STANDING COMMITTEE ON HUMAN SERVICES

Hansard Verbatim Report

No. 2 – June 2, 2016

Legislative Assembly of Saskatchewan

Twenty-Eighth Legislature

STANDING COMMITTEE ON HUMAN SERVICES

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Saskatchewan Rivers

Published under the authority of The Hon. Corey Tochor, Speaker

[The committee met at 13:30.]

The Chair: — Good afternoon, everyone. The first thing I'd like to do is introduce our members present. We have Ms. Beaudry-Mellor, we have Mr. Makowsky, Mr. Fiaz, Ms. Wilson, Ms. Rancourt, and Mr. Parent.

I would like to advise the committee that pursuant to rule 148(1), the following supplementary estimate for the ministry was deemed referred to the committee on June 1st, 2016, and that's supplementary estimates, vote 36, for Social Services.

The Assembly adopted a motion by the Hon. Dustin Duncan, Minister of Health:

> That the Standing Committee on Human Services conduct an inquiry and make recommendations to the Assembly respecting improving the rate of organ donation in Saskatchewan. The committee will hold public hearings to receive representations from interested individuals and groups and will report its recommendation back to the Assembly by November 30th, 2016.

We are here today to begin our consideration, and we will table HUS 1/28 to the committee that the committee has received from the Ministry of Health on organ and tissue donations. The Minister of Health and his officials are here to provide a presentation and answer questions of the committee. Mr. Minister, if you would please introduce your officials and begin your remarks.

Hon. Mr. Duncan: — Thank you very much, Mr. Chair, and thank you to the members of the committee for having us appear before the committee this afternoon. I'm going to keep my remarks very brief. I'll first say that we want to thank the members of the committee in advance of their good work that we know will be as a result of the deliberations that you'll undertake over the coming weeks on the issue of organ and tissue donation. This is certainly a very important topic for Saskatchewan and for Canada, and so we appreciate the work that you're going to be doing.

To my left is Mark Wyatt, the assistant deputy minister of Health, and to his left is Deb Jordan, executive director of acute and emergency services. And they will walk us through a presentation, and so I'll turn it over to them at this time. Thank you.

Mr. Wyatt: — Good afternoon. I'm going to start by walking you through some background around organ and tissue donation and transplantation in Saskatchewan, a little bit of a national and international context as well.

Before we do that . . . And also from there my colleague Deb Jordan will speak to some of the work that's being done around the legislation, the recent legislative amendment in the province, and also some of the follow-up work around regulation, as well as discussion around some of the best practices in organ and tissue donation. Before we do that, I think it's important to start I guess with the patient and the impact of this issue on patients in our system and on everyone who is in need of organ or tissue.

Obviously the reason that this is such an important issue is because organ donation saves lives, and in many cases, while it may not be life saving, it has a dramatic impact on the quality of life for those individuals. Obviously if you're talking about things like heart, lung, pancreas transplants, those are in many cases a lifeline for somebody's survival. But beyond that, when you look at things like cornea transplants, it can restore someone's eyesight. When you look at kidney dialysis, and to use that as an example, in 2012-2014, patients waiting for a deceased donor transplant spent a median of 1,768 days or 4.8 years on dialysis. So the impact of having that kidney transplant is tremendous when you think about being able to free somebody from that routine of having the trips in, many times a week, for dialysis. Yet the Canadian average for the wait time for receiving a kidney is 3.9 years.

So as the slide mentions, one donor can save up to eight lives and enhance 75 more through tissue donation. And when you think about I guess where we are in terms of the likelihood of being a donor versus our current rate of organ donation, you are six times more likely to need a transplant than to become an organ donor.

So right now in Saskatchewan through the Saskatchewan transplant program, we support 469 individuals living in the province with a kidney transplant. We're also supporting a number of other patients who have received transplants for liver, lung, heart, and also a number of pediatric patients. In most of those cases or virtually all of those cases, the transplant will have occurred outside of Saskatchewan. And these numbers don't include residents who are being supported by other programs. And so while they may be in Saskatchewan, we've also had patients who've had their transplant in another location and continue to have their follow-up support provided there.

