

Face Transplantation: Someone Else's Face in the Mirror

In November of 2005, Isabelle Dinoir became the first recipient of an experimental procedure -- a face transplantation. Since that time, 11 other face transplantations have been performed and questions of identity, public acceptance and innovative surgery still remain.

Wednesday, October 20, 2010

Face Transplantation Donor Issues

Earlier this week Texan Dallas C. Wiens was placed on the face transplant wait list at Brigham and Womans hospital. He will stay in Texas until a suitable face donor can be identified and the donated face will be harvested and placed onto Wiens. Donations for face transplantations are still very rare with only two face transplants yet performed in the United States. Matching for skin tone and gender are unique to facial allotransplantation because not only is the skin itself moved from donor to recipient, but also any facial hair, skin texture, and tone of skin making finding a match an even greater challenge than looking for blood type and genetic compatibility.

What is highly unique and interesting in the case of Dallas Wiens is that he is non-sighted. Sadly, Wiens was blinded during the searing electrical accident that took not only his face, nose, lips, teeth, and cheeks, but also both of his eyes. That he is non-sighted is in fact a highly significant moment the world of face transplantation. Recall that Connie Culp was shot in the face by her husband leaving her incredibly disfigured. While she is legally blind, she still possess enough sight to see forms, identify people, and make her way around familiar settings. All other face transplantations, 11 to date, have involved sighted individuals. Charla Nash who was attacked by a chimpanzee that literally ripped her face apart, including her eyes, was denied a face transplantation even though she lived for over a year at the site of the first facial allograft -- The Cleveland Clinic. One compelling reason to deny a non-sighted individual is that face transplants require, like all donated tissues of genetic mismatch, medications to keep rejection at bay. Face transplant patients are required to look at their faces daily for signs of rejection and if one is blind, then how is that to be accomplished? In fact, might blindness put the individual at higher risk for not catching the initial signs of trouble, or place them in a situation of even increased dependence on others to monitor their condition for them?

Consider the meaning of a face transplant to a non-sighted person, one who obviously cannot see the facial trauma themselves, nor see the stares that sighted and disfigured people find greatly distressing? Might a blind recipient change the overall meaning of the transplant itself as a kind of drape to transform and repair one's visage back to a recognizable form? Or does conducting a face transplant on a blind individual change, or least challenge, our notions about what human faces mean to ourselves and others -- that they are to be looked upon and inspected.

It is entirely possible that this pending face transplantation on a blind patient could be the single most important message about how important the face is to both one's physical but also emotional and psychological self. Wiens has asked for a face, not so that he can see himself in the mirror, or fix the stares of others, but rather, so that he can feel the kisses of his little daughter on his cheeks (his skin now taken from his back and thighs is numb to the touch), to smile, and the ability to smell the rain. The face transplant with Wiens becomes more clearly, more powerfully perhaps than other attempts to study and understand the face such as film, photography or painting as an instrument to conduct one's emotional life. Yet here, unlike the traditional surface takes on the face -- Weins says he wants a face for what it does for him from the inside out. The inner, usually hidden aspects of the face, the underneath part that clings to the muscle and contains the nerves and blood supply becomes the path to experiencing one's self rather than from a mirror gaze of the outer layer.

Thankfully, the doctors at Brigham and Women's, notably face transplant surgeon Bo

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Face Transplant Scholar

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Pomahac has agreed to work with Dallas Wiens. Pomahac recently related to me that people without a face are at a social disadvantage and suffer social isolation and that to not help them is the greater ethical wrong over asking them to somehow search for tissue rejection. He stated that most of the non-sighted folks who wish for face transplants have well established social connections that can help with monitoring the graft.

Pomahac, and the New England Organ Bank, will find a donor soon, and this donation will be offered with the knowledge that the face is to be given to a blind man. Imagine your first thoughts if this was your loved one who just died, would it matter to you if the recipient could never see, maybe never appreciate the face of your loved one in the way that the donor had used his own -- by looking, staring, and being looked at?

It is also entirely possible that a family may even more readily agree to donate a face if the person who wanted and needed it did not want the face to look at at all, but rather so that they could feel and become alive with a more interior and psychological use of the donated tissue. If potential donors indeed do see this as somehow more compelling than helping one to speak more clearly, or not be socially shunned, then this pending operation will become a landmark in surgical history not only for being another first, but for also extending our meditation on what the face means to us all.

Posted by Carla Bluhm, Ph.D. at 7:52 PM

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