SIXTH PARLIAMENT OF SINGAPORE

Second Session

REPORT OF THE SELECT COMMITTEE ON THE HUMAN ORGAN TRANSPLANT BILL

[BILL NO. 26/86]

Parl. 8 of 1987

Presented to Parliament on 22nd April, 1987

The Human Organ Transplant Bill [Bill No. 26/86] was committed to the Select Committee by resolution of Parliament on 9th December, 1986. The Committee consisted of:

Mr Speaker (Dr Yeoh Ghim Seng, B.B.M., J.P.) *(Chairman)*

Dr Ang Kok Peng

Dr Arthur Beng Kian Lam

Mr Chua Sian Chin

Mr Goh Choon Kang

Encik Ibrahim Othman

Dr Tan Cheng Bock

Mr Yeo Cheow Tong, Acting Minister for Health and Minister of State, Ministry of Foreign Affairs.

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REPORT OF THE SELECT COMMITTEE ON THE HUMAN ORGAN TRANSPLANT BILL [BILL NO. 26/86]

The Select Committee to whom the Human Organ Transplant Bill (Bill No. 26/86) was committed have agreed to the following Report:

1. In accordance with Standing Order No. 75 (Advertisement when Bill committed to a Select Committee), an advertisement inviting written representations on the Human Organ Transplant Bill was published in the Berita Harian, Lianhe Zaobao, Tamil Murasu and Straits Times of 11th December, 1986. Publicity to the invitation was also given in a press release. Written representations could be submitted in Malay, Chinese, Tamil or English and the closing date was 7th January, 1987.

2. Seven written representations were received (one after the closing date) and those reproduced are annexed to this Report at Appendix II. The representations were from -

(1) A Concerned Singaporean (Paper 1)

(2) Mr D. Ratnasamy (Paper 2)

(3) Dr Patrick Kee Chin Wah and Dr Wong Wee Nam (Paper 3)

(4) Mr Leo Tin Boon (Paper 4)

(5) The Majlis Ugama Islam Singapura (Paper 5)

(6) The National Kidney Foundation (Paper 6)

(7) The Catholic Medical Guild of Singapore (Paper 7).

3. Your Committee held three meetings.

4. Your Committee heard oral evidence from -

(1) Dr Patrick Kee Chin Wah (2) Dr Wong Wee Nam	(Paper 3)
(3) Encik Ridzwan Hj Dzafir (4) Encik Hussin Mutalib (5) Encik Syed Isa Mohd Semait	Representatives of the Majlis Ugama Islam Singapura (Paper 5)
(6) Dr Khoo Oon Teik (7) Mr T.T. Durai	Representatives of the National Kidney Foundation (Paper 6)
(8) Dr John Lee (9) Dr Ian Snodgrass	Representatives of the Catholic Medical Guild of Singapore (Paper 7)

The Minutes of Evidence taken are annexed to this Report as Appendix III.

5. Your Committee do not recommend any amendment to the Human Organ Transplant Bill, the text of which is annexed to this Report as Appendix I.

Reprint of the Human Organ Transplant Bill [Bill No. 26/86)

THE HUMAN ORGAN TRANSPLANT ACT 1987.

(No. of 1987).

ARRANGEMENT OF SECTIONS.

PART I.

PRELIMINARY.

PART II.

REMOVAL OF ORGAN AFTER DEATH.

PART III.

REGISTRATION OF OBJECTION.

A BILL

intituled

An Act to make provision for the removal of organs from the bodies of persons who died as a result of accident for transplantation, for the definition of death and for the prohibition of trading in organs and blood and for purposes connected therewith.

Be it enacted by the President with the advice and consent of the Parliament of Singapore, as follows:

PART I.

PRELIMINARY.

Short title and commencement.

1. This Act may be cited as the Human Organ Transplant Act 1987 and shall come into operation on such date as the Minister may, by notification in the *Gazette,* appoint.

Interpretation.

2. In this Act, unless the context otherwise requires -

"designated officer", in relation to a hospital, means a person appointed under section 4 to be the designated officer of the hospital;

"Director" means the Director of Medical Services;

"hospital" means -

(a) a hospital established and administered by the Government;

(b) a private hospital which is declared by the Minister by notification in the *Gazette* to be a hospital for the purposes of this Act;

"medical practitioner" means a person who is registered, or deemed to be registered, as a medical practitioner under the Medical Registration Act;

Cap. 174.

