

This is an Accepted Manuscript of an article published in [Internal Medicine Journal] in 2010, available online at <http://onlinelibrary.wiley.com/doi/10.1111/j.1445-5994.2010.02265.x/full> (paywalled).

Self-archived in the [Sydney eScholarship Repository](#) by the Centre for Values, Ethics and the Law in Medicine ([VELiM](#)), University of Sydney, Australia

Please cite as:

Lawlor M, Kerridge I. Organ donation in Australia Reply. Intern Med J. 2010; 40(8):604. available online at <http://onlinelibrary.wiley.com/doi/10.1111/j.1445-5994.2010.02265.x/full>

Organ donation in Australia: Reply

Lawlor M, Kerridge I. (2010)

Like McCaughan¹, we are both in the unfortunate position of owning and driving a car in NSW, and have therefore faced the frustration associated with licence renewal. We consequently agree that any system that attempts to provide an opportunity for discussion of organ donation would need to be carefully thought through, systematically organized and appropriately funded. We accept that our paper did not provide the costing and administrative detail that would be necessary for our proposal to be turned into policy. Nonetheless, it is feasible that a model of a 5-min discussion with only those licence holders who refused donation would come in well under the \$13.4 million allocated for public awareness and education in the Australian 'World's Best Practice (WBP) Reform Plan'².

While in general terms we are supportive of the WBP approach, it is worth pointing out that none of the countries with leading organ donor rates uses the model described by McCaughan; that there are important differences between the 'Spanish Model' and what is referred to as WBP (differences that may ultimately compromise the success of reforms of organ donation in Australia); that WBP is modelled after countries who are all, with the exception of the USA, opt-out countries – thereby negating the necessity for registration of donor intention; and that regardless of the approach they have taken very few countries have achieved donor rates of 25–35 p.p.m. (only Spain, Belgium, Portugal and occasionally the USA).

That said, we are largely in agreement with McCaughan that increasing consent rates from 45% to 55% to 80% (the rate achieved in Spain) will not bring Australia's organ donation rate to anywhere near WBP and that it is vitally important that ongoing efforts are made to increase the identification of donors. Our concern however, was that the Australian Organ Donor Register process is neither the best nor most ethical means for increasing consent to organ donation and that alternative approaches, such as the one we outlined in our paper, are necessary to maximize the translation of potential donors into actual donors. Australia needs to increase both the identification of donors and the rate of consent to donation, tasks that require different and complementary strategies.

While WBP appears to include some useful strategies to improve donation, it is not a panacea, and therefore thinking about how we can improve consent rates is neither irrelevant nor unethical.

References

- 1 McCaughan G. Organ donation in Australia. *Intern Med J* 2010; 40: 603–4.
- 2 McLucas J. *World's Best Practice National Reform Plan for Organ and Tissue Donation for Transplantation*. Canberra: Department of Health and Ageing (Aust.); Edition 1, 2008 September.