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Submission No 34

From: "Cardenas Parra, María Angeles"  
Sent: Monday, 7 June 1999 18:28  
To: icarc@parliament.qld.gov.au  
Subject: letter and documentation on transplantation

<<File: ORGAN SHORTAGE.doc>> <<File: portadanwt.ppt>> <<File: datosnw.ppt>>

from: Rafael Matesanz, MD  
SPAIN

Madrid, June 7th 1,999

Mr. Gary Fenlon MLA  
Chair of the Legal, Constitutional and Administrative Review Committee  
Queensland Parliament  
Parliament House George Street BRISBANE QLD 4000  
QUEENSLAND, AUSTRALIA

Dear Mr Fenlon:

Thank you very much for your kind letter dated May 14th. You are perfectly right when you say that the South Australian Model of organ donor procurement is based in the Spanish model, at least in its origins, after the bilateral contacts between the South Australian Government and the Spanish National Transplant Organization (ONT) held during 1995 and 1996.

As far as I know the results were fairly positive, at least during the first years. In my opinion it has been due to several reasons:

- active support from the government
- basic ideas were accepted and adopted by the professionals
- the Spanish and South Australian Health system are not very different, as well as the gross national product and the percentage dedicated to health.

The so called Spanish model is an integrated strategy to improve cadaveric organ donation which has proved to be very effective whenever it has been seriously implemented. Spain had a donor rate of 14 per million in 1989 (not very different from the mean Australian rate) when we started with this strategy, and at this moment, ten years later we have 32 donors per million, which is by far the highest in the world, especially for a country like Spain with 40 million people (some regions are persistently around 40 donors per million).

As you can see in the book "Organ donation for Transplantation: The Spanish Model" the system is mainly based in the figure of the transplant coordinator: a medical doctor part time dedicated and specifically trained to improve organ donation, located inside the hospital, helped by nurses full time dedicated, which cover all the hospitals with potential for organ

donation (with intensive care units). There is also a regional coordinating network and a national coordination with a central office placed in Madrid, directly dependent on the Health Department, with legal, mediatic and training functions.

The more recent developments in the Spanish model which explain the continuous increase in donor rates after ten years are based in quality improvement programs with respect of the organ donation process, and also in the training systems.

At this moment I am the chairman of the Transplant Committee of the Council of Europe, and just a few months ago, the Health Committee of this European Institution has approved the European Consensus Document "Meeting the Organ Shortage", which is mainly based in the Spanish Model and probably can be useful for the purpose of your Committee (enclosed together with the publication Transplant Newsletter-Council of Europe, with recent international data on organ donation and transplantation).

I am afraid that my opinion about the proposed measures to include in the Amendment Bill will not be wellcome by the members of the Queensland Parliament which made the proposal. Although from a political point of view, some of these measures can be contemplated as positive (the Parliament and the Government are doing "something" to improve organ donation) they have not been proved to be very useful. At the end, permission of the relatives use to be mandatory in almost all the western countries, not only from a legal point of view, but also from an ethical and even a pragmatic point of view: the physician in charge will do nothing against the family wishes. Furthermore, when the people get the driver licence, they are unlikely to be correctly informed about what organ donation means, and the percentage of negatives in these circumstances will probably be much higher than those obtained when well trained professionals communicate the death to the relatives. In Spain we always ask for family permission despite the presence of a donor card or some other document, and I think it is better to loose one donor than a conflict with a family with personal, mediatic and legal complications.

Central donor registries have been proposed by many countries for the same reason (to do something), but perhaps with the exception of a small country like Belgium, when a presumed consent approach resulted in a transient increase, many years ago, no other positive results have been obtained. Besides the development and maintenance of such a registry is expensive and of course very high cost - effective.

I hope that these comments will be relevant to your purposes. The cooperation with the South Australian Government and professionals from several Australian States was really very rewarding from a personal and institutional point of view and I would be very happy if our system can also be useful to Queensland. Please, let me know if you need some other information.

