



Speech by

**DESLEY BOYLE**

**MEMBER FOR CAIRNS**

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Hansard 14 April 1999

**TRANSPLANTATION AND ANATOMY AMENDMENT BILL**

**Ms BOYLE** (Cairns—ALP) (9.57 p.m.): I am pleased to rise to support the sentiment of the member for Thuringowa, although not to support his Bill. The Transplantation and Anatomy Amendment Bill 1998 is indeed soundly based in terms of its intention. It has an important objective. It would appear that all of us in this House from all political parties and Independents are in agreement with that. However, the method of the legislation is the matter at hand, and I think that it is faulty.

I think I understand the position of the member for Thuringowa. As have I, he has been in this Parliament for only the past nine months. So many times before being elected I remember sitting in my lounge room watching the television news and thinking, "Why don't they do this?", or "Why don't they do that? It is a straightforward idea. Why don't they get on with it? Surely, the reason they have not got on with it"—whatever the "it" was, and the solution seemed so obvious to me—"is that they are all being lazy down there and not attending to the matter."

During the nine months that I have spent in this House, I have been confronted with the realisation that what sounds very often like an effective solution actually has many elements of complication. As members have a responsibility to ensure that the legislation that we bring to this Parliament is well based in fact and will be effective in achieving its objective, it is generally necessary, as it is tonight, to step back a little from what looks like an obvious solution and consider the facts. I would like to bring certain facts to the attention of members of the House before we talk further about the position that I suspect we should take in terms of further action.

For example, one organ donor can donate organs to nine recipients while one tissue donor can help as many as 32 recipients. Organs and tissues that can be transplanted include corneas, blood, skin, bone and bone marrow, ligament, tendon, cartilage, blood vessels, intestines, liver, heart, kidney, lungs, ears, hip joints, hormone producing glands, testes and ovary. Queensland and Western Australia can boast the highest rate of multiple organs donated from one death. The rate of multiple organ donation in Queensland is 4.1 organs per death compared to the Australian rate of 3.6 organs per death. Therefore, Queensland is not lagging behind. We are doing well in comparison with national figures.

Another factor to be considered in determining the suitability of the donation is the age of the donor. For example, a donor is able to donate a kidney up to the age of 75, a liver up to the age of 65, a heart up to the age of 55 and a cornea from age two onwards and there is no upper limit.

Medical conditions can prohibit a person from being a donor. These include some malignant diseases, any known disease of the donor organ or tissue, relevant chronic disease or systemic or severe localised infection or, of course, infection with blood-borne viruses such as AIDS, HIV, Hepatitis B or Hepatitis C. Certain other exclusions apply to particular organs. For example, a kidney donor must have no history of renal disease. While those conditions must be met, there is also the need to have the prior consent of the potential donor. This is where the matter gets complicated. Being willing is only a small part of the picture. It is a small part of the process by which suitable donors can be found and their donations used appropriately.

The other issue that has already been highlighted to the House tonight is the importance of the attitude of the next of kin. It is not at all ideal that the next of kin only finds out during the immediate period of grief and mourning that the deceased, either recently or 10 years previously, ticked the box on

their driving licence that allows their organs to be used. An opportunity for the next of kin to participate in the decision would be welcome.

Taking all of these factors into account, I was amazed to discover in my research that only 1% of the population are potential organ donors. It is nowhere near as easy or as simple as we wish it could be. Over the past four years, the Australian/New Zealand organ donation rate has, interestingly, remained relatively unchanged at an average of 10 to 11 donors per million of population. Queensland has been consistent with that pattern. The number of Queensland donors has remained constant at 10 to 11 donors per million since 1995. According to the Australian and New Zealand Organ Donation Registry, Queensland exceeded the national average in 1998 with 12 donors per million of population, while the overall Australian average was 10.5.

The number of organ transplants carried out in Queensland has increased from 227 in 1992 to 263 in 1997. The transplantation operation rate in 1997 in Queensland was 28 per million of population, which is comparable with New South Wales at 27 and Victoria at 26. That is good news as it shows that Queensland is on track. Of course, that is not a good reason for Queensland to cease to lead the way in finding new and better methods for increasing suitable organ donation.

