21 April 2011

Mr Richard Willis
Secretary – Council Committees
Legal and Social Issues Committee
Legislative Council
Parliament House
Spring St Melbourne VIC 3002

Dear Mr Willis

Inquiry into Organ Donation in Victoria

Thank you for the opportunity to make this submission to the Legislative Council’s inquiry on options and mechanisms to increase organ donation in Victoria.

By way of background the College has been very active in this field. We sustain a Transplant Surgery Section of the College for interested Fellows. There is a significant scientific and educational transplant surgery program at our Annual Scientific Congress each year. We have also responded to the Transplantation Society of Australia and New Zealand consultation on Organ Donation from Deceased Donors and are advocating to the Commonwealth Department of Health and Ageing for a national centre for Intestinal Failure and Small Bowel Transplantation to be based in Victoria.

In developing this submission we sought the views of our Section of Transplant Surgery, and our Ethics Committee. The College response is summarised below.

The establishment of the Organ and Tissue Authority on 1 January 2009 under the Australian Organ and Tissue Donation and Transplantation Authority Act 2008 created an independent statutory authority within the Australian Government Health and Ageing portfolio. The task of the authority is to establish a coordinated approach to organ donation in partnership with states and territories. The subject of national approaches to organ donation will undoubtedly be covered in the course of the inquiry. The College feels that a National approach is most appropriate rather than separate State approaches, whilst applauding the Victorian Legislative Council for conducting this enquiry. The Authority is an independent statutory authority within the Australian Government Health and Ageing portfolio. The purpose of the Authority is to establish - in partnership with states, territories, clinicians, consumers and the community - a nationally coordinated approach to organ and tissue donation for transplantation. The Authority has been funded to implement 9 measures as part of the reform agenda. These national measures include:

- A new national approach and system - a national authority and network of organ procurement organisations
- Specialist hospital staff and systems dedicated to organ and tissue donation
- New funding for hospitals
• National professional awareness and education
• Coordinated, ongoing community awareness and education
• Support for donor families
• Safe, equitable and transparent national transplantation processes
• National eye and tissue donation and transplantation network
• Other national initiatives, including Living Donation Programs

This is the nationwide response and focus from the College but in particular in Victoria there are some pertinent local issues that warrant close scrutiny. National initiatives have successfully increased donor rates in Victoria. In particular, a program which embeds staff in hospitals has improved awareness of transplant process and procedures. The College supports the continuation of this program beyond the current funding period. The College would also like to draw attention to the fact that while this particular national initiative contains provision for funds on the donor side, it does not currently fund the recipient side of transplantation.

The College would like the Council to note that there should be recognition within funding models that many donation-related medical activities occur out of standard operating hours. This has a wide impact on the availability of appropriate staff. This includes non-medical staff, including ancillary services including social work, translator services and pastoral services for example. Additionally, any increased level of donations will include a higher demand placed on procedural diagnostic services to assess suitability for donation.

The current reporting mechanism for public hospital surgical services is focused on elective surgery, rather than emergency surgery. The College recommends that appropriate reporting and resourcing of all emergency surgical services, including transplant services.

Implied consent arrangements whereby donors "opt out" rather than "opt in" to the donation of organs after death apply in a number of countries in Europe. There is evidence that rates of donation are significantly increased in this approach. Spain is reported to have the highest rates of organ donation in the world but it should be noted that this may not be solely attributed to implied consent arrangements. The Spanish model also incorporates hospital based clinical champions and other support to organ donation. Many Spanish practices however may not be acceptable to Australian communities.

There are a number of other solutions that the College draws to the attention of Council, including private sector opportunities to increase organ donation rates. This includes the potential to improve donation in large private hospitals through the promotion of methods such as Donation after Cardiac Death (DCD). The tissue bank is a closely related field, in that some donors may be suitable for tissue donation but not for organ donation. In these cases the College notes that there is scope for improving identification and consent processes.

The College trusts that there is consideration of the availability of appropriate information for prospective donors to properly consider their decision to donate, and encouragement to discuss their decision with family members.

The College also draws to the attention of Council that increased donation rates will increase demand for finite transplant surgical resources. The further development of appropriately qualified and trained transplant surgeons should be considered in any plan to increase donor rates. This

1 Department of Health (2008), Organs for Transplants: A Report from the Organ Donation Taskforce
includes a consideration of the lead time required to prepare a qualified surgical workforce, considering that training a transplant surgeon requires additional post-fellowship training.

The College thanks you for the opportunity to make this submission. We look forward to the report of the findings of the inquiry.

Yours sincerely

[Signature]

Mr Ian Faragher
Chair - Victorian State Committee

Copy:
Professor Guy Maddern - Chair Professional Development and Standards Board
Mr Graeme Campbell - Chair Fellowship Services
Mr Jonathan Fawcett - Chair of the Transplant Surgery Section
Dr John Graham - Chair of the Ethics Committee
Dr John Quinn - Executive Director for Surgical Affairs
Dr Pam Montgomery - Director Fellowship and Standards
Mr Andrew McLorinan - Deputy Director Fellowship and Standards