

27 January 2026

Paediatric Transplantation Advisory Committee
Transplantation Society of Australia and New Zealand

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Australian Law Reform Commission
GPO Box 3708
Sydney NSW 2001

Dear Commissioners,

Re: Submission on Review of Human Tissue Laws Discussion Paper

I am writing on behalf of the TSANZ Paediatric Transplantation Advisory Committee to provide feedback on the Australian Law Reform Commission's Review of Human Tissue Laws Discussion Paper (2025), specifically regarding Proposals 17-22 and Question 15 concerning tissue donation by children.

Clarification Required: Scope of Proposals 17-22

There is some ambiguity in Proposals 17-22 regarding whether the proposed Committee approval process applies to:

1. Living donation from children only, or
2. All donation from children, including donation after neurological determination of death (DNDD) and donation after circulatory determination of death (DCDD)

Concerns Regarding Application to Deceased Donation

If Proposals 17-22 are intended to apply to deceased donation pathways (DNDD and DCDD), this would create significant practical barriers:

- *Time-critical nature:* Deceased donation requires urgent decision-making within extremely limited timeframes to maintain organ viability. As such, the requirement for Committee review would necessitate round-the-clock availability of appropriately qualified experts
- *Limited expertise:* The small number of specialists with relevant expertise in paediatric deceased donation across Australia makes continuous national coverage unrealistic
- *Potential for missed opportunities:* Delays caused by Committee approval processes could reduce access to transplantation for potential recipients and families wishing to donate.

Support for Application to Living Donation

If Proposals 17-22 are intended to apply only to living donation from children, these proposals appear reasonable and provide appropriate safeguards for this more deliberative process where:

- Time permits proper ethical review
- The donor child's best interests can be thoroughly assessed



TSANZ

The Transplantation Society of Australia and New Zealand

Response to Question 15: Committee Composition

Regarding the composition of the Committee under Proposals 17 and 20, we recommend:

National rather than state/territory structure, given:

- The limited pool of relevant expertise across Australia
- The need for consistency in decision-making
- Resource efficiency

Recommended membership:

1. Senior clinicians with specific experience in paediatric transplantation from each major organ system:
 - Kidney transplantation
 - Liver transplantation
 - Heart transplantation
 - Lung transplantation
2. Consumer representatives with lived experience of paediatric organ donation and transplantation
3. At least one member with substantial experience serving on a paediatric hospital clinical ethics committee or service
4. A member from the OTA Transplant Advisory Group, such as Chair of the Paediatric Transplantation Advisory Committee.

This composition would ensure clinical expertise across the relevant specialties while incorporating essential ethical oversight and the perspectives of those directly affected by these decisions.

Recommendation

We respectfully recommend that the ALRC:

1. Clarify explicitly in the final recommendations whether Proposals 17-22 apply to living donation only or to all donation from children
2. If the proposals are intended to cover deceased donation, reconsider this approach given the practical limitations outlined above
3. Adopt a national Committee structure with the composition detailed above

Thank you for the opportunity to provide feedback on these important reforms. We would be pleased to discuss these matters further if that would be helpful.

Yours sincerely,

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Dr Nicholas Larkins
Chair, Paediatric Transplantation Advisory Committee TSANZ