

TOWNSVILLE HEALTH SERVICE DISTRICT PO Box 670 Townsville Qld 4810

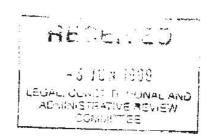
Enquiries to: Telephone: Facsimile: Our Reference: Your Reference: Renal Unit 07 4781 9268 07 4781 9258 P de Jersey:dab



26th May 1999

Mr Gary Fenlon MLA Chairman Legal, Constitutional & Administrative Review Committee Queensland Legislative Assembly Parliament House George Street BRISBANE QLD 4000

Dear Mr Fenlon



RE: INQUIRY INTO THE TRANSPLANTATION & ANATOMY AMENDMENT BILL 1998

I have received a copy of your letter dated the 5th of May 1999, including the proposed amendment, which was provided to me by Doctor Christopher Kennedy, of the Townsville General Hospital.

As background, I completed my training in Nephrology at Princess Alexandra Hospital in 1976. Since 1977, I have provided the Nephrological Services in Townsville, and indeed in the whole of North Queensland until quite recently. I had major input into the original Amendment to the Transplantation & Anatomy Act, which allowed live transplantation to be performed from 1981. In fact, the first live transplant performed in Queensland was on one of my patients, and I have continued to provide many patients to the Transplant Unit at the Princess Alexandra Hospital, for live transplantation.

It is my considered opinion that the present approach to cadaveric donation is appropriate. The present approach depends on a very good relationship between the staff of the Intensive Care Unit, and the relatives of the patient who is dying. In Townsville, we have been blessed with an excellent Intensive Care Unit Director, and the loss of potential donor kidneys has been minimal over the twenty plus years that I have been in Townsville. The ticking of the box on the driver's licence is very useful, as an indication that the potential donor has considered the matter and is prepared to go ahead. However, as I understand the law, the body after death belongs to the next of kin, except where a coronial report is necessary. In our experience in Townsville, it is very rare for any objections to be raised to the use of donor organs, if the dying persons wishes have been made known on the driver's licence, or in conversation with his/her relatives. The difficulty arises when no such communication has occurred, and in that case whether donation occurs or not will depend on the good will of the relatives, and their feelings about what the deceased would have wished. It is my very strong feeling that no compulsion as far as donation is concerned will work. It is currently possible for people to make living wills to indicate their wishes in a more legal way. If there were to be any change to the present system, I think the Opting-out System as used in some continental European countries should be considered, rather than the present suggested aniendment.

The present system, as noted, depends on a very good relationship between the doctors treating the dying person, and the dying person's relatives. The decline in cadaveric donation is, I believe, mainly connected with an improvement in traffic death rates. My experience is that it would be quite difficult to find any more donors in the Townsville Hospital area, than we are presently finding, under the so called Spanish model. It may well be that some Intensive Care Units in Queensland are not as successful in achieving donations as is the Townsville General Hospital's Intensive Care Unit. I do not believe that making the ticking of the driver's licence a legal document would in fact improve donation rates significantly, if at all. I trust that you will receive other submissions from Nephrologists and Transplant Physicians and Surgeons in Queensland, which will give you more help in making your decision on this proposed amendment. I might also add that I was not approached by the Member concerned, for comment, despite having been the Nephrologist in Townsville for 22 years.

Yours faithfully,

PETER de JERSEY Renal Physician

Townsville General Hospital.

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