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Ms Sue Cawcutt,
Research Director
Review of Organ and Tissue Donation Procedures Select Committee
Parliament of Queensland
Corner George and Alice Streets
BRISBANE, QLD 4000

Dear Ms Cawcutt,

Please find attached the Submission by the Australian Association of Social Workers entitled 'Review of Organ and Tissue Donation Procedures'.

The Association is pleased to have had the opportunity to read the Issues Paper, consider the matters raised within it and respond in the form of this submission.

Please advise us if you require any further information.

Yours faithfully,

Sue Cumming
President AASW Q'ld Branch

Submission by the Australian Association of Social Workers Queensland Branch

Review of Organ and Tissue Donation Procedures

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INTRODUCTION

The Australian Association of Social Workers (AASW) is the key professional body representing more than 6,000 social workers throughout Australia. In addition to advocating on behalf of our members and the profession, the AASW has a long history of advocating for and on behalf of vulnerable groups in society.

The social work profession is committed to social justice, self-determination, human rights and the pursuit and maintenance of human wellbeing. The principles and values underpinning the practice of social work in Australia are set out in the AASW Code of Ethics[1]. This submission focuses on issues involved in organ and tissue donation that the AASW believes must be considered and decided upon in the context of a strong ethical framework that gives priority to human dignity and worth and the pursuit of social justice.

The AASW commends the Queensland Parliament for reviewing organ and tissue donation procedures in Queensland and strongly supports the adoption of legislation, policy and practice that will improve outcomes for recipients and provide effective quality support to donor families and other involved parties.

In accordance with the mandate of our profession, the AASW engages with this issue to ensure that the interests of all individuals involved in organ and tissue donation are adequately protected and that policy and practice in this area are governed by ethical standards that respect the decisions, rights, beliefs, and welfare of all the parties concerned.

The AASW submission does not respond directly to each of the 'Issues for Comment' questions set out in the Issues Paper. This submission is structured around what we consider to be the two key matters to be addressed. The first is a specific question of

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[1] AASW 2000 *AASW Code of Ethics*
http://www.latrobe.edu.au/socialwork/field_education/code%20of%20ethics.pdf

whether the system of consent should be changed to introduce a presumed consent or opt-out system, and if so, how that should be structured. The second is a more general question of how organ and tissue donation could be improved in Queensland.

DO YOU SUPPORT INTRODUCTION OF AN OPT-OUT OR PRESUMED CONSENT SYSTEM?

The AASW does not hold a collective view on whether an opt-out or presumed consent system should or should not be introduced in principle. However, we believe that any major change to the existing system of consent should only be made if there is strong evidence that the benefits to be gained from doing so would clearly outweigh any adverse impacts for those involved. We do not consider that there is, at this time, a sound evidence base showing that an opt-out or presumed consent system is demonstrably superior in increasing donation rates over other system reforms, particularly when taking into consideration the potential for adverse impacts of such a system change. The key reasons for this AASW position are set out below.

Direct evidence of effectiveness

International comparisons of donation rates under different consent systems do not provide strong evidence[2] that a presumed consent or opt-out approach necessarily results in higher donation rates. For example, donation rates for 36 countries in 2002[3] showed that although those with presumed consent predominate in the 10 highest ranked countries (8 of the 10) they also predominate in the lowest ranked 10 (7 of the 10).

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[2] acknowledging that there is some supporting research, for example, a report cited in submissions to other inquiries of an analysis of 22 countries over a 10-year period that concluded presumed consent did have an effect on donation rates, however, this research report also concluded that "differences in other determinants of organ donation explain much of the variation in donation rates" and the analysis showing a positive effect for presumed consent did not take into consideration differences in other key underlying factors, such as different structural and coordination mechanisms governing transplantation arrangements, which have been cited as a major reason for Spain's success (Adabie, A & Gey, S 2006 The Impact of Presumed Consent Legislation on Cadaveric Organ Donation: A Cross Country Study, *Journal of Health Economics, 25*:599–620)

[3] analysis of figure 3 rankings published in Adabie & Gey, op. cit.

Spain, a country operating a presumed consent system, is often described as the leading organ donation nation as it has the highest donor per million of population rates. However, as noted in the Issues Paper and other sources[4], this is not directly attributable to the use of a presumed consent system – Spain's donation rate did not improve until other measures[5] were put in place. Other European countries also operating presumed consent systems have low donation rates – for example Greece, which is the lowest ranked donor country of the 19 countries with rates for 2007 given in the Issues Paper.