Very best regards

RAFAEL MATESANZ

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NEWSLETTER

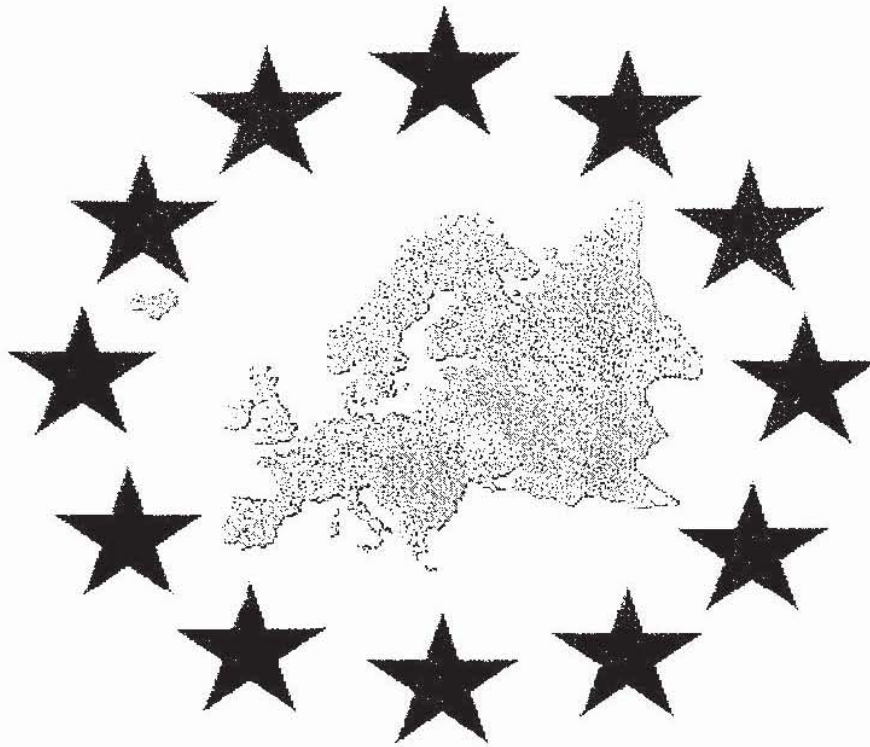
# TRANSPLANT

Vol.4.Nº1

INTERNATIONAL FIGURES ON  
ORGAN DONATION AND TRANSPLANTATION - 1998

COUNCIL  
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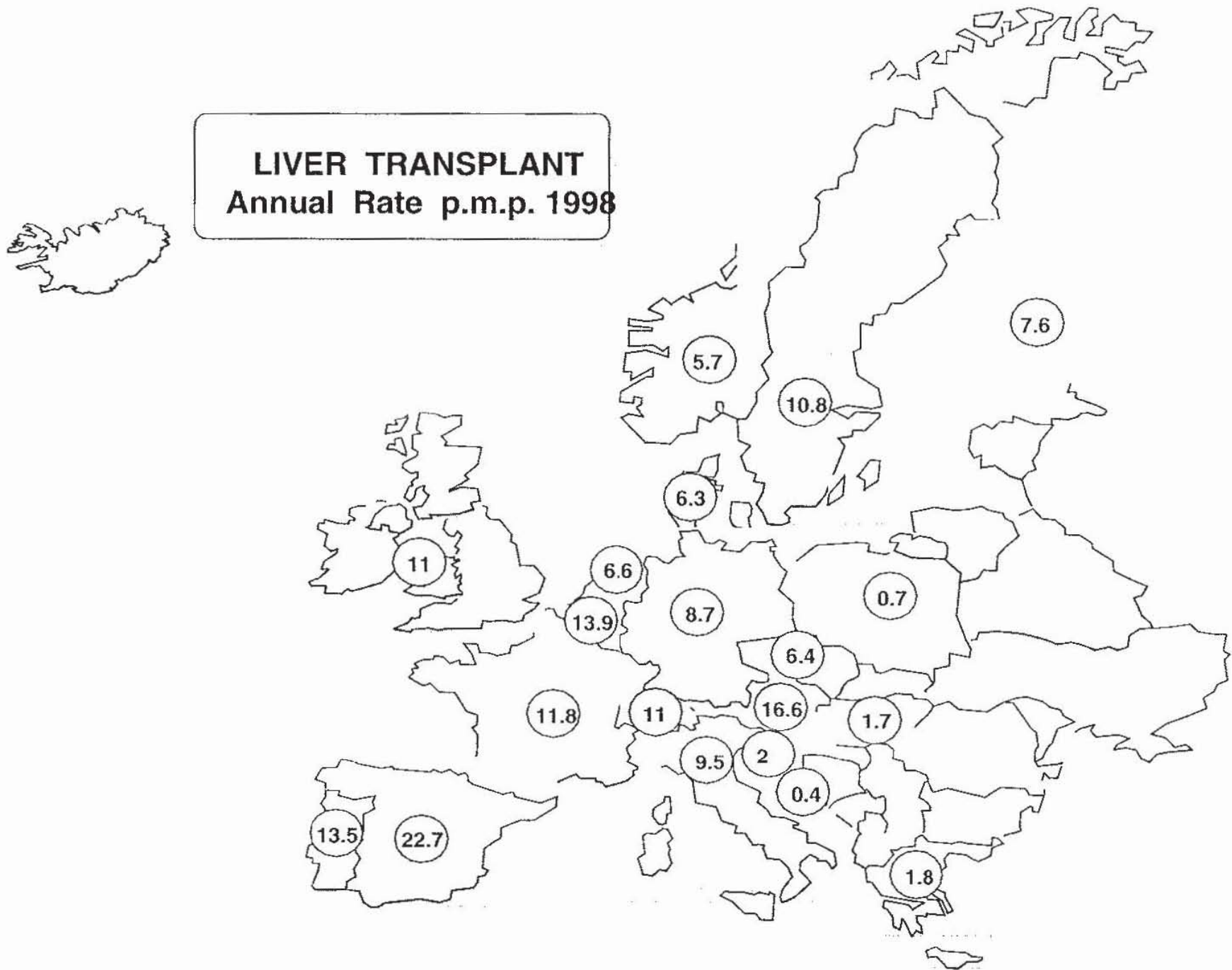
  