"organ" means -

(a) except as provided in paragraph (b), the kidney of a human body; and

(b) for the purposes of Part IV, any organ of a human body.

When death occurs.

3.-(1) For the purposes of this Act, a person has died when there has occurred irreversible cessation of all functions of the brain of the person.

(2) The Minister may prescribe the criteria for determining the irreversible cessation of all functions of the brain of a person referred to in subsection (1).

Designated officers.

4. The Director may nominate, in writing, any medical practitioner to be the designated officer of a hospital for the purposes of this Act.

PART II.

REMOVAL OF ORGAN AFTER DEATH.

Authorities may remove organ after death.

5.-(1) The designated officer of a hospital may, subject to and in accordance with this section, authorise, in writing, the removal of any organ from the body of a person who has died in the hospital for the purpose of the transplantation of the organ to the body of a living person.

(2) No authority shall be given under subsection (1) for the removal of the organ from the body of any deceased person -

(a) who has during his lifetime registered his objection with the Director to the removal of the organ from his body after his death;

(b) unless his death was caused by accident or resulted from injuries caused by accident;

(c) who is neither a citizen nor a permanent resident of Singapore;

(d) who is below 21 years of age unless the parent or guardian has consented to such removal;

(e) who is above 60 years of age;

(f) whom the designated officer, after making such inquiries as are reasonable in the circumstances, has reason to believe was not of sound mind, unless the parent or guardian has consented to such removal; or

(g) who is a Muslim.

(3) The death of a person from whose body the organ will be removed after his death in accordance with the authorisation granted under subsection (1) shall be certified by two medical practitioners -

(a) who do not belong to the team of medical practitioners which will effect the removal of the organ from the body;

(b) who have not been involved in the care and treatment of the proposed recipient of the organ; and

(c) who possess such postgraduate medical qualification which is recognised by the Director as a qualification entitling them to certify the death of a person under this subsection.

(4) In this section, "permanent resident" includes -

(a) a person who holds a Singapore blue identity card; and

(b) a person who holds an Entry Permit or Re-entry Permit issued by the Controller of Immigration,

and who is not subject to any restriction as to his period of residence in Singapore imposed under any other written law relating to immigration.

Coroner's consent.

6.-(1) If the designated officer of the hospital has reason to believe that the circumstances applicable to the death of the person are such that the Coroner has jurisdiction to hold an inquest into the manner and cause of death of the person, the designated officer shall not authorise the removal of any organ from the body of the deceased person unless the Coroner has given his consent to the removal.

(2) A consent by the Coroner under this section may be expressed to be subject to such conditions as are specified in the consent.

(3) A consent may be given orally by the Coroner, and if so given shall be confirmed in writing.

(4) In this section, "Coroner" means a Coroner appointed under section 10 of the Subordinate Courts Act. Cap. 321.

Organ to be removed and transplanted by authorised medical practitioners.

7.-(1) No person other than an authorised medical practitioner in a hospital shall remove any organ which is authorised to be removed pursuant to section 5 or transplant any such organ.

(2) For the purposes of subsection (1), "authorised medical practitioner" means a medical practitioner who has been authorised by the Director to remove any organ pursuant to section 5 or to transplant any such organ.

(3) Any person who contravenes or fails to comply with subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $10,000 or to imprisonment for a term not exceeding one year or to both.

Operation of other laws.

8. Nothing in this Part shall prevent the removal of any organ from the bodies of deceased persons in accordance with the provisions of any other written law.

PART III.

REGISTRATION OF OBJECTION.

Persons may register their objection.

9.-(1) Any person who objects to the removal of any organ from his body after his death for the purpose mentioned in section 5 (1) may register his objection with the Director in a prescribed form.

(2) Upon receipt of the written objection of a person under subsection (1), the Director shall issue to that person an acknowledgment in a prescribed form.

Director to maintain register.

10.-(1) The Director shall establish and maintain a register in which shall be entered the objection of all persons lodged in accordance with section 9.

(2) The register referred to in subsection (1) shall not be open to inspection by the public.

(3) Any person who wilfully destroys, mutilates or makes any unauthorised alteration in the register referred to in subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $10,000 or to imprisonment for a term not exceeding one year or to both.

Persons may withdraw their objection.

