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The Transplantation Society of Australia and New Zealand

CARDIAC TRANSPLANT ADVISORY COMMITTEE (CTAC)

Response to the Australian Law Reform Commission (ALRC) Review of Human Tissue Laws – Issues Paper

The Cardiac Transplant Advisory Committee (CTAC) welcomes the opportunity to comment on the ALRC Issues Paper regarding the review of human tissue laws. We support efforts to modernise legislation in a manner that strengthens opportunities for organ donation and transplantation across Australia.

As with other solid organ transplant programs, the primary limitation to increased cardiac transplantation is the scarcity of suitable donor organs. The Australian program has made significant progress in recent years through innovation, including the development of donation after circulatory determination of death (DCD) heart transplantation using ex-situ machine perfusion.

We acknowledge the ALRC's focus on ethical, legal and clinical clarity in the use of interventions prior to death, particularly in the context of DCD donation. We support reforms that aim to remove legal ambiguity and enable best-practice clinical care, provided they are carefully designed to preserve public trust and ensure equitable, safe access to donation opportunities.

Key Issues for Consideration:

1. Preservation of a successful DCD heart transplant program:

Australia is one of few countries with an established and expanding DCD heart transplant program, underpinned by rigorous donor selection, ex-situ perfusion technology, and a commitment to ethical practice. Any legislative reform must ensure that this innovation is not inadvertently compromised by lack of clarity around permissible ante-mortem interventions or by the introduction of other retrieval practices that could preclude heart donation.

2. Interaction with A-NRP practices:

The adoption of abdominal normothermic regional perfusion (A-NRP) for abdominal organ recovery has demonstrable benefits for liver and kidney transplantation. However, the interface between A-NRP and heart donation is complex. Without careful coordination, A-NRP may preclude the ability to safely recover DCD hearts. This could significantly reduce available donor hearts and risk reversing the gains made in this area. There is currently limited international experience in combining A-NRP with heart retrieval, and this area remains technically and ethically challenging.

3. Need for consistency and clarity in legislation:

CTAC strongly supports legislative reform that provides clear and consistent guidance on permissible ante-mortem procedures for the purposes of facilitating donation, including investigations and interventions that preserve or assess organ viability. Legal uncertainty in this area risks hampering donation efforts and may deter clinician participation in innovative but ethically supported pathways such as DCD heart transplantation.



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The broader use of A-NRP is currently constrained by the existing legal and ethical definition of death in Australia. Specifically, the re-establishment of in-situ circulation following death declaration challenges current interpretations of irreversible cessation of circulation. **CTAC strongly recommends that national authorities prioritise a review and revision of the legal definition of death and make a determination regarding the ethical and lawful application of A-NRP and TA-NRP.** Such a change would provide clarity for clinicians, enable consistent practice across organ types, and support continued innovation and equity in organ donation and transplantation.

4. **Workforce Capacity and National Retrieval Model**

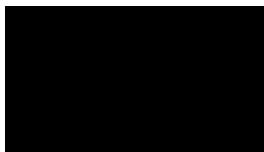
CTAC also notes the increasing demands on the organ donation and transplantation workforce. The introduction of A-NRP and rising transplant activity overall place further pressure on already stretched clinical teams. CTAC supports consideration of a nationally coordinated retrieval service, potentially with dedicated retrieval consultants and the capacity to service both Australia and New Zealand. This would help ensure quality and consistency of practice while addressing current workforce limitations.

5. **Public confidence and consent processes:**

Trust in the donation system remains a cornerstone of public engagement and donor family consent. We caution that any changes in law or clinical protocols—particularly those that involve pre-mortem interventions or complex retrieval strategies—must be accompanied by transparent communication strategies to ensure continued public support.

Conclusion

CTAC endorses reforms that enable expanded donation opportunities while protecting the integrity of the existing donation and transplantation system. We urge that any legislative changes be implemented in close consultation with transplant clinicians to ensure that the needs and safety of all organ programs are considered and that no program is inadvertently disadvantaged.



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