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LETTER TO THE EDITOR

Time please, gentlemen!

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As substance misuse specialists working within three UK liver transplant centres, our roles incorporate working with patients referred with a diagnosis of alcohol related liver disease (ARLD). However, this is rarely the working diagnosis, with preference given to alcoholic liver disease, alcoholic cirrhosis or just 'the alcoholic', and herein lies a problem.

While one cannot acquire alcohol related liver disease without consuming alcohol, equally one does not have to be alcohol dependent (alcoholic) to develop the disease [1–3]. Indeed a significant proportion of the patients eventually selected for orthotopic liver transplantation are likely to have a history of hazardous or harmful drinking patterns but do not meet the criteria for a diagnosis of alcohol dependence syndrome. Nevertheless, these patients are still required to acknowledge the role that alcohol has played in their liver disease and remain abstinent from alcohol post-liver transplant as per the Liver Advisory Group (LAG) clinical guidelines for ARLD [4]. If patients do drink alcohol post-transplant, then substance misuse specialists would contend that this constitutes a slip, lapse or a relapse [5] (dependent upon amount and frequency) but not 'recidivism' as the US transplant literature commonly reports. Recidivism is defined as 'the habit of relapsing into crime' [6], which we consider an unhelpful and loaded term, which in this context associates alcohol use and criminal behaviour.

Resistance from the patient to the working diagnosis can occur during the assessment phase and frequently occurs post-liver transplant after the initial 'honeymoon period'. The resistance is not usually to an acceptance of the contribution that alcohol has made but is often to the suggestion that the person is an 'alcoholic'. The resentment of such inference can cause resistance to the therapeutic work that substance misuse specialists are trying to implement and continue post-liver transplant, which is part of the commitment to relapse prevention and the maintenance of lifestyle change. Frequently the significant relative may be recruited into this resistance. 'He is not an ''alcoholic'' you know!' with the additional risk of collusion.

Naturally, where there is a substance misuse specialist working with a patient, there will be a focus on developing the patient's insight into their past drinking behaviour thus avoiding further collusion or minimization, yet presenting the facts in a less pejorative way. This is not dissimilar to work in other settings. Substance misuse services treating drug misusers have moved away from calling their client group 'addicts' and mental health workers, who work within mental health services, advocate the promotion and development of the mental health and well being of the patient yet working predominantly with clients with a diagnosis of mental illness. 'Madness' has not been a part of the clinical vernacular for many years.

Healthcare professionals have a responsibility to move with the times and not the Daily Mail. Contemporary integrative healthcare and holistic approaches to medicine demand that we review our language and its impact upon our work, our attitudes, our patients and the general public. ARLD is a useful honest and nonjudgemental diagnosis. If we cannot embrace the future then perhaps we should return to the past. At the very least, a diagnosis of Laennec's disease [7] takes us back to a neutral start point.

Kerry Webb,[1] Ian Webzell[2] and Liz Shepherd[3]
1 Liver Unit, Queen Elizabeth Hospital, Edgbaston, Birmingham, UK
2 Liver Unit, King's College Hospital, Denmark Hill, London, UK
3 Liver Unit, Royal Free Hospital, Hampstead, London, UK

References

1. DiMartini A. Natural history of alcohol use disorders in liver transplant patients. *Liver Transpl* 2007; **13**: S76.
2. Beresford T. What is addiction, what is alcoholism? *Liver Transpl* 2007; **13**: S55.
3. O'Grady J. Liver transplantation alcohol related liver disease: (deliberately) stirring a hornet's nest. *Gut* 2006; **55**: 1529.
4. Bathgate A. Recommendations for alcohol-related liver disease. *Lancet* 2006; **367**: 2045.
5. Witkiewitz K, Marlatt G. Relapse prevention for alcohol and drug problems: that was Zen, this is Tao. *Am Psychol* 2004; **59**: 224.

6. Oxford English Dictionary. Oxford English Dictionary [online], 2nd edn. Oxford: Oxford University Press, 1989. Available at: http://dictionary.oed.com/cgi/entry/50199160?single=1&query_type=word&queryword=recidivism&first=1&max_to_show=10 (accessed 22 February 2008).
7. Ratnoff O, Patek A. The natural history of Laennec's cirrhosis of the liver; an analysis of 386 cases. *Medicine* 1942; **21**: 207.

