

Inquiry into organ and tissue donation

Prepared by Wai Lim on behalf of Western Australia Kidney Transplant Service (WAKTS)

The Standing Committee on Public Administration has started an inquiry into organ and tissue donation. The following issues were raised and on behalf of WAKTS representatives, the following responses were collated:

1. Effectiveness of the current model for organ and tissue donation in Western Australia.

- Unclear of the proportion of potentially missed deceased donors.
- Audit of potentially missed deceased donors or deceased donors deemed unsuitable or potentially suitable deceased donors (not identified/identified) but not admitted into intensive care unit for the purpose of organ donation (by clinicians).

2. Issues impacting organ and tissue donation rates in Western Australia.

- In 2021, the number of deceased donors per million population (pmp) in Western Australia was 16.4 (2022 numbers pending), behind South Australia (28.2 donors pmp), Queensland (17.4 donors pmp), and Victoria (16.5 donors pmp).
- Low proportion of DCDD donors vs. other states (reasons unclear).
- ICU capacity (bed number pmp vs. other states)
- Potential “missed” donors in non-metropolitan hospitals (i.e. regional and remote hospitals).

3. Opportunities to improve organ and tissue donation rates in Western Australia.

- Machine perfusion to increase utilisation of marginal older kidney donors (or higher KDPI donor kidneys). Victoria, Queensland, and New South Wales all have perfusion machines. This may benefit other organs such as liver and heart [Highest priority].
- State-wide process for the allocation /acceptance of high-risk donors (and marginal donors for dual allocation) and utilisation of these organs.
- Improve live-donation rate. Between 2017-2020, the proportion of live donor transplants in Western Australia is less than New South Wales/Australian Capital Territory, Victoria/Tasmania and New Zealand. The reasons are not clear (overall trend in reduction of live donors across Australia) and barriers (social, education, financial, access) to live donation needs to be explored systematically (specific to Western Australia), including time for work-up and from completion of work-up to surgery. Satisfaction of live donation process in Western Australia is not known.
- Expansion of the Western Australia waitlist + identify barriers to transplant waitlisting of potential kidney transplant candidates (i.e. kidneys can be allocated to the state instead of entering back into the interstate exchange). The proportion of potential transplant candidates not identified is not clear, and predominantly based on historical data.
- Community education to targeted population (of varying ethnicity) with low proportion of deceased donors.