11.-(1) Any person who has registered his objection with the Director under section 9 may withdraw his objection in a prescribed form.

(2) Upon receipt of the withdrawal under subsection (1), the Director shall issue to that person an acknowledgment in a prescribed form and shall remove the objection from the register referred to in section 10 (1).

Proposed recipients of organ.

12.-(1) Subject to subsection (2), in the selection of a proposed recipient of any organ removed pursuant to section 5 -

(a) a person who has not registered any objection with the Director under section 9 (1) shall have priority over a person who has registered such objection; and

(b) a person who has registered his objection with the Director under section 9 (1) but who has with drawn such objection under section 11 (1) shall have the same priority as a person who has not registered any such objection, over a person whose objection is still registered with the Director, at the expiration of two years from the date of receipt of the withdrawal by the Director provided he has not registered again any such objection since that date.

(2) Notwithstanding subsection (1) (a) -

(a) a person referred to in section 5 (2) (g) shall have priority over a person who has registered such objection only if he has made a gift of his organ, to take effect upon his death, under section 3 of the Medical (Therapy, Education and Research) Act - Cap. 175.

(i) within 6 months from the commencement of this Act;

(ii) where such person is below 21 years of age, before or upon attaining the age of 21; or

(iii) where such person is neither a citizen nor a permanent resident of Singapore within 6 months from the date he becomes a citizen or permanent resident of Singapore, whichever is earlier;

(b) a person referred to in section 5 (2) (g) who has made a gift of his organ in accordance with paragraph (a) (i), (ii) or (iii) shall have the same priority as a person who has priority under subsection (1) (a) over a person whose objection is still registered with the Director, with effect from the date of such gift provided that such priority shall cease immediately upon the revocation of such gift; and

(c) a person referred to in section 5 (2) (g) who has made a gift of his organ under the Medical (Therapy, Education and Research) Act after the period prescribed in paragraph (a) (i), (ii) or (iii) shall have the same priority as a person who has priority under subsection (1) (a) over a person whose objection is still registered with the Director, at the expiration of two years from the date of such gift provided he has not revoked his gift since that date.

Cap. 175.

Appointment of a committee.

13. The Director may appoint a committee consisting of not less than 5 members to be in charge of matters relating to the selection of proposed recipients of any organ removed pursuant to section 5 and such other matters as may be directed by the Director from time to time.

PART IV.
PROHIBITION OF TRADING IN ORGANS AND BLOOD.

Certain contracts, etc., to be void.

14.-(1) Subject to this section, a contract or arrange ment under which a person agrees, for valuable considera tion, whether given or to be given to himself or to another person, to the sale or supply of any organ or blood from his

body or from the body of another person, whether before or after his death or the death of the other person, as the case may be, shall be void.

(2) A person who enters into a contract or arrangement of the kind referred to in subsection (1) and to which that subsection applies shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $10,000 or to imprisonment for a term not exceeding one year or to both.

(3) Subsection (1) shall not apply to or in relation to -

(a) a contract or arrangement providing only for the reimbursement of any expenses necessarily incurred by a person in relation to the removal of any organ or blood in accordance with the provisions of any other written law; and

(b) any scheme introduced or approved by the Government granting medical benefits or privileges to any organ or blood donor and any member of the donor's family or any person nominated by the donor.

(4) The Minister may, by notification in the *Gazette,* declare that subsection (1) shall not apply to the sale or supply of a specified class or classes of product derived from any organ or blood that has been subjected to processing or treatment.

(5) A person who as vendor or supplier enters into a contract or arrangement for the sale or supply of a product derived from any organ or blood that has been subjected to processing or treatment, other than such a product which is of a class declared under subsection (4), shall be guilty of an offence if the organ or blood from which the product was derived was obtained under a contract or arrangement that is void by reason of subsection (1) and shall be liable on conviction to a fine not exceeding $10,000 or to imprison ment for a term not exceeding one year or to both.

(6) Nothing in this section shall render inoperative a consent or authority given or purporting to have been given under this Act in relation to any organ or blood from the body of a person or in relation to the body of a person if a person acting in pursuance of the consent or authority did not know and had no reason to know that the organ or blood or the body was the subject-matter of a contract or arrangement referred to in subsection (1).

Advertisements relating to buying or selling of organs or blood prohibited.

