Donor Tissue Bank of Victoria

Inquiry into Organ Donation in Victoria

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Donor Tissue Bank of Victoria

• Started by the VIFM, Victoria’s statutory autopsy provider, in 1990

“Autopsy is a significant event and the community has the right to expect that, if an autopsy is necessary, subject to law and in accordance with community attitudes, the best use is made of it.” Prof. Stephen Cordner, Director

• TGA licensed and NATA (micro/sero Lab) accredited
• Only Multiple (MSK/Skin/Cardiac) Tissue Bank in Australia
• Own in house Tissue Donor Coordinators
• Only bank providing skin in Australia
Which tissues can be donated?

- (Corneas – Lions)
- Bone
- Tendons
- Skin
- Heart valves
Bone Grafting
Tendon Grafting
Skin Grafting

Bali (2002)

Black Saturday (2009)
Heart Valve Grafting
Tissue Donation

- Tissues can be donated
- Tissues can be stored

Tissue Banks

Victorian Institute of Forensic Medicine
Donor Tissue Bank of Victoria
Tissue donation and banking

- Donor selection
- Consent
- Retrieval
- Processing
- Storage
- Distribution
DTBV Programs

• Deceased Donor
  – Donation after death
  – Multiple tissues
  – Coronal, DonateLife, Hospital Referrals
  – In house donation within 24 hours death
  – Donor transported to DTBV

• Living Donor
  – Patients undergoing hip replacements
  – Hip bone only
  – Collaborating hospitals (23)
  – Part of surgical procedure in hospital
  – Tissue transported to DTBV
TOTAL CADAVERIC 2006 TO 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Cadaveric Donors</th>
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<tbody>
<tr>
<td>2006</td>
<td>87</td>
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<tr>
<td>2007</td>
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<td>2008</td>
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<td>2009</td>
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<tr>
<td>2010</td>
<td>59</td>
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<td>2011 (Jan-June)</td>
<td>21</td>
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Maximising opportunities in tissue donation - Acts

- Coroners Act 2008
  - Reportable deaths are an important source of donors (sudden deaths otherwise fit and healthy).
  - The Coroner supports donation, **but timing is crucial**.
  - There is no provision in the Coroners Act to support donation, hence it is **always** in the wake of identity, cause and circumstances of death.
  - Timeliness conflict for establishing contact with Senior NOK (coroner) vs Senior **available** NOK (DTBV).
Maximising opportunities in tissue donation – Acts

- DTBV relies entirely on voluntary notification and good will. There is no provision in the Human Tissue Act to require anyone to notify a death or a potential donor to a donation agency.
Other issues

• Regional capacity – location needs to be suitable (operating theatre). Limited by movement of the deceased and cost to a suitable facility.

• Regional capacity – Living program limited by reducing transport infrastructure (rail) resulting in inefficient dependence on road couriers.
Other issues

- Increasing public/professional awareness; normalising after death discussions about the donation process.

- Pressure on hospitals (including cost) to run donation programs; e.g. the living donor program requires the clinic preadmission nurse or doctor to undertake consent and ascertain medical history. These clinics are often understaffed and program relies on the goodwill of a departmental ambassador.
Other issues

- DTBV operates as cost recovery. In deficit. As donation rates fall, so does income. Majority of costs in staffing. Reduced staffing reduces ability to bank tissue 24/7. No access to ongoing public funds in particular from Health (as Vic’s health system is devolved with ‘services’ commissioned by individual hospitals).
Thank you!

Leaf Day