This slide shows you the Canadian supply and demand for organs in the province, and what it's showing you is that there's been minimal change in that red line running along the bottom in terms of the number of organ donors from slightly below 1,000 in 2005 to slightly above that a decade later. We're seeing some growth in the number of persons transplanted and certainly growth in the number of people waiting on that wait-list from 4,000 to just around 4,500 over that time period.

When we look at the situation in Saskatchewan, there were 11 deceased donors last year, whereas there are almost 160 Saskatchewan residents waiting for either a kidney or a cornea in our province. There are also many other Saskatchewan residents who are on waiting lists for organs not transplanted in our province like hearts and lungs.

This slide speaks to what can be donated both in terms of organs and tissues. The adult kidney transplants are performed in Saskatoon both from deceased and living donors, and cornea transplants are performed both in Saskatoon and Regina. The majority of people who need organ transplants other than kidneys are referred out of province, and virtually all of those are going to Edmonton right now.

Of the 469 people living with a kidney transplant and are in Saskatchewan, 40 per cent of them received a kidney from a

living donor, and 14 had transplants made possible through the national living paired donor exchange registry.

To become a donor, right now the current criteria is based on the patient being in critical care units in the hospital or in emergency room, and they have to meet the criteria that goes under the GIVE acronym: a Glasgow coma scale below 5; a brain injury; they have to be on ventilation; and you have to have held the end-of-life discussion with the appropriate family members. Across Canada there are only 1 to 2 per cent of hospital deaths that meet this criteria, and I think that's an important point as we move into the conversation around what is limiting some of our ability to harvest organs and starting with the very, right now, small number of potential donors that we have in our facilities.

What you see here is, with the green line representing Saskatchewan, we had been fairly close, just hovering below the national average represented by the blue line for the Canadian average, over the period of 2005 through 2010. And what you've seen since then is a fairly significant drop again. The scale on the left-hand side is not a large scale so we've fallen from in the range of 12 to 15 down as low as 5 or 6, and we've since returned to the 9, 10 range in terms of the number of donors per million population while the Canadian average has continued to grow, albeit quite slightly.

We've also highlighted here Nova Scotia, which is probably one of the provinces that consistently leads donation rates in the country. And there's certainly a number of reasons that we can get into as to, you know, what differentiates Saskatchewan from other jurisdictions, and why it is Nova Scotia has seen the success that it has.

Just to, I guess to clarify. At 11 donors last year, it translated to a donor rate of 9.9 per million population for Saskatchewan, which is below the average of 15. It's worth noting, and again it's something that we can come back to, that almost a third of donors in Nova Scotia are donors after cardiocirculatory death, whereas these cardiocirculatory death donors make up a very small proportion of what we see in Saskatchewan. So that is one area of opportunity as to how we deal with the criteria right now which is primarily around brain death, to also look at patients who are classified as donors after cardiocirculatory death.

Another observation I would make, just in speaking to a couple of the folks in Regina Qu'Appelle around what's been taking place in Saskatchewan, and an interesting observation they made was that, as we started to move CT [computerized tomography] scanners out of just having them in Regina and Saskatoon into our regional hospitals — which has certainly been, you know, a great benefit across the board — what it has meant is that we see fewer of those patients who are approaching brain death who are then transferred into Regina and Saskatoon. And that's had an impact on the number of patients who are I guess closer to the transplant centres. And so an unexpected consequence of making that diagnostic tool available outside of the larger centres.