Outcomes of reviews elsewhere

Introduction of presumed consent or opt-out consent systems has been reviewed[6] in a number of other countries as well as elsewhere in Australia, and has been decided against for a range of reasons. The decisions of these reviews against recommending introduction of a presumed consent system have taken into account not only the research evidence

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[4] expert testimony to the European Parliament enquiry (European Union Committee 2008, *Increasing the supply of donor organs within the European Union* http://www.publications.parliament.uk/pa/ld200708/ldselect/ldeucom/123/123i.pdf)

[5] An analysis by POST (an office of both Houses of Parliament, charged with providing independent and balanced analysis of public policy issues that have a basis in science and technology) notes that while the presumed consent legislation has remained unchanged since 1979, organ donation rates increased during the 1990s after the formation in 1989 of a National Transplant Organisation and a national network of specially trained and dedicated hospital physicians in charge of the whole process of organ donation. The report concludes that this new 'hospital-centred' approach of a proactive donor detection programme, systematic death audits in hospitals, economic reimbursement for hospitals, and the social climate all contribute to the high donation rate, noting that Spain has a smaller population than the UK but twice as many transplant co-ordinating teams. (POST, 2004 http://www.parliament.uk/documents/upload/POSTpn231.pdf)

[6] The National Clinical Task Force on Organ and Tissue Donation's final report, which was released earlier this year, explicitly recommends against introducing a presumed consent (opt-out) system in Australia (*National Clinical Task Force on Organ and Tissue Donation final report: think nationally, act locally* http://www.health.gov.au/internet/main/publishing.nsf/Content/734953F7721631D3CA257458000F330E/$File/Volume%201.pdf).

In Tasmania, the Legislative Council Select Committee on Organ Donation, which reported in June 2008, concluded that changing to an opt-out scheme would increase anxiety associated with donation without necessarily increasing the donation rate. The Committee recommended that the current 'opt in' system for registration of consent to donate be maintained (Legislative Council Select Committee on Organ Donation, 2008 *Organ donation* http://www.parliament.tas.gov.au/ctee/REPORTS/Report080523sm.pdf).

The European Parliament report, released in June of this year, concludes "we do not believe that a convincing case has yet been made for an immediate move to a presumed consent system in the UK" and recommends that it is essential to first strengthen the organisation of organ donation and to raise the level of public awareness and understanding of donation issues (European Union Committee 2008, op. cit.).

The Issues Paper notes that the Dutch Parliament in 2005 and the province of Ontario in Canada decided against introducing a presumed consent or opt-out system in 2005 and 2006.

about effectiveness of such approaches, but also expert witness testimony and views of a range of stakeholders, including patient advocacy groups and testimonies from recipients, donor and recipient families, and live donors. Changing the system of consent is clearly not a 'quick-fix' and 'problem-free' solution to low donation rates.

Consistency with social work professional values

One of the five core values governing the practice of social work in Australia is 'Human Dignity and Worth'. The social work profession holds that every human being has a unique worth and that each person has a right to wellbeing, self-fulfilment and self-determination, consistent with the rights of others[7]. A presumption of consent over-rides the right to self-determination that is embodied in this principle and must be balanced by unequivocal evidence that this is necessary to protect wellbeing and be designed to operate in a manner that maximises informed choice as far as possible, particularly among vulnerable groups.

Potential inadvertent consequences for families

The AASW is concerned that there is potential for a presumed consent or opt-out system, unless well designed and very sensitively managed, to place an additional burden on families of potential donors at a time that they are dealing with the shock and grief of what is often the sudden death of a loved one and to thereby contribute to their distress or to limit opportunities for them to make choices that may help them in resolving their grief.

It is critical that families are dealt with in a professional, respectful and compassionate way that acknowledges their personal views and beliefs and provides an opportunity for the solace that can be derived from fulfilling the expressed wishes of their loved ones about organ donation or from the knowledge that their own active choice in donating this 'life gift' on behalf of their family member will help other people.

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[7] AASW 2000 op. cit.

In particular, a 'strong' system of consent that denies family members direct input into the decision to donate can place additional stresses on families who oppose donation or who may believe that the donor did not want to donate at the time of death, and feel helpless to do what they may strongly feel to be the right thing.

