

Standing Committee on Public Administration resolved to establish an inquiry into organ and tissue donation in Western Australia.



# Legislative Council

## Administration Committee: New inquiry into organ and tissue donation

The Standing Committee on Public Administration today announced the commencement of an inquiry into organ and tissue donation. The Committee's inquiry will consider issues and opportunities to improve organ and tissue donation rates in Western Australia.

Response to the Key Issues considered by the Committee:

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### 1. The effectiveness of the current model for organ and tissue donation in Western Australia

- The donor numbers in Western Australia (WA) improved from mid-teens to over 50 between 2012 and 2018. That is a remarkable effort considering the challenges around WA Health FTE restrictions, ubiquitous financial pressures felt by health, and political interest from within and outside of government. This five-fold improvement represents a huge collaborative effort by our community, our hospitals, and the staff at DonateLife.
- Inter-state comparisons of donors-per-million-population (dpmp) must be made with some caution. 25% of all WA's population live more than 1000km from an Intensive Care Unit and only one town, Bunbury has a population greater than 50,000. Taking this into account, the dpmp figure for WA compares very favourably to other states with much denser populations and expansive critical care services. Despite the expansion of donor sites to include Midland Health Campus, Joondalup, Southwest

Health Campus Bunbury and Rockingham Hospital, a significant potential donor pool lies beyond the reach of current surgical and DonateLife services.

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

- Data from the Organ and Tissue Authority (OTA) details key areas for improvement. Despite geographic challenges for WA, the centralised critical care services provide an opportunity to maximise donor opportunities.
- OTA's data reveals an alarming failure by critical care services to collaborate and liaise closely with DonateLife staff. Despite well-established national protocols taken from internationally established evidence-based medicine practices, clinicians at our tertiary hospitals still refuse to co-operate or at least make the role of DonateLife staff very difficult.
- There have been multiple high-level executive and clinical visits and initiatives to try to break this culture, but WA ICU community is closed, powerful and fiercely independent. The Intensive Care Units in South, North and now East Metro do not co-operate with each other and that long-established unhelpful culture impacts upon organ donation activity.

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

- Failure to collaborate and co-operate is WA Health's biggest single challenge. The siloed culture that exists in WA Health Services impacts many areas including organ donation. Any attempt to compel services to change their behaviour will undoubtedly result in public and private condemnation from those who lead these units.
- A united clinical group, representing all services involved in donation has been tried but the leading clinicians simply refused to engage and thus the committee was a waste of time and resources.
- Any other initiative to increase donor numbers will fail without this change in culture to one of collaboration and co-operation.
- Funding is certainly adequate and not excessive.
- Leadership is excellent.
- The DonateLife staff are remarkable professionals.
- The Organ Donor Register's numbers rapid increase in WA reveals the increasing engagement of our community. Conversations around opt-out legislation are premature and unnecessary if we improve the medical engagement. Spain's world-leading success was NOT based on opt-out, but a health wide commitment to co-operation.

**Dr Bruce Powell**

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