Next, we're going to just look at where Canada is positioned overall in terms of donation rates. And when you look to the left of this bar graph, you'll see that Spain, Croatia, Malta, and Belgium, Portugal, USA [United States of America] are certainly in the leaders in the range of 25 to 35 donors per million population. Canada positioned at 15.7 and you'll see some arrows that are pointing to four of the six countries at the left end in terms of the highest donors in the country. And those are some of the jurisdictions that Deb Jordan will be focusing on when we start to talk about what are some of the other strategies and opportunities and best practices that we could be looking to for the work of your committee. So with that, I will turn it over to Deb.

Ms. Jordan: — Thank you, Mark. So when we take a look at some of the characteristics that are identified in the literature as well, if you take a look at four of the countries that have relatively higher donation rates — Belgium, Spain, Croatia, the US [United States] — there are some key characteristics about what the high-performing donation systems are doing, and we've identified some of them here.

Certainly donor coordinators, donation physicians, and I'll just pause on the donation physicians. As you can appreciate, if you are a family member and you have a loved one in intensive care and the intensive care physician has been providing the care and support to the patient and the family, to expect that physician to also perhaps be the one that engages in the conversation about organ donation while at the same time they are providing care for the patient, certainly sometimes is perceived by family members or can be as a conflict of care interest. So donation physicians are physicians who aren't directly involved in the care but rather have a unique role related to speaking with families about donation.

Other characteristics: online intent to donate, mandatory referral. And we'll distinguish mandatory referral from presumed consent because they're two very different concepts. Mandatory referral is based on having some standard clinical triggers that are identifiable, and when those criteria or triggers are met, a physician who is providing care for a patient in the ER [emergency room] or in an intensive care unit would be required to contact the organ donation coordinators and ask them to have a conversation with the family.

[13:45]

Other key aspects of characteristics of high-performing systems: certainly the implementation of leading practices; timely performance data and transparency; and ICU [intensive care unit] and hospital capacity to be able to undertake, once consent is provided, to actually undertake moving ahead with the donation.

So I want to then, having described those characteristics, take a look at our current state in Saskatchewan. For a number of years we've been very fortunate in the province to have a province-wide steering committee, the Saskatchewan chronic disease program steering committee that includes representation from the Kidney Foundation, Federation of Saskatchewan Indian Nations, nephrologists or kidney specialists, regional health authorities.

And because so many of the transplants in this province are focused on kidney donation and transplant, the steering committee felt it important, because of our increasing number

of patients waiting for a kidney transplant and our increasing number of patients on dialysis in the province, it provides recommendations annually to the ministry on priorities for consideration.

So in November of 2013 the committee had recommended that there be some very focused improvement rate on organ donation and kidney transplantation and asked the province to consider updating *The Human Tissue Gift Act*, adopting a policy of mandatory referral of which we were speaking just a moment ago; looking at processes so that the system recognizes the organ donor stickers; development of a donation after cardiocirculatory death program; the concept of donor physicians which we also talked about a moment ago; and that organ donation and the province's performance and how well we're doing and making progress, that that would be tracked by senior leaders in the health system.

So since those recommendations came forward, an updated human tissue gift Act was developed, brought forward, and it received third reading in April of 2015. I want to underscore, both in the culture of organ donation because the word donation is used, and the Act continued to be called *The Human Tissue Gift Act*, the contemplation is that the act of donation is one that the patient and their family make. So presumed consent is not contemplated in the current Act.

The Act did, however, unlike the previous legislation it allowed for regulations to be developed to keep current in Saskatchewan with evolving practice in the field of organ donation and transplantation. So the consultations that were involved during the development of the updated Act included Kidney Foundation, lung foundation, regulatory bodies, and the regional health authorities.

Currently and happily, the work that this committee has been tasked with coincides with work that was set out for us in 2016, which is, now that the Act has received third reading, the development of regulations under the Act. And the priority in the consultation document that has been developed speaks to wanting to consult with colleagues across the province around the mandatory referral concept, and supporting other hospitals.