Should a decision be made in favour of introducing an opt-out or presumed consent system, the position of the AASW is that the development and implementation of any changed system must be grounded in a strong ethical framework that demonstrates respect for human dignity and worth and recognizes the needs of all those involved, including potential donors, donors, recipients, families, carers, friends and health professionals. The AASW urges that the principles and the standards for ethical practice set out in the NHMRC[8] guidelines be embodied in the design of any proposed reform in this area.

WHAT ACTION SHOULD BE TAKEN TO IMPROVE ORGAN AND TISSUE DONATION IN QUEENSLAND?

Regardless of whether or not a decision is made to introduce a presumed consent or opt-out system, the AASW considers that action in other areas can and should be taken to improve donation rates as well as provide a quality response to all parties involved. Differences between countries with comparable consent systems[9], between different Australian jurisdictions all of which operate an 'opt-in' approach to consent[10], and even

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[8] National Health and Medical Research Council 2007 *Organ and tissue donation after death for transplantation: guidelines for ethical practice for health professionals* http://www.nhmrc.gov.au/publications/synopses/_files/e75.pdf

[9] for example Abadie & Gey, 2005 op.cit

[10] for example, SA has double the rate of donors per million population and also of rates per 1,000 deaths than most other Australian jurisdictions (Australian Bureau of Statistics 2002 *Australian Social Trends, 2002* cat. no. 4102.0 http://www.abs.gov.au/AUSSTATS/abs@.nsf/2f762f95845417aeca25706c00834efa/16d33563bd5c555cca2570ec000ace6c!OpenDocument)

between individual hospitals within a jurisdiction[11], indicate that different practices and policies can contribute to higher donation rates without recourse to legislative change.

Hospital based policies and practices

There is a strong evidence base in the research and practice literature that demonstrates that higher donation rates can be achieved by improving hospital practices and introducing structural reform focused in particular on coordination and attitude change. For example, reported results[12] for the Organ Donation Breakthrough Collaboration initiative in the United States that commenced in 2003 and its successors (the Organ Transplantation Breakthrough Collaborative initiated in 2005 and the Organ Donation and Transplantation Breakthrough Collaborative initiated in 2006) show organs available for transplant increased 24%, with a concomitant decline in deaths on the waiting lists nationally. This was achieved by identifying and adopting best practices operating in high performing agencies – such as a patient and family centred care model, a dedicated team of personnel, and strong institutional vision and commitment.

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[11] For example, an audit of 12 Victorian hospitals in 2002-04 found a statistically significant difference in consent rates across hospitals for cases where organ donation was discussed (Opdam, H & Silvester, W 2006 Potential for organ donation in Victoria: an audit of hospital deaths *Medical Journal of Australia, 185(5)*:250-54 http://www.mja.com.au/public/issues/185_05_040906/opd11039_fm.html).

There are also examples of high inter-hospital variation reported in the international literature, such as rates of between 25 and 80% for deceased donor identification, 22 to 79% for donation process efficacy, and 29 to 79% conversation rates across hospitals in Italy (Bozzi, G, Saviozzi, A, De Simone, P & Filipponi, F. 2008 The Quality Assurance Program of Organ Donation in Tuscany *Transplantation Proceedings, 40(6)*:1816-1817)

[12] Results reported in the United States Department of Health & Human Services *2007 OPTN / SRTR Annual Report* (ch. II, http://www.ustransplant.org/annual_reports/current/chapter_ii_forprint.pdf).

Other sources reporting figures for different time periods include an increase in the number of deceased organ donors by 32% and in the number of deceased organ transplants by 27%, and a decrease in the number of deaths of people on the waiting list to receive organ transplants by 8% over five years (Dartmouth-Hitchcock Medical Center 2008 http://www.dhmc.org/webpage.cfm?site_id=1&org_id=2&morg_id=0&sec_id=2&gsec_id=48695&item_id=48695) and increased donation rates of 14% in the first full year of operation among the 95 participating hospitals compared to 8% in all other US hospitals (Shafer, T, Wagner, D, Chessare, J, Zampiello, F, McBride, V & Perdue, J 2006 Increasing organ donation through system redesign *Critical Care Nurse, 26*:33-49 http://ccn.aacnjournals.org/cgi/reprint/26/2/33.pdf)

Recent reviews such as the United Kingdom's Organ Donation Taskforce[13] state that increasing organ donation rates by 50% is achievable within five years by adopting a more structured and systematic approach to organ donation that focuses on strengthened coordination and improved leadership and commitment.

