRED” RECIPIENT AND DONOR, STEW AND KAREN MACLEOD**

Karen MacLeod has her husband back. The sick, itchy, sleep-deprived Stew has gone – along with the dialysis – and the cheeky, boisterous Stew is back in residence. All thanks to Perry Garrick’s kidney, which was transplanted into Stew on 13 April. It was a day that came years quicker than the Dunedin couple had dared to hope for. They had been resigned to a decade-long wait for a transplant because of Stew’s unusual tissue type and high levels of antibodies, which make organ rejection more likely.

They’d already had their hopes destroyed once. Karen was desperate to donate a kidney to her husband and although her blood group didn’t match, doctors at Auckland City Hospital hoped a new procedure called an ABO incompatible transplant might do the trick. A pre-transplant treatment called plasmaphoresis removes antibodies, and medication is given to prevent them coming back. But the day before the scheduled November 2009 transplant, renal specialist Ian Dittmer delivered the news that despite the plasmaphoresis, Stew’s antibody levels remained stubbornly high and the operation was a no-go. He would have to go back on the waiting list, which, because of his unusual tissue type, looked very long indeed. The heart-crunching moment was captured in an episode of the TV One show *Situation Critical* in May.

“In the programme, you’ll see everyone in the room crying except for Stew,” Karen says. “Ian [Dittmer] looked

upset and had to go away. Jo [Burton, the renal transplant co-ordinator] said she went away and cried. Some of the film crew were crying. I was devastated.”

Stew was his usual stoic, Southern Man self: “I’ll just have to get used to the dialysis,” he said after thanking his doctor. The couple went back to Dunedin resigned to their fate and with little hope of a donor organ – but they did sign up to the paired-kidney exchange programme.



*Stew MacLeod undergoing plasmaphoresis at Auckland Hospital in 2009. The treatment failed to reduce his antibody levels.*

And as it turns out, the failure of the plasmaphoresis treatment was a blessing in disguise. Three months later, doctors found a large blockage on the left side of Stew’s heart – the kidney disease had caused cardiac disease. He needed a triple bypass, and this surgery on top of a kidney transplant could have been too much for his body.

Stew, now 62, had been diagnosed with renal failure in 2005. His blood pressure shot up dangerously high and he was rushed into hospital. Tests revealed he had only about 20 per cent kidney function. The high blood pressure had effectively killed his kidneys. Two years later, he needed dialysis three times a week. This and the renal disease left him with a whole slew of ghastly symptoms and side-effects – his skin became so

itchy he had to shower four to five times a day and have calming cream applied to it, his legs would spasm (restless leg syndrome), making driving impossible, and he couldn’t sleep for more than an hour or two at a time. Not to mention the extreme fatigue. Stew simply didn’t have the energy to be his usual “cheeky” self. And he certainly wasn’t well enough to work in the couple’s mechanical and electrical engineering consultancy. “Towards the end, every time I went on dialysis I felt terrible,” he says.

Karen: “Lots of people thought that because of the dialysis he would be fine. But it was never like that.”

Stew admits the situation was bleak, especially for the couple’s worried daughters Bridget, 27, and 21-year-old Siobhan. (The couple had a middle daughter, Catriona, but she had a rare neurological disorder, Landau-Kleffner syndrome, and died when she was 11.)

“It wasn’t looking flash, then I started feeling even worse ...”

Then in February this year, Stew went to see his specialist in Dunedin, Dr John Schollum. He dropped a bombshell: there just might be a donor. “It was just so out of the blue,” says Stew. “The guy had come off the street; they’d known about him for a while.” Karen, 52, picks up the story: “Stew came back to ▶

PHOTOGRAPHY BY GEOFF DALE.

PHOTOGRAPH COURTESY OF MACLEOD FAMILY.

work and said, 'You need to ring John. I might be able to have a transplant.'" Karen called the specialist. "The first thing he said was, 'Do you still want to donate?' I said, 'Yes, that's fine. But how is this happening?' If Perry hadn't come through ... it's just so wonderful."

Stew: "I don't believe in miracles, but this was one." So two months later, Karen was taken into an operating theatre to have a kidney removed while Stew was prepped to receive one. Pieces two and three of the paired-kidney jigsaw were in place.

