Public Submission to the Australian Law Reform Commission

Review of Human Tissue Laws

Compensated Plasma Collection and Australia's Blood and Plasma Supply Framework

Submitted by Brett Radford | Public submission | 6 May 2026

To the Australian Law Reform Commission,

Thank you for the opportunity to provide this submission to the Review of Human Tissue Laws.

I make this submission as a private Australian citizen. I am not writing on behalf of CSL, Lifeblood, or any government agency. My concern is simple: Australia should openly consider whether its current approach to plasma collection is still practical, fair, and honest in light of demand for plasma-derived medicines and our reliance on imported supply.

This submission supports a narrow, regulated pathway for compensated plasma collection in Australia. It does not support the sale of organs, a free market in human tissue, or weakening voluntary blood donation. Plasma is different: it is renewable, it can be collected repeatedly under medical supervision, and it is already used to manufacture life-saving medicines.

1. Summary of position

The ALRC should recommend that Australian governments consider a carefully controlled exception that allows compensated plasma collection, separate from organ donation and separate from ordinary whole-blood donation.

The model should be built around donor protection, safety, transparency, and national supply security. It should not be left to an uncontrolled market. If Australia chooses to use plasma products that may come from compensated donors overseas, then Australia should also be willing to examine whether a safer and more accountable domestic model can exist here.

2. Why this issue matters

Australia uses plasma-derived medicines for serious medical needs, including immune disorders, bleeding disorders, cancer treatment support, trauma care, and other conditions. Demand for blood, plasma, and platelet donations remains high.

Australia also imports some plasma-derived products where local manufacture or collection is not enough to meet demand. That creates a difficult ethical and practical question. If Australia relies on overseas systems that may include compensated donors, while refusing to consider any regulated compensation model here, the moral problem is not removed. It is simply moved offshore.

In my view, that is not a strong long-term position. A better approach is to be honest about the need for plasma, protect donors properly, and design a regulated Australian system that is safer, transparent, and accountable.

3. A narrow exception for plasma only

The law should continue to protect people from exploitation and should maintain a strong prohibition on organ sale and improper trade in human tissue. However, plasma should be considered separately because it is renewable and because plasma collection can be closely supervised.

A compensated plasma pathway should be treated as an exception, not a general principle. The exception should be limited to licensed plasma collection for medical manufacturing and supply purposes, under national rules.

4. Safeguards that should be required

If compensated plasma collection is permitted, it should only happen under strict safeguards. I recommend the ALRC consider the following minimum protections:

- A national licensing system for any organisation collecting compensated plasma.
- Independent oversight by the proposed national regulator or another appropriate national body.
- Clear informed consent, including information about how the plasma may be used and whether commercial manufacture is involved.
- Medical screening, donor health monitoring, and firm donation frequency limits.
- A capped and transparent compensation model, so payment is not a bidding war or open-market sale of human material.
- Rules preventing misleading advertising or pressure on financially vulnerable people.
- Mandatory reporting of donor numbers, adverse events, compensation levels, supply outcomes, and complaints.
- Audits and penalties where operators breach donor-protection or safety obligations.

5. Protecting voluntary donation

A compensated plasma model should not damage the voluntary donation system. Voluntary whole-blood donation should remain protected, respected, and strongly promoted. Many Australians donate because they want to help others, and that public spirit should not be undermined.

For that reason, any paid or compensated pathway should be clearly separated from ordinary voluntary blood donation. The public should be told the difference between whole blood, plasma, platelets, and plasma used for medicine manufacturing. People should not be misled or emotionally pressured either way.

6. Imported plasma and ethical consistency

Australia should also look closely at imported plasma and plasma-derived products. If products are imported from countries that allow paid plasma donation, Australia should require transparency about donor consent, donor compensation, safety standards, and supply-chain ethics.

It is inconsistent to treat compensated plasma as unacceptable in Australia while accepting products from overseas systems where compensation may have been used. That does not mean Australia must copy another country's system. It means Australia should create its own higher-standard model, or at least be transparent about what it is relying on.

7. CSL and industry role

CSL should not decide the law, and this submission is not written for CSL. However, CSL is clearly relevant to the practical discussion because of its role in plasma-derived medicines and Australia's plasma fractionation history.

The law should be designed in the public interest: patients first, donor safety second to none, and national supply security treated seriously. Any company involved in plasma collection or manufacture should be subject to the same transparent rules, oversight, and reporting obligations.

8. Suggested reform option

I suggest the ALRC consider recommending a staged reform rather than immediate broad deregulation. A sensible pathway could be:

- First, recognise compensated plasma as a specific issue within the human tissue framework, separate from organ sale and general tissue trade.
- Second, allow a pilot or limited licensing scheme for compensated plasma collection under national regulation.
- Third, require public reporting on safety, donor welfare, supply benefits, costs, and whether voluntary donation is affected.
- Fourth, review the scheme after a fixed period before any expansion.

9. Conclusion

I understand the concern that paying people for anything connected to the human body can create ethical risks. Those risks are real and should not be dismissed. But the answer should not be silence or avoidance. The answer should be stronger regulation, transparency, and proper safeguards.

Australia needs an honest discussion about plasma. If Australian patients need plasma-derived medicines, and if Australia already relies in part on imported supply, then a regulated domestic compensated plasma pathway should be considered openly.

My position is not that people should be able to sell human tissue freely. My position is that plasma collection for life-saving medicines is different, and that Australia can design a safer, fairer, more accountable model than simply relying on overseas supply.

I ask the ALRC to consider recommending a narrow, regulated exception for compensated plasma collection, with strong donor protections, public reporting, and a clear separation from voluntary whole-blood donation.

Kind regards,

Brett Radford

Public materials considered

This submission has been prepared with reference to publicly available ALRC material on the Review of Human Tissue Laws, publicly available National Blood Authority information about domestic and imported blood products, and publicly available Lifeblood information about Australia's ongoing need for blood, plasma, and platelet donations.