

Briefing Paper

Australian Health Ministers' Conference

Date of meeting: 27 July 2006

Agenda Item No.: 2.5

NATIONAL REFORM AGENDA ON ORGAN DONATION

Outcome sought

That State and Territory Ministers:

- endorse the national reform agenda on organ and tissue donation;
- agree that officials progress the work through existing AHMAC processes; and
- consider introducing medical donor coordinators in hospitals.

Sponsoring Jurisdiction:

Commonwealth

(related to 2006 Federal Budget measure "Organ Donation - Increased funding")

Overall Strategy

- Support.

Key Risks

- Some States may seek to use 'their slice' of the budget funding for their own pet projects. (The 2006 Budget allocated \$8.3 million to the States in total over four years)
 - **Suggested Response:** An AHMAC sub-committee process will ensure a coordinated approach in the development of initiatives that meet the national goals of the reform agenda.
- Jurisdictions may seek to evaluate the results of the Queensland and Western Australian models of Medical Donor Coordinators before committing to implementation.
 - **Suggested Response:** Rather than wait another year or more, I would be happy to ask the Expert Clinical Taskforce to provide evidence based advice on suitable models.
- NSW has expressed concern at the cost of introducing these positions. (Depending on the model used, the department estimates the cost for NSW would be between \$300,000 and \$500,000 p.a.)
 - **Suggested Response:** The Commonwealth has demonstrated its commitment to improving donation rates and would welcome a similar gesture from states and territories.

Speaking Points

- **The Commonwealth recently committed \$28.4 million over four years to improve our donation rate.**

- **Of those funds, \$8.3 million is available for States and Territories for undertaking new initiatives compatible with the coordinated reform agenda.**
- **The Commonwealth will engage clinicians and professional stakeholders through an expert taskforce to provide evidence based advice on effective solutions.**
- **I'm pleased to announce that the Taskforce will be chaired by Professor Jeremy Chapman.**
- **Professor Chapman has substantial experience in both the donation and transplantation sectors.**
- **I would also like to see medical donor coordinators considered as part of that solution to ensure safe and ethical organ donation and transplantation.**

Background

2006 Federal Budget

- To improve the organ donation rate the 2006 Federal Budget provided \$28.4 million over four years for the following initiatives:
 - community awareness campaigns to encourage donation;
 - making it easier for people to register to donate their organs;
 - improving the quality and safety of organs for transplantation;
 - improving transplant waiting list and data collection systems;
 - supporting the Australian and World Transplant Games; and
 - establishing a national taskforce of expert clinicians and specialists to guide these and related initiatives.
- Up to \$8.3 million of the new funds will be available to State and Territory governments to assist with the implementation of specific reforms aimed at maximising registrations on the Australian Organ Donor Register, and improving transplantation waiting list and data collection systems.

Expert Clinical Taskforce

- The Taskforce has funding for 18 months to provide evidence based advice to the Commonwealth and/or State and Territory governments on effective reforms to increase the rate of safe, effective and ethical organ donation.
- On 22 July 2006 you agreed to invite Professor Jeremy Chapman to Chair the Taskforce (Minute #N06000940). Professor Chapman has indicated that he will accept the invitation. This meeting would be an opportunity to announce the appointment.
- The Taskforce composition ensures balance between the donation and transplantation sectors.
- Once Professor Chapman has formally accepted your invitation, the Department will send letters of invitation to the following individuals, in their capacity as heads of their respective organisations, to become members of the Taskforce (refer table p.3).

Organisation represented	Head	State
Chair	Professor Jeremy Chapman	NSW
Transplant Society of Australia and New Zealand	A/ Professor Philip O'Connell (President)	NSW
Australian and New Zealand Intensive Care Society	Dr Ian Jenkins (President)	WA
Australian College of Emergency Medicine	Dr Andrew Singer (President)	VIC
Royal College of Surgeons	Dr Russell Stitz (President)	VIC
Royal College of Physicians	Professor Napier M Thomson (President)	NSW
State Based Organ Donation Agencies (non Australian Red Cross Blood Service - ARCBS)	Dr Russell Strong (Medical Director)	QLD
ARCBS – National Transplantation Service	Dr Patrick Coghlan (Transplantation Services Manager)	VIC
Australasian Tissue Banking Forum	Mr Steven Nailer (Chair)	VIC
Australasian Donor Awareness Programme	Ms Jennifer Gillott (National Manager)	NSW
Australia & New Zealand Dialysis & Transplant Registry	Prof Graeme Russ (Chair)	SA
Australia and New Zealand Liver Transplant Registry	Assoc Prof Stephen Lynch (Head)	QLD
Cardiothoracic Transplant (Heart)	Assoc Prof Peter McDonald (Expert)	NSW
Australian College of Critical Care Nurses	Ms Tina Kendrick (President)	NSW
Cardiothoracic Transplant (Lung)	Dr Keith McNeil (Expert)	QLD
Australians Donate	Mrs Marcia Coleman (Chair)	VIC
Transplant Australia	Mr Mark Cocks (Chair)	NSW

- States and Territories will be granted observer status. The State observer will be chosen following consultation with AHMAC's Inter-Governmental Committee on Organ and Tissue Donation. Advice from the Taskforce will also be considered by that committee to progress the reform agenda.

State reaction

- You wrote to State and Territory Health Ministers on 3 April and 9 May 2006 seeking their support for a reform agenda and an indication of their willingness to introduce medical donor coordinators/advisors in hospitals.
- Responses have been received from NSW, ACT, QLD, TAS, VIC and WA Ministers. They have all indicated their support in principle for the reform agenda and that they are willing to discuss the introduction of medical donor coordinators.

Australian Organ Donor Register (AODR)

- Queensland may propose the establishment of an education program for GPs to complete as part of their continuing medical education. This would provide information to GPs to assist them in discussing organ transplantation and/or donation with patients, including how to register on the AODR. The department would support further discussions with QLD over a formal proposal.
- Western Australia may float a proposal to achieve 'universal registration' on the AODR. Associate Professor Luc Delriviere (transplanter at Sir Charles Gairdner Hospital) is lobbying for a mandated AODR registration process whereby citizens must register on the AODR prior to receiving a specific government service. For example, in New Zealand, drivers must choose their donor status in order to receive a drivers license. Apart from the compulsion on an individual to make a sensitive and highly personal decision, possibly in the absence of family, this approach has proved counter-productive. In New Zealand it has resulted in approximately 50% of drivers choosing not to be donors, a decision which is then binding.

Recent Media

- There has been a push by some individuals (including members of the NHMRC's AHEC working party on organ donation guidelines) for hospitals to perform more 'donation after

cardiac death' donations. This requires an ante-mortem procedure to be performed on a patient to prepare their organs for potential retrieval. As such, this topic is highly sensitive. Public debate about this form of donation at this time may result in a community backlash against organ donation in general. Revision by AHEC to their ethical guidelines is under consideration. However, these guidelines do not carry regulatory force and will not be binding on States.

- NSW South Eastern Area Health Service has a contract with Australian Biotechnologies to process bone tissue for transplant use by the NSW bone bank. The bone tissue is collected by the public bone bank with appropriate consent and safeguards in place. The company is for-profit and is permitted under the contract to sell processed bone tissue where there is no need for the material by the public bone bank. Media has focused on the ethics of making profit from donated organs and tissues.

Further background

Minute #N06000940 (5 July 2006) provided advice on the reform agenda and specifically the implementation of the Expert Clinical Taskforce. You approved the Minute on 22 July 2006.

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