15.-(1) No person shall issue or caused to be issued any advertisement relating to the buying or selling in Singapore of any organ or blood or of the right to take any organ or blood from the body of a person.

(2) In this section, "advertisement" includes every form of advertising, whether in a publication, or by the display of any notice or signboard, or by means of any catalogue, price list, letter (whether circular or addressed to a particular person) or other documents, or by words inscribed on any article, or by the exhibition of a photograph or a cinematograph film, or by way of sound recording, sound broad casting or television, or in any other way, and any reference to the issue of an advertisement shall be construed accordingly.

(3) Any person who contravenes or fails to comply with subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $10,000 or to imprisonment for a term not exceeding one year or to both.

PART V.

MISCELLANEOUS.

Act does or prevent specified removal of organ, etc.

16.-(1) Nothing in this Act shall apply to or in relation to -

(a) the removal of any organ from the body of a living person in the course of a procedure or operation carried out, in the interests of the health of the person, by a medical practitioner with the consent, express or implied, given by or on behalf of the person or in circumstances neces sary for the preservation of the life of the person;

(b) the use of any organ so removed;

(c) the embalming of the body of a deceased person; or

(d) the preparation, including the restoration of any disfigurement or mutilation, of the body of a deceased person for the purpose of interment or cremation.

Offences in relation to Removal of organ.

17.-(1) No person shall remove any organ from the body of a deceased person for the purpose referred to in section 5 (1) except in pursuance of the authority given under Part II.

(2) Any person who contravenes or fails to comply with subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $10,000 or to imprisonment for a term not exceeding one year or to both.

Disclosure of information.

18.-(1) Subject to this section, a person shall not disclose or give to any other person any information or document whereby the identity of a person -

(a) from whose body any organ has been removed for the purpose of transplantation;

(b) with respect to whom or with respect to whose body a consent or authority has been given under this Act; or

(c) into whose body any organ has been, is being, or may be, transplanted,

may become publicly known.

(2) Subsection (1) shall not apply to or in relation to any information disclosed -

(a) in pursuance of an order of a Court or when otherwise required by law;

(b) for the purposes of hospital administration or bona fide medical research;

(c) with the consent of the person to whom the infor mation relates; or

(d) when the circumstances in which the disclosure is made are such that the disclosure is or would be privileged.

(3) Any person who contravenes or fails to comply with subsection (1) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding $10,000 or to imprisonment for a term not exceeding one year or to both.

Regulations.

19. The Minister may make regulations prescribing all matters that are required or permitted to be prescribed by this Act or are necessary or convenient to be prescribed for carrying out or giving effect to this Act.

APPENDIX II

WRITTEN REPRESENTATIONS

Paper No.	*Representors*	*Page(s)*
2	Mr D. Ratnasamy	A 1
3	Dr Patrick Kee Chin Wah and Dr Wong Wee Nam ...	A 2 - 3
4	Mr Leo Tin Boon	A 4
5	The Majlis Ugama Islam Singapura	A 5 - 6
6	The National Kidney Foundation	A 7-10
7	The Catholic Medical Guild of Singapore	A 11-14

Paper No. 2

From: Mr D. Ratnasamy,
22 Lorong L,
Telok Koran,
Singapore 1542.

Dated: 17th December 1986.

THE HUMAN ORGAN TRANSPLANT BILL

As a regular blood donor since 1951 until refused further contributions on the grounds of ill health at the age of fifty-seven, I feel that the Human Organ Transplant Bill is to say the least very arbitrary.

As a moneythism-orientated society I feel that there is a chance of gross abuse by doctors who may resort to the practice of removing organs from those who are not clinically dead and are on the verge of death thereby precipitating death. It is another matter if a person on his own volition hopes to donate but to assume that a person who due to a variety of unjust reasons has failed to opt has consented for donation is far fetched tantamounting to coercion.

As mentioned, under the achievement and money orientated trend in our society there can be flagrant abuses of the best traditions of the Singapore Medical profession. A recent prosecution of a doctor which I shall not refer as it is still sub judice is only one of the cases that have come to light. For every one that is prosecuted some may even go unnoticed.

Hence it is of vital necessity and importance that Parliament will go warily after an exhaustive analysis of immediate and distant consequences that may arise from the intended Bill.

I appeal to right thinking people to consider the implications of such a Bill if it is passed into law.

