Organ and Tissue Donation Policy

Background

The Australian Medical Student Association (AMSA) is the peak body representing medical students in Australia. As such, AMSA advocates on a range of issues impacting the nation’s health.

Organ and tissue transplantation is a life-saving treatment for a range of illnesses. Organs and tissue may be donated from living or deceased donors. One deceased donor may improve the lives of more than ten people living with disabling diseases by donating organs such as kidneys, liver, lungs, heart, pancreas and eyes; or tissues such as skin, musculoskeletal and cardiac tissues.

In 2014, 1,193 organs were received from 378 deceased donors [1]. Whilst this represents a 53% increase in donors over the preceding five years, the demand for organs still outstrips availability. At any time, approximately 1,500 Australians are awaiting an organ transplant [2]. Significantly more would benefit from transplant, but do not meet eligibility criteria to receive an organ immediately [3]. For those on the list, waiting times are typically six months to four years; however, some will die before receiving a transplant [3].

For deceased donation to be possible, death must occur under specific circumstances, such as, in intensive care units or emergency departments. In 2014, less than 1% of deaths in-hospital met these criteria [1]. Following death, requests for organ donation are made to the family, who make a final decision based on the deceased’s known wishes or their values and beliefs if wishes are unknown. Of the 680 requests for organ donation that were made, only 415, or less than 60%, were consented to [1].

Low rates of familial consent are often attributed to uncertainty surrounding the deceased’s wishes regarding organ donation. Surveys show that 76% of Australians support donating their own organs, however, only 51% have discussed this with their families. Where Australians are aware of their family members’ wishes, 94% report they would uphold them [2]. Thus, encouraging family discussions of people’s wishes regarding organ donation is critical.

Important factors in increasing Australia’s donation rate include raising awareness and approval of Australia’s organ donation system, and strong leadership by a central organisation that sets standards, allocates organs and supports local retrieval arrangements. The national DonateLife Network was established in 2009 by Australian state and federal governments to serve this purpose [4].

Australia currently uses an ‘opt-in’ model of consent for organ donation, in which people are required to register with the Australian Organ Donor Registry and communicate their wishes to their family. A legally valid consent registration occurs only when the intent of the individual is recorded online and the signed registration form is mailed back to the Australian Organ Donor Register. As of 31st May 2015, 6,102,692 people had recorded an intent to register, however only 1,827,548 of those had followed through to complete the registration process (29.9%) [5, 6].

In an ‘opt-out’ system, consent is presumed unless an objection has been registered. In countries that have adopted a ‘soft’ opt-out consent system, donation cannot take place without the permission of family members. By contrast, in countries that have adopted a ‘hard’ opt-out consent system, organs can be transplanted from anyone who has not registered their express opposition to donation, without the need to consult family members [7].

Several international studies have shown increases in donor rates of 25-30% following transition to an opt-out system [7, 8, 9]. The observed increase in donation rates cannot be isolated from confounding factors such as increased awareness of organ donation surrounding the transition from opt-in to opt-out, and other concurrent legislative changes [10]. However, when accounting for these factors and other covariates such as Gross Domestic Product (GDP), road traffic accident mortality, hospital beds and percentage of Catholics, it has been illustrated that countries with opt-out models of consent have statistically greater total number of kidney and liver donations compared to opt-in countries [7].
Recent reviews by the United Kingdom [11], as well as the state governments of Western Australia, [12] Queensland [13] and Tasmania [14] have highlighted the benefits of an opt-out model but have been reticent in their support, citing concerns of resistance from a minority of the community or inadequate evidence of benefit.

Increasing organ donation rates from those who are eligible would improve the function, quality of life and chances of survival for those on the waiting list. Furthermore, organ transplantation provides an economic benefit, as it is a cost-effective treatment when compared to the costs of ongoing care of a patient with end-stage organ failure. Renal transplantation has consistently shown to be more cost effective than dialysis across a number of high-income countries [15]. Modelling by Kidney Health Australia indicates that increasing the 2010 donor rate by 10% over a 10 year period could save up to $14 million due to savings in dialysis treatment [16].

