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BY:.....

13 August 2008

Research Director
Review of Organ and Tissue Donation Procedures Select Committee
Parliament House
George Street
Brisbane Qld 4000

Dear Sir/Madam,

I do voluntary work at PA hospital and realise the value of organ donation especially for those waiting for a long time for transplants. Waiting has major harmful effects not only on the individual but on the family as well. In addition, I have received a benefit from tissue research to find a gene for a hereditary disease in our family. I am therefore in favour of organ and tissue donation.

I believe, however, that organ and tissue donation should be voluntary with informed consent. In answer to the question, Do you support introduction of an opt-out or presumed consent system? My answer is a firm No.

The reasons for this are:

1. On ethical grounds. It is against the law and morally wrong to take another person's property without their consent, therefore as a corollary, it should be unlawful to take another person's body parts without their consent.
2. In Western society the sanctity of the body is regarded highly. Because of this it is a crime to interfere with dead bodies without legal warrant. Legal consent may be given for medical research with the permission of the individual or family, or for the coroner to investigate the cause of death. A situation where consent is not given would be abhorrent.
3. Religious and cultural differences exist within families. It cannot be presumed that an individual wants to donate their organs when they die unless they have specifically indicated so. Parents and children do not always follow the same faiths, adhere to the same cultural practices or, for whatever reason, have the same values and desires.
4. Voting is compulsory, otherwise Australia may experience a low turn-out on election days. The same lackadaisical mind-set may be presumed to operate within the Australian people for opting-out. Many people would forget and not bother to fill in opt-out forms, yet would not wish to donate their organs. Surely the altruism of donations is an excellent factor to be preserved.
5. It has been argued that the public would need to be well informed about presumed consent. As the public does not seem to be well informed about

organ donation, how can it be presumed that they will respond to other information on the issue.

6. Mistakes made where consent was not given yet organs were harvested could lead to expensive court actions and damage medical personnel.
7. People of limited intelligence, disability, communication problems, and children, would have difficulty negotiating formal opt-out paperwork.
8. The opt-out system has not really improved organ harvest rates overseas. What has helped is a better informed public and transplant coordinators who approach likely donors/families.
9. There has been no correlation between the opt-out system and donation rates. Better publicity and administration may increase donation rates.

The current system of organ donation could be improved

1. If some indication was again recorded on Queensland licences. If consent on the licence is not valid maybe an indication that consent should be sought could be on the licence—"Seek consent for organ donation" (Abbreviated). Then, in an accident, authorities could be directed to check the Donor Register.
2. Donor Registration forms should be given out with applications for driver's licences and car registrations, and for new voters who are turning 18 or who have moved to Queensland.
3. The Donor Register should continue to operate Australia/New Zealand wide. As there are many people moving interstate the same systems of advertising, collection of donor permission forms, etc. should prevail across the country.
4. Advance Health Directives should contain a section where organs can be donated so that people think about this choice long before death. Advance Health Directives for all adults could be encouraged.
5. More publicity should be given to the types of people who can donate. Is there an upper age limit? Can parts be retrieved from older people? Can they be retrieved from people who don't die in accidents or are on life support?
6. More publicity should be given to live donors. A major source of kidney donation is from live donors but few members of the public know this.
7. Statistics on the website indicate that nearly a quarter of registered donors come from Queensland. This is good considering the diversity of the population and the size of the state. One of the problems of harvesting donations in Queensland is distance. People die a long way from large hospitals that could do transplants and thus some organs are not harvested. Is this one of the reasons that rates of donation are lower in Queensland?

8. If an individual has indicated their wishes to be a donor on a written formal Donor Register, their wishes should be pre-eminent over next of kin's wishes. If individuals change their minds after registering they should have to make a statutory declaration of withdrawal of consent. This scheme would have to be publicised and may initially mean some people don't register, but would not be likely to have long-term effects.
9. Publicity should be given to systems in place where names of donors and recipients are kept strictly confidential, but they can exchange correspondence, thank you letters, etc, as is co-ordinated by the NSW Red Cross. This might improve the public image of donation.

Thank you for your consideration of my thoughts and beliefs.

Yours faithfully,

A handwritten signature in cursive script, reading "Noeline Kidd". The signature is written in black ink and is positioned above the printed name.

NOELENE KIDD (Mrs)