I have sufficiently addressed my point of view and hence the question of giving oral evidence does not arise.

D. RATNASAMY.

Paper No. 3

From: Dr Patrick Kee Chin Wah,
4 Clementi Crescent,
Singapore 2159.

Dr Wong Wee Nam,
4 Lorong Pisang Emas,
Singapore 2159.

Dated: 23rd December 1986.

THE HUMAN ORGAN TRANSPLANT BILL

We would like to submit the following comments and views on the proposed opting out legislation for kidney transplants. As two hundred lives are in the balance, we feel that there should be no room for any risk of failure of the proposed law resulting from errors of judgement or misconception of the proposed law.

2. To ensure the success of the kidney donation programme, we are of the opinion that the opting out legislation must be acceptable to everyone. We therefore feel that the Bill can be further improved.

3. As the Bill is meant to facilitate kidney transplantation, the primary purpose of such a law should be to recognise those who do not want to donate their kidneys and to protect their rights so that it would be easier for the doctors and the "persuaders" to identify the potential kidney donors.

4. That being the case, the law should therefore not exert undue pressure on people to donate their kidneys. The provisions in section 12 of the Human Organ Transplant Bill which spells out the disincentives for those who opt out is therefore unnecessary. The question of priority in receiving kidney transplant is best left as an administrative and medical decision.

5. It would be better, instead of disincentives, to give incentives to those people who opt in. Such provisions would help to accelerate changes in social attitudes towards organ donation and create a more favourable attitude towards organ donation in our multiracial, multicultural and multireligious nation.

6. We are of the opinion that this opting out law which identifies those who do not want to donate would be easier on the relatives as they no longer have to give consent on behalf of the accident victim.

7. However, as the proposed Bill intends to create a presumption in law, there should also be provisions for a special committee to consider any strong objections of the relatives of those who have not opted out before the removal of kidneys from the deceased. By taking into consideration the feelings and

sensitivities of the relatives, the law would not be seen as an ultimatum and force many of those undecided to opt out prematurely. Otherwise it will be an uphill task to get them to withdraw their objections.

8. We believe that the above changes we propose will help to make the implementation of the proposed Bill a success.

DR PATRICK KEE CHIN WAH. DR WONG WEE NAM.

Paper No. 4

From: Mr Leo Tin Boon,
6 Marine Vista #10-21,
Neptune Court,
Singapore 1544.

Dated: 5th January 1987.

THE HUMAN ORGAN TRANSPLANT BILL

I refer to the above Bill and wish to raise the following point to the Select Committee:

> It appears that the risks of transplanting *INFECTIOUS ORGANS* have not been considered. People suffering from illness (such as infectious herpetitis) should perhaps carry some form of identification, and their risk information maintained in the central medical computer. This would be a way of reducing the risk factor. Where *privileges* are concerned, such people should be treated in the say way as those who have not opted out of the donor scheme because their illness is a result of uncontrollable circumstances.

I have suffered from herpetitis and, discovering that I cannot even donate blood, am a case in point. I hope that my view will be considered to safeguard the health of organ receipients.

LEO TIN BOON.

Paper No. 5

From: The Majlis Ugama Islam Singapura,
Empress Place,
Singapore 0617.

Dated: 6th January 1987.

THE HUMAN ORGAN TRANSPLANT BILL

We would like to take this opportunity to respond to a notice published in the Straits Times of 11th December 1986 inviting the public to submit written representations on the subject of The Human Organ Transplant Bill. Although Muslims in Singapore are specifically excluded from th is Bill because the "opting-out method" which is not permissible in Islam, is being adopted, MUIS would like to place on record its appreciation that Muslims will be afforded the liberty to "opt-in" under section 3 of the Medical (Therapy, Education and Research) Act, 1972 within a period of 6 months from the date of commencement of the Human Organ Transplant Act.

2. We are happy to record that three meetings were held with representatives of the Ministry of Health to discuss the provisions of the Bill. In addition we also held an "Information Session" with Muslim community leaders, representatives of Muslim organisations, and Muslim individuals who have expressed interest in the proposed legislation. We are pleased to state that their immediate reaction is that they like to be identified with a national campaign meant to relieve the sufferings of victims of kidney failure.

