Debating Strategies

• If you have a strong case just stick to the facts
• If you don’t have the data then go on beliefs, dogma or faith and make it personal
Martin Brand
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Current
Managing Director at Sahara Steel
Steel Consultant at Piovesan and Vesankor, Sales

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Manager at BSi Specialized Steel, Export Trader at BSi STEEL, Export Buyer at BSi STEEL,...

Education
Sir John Adamson
Donor's death shatters family, stuns surgeons

February 2, 2014

Pure generosity drove Paul Hawks to donate part of his liver to his desperately ill brother-in-law. Then disaster struck, and transplant medicine has had to rethink its rules.

Paul Hawks was 50 at the time of the liver transplant at Lahey Clinic.

Tina White had both end-stage liver disease and liver cancer. The White twins lost their father to liver cancer when they were 20. Now the twins were battling their own illnesses. Tina was on the transplant list for more than a year when her donor was found.

This past December, after months of planning, the surgery was scheduled for December 23. The siblings had been through so much together, and it felt like the long-awaited relief.

But as the day approached, a wrench was thrown into their plans. The donor, a young woman, had suddenly fallen ill. The news came as a shock to the family, who had been preparing for months.

Tina White logged onto the computer and found other women in her situation, those who had waited for years for a donor. She felt a sense of solidarity with them, knowing that she was not alone in this battle.

But as the days went by without a sign of improvement, the family began to wonder if they would ever see their sister whole again. The uncertainty was nearly unbearable.

Finally, on December 23, the surgery was rescheduled for the following week. The family held their breath, hoping against hope that everything would go smoothly.

But when the day arrived, the news was devastating. The donor had died during the surgery, and the family was left to grapple with the tragic outcome.

The family's grief and shock were compounded by the knowledge that this was not the first time something like this had happened. There were other stories of donors who had died during surgery, leaving families devastated and transplanted patients with questions and uncertainty.

The family had to come to terms with the fact that sometimes, despite the best efforts of doctors and nurses, things do not go as planned. They were left with the realization that while they had been through so much together, there was still so much more to learn about the complexities of transplant medicine.

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Incidence of Death and Potentially Life-Threatening Near-Miss Events in Living Donor Hepatic Lobectomy: A World-Wide Survey

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SHORT REPORTS

Fulminant and Fatal Gas Gangrene of the Stomach in a Healthy Live Liver Donor

Charles Miller,1 Sander Florman,1 Leona Kim-Schluger,1 Patrick Lento,2 Julia De La Garza,2 Josephine Wu,3 Boxun Xie,3 Wandi Zhang,3 Edward Bottone,4 David Zhang,3 and Myron Schwartz1
Abstract

**Background:** With improvements in living donor liver transplantation (LDLT) techniques and the increased experience of surgeons in laparoscopic major liver resection, laparoscopic donor hepatectomy is performed increasingly. Therefore, expert opinion on this procedure is required. **Objective:** The study aimed to report the current status and summarize the expert opinion on laparoscopic donor hepatectomy. **Methods:** An expert consensus meeting was held on September 8, 2016, in Seoul, Korea. **Results:** Laparoscopic donor left lateral sectionectomy could be considered the standard practice in pediatric LDLT. In adult LDLT, laparoscopy-assisted donor hepatectomy or left hepatectomy is potentially the next need, requiring more evidence for becoming standard practice. Laparoscopic donor right hepatectomy is still in the developmental stage, and more supporting evidence is required. Waving the cost consideration, the robotic approach could be a valid alternative for the suitable approaches of laparoscopy. **Conclusions:** Laparoscopic donor hepatectomy is increasing its role in both pediatric and adult LDLT. However, for major donor hepatectomy, more evidence is needed.

**Consensus Statement**

**Expert Panel Statement on Laparoscopic Living Donor Hepatectomy**

Han H.-S.\(^a\), Cho J.Y.\(^a\), Kaneko H.\(^e\), Wakabayashi G.\(^f\), Okajima H.\(^g\), Uemoto S.\(^g\), Soubrane O.\(^i\), Yong C.-C.\(^k\), Chen C.-L.\(^k\), Cheung T.T.\(^n\), Belli G.\(^o\), Kubo S.\(^h\), Wu Y.-M.\(^l\), Chen K.-H.\(^m\), Troisi R.I.\(^p\), Kwon C.H.D.\(^b\), Suh K.-S.\(^c\), Soin A.S.\(^q\), Kim K.-H.\(^d\), Cherqui D.\(^i\)
operation. We are still in an early phase of development in which donor selection, technical standardization, and outcomes are rather unknown.
Hey, I'll trade you those two birds in that bush for that one in your hand.

Sounds like a fair trade to me.

Doghouse Diaries
"It's for the birds."
Proverbs are meant to boil down a weighty truth about everyday life into a simple memorable aphorism. The good thing you have now is better than all the good things you merely hope to have. Better to enjoy the advantages you have now then to sacrifice them for the mere possibility of gaining more later. A certain good is better than an uncertain better.
• **Conclusion:**

We do not usually know for certain the value of the other birds. My opponent has given no real argument to dispute this.

We do not usually know the odds of gaining the other birds, but it is usually less than 1 in 2. My opponent has not disputed this.

My analysis, given last round, shows in most cases it is better to keep what you have, because in most cases sacrificing it will not gain anything. My opponent has not disputed my analysis.

Therefore, in most cases, it is better to keep what you have than to give it up for the possibility of uncertain gain. A bird in the hand is worth (not equal to, but worth) two in the bush.