The AASW fully supports reforms in hospital-based[14] policies and practices governing organ and tissue donation that are demonstrably effective in improving current processes, subject to such policies and practices recognising and responding to the needs of all those directly involved.

Promoting general community understanding and taking of action

The AASW acknowledges that there already exists a range of quality resources[15] and that information campaigns such as Organ Donation Awareness Week already operate. However, we consider that community education and awareness-raising are critical for maximising organ and tissue donation rates in a manner that is consistent with the principle of self-determination. We also consider that any social marketing campaign must be well-targeted to reach all members of the community including hard-to-reach

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[13] Department of Health 2008 *Organs for transplant: a report from the Organ Donation Taskforce* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082122?IdcService=GET_FILE&dID=157869&Rendition=Web). This report does not address the issue of changing the basis of consent, which is the subject of a separate enquiry still to be concluded.

[14] While acknowledging that the main focus of both practice and research in donation is the hospital setting, the AASW's comments are intended to apply to all settings where organ and tissue donation requests may occur.

[15] For example, information for use by the general public is readily available through the websites of organisations such as Queenslanders Donate at http://www.health.qld.gov.au/queenslandersdonate/ and similar agencies in other jurisdictions, as well as those of other bodies such as Transplant Australia's facts and statistics section on organ and tissue donation at http://www.transplant.org.au/Facts__Statistics_on_Organ_and_Tissue_Donation/Facts__Statistics_on_Organ_and_Tissue_Donation.aspx and the David Hookes Foundation's fact section at http://www.davidhookesfoundation.com.au/index.php?option=com_content&task=view&id=4&Itemid=34

There are also published resources such as the NHMRC 2007 booklet *Making a decision about organ and tissue donation after death* (http://www.nhmrc.gov.au/publications/synopses/_files/e74.pdf) and the David Hookes Foundation brochure *Don't leave the world without leaving your mark* (http://www.davidhookesfoundation.com.au/images/downloads/DHF%20Brochure.pdf)

groups[16], be evidence-based in its development and delivery, and provide value-for-money.

We suggest that resources or campaigns focus not just on potential donors as individuals but as members of families, and that they stress the importance of people discussing the issue with their families[17] so that other family members are aware of the potential donor's intentions and views and there is opportunity to resolve family concerns before the donor's decision is made.

The AASW fully supports measures to improve the community's understanding and acceptance of organ and tissue donation.

Monitoring and reporting on performance

The Issues Paper does not address the issue of performance monitoring and evaluation of outcomes. The AASW considers that this is an important consideration. Without effective monitoring systems, there is insufficient information and incentive to improve. We also consider that public reporting of outcomes is important, both on accountability grounds and to improve community acceptance and knowledge about the area.

The AASW also considers that indicators of success should not be limited solely to donation rates. An effective system needs to address, and ideally also measure performance in relation to, impacts in other areas so as to identify where and how further improvement can be made. For example, community understanding and acceptance of organ donation, views of donors or potential donors and their family members about the

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[16] noting that one of the recommendations of the National Taskforce is that governments provide resources to develop and implement targeted promotional and educational activities on organ, eye and tissue donation to engage Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities (National Clinical Task Force on Organ and Tissue Donation, op. cit)

In Queensland, an awareness raising brochure *Make a difference... Give somebody a second chance... talk to your family and community!* was produced by the Indigenous Health Service Hospital Liaison Team in collaboration with Northside Indigenous community organisations, following wide research amongst Indigenous communities throughout Queensland. It was published by Queensland Health in 2005.

[17] for example, the NHMRC booklet *Making a decision about organ and tissue donation after death* includes a section 'Talk to Your Family'

experience, perceptions of community groups on the extent to which cultural, religious and spiritual beliefs are acknowledged and respected in practice.

The AASW recommends that an effective system of performance monitoring and evaluation is established and there is public reporting of results.

Adequate resources

The Issues Paper and other reports[18] acknowledge that resources play a key role in increasing and sustaining high rates of organ and tissue donation and other sources[19] show that investing in this area is cost-effective for the health sector.

