

**Feedback on the ALRC Review of Human Tissue Laws: Discussion Paper November 2025,  
by Professor Henry Pleass**

1. I agree with the need for uniform commonwealth legislation.
2. I suggest replacing "Tissue" with cells, organs and tissues.
3. Suggest the establishment of a new regulatory body that would support the existing powers and functions of the OTA.
4. New statutory provisions for determining death: Regarding proposal 10, the statutory provisions of determining death seem reasonable but I can see a couple of issues
  - a. Determining neurological death can be problematic both clinically and personally for some intensivists, who prefer to rely on either radioisotope perfusion scans or CT angiography, rather than relying on clinical assessment.
  - b. Determining death through neurological means would not be rapid enough to support the current DCD organ donation pathway
5. No mention at all was made of the need to commence NRP within Australia and how it is currently unethical to practice DCD donation without it. It is not clear to me whether the definition of circulatory death will no longer be used after legislation, but assume so?
6. I remain very disappointed that a pathway to commence NRP has not even been discussed, considering it is widely known that DCD liver graft and patient survivals are significantly worse from DCD donors, without the use of NRP. Hence multiple countries have rapidly legislated to ensure its use in all DCD donors as standard practice.

If I was a liver recipient of a DCD graft within Australia, I would be suing the law reform commission for obstructing commencement of NRP, which would have improved outcomes to both myself and all DCD liver recipients.

**Henry Pleass** MBBS MD FRCS Ed FRCS Gen Surg FRACS

*Head of Westmead Clinical School  
Professor of Surgery Westmead Clinical School  
Department of Surgery Westmead Hospital  
Faculty of Medicine and Health  
The University of Sydney*