My colleague Mark referenced some of the implication of having some of the more specialized diagnostic imaging capacity in other hospitals outside of Regina and Saskatoon has also contributed perhaps to opportunities for approaches to patients and families there that we're currently not capturing. Regulations, or the consultation document on the regulations, also contemplates regulation to be able to pay other jurisdictions for the cost of processing a cornea and that we would be able, as other provinces do, to potentially, if we have a shortage of cornea donations in the province, to consider a processing cost and importing those.

So in terms of where we're at, in terms of the criteria that we discussed a moment or two ago about what are the characteristics of those systems that have higher donations rates and where we're at in Saskatchewan, currently we have organ donor coordinators in both Regina and Saskatoon, and have had for some time. Under development, we have the regulations, or the consultation document on regulations, related to mandatory referral, standard clinical triggers, and the reporting of data in a timely way so we continue to have a focus on improvement, and improving our rates of organ donation in the province.

The work that needs to continue and may well be that which the committee hears in its consultation relates to donation physicians perhaps, ICU and hospital capacity, and how we better leverage the opportunities across the province to be able to identify, recognize, and refer potential donors.

What this slide demonstrates, again taking some of the key components of high donation performance, is on the left you'll see the criteria element. And then what we've done is just provided for the committee a bit of a snapshot of the provinces across the country and where they're at in terms of either . . . The green indicates that implementation has been complete or nearing completion, yellow is implementation is in progress, and red it hasn't started.

I think one of the key flags here as the committee does its work is that there isn't necessarily always a strong correlation between the implementation of the key component and the donation rate. So on the far right, second from the end, you'll note in Nova Scotia, while it has and consistently has one of the highest organ donation rates among all provinces and territories, it has implemented two of the four criteria that are identified. So while I think these have been identified as the key components, there may well be other factors that could help improve organ donation and coordination that may come to the committee's attention during your deliberations.

So where do we see the opportunities to increase donation rates in Saskatchewan? A key one that clinical colleagues have identified is the expansion of donation after cardiocirculatory death. So presently and for most of our experience in the province with organ donation and transplantation, the criteria that Mark had identified earlier in the presentation have been what is used, and the approach has only been made to patients who meet the criteria or to the families of patients who meet the criteria for brain death, and that is a . . . You know, there are up to 25 key indicators that have to be met to declare brain death.

Across Europe and the US starting in about 2010-2011, the discussion about donation after cardiocirculatory death, and some practices and guidelines for practices, started to evolve, involving patients where, as a result of a very traumatic brain injury that is irreversible, the patient may not meet all of the criteria for brain death but it is very clear that the patient is not going to recover. And so some other jurisdictions have started, and we in the Saskatoon Health Region have started to work with some revised criteria that in cases of irreversible brain damage and where it is clear the patient is not going to recover but doesn't necessarily meet all of the criteria for brain death, have the criteria for a cardiocirculatory death been met? And if they have, would that then qualify and present a discussion that the organ donation coordinators would have with the family about a potential donation? So that's certainly one opportunity that we are looking at.

Donation among older donors. Historically one of the things that has impacted not only this province but many jurisdictions as we have seen more success from a public health standpoint with respect to helmet use for cyclists, motorcyclists, seat belt use, some of the catastrophic injury that often young people

experienced has decreased . . . And that's a good thing. However what that has meant is that that number of potential donors among younger individuals with irreversible brain damage or injuries from which they won't recover, that number of patients has decreased. So donation among older donors is something that we want to take a look at. Again I think some of the thinking may well be, once you are at a certain age there may not be organs that are potentially in good condition to donate, but increasingly the literature identifies that there may be some opportunities for some donation.

We want to look at our provincial conversion rates on deceased donor profiles. As Minister Duncan had outlined when the announcement was made about this committee reviewing organ donation opportunities in the province, less than 1 per cent of the hospital deaths in this province are presenting opportunities for discussion about organ donation, and we certainly think that there are opportunities beyond that.