3. The position of MUIS is that, in general, it supports the proposed Bill. Insofar as donations from Muslims are concerned, however, MUIS would like the Select Committee to take note of the following points, given their significance from the perspective of Islam:

(i) "Organ" in the Bill is only limited to mean kidneys alone and no other organs of the body. Since Islam permits organ donation in times of emergency and as a means of saving lives, only kidney donations are hereby considered as having satisfied the above emergency-cum-saving lives criterion.

(ii) The need to understand the definition of "Death" in Islam. In Islam death is the irreversible cessation of all functions of the human body - every part of it. This differs from the standard medical definition which refers primarily to brain stoppage. Hence, no transplant of a Muslim's kidney is permissible as long as any single part of his body (for example his heart) is functioning. It follows that if the `dead' (in the non-Muslim definition) person's organ is kept working through

any form of non-natural, medical or mechanical means, he is still considered, to all intents and purposes, alive from the Islamic perspective and thus his kidney cannot be removed for transplanting.

(iii) The object of transplanting a kidney from the body of a deceased Muslim donor to that of a donee is primarily and exclusively to save life. On no account can a kidney be allowed to be removed from the body of a Muslim for other purposes such as for carrying out medical research, advancement of medical science, etc.

(iv) The need to observe the Muslim hierarchy of family precedence. This is to ensure that only eligible members of a donor's family (based on the order of precedence) will witness the latter's consent to donate his kidney in a form to be prescribed by the Ministry of Health in consultation with MUIS. This is vital to prevent possible disputes in future.

(v) The kidney transplantation must be carried out as soon as possible from the moment a Muslim victim of an accident is pronounced dead. Under no circumstances can a kidney so removed be sent for storage to be used subsequently for non-transplant purposes.

(vi) Muslim converts, who are citizens or permanent residents of Singapore, must also be afforded the liberty to opt in and given equal rights and facilities such as those extended to Muslim donors. A complete list of these converts and their personal particulars are obtainable from MUIS office and can be released to the Ministry of Health.

(vii) Separate donation cards (these were already discussed with Health Ministry officials) should be used to easily identify Muslim donors from non-Muslim donors. The Ministry of Health, in consultation with MUIS, should specify conditions governing the kidney trans plantation and these conditions must be printed on the card for easy reference by the donor.

3. The above points are meant to safeguard the interest of Muslim members of the public who might like to join hands in this national exercise. MUIS itself will assist such persons by preparing and distributing brochures on "Kidney Donation and Islam" to mosques and other Muslim institutions. If you should consider it necessary to invite MUIS' representatives to give oral evidence at the Select Committee's proceedings, our Mufti or other Council representatives will be pleased to oblige.

RIDZWAN HJ DZAFIR,
President,
Majlis Ugama Islam Singapura.

Paper No. 6

From: The National Kidney Foundation,
705 Serangoon Road,
Singapore 1232.

Dated: 5th January 1987.

THE HUMAN ORGAN TRANSPLANT BILL

I enclose a representation by the National Kidney Foundation on the Human Organ Transplant Bill for the Select Committee.

Thank you.

T.T. DURAI,
Hon Secretary.

REPRESENTATIONS BY THE NATIONAL KIDNEY FOUNDATION

ON THE HUMAN ORGAN TRANSPLANT BILL

The National Kidney Foundation is fully supportive of the Human Organ Transplant Bill.

The Medical Therapy Research and Education Act ("The Act") was introduced in 1973 with the hope that many Singaporeans will come forward to sign the organ donor card. The previous act had several defects which made organ donation difficult as the donor's wishes could be revoked by any relative after his death. Any relative of his no matter how far removed could come forward to object to the organs being removed and enquiries had to be made to ensure whether any of his surviving relatives objected to the donation. This was deplorable in view of the fact that time is of essence in transplantation. The time lapse between the donor's death and the operation should be kept as minimal as possible. A great deal of time is lost in going around enquiring from every relative to ascertain whether or not he or she objects to the use of the body for the purpose of the act. We felt that the law should be changed to state that the donor's wishes regardless of the objections of his relatives have to be respected. We feel that this principle should still remain in the new bill.

When the Act was passed in 1973, we launched our first organ donation campaign and sent donor cards and explanatory brochures in English, Chinese and Tamil to every household in Singapore. We conducted a sustained campaign

through radio and television. The results were shocking. Less than 1,000 people responded. We require 800,000 organ donors to meet Singapore's needs.

