

WHAT PRICE FOR AN EYE

725

A senior legal expert has criticised a number of Australian Governments for allowing charges to be applied to corneal grafts.

In the latest issue of the *Medical Journal of Australia*, former Law Reform Commission Chairman, the Hon Justice Michael Kirby, writes that charges are now being levied and debited directly to patients receiving corneal grafts.

The *Journal*, published since 1914, is the Australian Medical Association's continuing contribution to medical research and education in Australia.

Justice Kirby said economic rationalists argue that the costs associated with corneal grafts are real and someone should pay. He said they also argue that corneal grafts do not come under the *Human Tissues Act* as it is not living human tissue.

The Federal Government has also gazetted eye tissue as a "prosthesis" in order for it to qualify for medical benefit payment. The excuse given is that the charge will only recover costs and allow eye banks to recover benefits payable by health funds.

But, Justice Kirby said many patients needing corneas are pensioners who are not privately insured and they are forced to join long queues at the public hospitals or self-insure for the operation and pay the "processing fee" which was \$754 in NSW alone.

The South Australian Eye Bank has resisted the move to "user pays" and only invites a monetary donation. Supporters of this approach believe that a charge would discourage the donation of corneas for transplantation.

Justice Kirby said there is no doubt that costs are involved in the removal, storage and supply of corneas but there are issues in the current commercial approach which contravene the Law Reform Commission recommendations against the sale of human tissue and made when designing the Act.

He said it was the strategy of charging that has led to the trade in body parts in some of the poorer areas of Asia and he did not believe that Australian values had changed on the fundamental question of charging for donated human tissue. "If we are going to charge for human tissue we should do so openly and not pretend it is a 'prosthesis'. And we should only do so after a major public debate that informs donors and the community and considers fully the implications for charging for other human tissue, such as blood, kidneys and other organs. Experience teaches that once these things start the logic of charging tends to take over in hard-pressed health services."

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