

Pulpitorial

October 25, 2015

In our mission statement, we talk about “love” and “nurturing growth and healing” and “living compassionately and courageously.” This morning I’d like to tell you a story that sure fits within those themes. It’s about someone near and dear to many of us: Tim Millar.

Some of you newer folks may not have met Tim. He hasn’t been around as much lately, but he and his wife Linda were long time active members of our congregation while their daughter Sarah was growing up. Tim served on our Board several times – once as a trustee, and twice as treasurer. But even those of you who do know Tim and Linda may not be aware of the story I’m about to tell. It’s a brave and vulnerable step for them to share this publicly, and to ask for help. So here goes.

When Tim was in his 30s, he developed an auto-immune condition called Sarcoidosis. No one knows what causes Sarcoid. But by the time Tim’s condition was discovered, it had already seriously damaged his liver. He felt fine at the time, but he was told he would eventually require a liver transplant. He’s been living with that knowledge, and a compromised liver, for 25 years.

Oddly, Tim says he feels very fortunate. (Clearly, he’s one of those “glass is half full” guys.) He has led a fairly normal life, and he has already beaten the odds the doctors originally gave him by being able to see Sarah graduate from both high school and then college, before needing a transplant.

However, now the time has come. Tim feels relatively ok, but his doctors say he has less than 2 years to live, unless he gets a new liver.

Problem is – it’s crazy difficult to get a deceased donor liver for transplant. Nationwide there are about 15000 people who will die unless they get a liver transplant, and only about 5000 of them will get one. The rationing algorithm is complicated. Here in the Bay Area - Tim is registered at UCSF - a patient generally has to wait until his life expectancy falls below 2 months, before he’s offered a liver. Being well enough to undergo surgery while being sick enough to make it to the top of the list is a very tall order.

Out of state, for instance in Louisiana, his odds would be a bit better. He's contemplating shifting his search, but the bureaucratic and logistical challenges are significant. And – he'd still need to wait until he's about twice as sick as he is now before his number comes up. So there's still the risk he won't survive that long, or be medically able to handle the surgery at that point.

There is a third option - likely the best one for Tim. That's to obtain an organ donation from a living donor. Most people aren't even aware that's possible, but it is, because your liver has this amazing ability to regenerate itself. A living donation involves having just a piece – about a third – of the living donor's liver transplanted into the recipient. The donor's liver completely grows back in about 4 weeks, whereas the recipient may need about five months. But after that both the donor and recipient have full sized, fully functioning livers. So Tim is hoping to find a living donor. At least one family member has already been screened, but they didn't pan out, so Tim's still looking.

Here's where you come in. I have 3 requests:

First and foremost, if you haven't already done so, please consider getting a pink dot on your driver's license to indicate that you want to donate your organs when you pass away, so that someone else might live. You'll need to opt in with the DMV and mark instructions in your Advanced Care Directive. Tell your doctor, tell your family.

Second, please help us search for the right living donor for Tim. Be informed. Talk with people. If you have the skills to help with a campaign, let us know.

Third, this gets to the crux of it. This is a big ask. Please consider if you yourself might be willing to be Tim's living donor, to share your healthy liver with him. That would be a gift beyond compare. The primary criteria for being a good match are to be in good health, to be 60 years old or younger, and have a compatible blood type. Tim's insurance will cover all medical expenses, and getting evaluating is completely confidential – Tim wouldn't know unless you told him.

Tim was concerned that his presence here today might make people uncomfortable, so he stayed home to allow us time to absorb all this. But he'll be glad to talk with anyone who contacts him, and he'll come to Cole Hall in the near

future if there's interest. There are info sheets on the back table, which include a link if you're interested in pursuing the donor evaluation process. I'll be at the potluck and I'm more than happy to talk about this with anyone who questions.

Thank you very much.