Since then we have conducted extensive education campaigns through every medium of publicity available and we have spent 4 million dollars. The issue of kidney donation has received tremendous exposure in the media and we can produce the evidence to dispute the criticism that we have not done enough. We have exhausted every avenue of publicity and we believe that continuation of the present system of organ donation would mean passing the death sentence on 200 Singaporeans every year.

The present system of organ donation is unworkable and impractical.

There are many possible reasons for people not to sign organ donation forms beyond the obvious one that they do wish to have their organs used. Inertia, laziness or ignorance are some of the reasons. The more important reasons are as follows:

The normal ordinary man in the street will not opt in.

(a) he does not apply his mind to the issue of organ donation as it does not concern him. It is not the most important issue affecting his life.

(b) he postpones making a decision as it is of no consequence to him.

(c) he has a natural disbelief that he will die but rather that it is the other person that will meet with an accident.

(d) he has a natural disinclination to think of his own death and believes that by signing up he is inviting death.

We believe that the majority of Singaporeans support organ donation. A New Nation survey conducted in 1983 using a sample population of 17,448 readers showed that 85% were in favour of organ donation and 65% were in favour of the opting out law. We are not unique in our experience with the opting in system which we have now. In no country in the world with the present system have they been able to get sufficient kidneys. Results from other countries indicate that although 70-80% of the population agree to organ donation only 10-20% sign the organ donor card. It is therefore necessary for us to introduce a law which makes it possible to reflect the wishes of the majority of the population by introducing a system which is simple. We believe the opting out system provides for this because it assumes that we Singaporeans favour saving lives and it puts instead the burden upon the minority who want to deny life to others. The policy of saving human lives is given first priority yet the wishes of those who do not want to be considered is accommodated and respected with all necessary safeguards.

The law has further advantages:

(a) It is not against individual freedom. Instead it reaffirms the individual Singaporean's ownership of and responsibility for his own body.

People are therefore better able to ensure that their wishes are followed because their and not their kin's acceptance or objection has to be respected.

(b) It is more humane to the next of kin as they will be spared by having the donation decision completely removed from them. Because the best donors are generally young, healthy people who have died suddenly through massive trauma, it is often the case that the next of kin (often parents) may be in shock and unable to function rationally. To be asked to make a life or death decision for others at such a time is clearly not in the best interests of either the grief stricken next of kin (who may refuse permission and subsequently feel guilt) or the potential recipient. At these times of crises, next of kin are likely to be functioning in an irrational manner due to shock or grief. Studies by physicians and psychologists have shown that under these trying emotional circumstances, consent, or the lack of it, on the part of the next of kin is hardly a logical and rational progress.