FUNDACION RENAL

**CADAVERIC DONORS**  
**Annual Rate p.m.p. 1998**

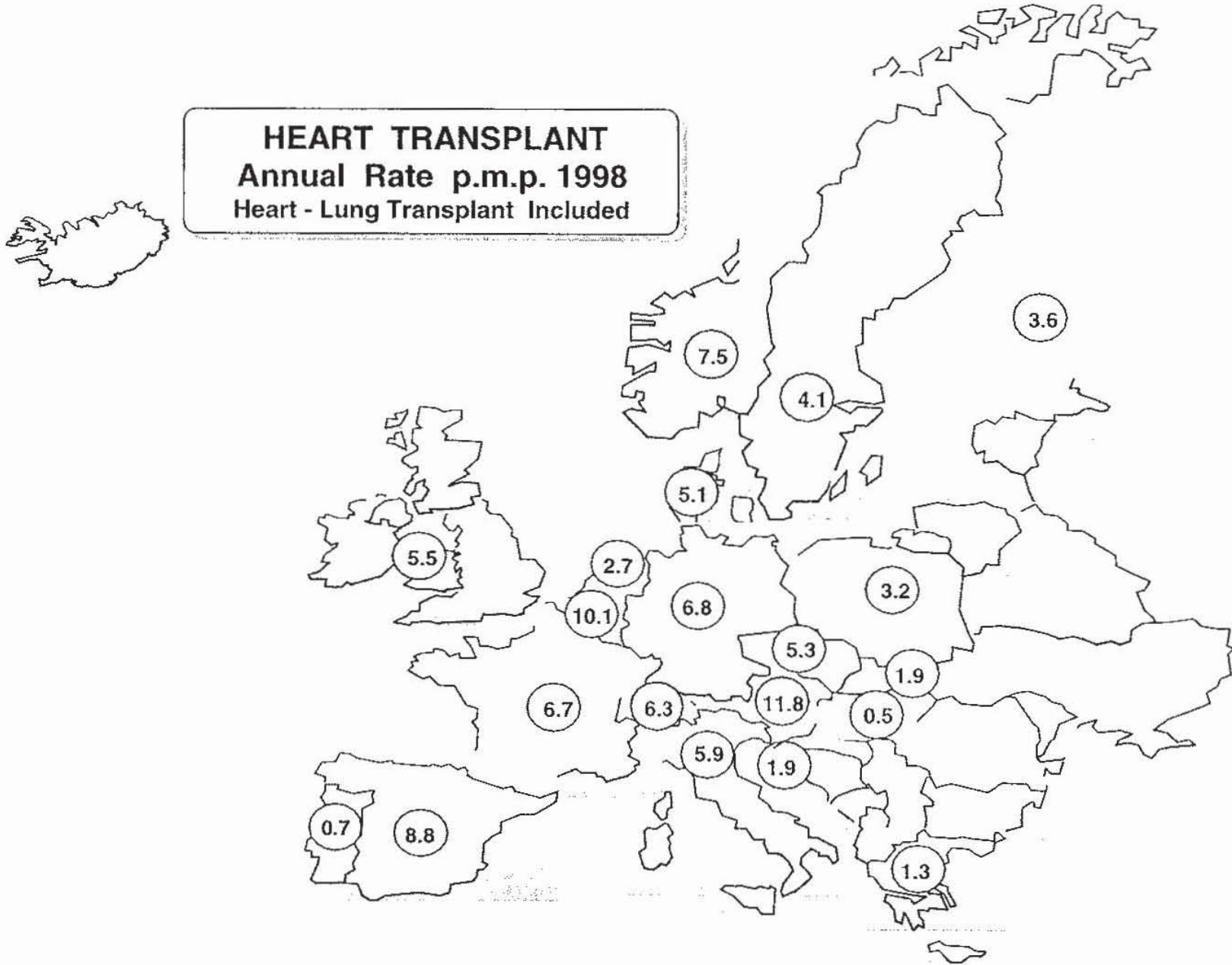