The other is taking a look at the concept of presumed consent and an opt-out registry. As I noted earlier, that would necessitate some change to the existing legislation because as the name of the Act implies, donation is still viewed to be a gift that an individual and a family make.

Again just to flag where Canada stands relative to some of our international colleagues in terms of rates of donation, I think the important take-away from this slide is we've highlighted with the areas, countries with presumed consent, and so you'll see that they're distributed all along the continuum. So presumed consent does not always automatically translate into higher donation rates. And in fact, some countries that had presumed consent, like Brazil, have rescinded that legislation.

So as we move forward in our work with the transplant program, we are thoroughly reviewing each of the opportunities, moving forward with consultation on the proposed regulations, and are very confident with the focus, and a welcome focus, that has been brought to this question by the Human Services Committee. Taking on the task of looking at improvement already I think has given a profile to our need in Saskatchewan to improve organ donation rates.

So I want to thank you, and have just provided some contact information for you at the end in the event that the staff who are supporting the committee in its work, if there's information or any way we can be of assistance, please don't hesitate to contact us. Thank you for your time.

The Chair: — So do we have some questions for our officials that are here? Yes, Ms. Rancourt.

Ms. Rancourt: — Thanks for your presentation. It's really good to have you guys here and to learn from you guys. But I do have some questions that I'm hoping you might be able to answer. My first question is, how many donor physicians do we have in the province right now?

[14:00]

Ms. Jordan: — Currently there aren't designated donor physicians. We certainly have, among some of our intensive care physicians and others, those who are very interested in the concept, and thus why we had identified it as an opportunity to be explored, again needing to ensure that the physician who is in charge of the patient's care is not in any way compromised or perceived to be compromised, and therefore needing to ensure that there's that separation between the care of the patient and the potential for discussion about donation.

Ms. Beaudry-Mellor: — As a follow-up to that question then. And so I appreciate the separation between the attending physician and the donor physician, but how does that relate then to the mandatory referral process? So obviously the attending physician would have to make a mandatory referral to the donor physician. Is that the process that you're contemplating?

Ms. Jordan: — Currently now what we're contemplating is that that mandatory referral would be made to the organ donation coordinators who are the staff based in Regina and Saskatoon, who would then have the conversation with the patient's family.

The Chair: — Any other questions? Ms. Rancourt.

Ms. Rancourt: — I'm just eager to learn a lot more about this. So what are the current rates for organ donation? Like I know I wrote down here that there was 11 deceased donors, but I didn't get exactly what the rates were. And has it really changed over the years?

Ms. Jordan: — So if you refer to your handout, there will be a chart that looks at, over time, the Saskatchewan rate, the Canadian rate, and then Nova Scotia has consistently been the highest performing province with respect to organ donation rate. So Saskatchewan, in the most recent year for which we have data based on the 11 donations, the rate was 9.9 per million population. Because of the relatively small numbers of donors across Canada, across the world, typically the rates are always expressed in donors per million population.

The Chair: — Ms. Rancourt.

Ms. Rancourt: — Has there been some initiatives that have been undertaken to increase organ donation rates lately? And if so, what did they entail and how much money has been spent on them?

Ms. Jordan: — So since the recommendations came from the Saskatchewan chronic kidney disease steering committee in November of 2013, in addition to work on updating the legislation, there was also through the Saskatoon Health Region, funded through the Ministry of Health, communications with the public, with patients, with physicians to attempt to try and raise the profile and the importance of organ donation. Some may recall as recently as last year on the Government of Saskatchewan website page, there was a profile of a patient and the importance of organ donation.

It needs to be multi-faceted so it's not only one thing and it's not just for one period of time. It's something that has to be consistent and a multi-faceted approach to ensuring that we not only increase the organ donation rate, but that we sustain it.

