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Review of Organ and Tissue Donation Procedures Select Committee

Saturday, 2 August 2008

I am a kidney transplant recipient (March 2007). For some years now I have been pushing to have the current antiquated Opt-In system changed to a more successful Opt-Out or presumed consent system implemented.

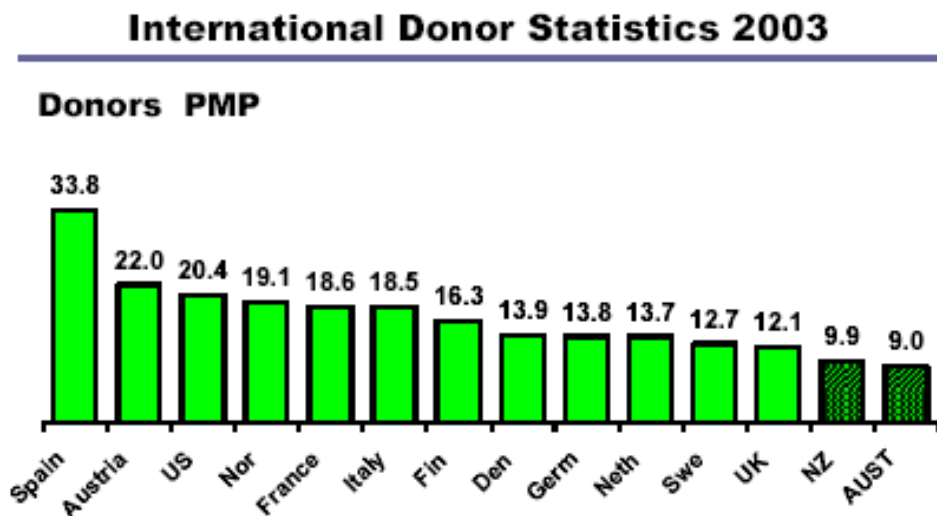
This paper discusses the current problem of the low organ and tissue donation rates and attempts to provide a range of possible improvements with a focus on the Opt-Out system. The advantages and implications of the Opt-Out system are discussed to provide a balanced argument in order that Governments and society may make an informed decision in order to achieve a positive outcome for all.

By Les Campbell

1 (a) Given the relatively low organ and tissue donation rates in Queensland, should a system of presumed consent or 'opt-out' for organ and tissue donation be introduced in Queensland?

Conclusive proof from other countries around the world show that presumed consent or 'opt-out' system will improve the organ and tissue donation rates in Australia. Whilst Australia's rate of organ and tissue donation is approximately 10 donors per million of population, other countries have a much higher rate, at least 50% higher and in some cases 200% higher.

Australia has one of the highest success rates in organ and tissue transplantation in the world. In 2002 Australia's donation rate was 10.4 donors per million of population, the second lowest in the world. (www.msc.es/ont/ing/data/organo.asp) In 2004 this rate dropped below New Zealand (9.9) and became the worst (9.0) in the world. (See graph 1 below)



Source: Australia New Zealand Organ Donation Registry 2004 Report

Moreover, Queensland's organ transplants have declined steadily over the past 5 years. (See table 1 below)

	QLD	NSW/ACT	VIC/TAS	SA/NT	WA	Total
1999	20	50	48	33	13	164
2000	37	55	44	30	22	188
2001	48	46	41	25	13	173
2002	44	61	53	33	15	206
2003	40	54	44	23	18	179
2004	39	69	47	40	23	218
2005	35	63	52	24	30	204
2006	36	53	54	38	21	202

1 (b) If so,

- *should presumed consent for removal of organs and tissue:*
 - i. *be absolute, or should further recourse be required to the wishes of relatives and/or legal guardians in this decision.*
 - ii. *apply to all persons, specifically considering the age, decision making capacity, cultural and religious beliefs of the person? If not, what exemptions and safeguards should apply?*
 - iii. *allow these organs and tissue to be used for other purposes such as research?*

The presumed consent for the removal of organ and tissue should apply to all persons from their birth with the exception of those people who;

- have cultural or religious beliefs that forbid the donation of organ and tissue after death
- conscientiously believe that they do not wish to donate their organ and tissue
- have a medical condition (cancer, aids or similar) that would prevent them from donation

From an ideal world perspective, if society could accept that when you are born in Australia your birth certificate states that you are an organ/tissue donor, the outcomes would be both positive and proactive. A parent of the child may be given the right to change this. High School children would be taught the benefits of organ and tissue donation and would be given the choice of changing at 18yrs of age. When a person is granted Australian Citizenship he or she would automatically become an organ donor.

Public opinion in Spain, where the Opt-Out system operates, indicates that it is unpatriotic, selfish and anti-social to object to organ donation.