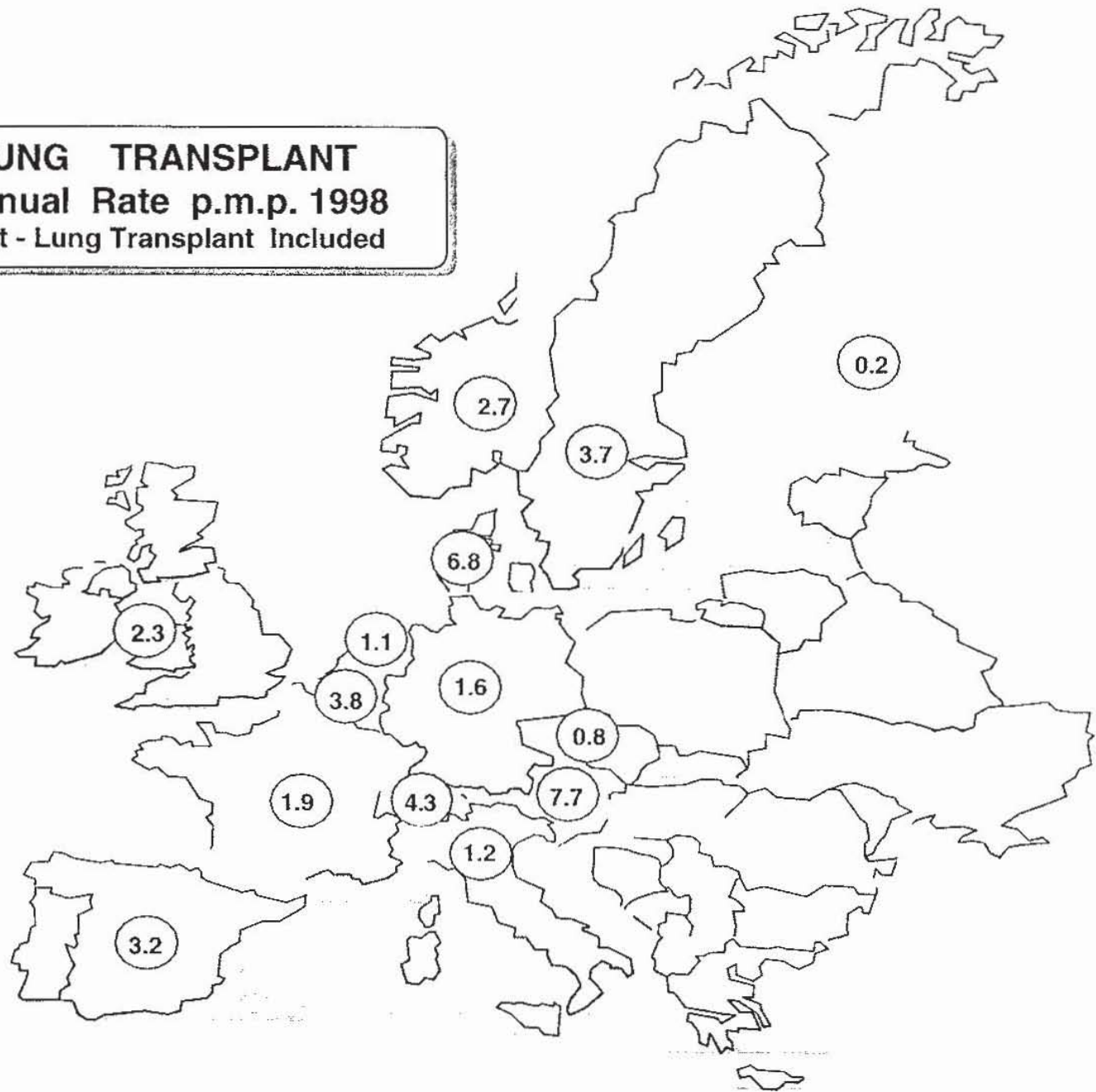
**LIVER TRANSPLANT**  
**Annual Rate p.m.p. 1998**