The AASW recommends that any intended reforms be adequately and appropriately resourced[20] and that sufficient resources are made available to ensure existing

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[18] for example, a July 2008 Commonwealth Government factsheet notes: "in Spain, the world leader, ... hospitals and their staff have sufficient training and capacity to identify all potential donors; and there are no cost barriers in hospitals that prevent organ donation proceeding." (*A world's best practice approach to organ and tissue donation for Australia: overview* http://www.health.gov.au/internet/main/publishing.nsf/content/B5AC5303C8932F30CA25747A000BF6A4/$File/ORGAN%20FACT%20SHEET.pdf)

also addressed in expert witness testimony to the Tasmanian Legislative Council Organ Donation Select Committee by Professor Jones http://www.parliament.tas.gov.au/Ctee/Transcripts/Organ%20Donation%2030%20Jan%2008%20-%20Prof%20Jones.pdf

[19] Described in expert witness testimony to the Tasmanian Legislative Council Organ Donation Select Committee by various professionals, for example, the costs of a coordinator position relative to cost of ongoing dialysis (http://www.parliament.tas.gov.au/ctee/lcorgan.htm).

A cost-effectiveness analysis presented in the supplementary report to the UK Organ Donation Taskforce report released earlier this year provides strong evidence on the economic benefits of increased donation (Organ Donation Task Force, 2008 *Organs for transplants* http://new.wales.gov.uk/dhss/publications/health/reports/transplant/organsupplemente.pdf?lang=en).

There is also other relevant international research evidence, for example, of donation rates being positively affected by the amount of time the family spent with in-house coordinators in US research (Shafer, T, Ehrle,R, Davis, K, Durand, R, Holtzman, S, Van Buren, C, Crafts, N & Decker, P 2002 Increasing organ recovery from level I trauma centers: the in-house coordinator intervention, *Progress in Transplantation, 14(3)*: 250-63)

[20] The AASW considers that this issue of resourcing relates not only to matters such as adequate ICU bed space that is referred to in relation to the Spanish model in the Issues Paper and other reports, but the wider range of financial and non-financial resources (including an appropriate mix of skill and expertise base of workers in the field) that applies across the continuum of organ and tissue donation from the point of first contact for request to donate through to assistance and support to families of donors after a family member has made a decision about donation, whether they decide to donate or not.

mechanisms that are not subject to reform can both operate as effectively as possible and provide a quality response for all parties involved.

In particular, we strongly endorse the need for appropriate and quality support to be available to families of potential donors. An approach that is task-focused on identifying and retrieving organs and tissue as quickly as possible in order to save other's lives is understandable, but the AASW considers that those requirements must not ignore the needs of families. Responding to loss and bereavement is an area where the system response is not well coordinated generally, and families need and deserve the support and assistance that trained professionals can offer.

Contribution of social work professional expertise

Social workers have a strong contribution to make in this area that has not been fully taken up to date[21]. International research shows high consent rates achieved by social workers where they are involved in organ and tissue procurement processes[22]. There are

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[21] Diverse roles for social workers in relation to organ and tissue donation have been outlined in the research and practice literature. For example, a journal article reporting on a 'successful experience' in how to promote organ donation in Taiwan describes a multi-disciplinary transplantation coordination team approach, including a social worker who "performed all clerical work, including legal documentation, accounting, funeral arrangements for the donors, etc." (Chou, N, Ko, W & Lee, C 2002 How to Promote Organ Donation: A Successful Experience at the National Taiwan University Hospital, *Transplantation Proceedings*, 34:2556–7). Other literature describes a role for social workers in terms of evaluating the psychosocial profile of potential recipients, maintaining a therapeutic relationship with recipients and their families after transplant, membership on ethics committees that establish guidelines and criteria for transplantation procedures, providing the potential donor family with information and supporting them in the grieving process, assisting the family in decision-making about the request to donate, etc (Geva, J & Weinman, J 1995 Social work perspectives in organ procurement, *Health and Social Work, 20(4)*: 287-93). As described later in the submission, the AASW considers that social workers have a key role in providing quality assessment and support while families are deciding whether to donate as well as the more traditional role of being involved after they have consented – this has not been appropriately recognised to date in the literature.

[22] for example, in US research consent rates for requests made by social workers were 66.7% compared to those made by physicians (53.6%), nurses (56.3%), or organ procurement organisation staff members (64.1%) (Siminoff, L, Gordon, N, Hewlett, J & Arnold, R 2001 Factors Influencing Families' Consent for Donation of Solid Organs for Transplantation, *Journal of the American Medical Association, 286:*71-77 http://jama.ama-assn.org/cgi/content/full/286/1/71)

social workers working as donor coordinators in South Australia[23] – the jurisdiction with the highest consent rates of any Australian jurisdiction.