Post-transplant, Stew still gets tired, but the nasty symptoms have gone. "There's no itchiness, the leg spasms have stopped ..." He reckons he's operating at about 70 per cent, "but now I can go out. Hopefully I'll get back to doing some of the things I want to do – working, travel, getting out in my boat, skiing ... I'm getting better by the day.

"He [Perry] has given me my life back. What more can I say?"

For Karen, the operation to remove a kidney was straightforward and she is feeling fine. "I didn't mind who the kidney went to. I know what they've been going through," she says.

"People have said to me, 'Aren't you worried about having one kidney?' My dad had to have a kidney taken out – it had a growth on it – 15 years ago. I knew that I would be fine because my dad was." And this was something she could do for her husband of 28 years, and ultimately someone else. "I couldn't do anything for [daughter] Catriona, but I could do something for Stew."

As it turns out, she's done something wonderful for a man in New Plymouth who received her donated kidney.

#### THE RECIPIENT, PETER GUILD

Peter Guild reckons he owns a Ferrari "and like all good Ferraris they need lots of fine-tuning and love". And he's not talking about a car in his garage; rather the donated kidney transplanted into his body. On 13 April, 61-year-old Peter received a kidney from Karen MacLeod in the country's first paired-kidney exchange, and he couldn't be more protective of it. He knows how lucky he is.



*Peter Guild has post-transplant tests at Taranaki Base Hospital.*

*“It was looking like the opposite of winning Lotto. I was 46 and I knew my life was never going to be the same again. I felt very alone and isolated.”*

Straight away he knew the transplant had worked because "I started peeing. And I felt so good when I woke up. My face was glowing bright red with energy. I felt like a million bucks."

It was a stark contrast to the feeling he had after a previous transplant late in 1996. Then, he went from a pre-transplant kidney function of 10 per cent to 20 per cent afterwards, "and it didn't work for four days. I was in hospital for about three months because the creatinine [a waste product filtered out by the kidneys] levels didn't come down. There was another complication; I developed a leak and all the urine started seeping into my body." The leak eventually fixed itself and the kidney lasted seven and a half years, but at 20 per cent function, Peter was still too weak to rejoin the workforce. He'd had his own decorating business in Auckland in the '80s before he got sick.

"Decorating is a physical job and you need to be strong," he says. "I've been on an invalid's benefit since 1986

and I have a lot of gratitude for that – that I'm able to be supported by the Government, the taxpayer."

Peter was diagnosed with a kidney condition called IgA nephropathy in 1985. "I knew I was in trouble when I went to pee and peed blood. I lived in a state of positiveness – or I was delusional – because I didn't want to accept I had kidney failure. I thought it would go away." Peter would also suffer bouts of nephritis (inflammation of the nephrons in the kidney), which "was like the flu, but much worse. I couldn't even get out of bed".

When his marriage broke up, Peter sold his house and headed overseas while he still could. He spent three months in an ashram in India, and visited Britain and Holland. "I wanted to go to Italy to see all the art, but I got as far as Germany. That's when I knew something was seriously wrong. I thought, 'Oops, I'm in a

foreign country. Best thing I can do is get out of here real fast.'

"I went to Australia. As soon as I got to Adelaide I saw a GP and he said, 'Go straight to hospital.' I had a blood pressure of 200 over 100. They told me, 'You've lost your kidney function, old chap ... You've got less than 10 per cent.'

"It was looking like the opposite of winning Lotto. I was 46. It was a life changer; I knew my life was never going to be the same again. I just felt very alone and isolated. It was a big ordeal and I had to find my own counsel and strength.

"I'd always been interested in spirituality and have been given a lot of knowledge from spiritual teachers, so I knew we are not just the body, nor are we the mind. We are consciousness. Whatever happens to the body is not the reality of who I am."

Peter came back to New Zealand, rang his parents in New Plymouth and asked to move home. "They took care of me and I started dialysis late in 1996." He was put on the transplant list and six weeks later, he had his first transplant. ■

When that kidney failed seven and a half years later, Peter started dialysis, first peritoneal dialysis through the abdomen, then haemodialysis through an artery in the arm. After nine months of training, he was allowed to dialyse at home, and did that for about 18 months. All the while, Peter was keeping busy at home making MILOs (multi-dimensional interactive light objects). These are three-dimensional architectural shapes – principally temples, shrines and churches – lit from within. He also found great solace in a spiritual guru, Adi Da. Then, at the end of March this year, came a call. A live donor had come forward and he was a perfect match. “I was just ecstatic,” he recalls.

