Speech by

Hon. WENDY EDMOND

MEMBER FOR MOUNT COOT-THA

Hansard 28 April 1999

TRANSPLANTATION AND ANATOMY AMENDMENT BILL

Hon. W. M. EDMOND (Mount Coot-tha— ALP) (Minister for Health) (9.01 p.m.): I repeat that the Government will not oppose the amendment to refer this Bill to a committee. However, I do not intend to sit back and do nothing while that happens—as has been suggested. The Government is not just looking at it; we are acting already. This has already been produced, and this is what we are acting on.

In September 1998, the Beattie Government brought down its 1998-99 Budget and allocated the funding to implement an improved coordination service for organ and tissue donation. As a result, Queensland Health has formulated a range of strategies known as Queenslanders Donate, which is very similar to the program that members have talked about and which was established in 1996 by the South Australian Government. The South Australian Organ Donation Agency has been successful in lifting that State's donor rate from 14 to 15 per million of the population to 23 per million in 1998. That is the highest donor rate in the country, and it is almost double the Australian average.

South Australia's program is based on the Spanish model of organ donation, which has allowed Spain to have the highest donation rate in the Western World. The Spanish model has a nationwide standard donation process. In South Australia, which closely follows that model, donor coordinators are employed to liaise with the transplant coordinators. The South Australian donor coordinators also identify potential organ donors and speak with their families about their knowledge of the deceased's wishes regarding organ donation. As I mentioned in my first speech on this Bill, there is absolutely no indication that families go against the wishes of their loved ones. Eighty-five per cent of families approached agree to donation. Almost 100% of those who know the deceased person's wishes carry out those wishes. There is not a block there.

The South Australian model has staff responsible for professional education and public relations in its hospitals. This is similar to our structure, and we will have a number of positions responsible for increasing organ and tissue donation in Queensland. As I said, this program is working well in South Australia and exceptionally well in Spain, and it will also work well in Queensland and will boost the organ donation rate for Queenslanders. There will be a manager whose primary role will be to establish and manage Queenslanders Donate, and this position has already been advertised. It has Statewide responsibilities. The manager will liaise and negotiate with Queensland Health service districts, the John Tonge Centre and private hospitals and maintain a network to maximise organ and tissue donation.

There will be four other positions, including: a social worker whose role will be to increase tissue donation through contact with families of deceased persons at the John Tonge Centre; a retrieval technician; a mortuary technician; and a project officer who will investigate and analyse the potential to increase tissue donation through the implementation of more flexible working arrangements at the John Tonge Centre.

I repeat what the member for Rockhampton said. When people tick the box to donate, they are not donating a single organ; they are agreeing to donate whatever people wish to use. That can be quite a significant number of various parts of the body—whether it be organs, tissue, bones, ligaments or lenses.

In addition, there will be seven part-time intensive care coordinating nurse positions in the metropolitan and provincial hospitals who will educate and increase awareness of intensive care unit

staff and conduct audits of deceased persons to determine the causes for missed potential donors. These positions are in addition to the existing three transplant coordinators.

It is also proposed to develop a transplant clinical committee to support the manager through the provision of policy direction. I am pleased to advise the House on the progress of filling these positions. Applications for the manager's position have closed, short-listing will occur next week, and interviews will be conducted within the next two weeks. The recruitment process has started for the remaining positions. This new structure and allocation of funds will be evaluated after a period of 12 months to assess its effectiveness in increasing the rate of organ and tissue donation in Queensland.

Queenslanders Donate will increase organ and tissue donation rates in Queensland and has the potential to improve the health of patients suffering from chronic disease through transplantation and to reduce the long-term costs on the health system. But it should be recognised that South Australia has the advantage that the vast majority of its population live in the major metropolitan area. That is quite unlike the spread of population and services that we have in Queensland.

In my earlier working life, I did a lot of work with post-transplant patients, assessing the blood flow and function of transplanted organs. This goes back to the 1970s, when we were doing the first kidney transplants. Indeed, I was involved with the very first liver transplant in Australia, performed here at the Royal Children's Hospital, part of the Royal Brisbane Hospital. I would like to share with members what happened in those days to give them some idea of what they are asking families to do.

At that time, there was one ICU at the Royal Children's Hospital. In that ICU, which contained only half a dozen beds, there were two patients, including one small baby who was waiting for a transplant. That baby was being fed with the purpose of building it up so that it was strong enough to withstand an extensive operation. In that same ICU unit there was a baby who was being kept alive, with its family nearby, together with the family of the baby who was going to receive the organ. They were all in the same ICU until such time as the baby awaiting the transplant was fit for surgery, and then the equipment keeping the other baby alive was switched off. Can members imagine being the parents of that dead baby? Because that is what it was: baby-to-baby donation. That was before the days of the Brisbane technique, which allowed us to cut down——

Mr Nelson: Babies don't sign drivers' licences.

Mrs EDMOND: No, they do not, but they still have grieving parents who give permission to use the organs of their dead child so that other people may live. It is important that here tonight we also remember the rights and the concerns of the parents and the staff involved. I talk to those staff.

Mr NELSON: I rise to a point of order. Does this have any relevance to the Bill that members are debating?

Madam DEPUTY SPEAKER (Dr Clark): Order! There is no point of order.

Mrs EDMOND: That member has brought this debate down to the lowest depths, and I think that all members would condemn that. Whereas we recognise the importance of the debate and the initiative of the member for Thuringowa, I believe that the member for Tablelands needs to listen for a little while.

We do need to consider the parents. We do need to consider the loved ones. We also need to consider the staff, because the stress on the staff involved in keeping alive both patients was enormous. There was an enormous staff turnover. A lot of them could not stand it, and they left. I know that the member for Tablelands could not give a darn about the staff in Queensland Health.

Mr NELSON: I rise to a point of order. I find that remark offensive and ask that it be withdrawn.

Madam DEPUTY SPEAKER: Order! The member seeks a withdrawal.

Mrs EDMOND: I withdraw. I wish that the member would withdraw.

Mr NELSON: I rise to a point of order. I find that remark offensive and ask that it be withdrawn.

Mrs EDMOND: I withdraw. I ask members in this Chamber to remember all the people involved in these events: the recipient of the donated organ; the deceased donor and their grieving loved ones; and, of course, the team of staff who care for all of those people. All of these people must be reconciled to the decision to proceed to organ donation. The staff cannot go ahead if they feel that in any way people have been coerced into that decision. Our current transplant teams are world recognised as truly remarkable and expert practitioners in their field. They already have to deal with enormous pressure and distress from the parties involved in all aspects of the transplant cycle. I am determined that this particular legislation advantages all of these parties, including the staff.

Australia has a proud history of providing quality health care at the highest technical level, including transplantation of organs and tissues. It achieves nothing to override the concerns of the staff or the feelings of the grieving families, as suggested by this Bill. I believe that more can be achieved by the coordinated approach that I have previously put forward.

As I said at the outset, the Government does not oppose the intent of this Bill, but we do not believe that it will achieve its stated aim. In the meantime, I urge all members to make their wishes known to their families.