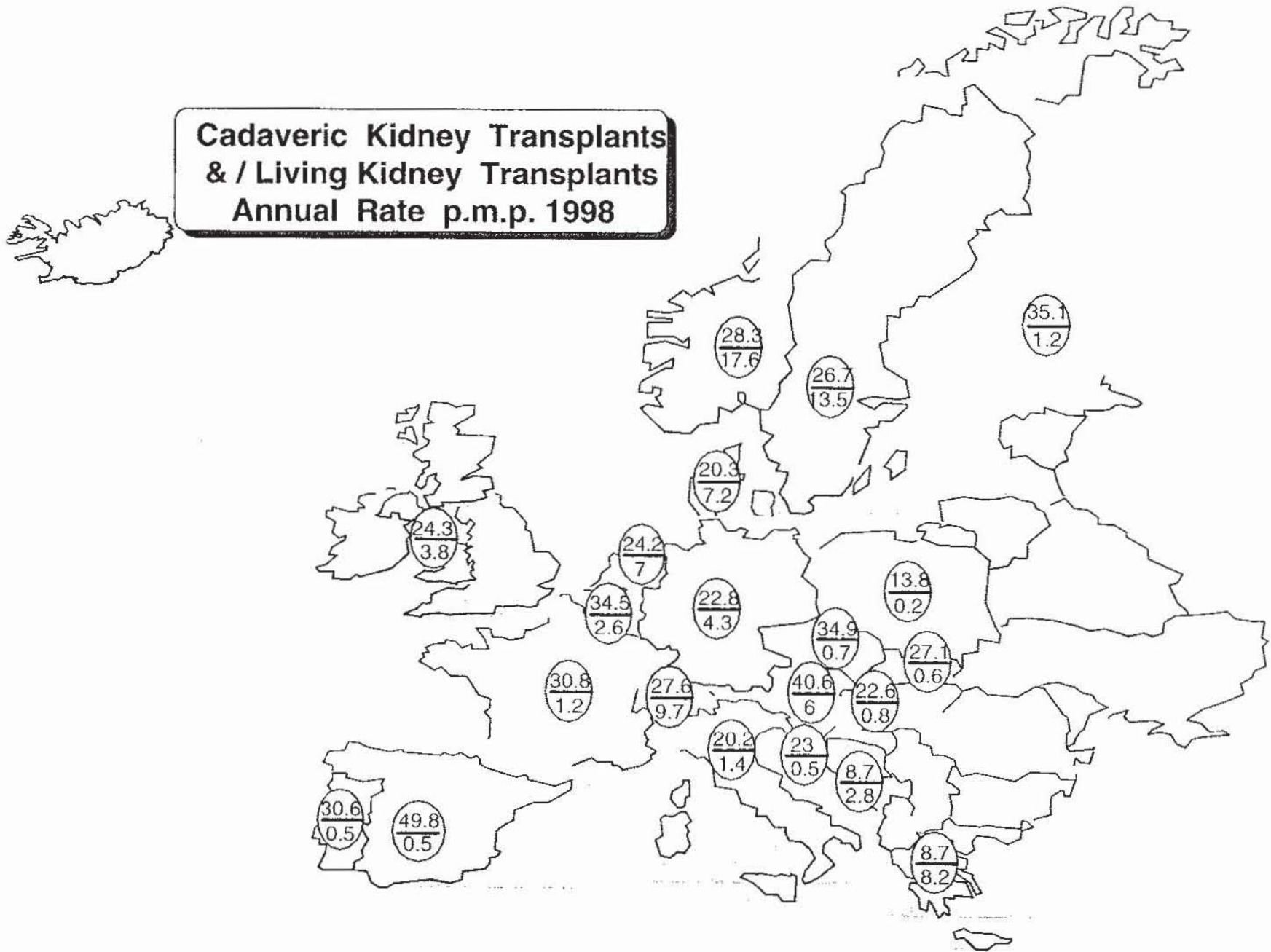
**HEART TRANSPLANT**  
**Annual Rate p.m.p. 1998**  
Heart - Lung Transplant Included



**LUNG TRANSPLANT**  
**Annual Rate p.m.p. 1998**  
Heart - Lung Transplant Included



**Cadaveric Kidney Transplants  
& / Living Kidney Transplants  
Annual Rate p.m.p. 1998**





**MEETING THE ORGAN SHORTAGE**

**CURRENT STATUS  
AND STRATEGIES FOR IMPROVEMENT  
OF ORGAN DONATION**

*EUROPEAN CONSENSUS DOCUMENT*

Transplantation of organs, tissues and cells