Purpose
The purpose of this guideline is to support ethical and clinically consistent, effective and safe organ and tissue donation for transplantation in Queensland.

Scope
This guideline outlines the principles of cadaveric organ and tissue donation, eligibility and allocation for transplantation in Queensland. It is relevant to the procedures, activities and decisions for care of individual patients and families after death has been declared or after a decision is made to withdraw cardio-respiratory support. This guideline does not address processes, activities and decisions to withdraw cardio-respiratory support.

Principles
Respect – obtaining organs and tissues for transplantation is undertaken with respect for
- the wishes, where known, of the deceased
- all aspects of human dignity, including the worth, welfare, rights, cultural heritage, beliefs and perceptions of recipients, donors and their families

Patient safety and wellbeing – optimise patient safety, outcomes and quality of clinical care

Ethical –
- where a potential donor is identified and determined to be medically suitable to donate, the potential donor’s family should be offered the opportunity to consider donation
- families of potential donors will be provided with all appropriate information necessary for them to make an informed decision about donation
- the decision of the families regarding donation will be respected and supported accordingly

Lawful – all legal requirements are met in reaching and implementing a decision about the donation of organs and tissues for transplantation, including those in the Queensland Transplantation and Anatomy Act 1979

Equity – for those Hospital and Health Services involved in transplantation, decisions related to eligibility for inclusion on transplantation waiting lists and allocation of organs and tissue to transplant recipients:
- should take into account ethically relevant factors such as relative urgency of need, medical factors which affect likelihood of success (eg tissue matching), relative severity of illness and disability, relative length of time on the waiting list, likelihood that the recipient will (be able to) comply with the necessary ongoing treatment after transplantation.
- should not take into account irrelevant factors such as race, religion, gender, marital status, sexual orientation, social status, capacity to pay, the need for transplant arising out of past behaviour, location of residence or ages
- ensure organs are allocated justly, following specific processes for recipient matching criteria for each type of organ or tissue.
Outcomes

Ethical and clinically consistent, effective and safe organ and tissue donation for transplantation in Queensland, by working closely and collaboratively with

- the Organ and Tissue Donation Service within Metro South Hospital and Health Service
- donation specialist nursing and medical staff in other Hospital and Health Services and private hospitals to improve organ and tissue donation rates and improve organ and tissue donation processes.
- for donation and transplantation centres, the criteria used to determine patient inclusion on transplant waiting lists and allocation of donated organs to those patients will be in accordance with the Consensus Statement on Eligibility Criteria and Allocation Protocols, Version 1.3, Transplantation Society of Australia and New Zealand, 8 January 2014.
- the Queensland guideline on Donation after Cardiac Death (DCD) 2013 (Metro South Hospital and Health Service) guides the processes for the practice of organ and tissue donation after cardiac death.

Related or governing legislation, policy and agreements

- Queensland guideline on Donation after Cardiac Death (DCD) 2013 (Metro South Hospital and Health Service)
- Guardianship and Administration Act 2000 (Qld)
- Transplantation and Anatomy Act 1979 (Qld)
- Transplantation and Anatomy Regulation 2004 (Qld)

Supporting documents

- Organ and Tissue Donation after Death, for Transplantation – Guidelines for Ethical Practice for Health Professionals, National Health and Medical Research Council, 15 March 2007
- National Protocol for Donation after Cardiac Death, Organ and Tissue Donation and Transplantation Authority, Australian Government, 2010
## Definitions of terms used in this directive

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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| Death                                     | A person has died when there has occurred—  
(a) irreversible cessation of circulation of blood in the body of the person; or  
(b) irreversible cessation of all function of the brain of the person certified in accordance with subsection (2).  
(2) The irreversible cessation referred to in subsection (1)(b) shall be certified by 2 medical practitioners, each of whom has carried out a clinical examination of the person and 1 of whom is—  
(a) the medical practitioner who is attending a person who is to be the recipient of tissue from the body of the first mentioned person; or  
(b) the designated officer who gives an authority for the purposes of this Act; or  
(c) a medical practitioner who is proposing to remove tissue from the body of a deceased person.  
(3) A medical practitioner shall not give a certificate in accordance with subsection (2) unless the medical practitioner has carried out a clinical examination of the person who has died.  
Maximum penalty—10 penalty units.  
(4) A person who is of a description referred to in subsection (2)(a), (b) or (c) shall not issue a certificate referred to in that subsection.  
Maximum penalty—10 penalty units.  
(5) In this section—  
**specialist neurologist** means a person registered under the Health Practitioner Regulation National Law to practise in the medical profession as a specialist registrant in the specialty of neurology, other than as a student.  
**specialist neurosurgeon** person registered under the Health Practitioner Regulation National Law to practise in the medical profession as a specialist registrant in the specialty of neurosurgery, other than as a student.  
The prescribed qualifications for medical practitioners certifying death are detailed in section 13 of the Transplantation and Anatomy Regulation 2004. | Transplantation and Anatomy Act 1979 (Qld), s45 |
| Donation after Cardiac Death (DCD)        | DCD (also known as non-heart-beating donation or donation after circulatory death) refers to organ donation after death has been determined to have occurred, on the basis of the irreversible loss of circulation of blood in the body of the person. | National Protocol for Donation after Cardiac Death, July 2010 |
| Deceased donor                            | A person who gives organs and/or tissues after death for the purpose of transplantation into another person; or for therapeutic purposes, or other medical or scientific purposes | Organ and Tissue Donation After Death, For Transplantation – Guidelines for Ethical Practice for Health Professionals, National Health and Medical Research |
| **Life-sustaining measure** | The legislation defines a life-sustaining measure as health care intended to sustain or prolong life that maintains the operation of vital bodily functions that are temporarily or permanently incapable of independent operation. Life-sustaining measures include, but are not limited to; cardiopulmonary resuscitation, assisted ventilation and artificial nutrition and hydration. Other life-sustaining measures might include; drug therapies, antibiotics and renal and liver failure treatments (e.g. Haemodialysis, peritoneal dialysis, haemofiltration). Life sustaining measures do not include unusual or extraordinary forms of treatment taking into account the available facilities and resources available to provide for the patient's care. | **Guardianship and Administration Act 2000; Powers of Attorney Act 1998** |
| **Recipient** | A person who receives organs and/or tissues from another person (the donor) | **Organ and Tissue Donation After Death, For Transplantation – Guidelines for Ethical Practice for Health Professionals, National Health and Medical Research Council** |

**Business area contact**

Blood Tissue and Organ Team  
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**Review**

This guideline is due for review in June 2017.

**Date of last review:** N/A  
**Supersedes:** Health Service Directive on Cadaveric organ and tissue donation and transplantation