SUMMARY OF THE FEEDBACK RECEIVED FOR THE PUBLIC CONSULTATION ON THE PROPOSED AMENDMENTS TO THE HUMAN ORGAN TRANSPLANT ACT

Background

1 The public consultation exercise on the proposed amendments to the Human Organ Transplant Act (HOTA) was conducted from 14 November to 15 December 2008. MOH received a total of 55 responses from the public and written feedback from 9 organisations via e-consultation, email, and post. There was also a public dialogue session and a written survey conducted after the session. 162 participants responded to the survey.

Feedback Received

2 In general, the feedback via all sources of inputs showed that the public was supportive of the proposed amendments (Table 1).

Table 1: Collation of responses

	Proposed Amendment
1.	HOTA should be amended to increase the number of cadaveric donors by lifting the upper age limit for cadaveric organ donation. Yes - 187 (93%) No - 14 (7%) Not Sure - 0 (0%) Total: 201
2.	HOTA should be amended to facilitate living donor transplants by allowing donor-recipient paired matching for exchanges of organs. Yes - 189 (95.5%) No - 6 (3%) Not Sure - 3 (1.5%) Total: 198
3.	HOTA should be amended to support the welfare of living donors by allowing them to be compensated according to accepted international practices. Yes - 172 (85.5%) No - 18 (9%) Not Sure - 11 (5.5%) Total: 201

	Proposed Amendment
4.	HOTA should be amended to protect donors and recipients from exploitation by middlemen by increasing the penalties for syndicated organ trading. Yes - 191 (96.5%) No - 5 (2.5%) Not Sure - 2 (1%) Total: 198

3 In addition, respondents of the written survey were polled on their views on the coverage and amount of compensation:

- 95 per cent of respondents agreed that comprehensive compensation should be allowed to be provided to living donors to cover direct expenses (e.g. transport and accommodation), indirect losses (e.g. loss of time and earnings) and future expenses (e.g. anticipated costs of medical follow-up) due to the donation.
- 76 per cent of respondents were of the opinion that an appropriate amount for such comprehensive compensation would exceed $50,000.

4 Table 2 show some details of the key feedback received for the proposed amendment:

Table 2: Key issues and MOH's response

	Key Issue	MOH's Response
	Lift the upper age limit for cadaveric organ donation	
1.	There were concerns about how organs from older donors would be allocated. Some opined that the organ should be given to a younger recipient who would likely benefit more from the transplant as he would have a longer expected remaining lifespan. On the other hand, others were concerned that a young recipient in receipt of a much older organ could outlive the functional capacity of the organ and require a second transplant later in life.	To ensure optimum transplant outcomes, the allocation of the organ would be determined by clinical factors, such as matching and condition of organs.
2.	Organs retrieved from older deceased donors would be of poorer quality due to old age or disease.	There are internationally established protocols for proper clinical evaluation of donors to ensure the suitability of the organs for transplant before they are retrieved.
3.	The lower age limit of 21 years for cadaveric organ donation should be removed to increase the pool of potential donors.	The number of deaths below 21 years of age is small. But the comment is noted.

	Key Issue	MOH's Response
4.	It was unclear whether the objections registered by persons prior to the removal of the age limit would remain valid after they turn 60 years of age with the removal of the upper age limit.	MOH will propose in the Bill that the objection status of all registered objector for HOTA continues to apply beyond 60 years of age unless they withdraw their objection.
	Allow donor-recipient paired matching for exchanges of organs	
5.	A government agency should be responsible for matching donor-recipient pairs, lest that role be assumed by illegal syndicates.	This is indeed the case.
6.	There were queries on the consequence if one of the donors should fail to fulfil his part of the arrangement.	The amendments will allow for an agreement between the donor-recipient pairs such that transplant surgeries can be scheduled simultaneously to avoid situations in which one of the donors decides to back out.
	Allow compensation for living donors	
7.	Only reimbursement (i.e. that for verifiable or documented expenses) should be allowed as it is ethically unproblematic. Compensation should not be allowed as it is unclear when compensation becomes payment for an organ.	MOH will follow international practices and guidelines in working out a legally acceptable and ethical mechanism to allow for reasonable payment to cover out-of-pocket expenses, and for anticipated and quantifiable medical and non-medical expenses.
8.	The compensation could be an inducement to the poor, in particular foreigners from neighbouring countries, to donate their organs. As such, compensation should be restricted to local residents.	The law will have to apply equally to all donors and patients if the transplants take place in Singapore. Otherwise, there may be double standard. If the law is amended, MOH would issue guidelines to the Hospital Transplant Ethics Committees so that they can better judge between what is reasonable compensation and what is inducement.
9.	There were various suggestions to increase the ethical acceptability of compensation, including: – providing compensation through a third party; – imposing a cap on the amount; – providing compensation in instalments, rather than as a lump sum; – computing compensation on a case-by-case basis in consideration of each donor's socioeconomic situation, rather than having a fixed sum; – adopting different scales for computation of compensation for foreigners; – crediting the compensation to Medisave or providing non-monetary benefits, such as free medical or insurance coverage, rather than giving cash.	These are operational details which the Ministry will take into account after the law has been amended.
10.	Allowing compensation for living donors would	This is an argument against organ

	Key Issue	MOH's Response
	discourage altruistic cadaveric and living-related donation.	trading, which MOH agrees. But the proposed amendments are not to legalise organ trading, but to ensure that altruistic donors' welfare is safeguarded.
	Others	
11.	Donors could be discriminated against and be rejected or subjected to higher premiums by insurance providers.	That is why it is important that we compensate donors adequately so that they do not suffer such financial losses.
12.	There is a need for more public education on (i) the prevention of organ failure to decrease our need for organs; (ii) promotion of altruistic living and cadaveric organ donation to increase the supply of organs; and (iii) public awareness of HOTA.	Agree. MOH will continue to educate the public about HOTA and build up societal consciousness and support for organ donation.
13.	Suggestions to improve on the processes for cadaveric organ donation: – implementing procedures to increase the salvage of potentially viable kidneys from trauma deaths; – using both brain death and cardiac death as criteria for organ retrieval; – take active measures to prematurely identify potential candidates for organ transplantation; – strengthening the processes for the activation of the mechanisms for organ preservation.	MOH will continue to facilitate the strengthening of the processes involved for more effective donor identification and organ retrieval.