Mr. Wyatt: — If I could add to that, I think the main . . . In response to the first part of your question, I think the main

activity would relate to the introduction of the legislation which both created the regulatory-making authority that allows us to pursue some of those strategies that were identified, but also certainly the idea of the potential importation of corneas is another pretty significant step. It has been undertaken in other provinces and was certainly identified by some of our ophthalmologists as a definite barrier to our ability to meet the demand and add to the cornea pool in the province.

And so I think it's really been through the legislation and I guess the follow-up activity that we're in the midst of, and now we'll be able to align with this committee's work, that represent the biggest I guess steps that have been taken over the last year or two.

The Chair: — Ms. Beaudry-Mellor.

Ms. Beaudry-Mellor: — So on the same chart which is on page 4, what accounted for the significant drop around 2010 and also the significant and sharp increase which started in Nova Scotia around the same period of time?

Ms. Jordan: — So the chart on page 4 are the Canadian rates, the overall Canadian rates.

And the chart that outlines some of the leading practices that are characteristic of high-performing systems outlined Nova Scotia has fully implemented two of the four, and work is in progress on the other two. So you know, I think some of that work and that timing has helped to move Nova Scotia, increase its rate, and start to increase its rate.

In 2009 and '10, as a result of some changes to the surgical and surgeon availability in Saskatoon, we did have a period of time in the province where we were not performing the kidney transplants in the province. And so the public discourse around that temporary suspension of the actual transplantation, you know, may have contributed in some way to perhaps potential donor discussion or willingness potentially of families. Again that's anecdotal, but the two do coincide in terms of when there was a temporary suspension in the kidney transplant happening in the province and the rate of donation.

The Chair: — Ms. Rancourt.

Ms. Rancourt: — In your opinion, what is the current barriers for organ donation?

Ms. Jordan: — I won't leave it as an opinion but rather, because we do seek and have the advice of colleagues across the province, the identification of potential donors and the mandatory referral, it has been consistently identified by clinicians and colleagues as being an important opportunity and discussion that we're often missing. Improving the coordination, particularly with our regional hospital sites, about the logistics then associated with if there is a potential donor, you know, how does that conversation and that discussion occur with the family, the transfer of the donor patient to Regina or Saskatoon certainly being among them.

A sustained senior leader profile and awareness of how we're performing or not as a province I think was another key one that the steering committee had identified in 2013.

Mr. Wyatt: — One other factor I think that comes to mind is really the communication among family members and ensuring that if somebody has an intent to be a donor, again that is only expressed through the sticker, which is really only an intention. And again just calling on some of the comments from colleagues at the Regina Qu'Appelle Health Authority, they certainly emphasized the importance around making sure that a spouse or the next of kin are aware and I guess understand the intent and the strength of the person, the individual's commitment to being a donor. Because in that moment when you're confronted with the idea of somebody being taken away to the operating room to harvest organs or having a more compassionate and possibly dignified death, that's a very difficult decision for a family member to make. And so understanding that that is what the individual wanted to occur I think is an important thing for anyone to be thinking about. And so I think it speaks to not just the campaign to ensure that people are signing up to be a donor or putting the sticker on their card, but also taking that next step of being very purposeful about conveying that to their family or the people who would have that authority under law.

Ms. Jordan: — And there are some very powerful patient and family stories from the perspective of donor families as well as recipient families that, you know, we hear from those families that they would like any opportunity to ensure people across the province are aware of. Because it is something . . . Those are difficult conversations, but they're important ones, and I think many donor recipients are willing to share their story, but there are also a number of family members of donors who also I think are anxious to ensure that the public understands what it's meant for them as well.

The Chair: — Mr. Fiaz.

Mr. Fiaz: — Thank you very much. I have a question on page 8. It says, medical record review to identify missed opportunities. Can you explain a little bit more about it?

Ms. Jordan: — So that would be a follow-up to see, just as there are often reviews after a patient has been discharged from hospital, if there were either concerns or issues around the care, a more regular review of discharges and deaths that have occurred in hospital to see, if we implement mandatory referral criteria and triggers, are those actually being followed through? So it's important not only to identify but to ensure that in fact, if they are in place, that they are actually being used on a regular and daily basis.

