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## Health system struggling with organ donation success

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Indigenous Health Minister Ken Wyatt.

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An increase in organ donors and transplant recipients has put the health system under “significant pressure” and exposed cracks between the states that may put patients at a disadvantage.

In 2017, about 30 per cent of retrievals and 20 per cent of organs transplanted occurred across jurisdictions, yet policies and practices in relation to waiting lists differed, according to documents obtained by *The Australian*.

Amid concerns over bottlenecks and inequity, particularly for indigenous people, the federal government has launched a review of organ donation, retrieval and transplantation which will also examine the states’ concerns over resourcing.

“Since 2009, the number of deceased organ donors has increased by 106 per cent and the number of transplant recipients by 75 per cent,” documents state.

“This increased activity is placing significant pressure on downstream resources and workforce planning for organ retrieval and transplant services.”

Although not mentioned in the terms of reference, the documents show the review would take into account “the complexities associated with indigenous patients accessing the waitlist”. Indigenous Health Minister Ken Wyatt in June announced an expert panel would investigate and identify any barriers faced by First Nations people in need of kidney donations.

A study in the *Medical Journal of Australia* today confirms indigenous people on dialysis are “substantially less likely” than other Australians to be placed on the waiting list for a kidney.

Researchers from the University of Adelaide, Royal Adelaide Hospital, Menzies School of Health Research and Australia and New Zealand Dialysis and Transplant Registry found the disparity had barely changed over time.

“For people on the waiting list, the likelihood of receiving a transplant is higher in the first year and is similar for indigenous and non-indigenous Australians (43.8 per cent versus 31.9 per cent had transplantation in the first year of wait-listing) but is significantly lower for indigenous patients in subsequent years,” they write.

The researchers suggest the remoteness of indigenous communities, and problems with service delivery, may be a factor. More attention was needed to prevent additional or worsening health problems among those wait-listed. “Further work at policy and practice levels is required to improve successful kidney transplantation for indigenous Australians,” researchers said.

In an accompanying editorial, professor Jeremy Chapman, director of renal medicine at Westmead Hospital in Sydney, and professor John Kanellis, deputy director of the Department of Nephrology at Monash Medical Centre in Melbourne, comment that the system owes it to donors to “ensure each donation counts and the outcomes for the community are maximised”.

“Survival matching or longevity matching is under consideration here too,” they write of a model that also takes into account the age and other ailments of those on the waiting list.

“Quality kidneys from younger and fitter donors have a longer predicted lifespan and thus, logically, should be allocated to recipients with longer predicted life expectancy.

“Those kidneys with a shorter predicted lifespan are better allocated to older patients with a shorter predicted lifespan.”

The review will be done in phases, with an interim report expected to be discussed by the Council Of Australian Governments Health Council at its next meeting. It follows an independent analysis of the eye and tissue sector which is also likely to result in reform proposals next year.