So Peter, too, came to Auckland, and on 13 April, he received Karen’s donated kidney. The final puzzle piece was in place.

He met Stew and Karen in hospital after the operations and eventually the three of them worked out Peter had received Karen’s kidney. “I thought, ‘My God, you’re my donor.’ Because I’ve met and know her I’m extremely protective of it [the kidney] – and I mean extremely. I have so much gratitude ... I’m going to look after this kidney with the utmost attention.”

The transplant was an overnight success, but soon after the operation, Peter developed diabetes, a result of long-term use of the corticosteroid Prednisone, which has immunosuppressant qualities to help prevent rejection of a transplanted organ. He now has to test his blood sugar seven times a day and injects himself with insulin five times a day. “It’s still early days and I’m learning to balance what I can eat.”

Nevertheless, he still feels infinitely better than before the transplant. He’s emphatic: “The positives far outweigh the negatives. You’ve got your life back and everything that means. I have more energy, feel well and do the things I enjoy.” That includes a mission to “clear the wilderness” at his New Plymouth property. “I’m going to prune all the camellias back and regenerate them – beautify my own environment.”

His experience has also allowed him to truly appreciate the plight of others.

“There is always someone worse off than yourself,” he says, “and it’s a good reminder, no matter how much suffering you go through. Some people have horrendous lives. This wasn’t so bad, really.” ■

## On the front line

**I**N NEW ZEALAND, about 600 people are waiting for kidney transplants. According to Organ Donation New Zealand’s 2010 annual report, 110 kidney transplants were carried out here last year. Of those, 46 were single-kidney transplants from deceased donors, four were double-kidney transplants from such donors and 60 were from live donors. The first altruistic donation in New Zealand was in 1998 and there have now been 36 people who have “generously donated a kidney to a completely unknown recipient”. The exchange is an attempt to boost transplants for those on the list.

A donor shortage is a worldwide problem, but New Zealand has a particularly low rate.

“If there are five altruistic donors in New Zealand, we get an extra five kidneys,” says Ian Dittmer, clinical director of the department of renal medicine at Auckland City Hospital.

In the US, doctors have managed a 16-way kidney exchange from 12 “paired” donors and four altruistic ones. Dr Dittmer, who saw all four NZ participants and who is the medical director of the NZ renal transplant subcommittee of the National Renal Advisory Board, says when Perry stepped forward, his details were put into the paired-kidney database to find the best match. It was suitable for Stew. Then they looked at Karen’s kidney, which was right for Peter.

Live transplants, he says, are easier to carry out and are more successful. Of the transplanted kidneys from deceased donors, about 90 per cent are working after a year; from live donors the figure jumps to 95 per cent-plus. Most deceased donors in New Zealand were relatively elderly. “Our longest-surviving kidney transplant is from 1971.”

In New Zealand, he adds, most donors have to use sick leave or annual

leave. National MP Michael Woodhouse is sponsoring a bill to reduce the financial barriers to live kidney and liver donations. The Financial Assistance For Live Organ Donors Bill would increase support for employed donors from the equivalent of the sickness benefit (\$127 to \$318 a week) to 80 per cent of the donor’s earnings. This would bring it in line with the payment for ACC recipients.

Some countries reimburse people large amounts of money, Dr Dittmer says, but that is not the case here. He says New Zealand is guided by the Declaration of Istanbul and the World Health Organisation Guiding Principles for Transplantation, which cover the ethics of organ donation and address the issues of organ trafficking and transplant tourism.

Jo Burton, a renal transplant co-ordinator based at the hospital who worked with the paired-kidney transplant participants, says she fields one or two inquiries a month from overseas people desperate for money wanting to sell kidneys.

### If you want to be an organ donor

**Deceased:** Make sure you have “donor” on your driver’s licence, although you’ll need to let your next-of-kin know so they can carry out your wishes. Even if you have “donor” on your licence, your wish can be overridden by your next-of-kin.

**Live:** Be prepared for a myriad of tests, including a psychological one. Doctors must be convinced you are making the right decision for all the right reasons and that you are well in every way. Be aware of the financial implications. For information about help with loss of income or childcare you can visit Work and Income’s website, [www.workandincome.govt.nz](http://www.workandincome.govt.nz), or phone 0800-559-009. Financial support for donors is intended to “reduce barriers to donation rather than provide full compensation for loss of income or act as an incentive”.