The Chair: — Ms. Rancourt.

Ms. Rancourt: — So has this resulted in maybe some wasted organs or tissues because of regional issues?

Ms. Jordan: — I wouldn't say wasted organs or tissues. Once the consent to donate has been made, you know, action takes place very quickly to ensure that the organs are taken. And if there isn't a match within the province, because the transplant program has all of the data on all of the Saskatchewan patients who have been worked up, if we're talking about a kidney transplant such that if there isn't a Saskatchewan patient whose clinical attributes are a good match for the donated organ, then provinces work very well together in ensuring that no donation

is, as you described, wasted. And that often results in some pretty extraordinary means because we've had situations where a Saskatchewan patient may be waiting for a heart transplant or a lung transplant, which we don't do in the province. If one becomes available on very short notice, there is a window. So if we need to get a patient . . . Either air ambulance gets them there, or a charter, and on a rare occasion we've had to talk to our colleagues at executive air about getting either a patient to the transplant or an organ to another location. Because it is the gift of life, so it's important that that be respected.

The Chair: — Any other questions? Okay, well I believe the floor is yours now unless something else comes up.

Ms. Rancourt: — Okay. So going back to making sure that the families are aware of the wishes, have you guys considered an online registration or has there been any work on that?

Ms. Jordan: — Certainly, because the Kidney Foundation is a member of our chronic kidney disease steering committee and the representation we've had, you know, has a perspective not only of what's going on in the Prairie provinces but across the country. The results from online registry and registries generally has been mixed, and that may be something that the committee hears as it's undertaking its deliberations about, you know, the cost-benefit because registries can be quite expensive.

[14:15]

Ms. Rancourt: — And my next question would be like have you guys done an environment scan across the province to see what they're doing, like the provinces?

Ms. Jordan: — That was the information we had in one of the slides that outlined from the literature review. What are some of the key characteristics of high-performing jurisdictions with respect to donation and then, you know, where are various Canadian jurisdictions at in the implementation, and has or hasn't it actually translated into increased organ donation rates.

Mr. Wyatt: — If I could just add to that, Canadian Blood Services has assumed responsibility nationally around organ donation, and I think you would have seen them referenced in terms of the national, the slide that presents the national cross-jurisdictional comparison around implementation of some of those best practices.

And so Canadian Blood Services certainly has undertaken some of that national comparative analysis, and my understanding has also I believe already contacted the Clerk's office or the committee to offer their assistance to bring some of their expertise in this area to your work.

The Chair: — Are there any other questions?

Mr. Fiaz: — One quick question, a small one.

The Chair: — Mr. Fiaz.

Mr. Fiaz: — Yes. How much is a percentage when a deceased family sees that he was intended to donate but they come up that, you know, we're not aware of it and we will not let you harvest it?

Ms. Jordan: — The consent of the family is always needed despite any directive or other wishes or a manner in which a patient has indicated whether or not they want to donate, but the family consent and support is required.

Mr. Fiaz: — Yes. The question was, the question was, I'm asking how many percentage people say no, we deny it.

Ms. Jordan: — Yes. That's not data that we currently track or have.

Hon. Mr. Duncan: — I would just add that — Ms. Jordan can correct me if I'm wrong — but in the event that there is a dispute amongst the family as it relates to whether or not there will be a donation, that the default position is that the donation would not be made.

The Chair: — Seeing that there are no more questions, I want to thank the ministers for coming today, and thank the officials for answering the questions. I'm sure we will have more conversations in the future since we're just getting started with this.

Being there's no more questions, can I have a motion to adjourn? Mr. Parent has asked for a motion to adjourn. So all in favour?

Some Hon. Members: — Agreed.

The Chair: — This committee is adjourned to the call of the Chair. Thank you very much.

[The committee adjourned at 14:19.]