In Queensland, there are precedents[24] for social workers obtaining consent for tissue donation in coronial and hospital settings, rather than for solid organ donation. Very high consent rates[25] have been achieved, while respecting the needs and wishes of potential donor families and providing them with support, counselling, and other assistance. Social work professionals have expertise in areas such as assessment, counselling, crisis intervention, and providing information and support that is appropriate to the family's understanding and experience in a way which is sensitive to their needs and circumstances. Such skills are essential to achieving high donation rates[26] that are based on informed decision-making, made without pressure to donate[27], that leaves the family comfortable with the decision afterwards.

Social workers, as professionals with expertise in family dynamics, mediation, and grief and bereavement, are particularly well placed to deal with not only the process of seeking formal consent from the direct next-of-kin, but also in assisting the family as a whole in

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[23] expert witness testimony to the Tasmanian Legislative Council Organ Donation Select Committee from the National Organ Donation Collaborative in SA (http://www.parliament.tas.gov.au/ctee/Transcripts/Organ%20Donation,%20Adelaide%2027%20%20November%202007.pdf)

[24] A tissue donation program was pioneered by tertiary referral hospital social workers for heart valve tissue, subsequently extended to eye and bone tissue, and now continues in the forensic pathology centre (John Tonge Centre) in Brisbane.

[25] An 81% consent rate was reported for heart valve tissue donation at coronial autopsies in Queensland over the period 1990-95 and a 74% rate for bone tissue donation between 1994-97 compared to the national average of 48% (Haire, M & Hinchcliff, J, 1996, Donation of heart valve tissue: seeking consent and meeting the needs of donor families, *Medical Journal of Australia, 164,* 28-31; Forbe-Smith, L, Haire, M & Doneley, M 2002 Social work practice in the donation of human tissue for transplantation: utilising social work values and competencies to achieve effective outcomes for transplant patients and donor families, in Jackson, A & Segal S (eds.) *Social Work Health and Mental Health,* The Haworth Press). The coronial tissue donation service operated from a hospital base from 1990 until 2004 and from 2004 to the present at the John Tonge Centre.

[26] Haire, op.cit; Forbe-Smith, op. cit.

[27] relevant to effectiveness of achieving consent as well as in the interests of minimising distress of families, for example, in US research involving interviews with over 400 donor families, those who felt harassed or pressured to make a decision were far less likely to donate – 34% compared to 66% (Siminoff et al, op.cit.)

this decision-making process. As has been noted in expert witness testimony[28] to other inquiries, not everyone in an extended family may agree with the decision to donate.

There is a substantial body of knowledge on the benefits of a multidisciplinary approach in the health field generally. Bringing together professionals with diverse skills and approaches promotes a more effective and better quality response to the donation, retrieval and use of organs and tissues for transplantation. Social workers have a valuable contribution to make in this area, based not only on the professional skills in dealing with potential donors and their families already described, but also their understanding of system dynamics and multi-disciplinary working in hospital settings which promotes the inter professional collaboration important for providing an effective and quality response in the area of organ and tissue donation.

The AASW endorses the applicability to Queensland of the following comment published[29] in a report on the US National Collaborative referred to earlier:

> *"Even though the United States appears to have a good system, major improvements are necessary, because what is needed is a great system. However until the responsibility for donation outcome and system participation includes not only organ donation and transplantation professionals but also hospital staff (eg. nurses, physicians, senior leaders, social workers, chaplains), a great donation system is not possible."*

CONCLUDING COMMENTS

The AASW supports the introduction of measures demonstrably effective in improving outcomes for patients requiring organ and tissue donation, but firmly holds the position that, in doing so, the needs and interests of all involved parties must be addressed and that

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[28] Professor Jones, evidence to the Tasmanian Legislative Council Organ Donation Select Committee http://www.parliament.tas.gov.au/Ctee/Transcripts/Organ%20Donation%2030%20Jan%2008%20-%20Prof%20Jones.pdf

[29] Shafer et al, op.cit. p.34

the diversity of cultural, religious and spiritual beliefs held by the individuals that make up our Queensland community be respected. The AASW urges that the development of any proposed reform in this area is firmly grounded in a strong ethical framework. We recommend that regardless of whether or not a decision is made to introduce a presumed consent or opt-out system, action in other areas can and should be taken to improve donation rates as well as provide a quality response to all parties involved. We believe that social workers have a strong and valuable role to play as members of multi-disciplinary teams involved in the consent process for organ and tissue donation that has yet to be fully realised.