However, as we have already heard tonight from the Honourable Minister for Health, the problem is getting more severe because the number of patients on donor transplant waiting lists has been increasing steadily. They greatly outnumber the available donors. With around 3,000 Australians currently on waiting lists for organ donations, the Australian total of 196 organ donors in 1998 demonstrates the disparity between the demand and supply. Those 196 donors supplied a total of 661 organs to patients on the waiting lists last year. Sadly, about 20% of Australians on the waiting lists for organ transplants die each year while more patients join the queue. Surely, given those figures, no member in this House would not support the intent behind the Bill that we are considering tonight. Our solutions need to be well considered. We need to ensure effectiveness while, as other honourable members have mentioned, being mindful of the consideration and sensitivity that must be shown to individual and family issues.

What can we learn from the overseas experience? Considerable research has been done, some of which is relevant to our decision tonight. One study, conducted by the Eurotransplant International Foundation, looked at attitudes towards the donation of organs and the impact that those attitudes might have on organ transplant programs. This study gathered information from hospitals in Spain, the UK, the Netherlands and Canada. The study focused on 579 patients in 11 hospitals. It found that 398 of those patients could potentially donate at least one organ, but only 124 donations eventuated. Of those 398 potential donations, 166 of the non-donations were attributed to hospital staff failing to detect the potential donation and taking appropriate action to secure the donation. I suggest to honourable members that that gives us a clue to the kind of reform that we might look at. We can ensure that our hospital staff can act at the time that a death occurs although, of course, sensitively in concert with the relatives of the person who has died. That is the point at which the donation rate can be best increased.

Another lesson can be learnt from some American research. The American Society of Transplant Physicians has conducted investigations to determine the impact of comprehensive State legislation requiring acute care hospitals to notify the State's organ procurement organisation about all patient deaths. It is then up to the organisation to determine suitability and it is up to the relevant hospitals to proceed with transplants where consent has been given. The investigation found that the legislation resulted in a 58% increase in referrals of medically suitable potential donors, a 40% increase in organ donations and a 49% increase in transplants. The study concluded that well-designed legislation combined with proper implementation dramatically increased the number of organs donated and the number transplanted. It should most certainly be our understanding that there are methods available, although not the method that is proposed in the Bill before the House tonight.

I note the amendment proposed by the Opposition spokesperson on Health that this matter should be referred to the Legal, Constitutional and Administrative Review Committee of which, as it happens, I am a member. I am disappointed in the amendment, although I understand its intention. I note that the Opposition spokesperson on Health suggested that it would be a good referral, because the committee had the resources to manage the exercise. That is not in fact so. Queensland Health has a great many more resources to manage this exercise than has the Legal, Constitutional and Administrative Review Committee. I endorse absolutely the member for Maroochydore's intention that this be a genuinely non-partisan exercise and that that is surely her intention in referring the matter to the committee. However, it would be a poor thing if agreement were reached between all honourable members of this House—Independent members, members of the One Nation Party, members of the National/Liberal coalition and members of the Labor Party—and we could not use the resources, expertise and knowledge of Queensland Health to assist us with a non-partisan approach to improving organ donation in Queensland, but instead we had to stand aside from the department and move to the committee.

I will, of course, accept the direction set by the House when we vote on the amendment. As a member of the committee, if the matter is referred to us, I will eagerly support the chair in conducting that review and reporting back to the House. However, my preference is that we clearly support the direction that this further reporting mechanism come directly from Queensland Health to the Parliament and honourable members.

I also join with the previous speaker in offering my congratulations to the member for Thuringowa. He is on the pace in terms of his sensitivity in respect of an issue of great importance to a lot of people in Queensland. As we research this issue and come to understand it better, it will become of greater importance to even more Queenslanders. I commend the honourable member. I hope that over the following months this Bill will lead to improved organ donation rates in Queensland and that perhaps in as little as a year's time we can all feel that we have made a significant contribution in a united fashion on a matter of life and death.

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