Lack of organ availability has led to the commercialisation of organs in some parts of the world, in which donors are financially compensated. Areas in which this has been described include Iraq, Iran, Eastern Europe, South America, South Africa and the Philippines [17]. It has been reported that a small number of Australian patients have travelled to these areas in order to purchase organs [18]. It is unknown whether the donors involved consented to these procedures, or received any of the fee paid by the recipient. As well as ethical concerns, this practice is associated with health concerns including high risks of contracting human immunodeficiency virus (HIV) and hepatitis [18]. This practice is prohibited by National Health and Medical Research Council (NHMRC) [19] and World Health Organization (WHO) [20] guidelines.

The education of medical students on this issue is vital for the efficiency and effectiveness of organ and tissue donation. The International Federation of Medical Students’ Associations (IFMSA) has stated “there is a recognized need for communities, and health professionals, to become better educated about donation and transplantation and that is the key to the success of deceased donation programs” [21]. Further development on the National Reform Agenda for organ and tissue donation supporting medical education on this topic will continue to enhance donation in Australia.

Position Statement

AMSA believes that:

1. Organ and tissue transplantation is an effective, economical treatment for a number of conditions that is critical for improving patient health;
2. There is significant potential to increase the current donor rate in Australia;
3. A soft ‘opt-out’ model of consent would increase the rate of organ donation;
4. Organ and tissue donation should be centred on the following ethical principles (based on NHMRC [19], Declaration of Istanbul [22] and WHO [20] position statements):
   a. Donation is altruistic;
   b. The donor and/or their family must consent to the removal of their organs and tissues; If no family is accessible to provide consent, donation should not proceed;
   c. The choice not to donate is respected, including the right to change a donation choice;
   d. The wishes of the next of kin not to donate the deceased’s organs or tissues is respected;
   e. The needs of the donor take precedence over organ procurement;
   f. Organs and tissues are allocated fairly, without regard to gender, ethnicity, religion, sexual identity or lifestyle, except where this may reduce the likelihood of a positive outcome;
   g. The recipient consents to transplantation;
   h. The privacy and confidentiality of donors and recipients is respected;
   i. In the case of deceased donation, death has occurred following irreversible cessation of brain function or circulation of blood;
   j. There is a separation of roles between the teams involved in caring for the donor and the recipient;
   k. There are to be no practices of advertising, soliciting, or brokering for the purpose of transplant commercialism, organ trafficking, or transplant tourism.

Policy

AMSA calls upon:

1. Australian governments to:
a. Adopt a soft ‘opt-out’ model of consent;
b. Continue to support the efforts of DonateLife in:
   i. Increasing awareness of the benefits of organ donation for individuals and the
      community;
   ii. Encouraging people to consider their willingness to register for organ, tissue and
       bone marrow donation;
   iii. Encouraging family discussions of relatives’ intentions regarding organ and tissue
        donation;
   iv. Targeting these campaigns towards a diverse range of populations, including older
       adults, and culturally and linguistically diverse subpopulations
   v. Addressing the disparity between intent and legally valid consent registration, particularly in males

c. Institute a simplified, easily accessible way for individuals to electronically register
   their wishes, and notify family and/or loved ones of these wishes.

2. Medical students to consider:
   a. Their willingness to register as an organ and tissue donor and to discuss this with their
      families; and
   b. Promoting organ, tissue and bone marrow donation.

3. Medical student societies to support and participate in educational and promotional
   campaigns that advocate for organ donation, such as DonateLife week

4. Australian medical schools to provide appropriate training of medical students in:
   a. Understanding the ethical issues of organ donation, including the need to promote
      organ donation while ensuring informed and voluntary consent;
   b. Discussing organ and tissue donation with their patients and other stakeholders
      involved; and
   c. Making donation requests in a sensitive and timely manner.

5. All Australians to consider their willingness to register as an organ and tissue donor, and
   to discuss their wishes with their family.

6. Hospitals and health systems to ensure that their processes facilitate ethical donations, and
   that appropriately trained staff are available to undertake procedures and support families.

References


Policy Details
Name: Organ and Tissue Donation Policy

Category: F – Medicine in Australia

History: Adopted Council 2 2012
Reviewed Council 2 2015