This does bring about another question. Should a person who does not wish to donate their organs and tissues be eligible for transplantation? There should be no moral dilemma in this scheme, as those who refuse to donate due to their beliefs, would obviously refuse to receive donor-organs for the same reasons. This situation may influence a change in their thinking. Some people may have some religious beliefs that forbid the organ donation procedure. There are others who just don't want to think about death or mortality. However, although we need the organs, each person has the right to have their wishes carried out if they do not wish to donate as much as if they wish to donate. Under no circumstances should relatives be allowed to countermand the wishes of the patient.

- *What mechanisms should be put in place to enable persons to explicitly register their objection to their organs and tissue being removed?*

An advertising program would be required to inform the public of this change in Government policy. Education about organ and tissue donation could be a subject within the schooling system and be made clearly available to all immigrants entering the country.

A similar system to the current one used to register organ donors could be implemented to register those who do not wish to donate their organs and tissue.

- *What would be the implications, including financial implications, of introducing a system of presumed consent for organ and tissue donation on the operation of all existing legislative, administrative and governance frameworks, including in other jurisdictions.*

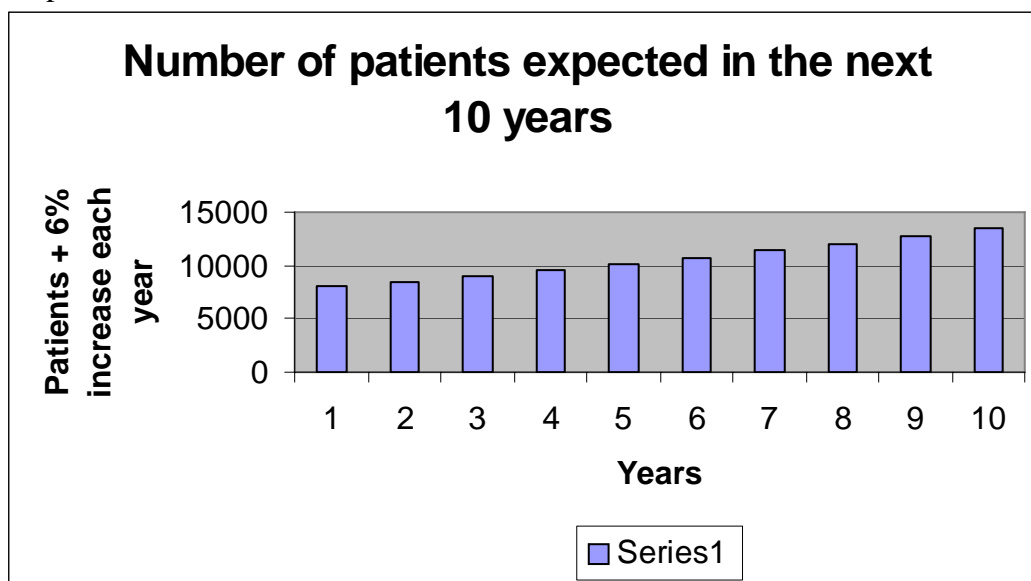
The presumed consent model for organ and tissue donation as used in Spain would provide current first hand knowledge of any implications. One distinct advantage of the presumed consent model would be the reduction in pressure of volunteer groups such as Kidney Support Network who provide transport, carer support and patient support to the many patients unable to drive themselves to Dialysis Units for treatment.

- *What, if any, other matters should be considered in the regulation of this issue?*

A concentrated effort by the State and Federal Governments to drive the organ donor program will benefit everybody financially. It costs the Government approximately \$50,000 per person per annum for dialysis yet the cost of a kidney transplant is about \$15,000 for the hospital stay plus about \$15,000-\$20,000 per year for follow up. (Australian Kidney Foundation & Queensland Health Hospital Bench Marking Model 2002-03 National Hospital cost data collection results.)

The current cost of providing dialysis to patients is in excess of \$400M per year. The cost of maintaining those same people after a transplant would be \$160M per year. Remember, there are currently 8000 people who are undergoing dialysis in Australia. This is increasing by 6% each year. At the present rate, in another 10 years this figure will almost double. (See graph 2 below) The cost of providing dialysis is much higher than providing transplantation for these people. However, only about 1500 of these people make the official active waiting list for a kidney.

Graph 2



2 In addition to the issue of presumed consent for removal of organs and tissue, are there any additional options that should also be considered to increase public awareness of and improve the organ and tissue donation rate in Queensland?

Our best option available is to remove the 'explicit' system and make available many more organs through the 'presumed' system for patients who currently live life hoping and waiting. Patients will live a more normal life after a transplant, Governments will save money and the health system will not be so strained. The Government's own data tell us that this is what the majority (90%) of the Australian public wants. Can we afford not to do this? I strongly urge the Queensland and Federal Governments to encourage debate about organ donation in order to promote change the current policy thereby saving the lives, and improving the quality of life, of many Queenslanders and Australians.

Summary

Patients will live a more normal life after organ or tissue transplantation, Governments will save money and the health system will not be so strained. I strongly support a change to the current system and the introduction of the presumed donor system thereby saving the lives, and improving the quality of life, of many Queenslanders and Australians.

Les Campbell