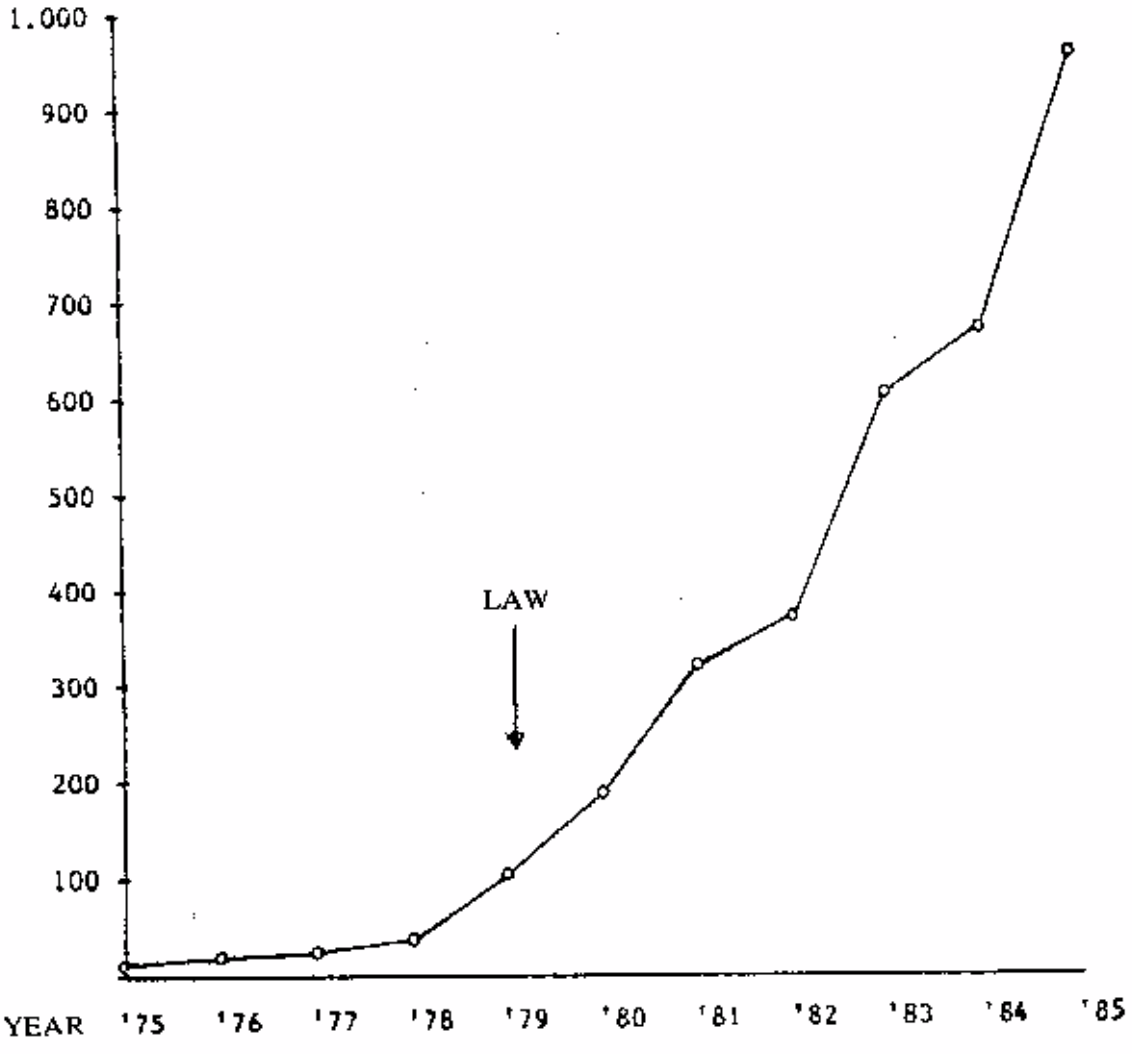
There is no compulsion whatsoever as the donor has the final say.

The present system which has been tried for 14 years has been and will continue to be unsuccessful. 3,000 people have died since 1973. We have to look at the experience of 15 countries which have the opting out legislation (The 15 countries are Austria, Belgium, Czechoslovakia, Denmark, East Germany, Finland, France, Greece, Italy, Norway, Poland, Spain, Sweden, Switzerland and Israel) and it is evident that the number of kidneys available for transplantation increased after the introduction of the opting out law. One example is Spain. When it introduced the law in 1979 the number of transplantations was 100. But by 1984 the figure had shot up to 1,000. (please see attached).

We have studied the proposed bill and we believe that the safeguards provided, are adequate to surmont objections. In closing we wish to say that from the experience of the campaign we have conducted we are convinced beyond doubt that Singaporeans are supportive of this law and its introduction as soon as possible will be welcomed. We have had 58,000 people who have written in to support the proposed law.

We are prepared to appear before the committee should it be necessary.

CADAVER KIDNEY TRANSPLANT - SPAIN



Paper No. 7

From: The Catholic Medical Guild of Singapore,
257 Selegie Road #02-281,
Singapore 0718.

Dated: 6th January 1987.

THE HUMAN ORGAN TRANSPLANT BILL

At the invitation of the Government we wish to make our submission to the Select Committee on the Human Organ Transplant Bill 1986.

At the outset, we wish to make it clear that we abhor avoidable death occurring at any time from conception to the grave, and join in the current concern over the deaths of people whose lives can be saved by reasonable medical means.

This concern encompasses those who are dying from organ failure, for whom cadaver transplantation can be a licit procedure insofar as replacement human organs are obtained licitly. In this respect, fully informed consent should be obtained without deceit or coercion, whether overt, implied or virtual, both in the giving and in the receiving of organs.

But while the Government and the National Kidney Foundation deserve praise for their laudable efforts to save life, the use of ‘opting out’ to solve the problem of an inadequate pool of human organs is a grave error of judgement and a solution which may be worse than the disease it was intended to cure.

This legal manoeuvre effectively abolishes the fundamental right of automatic ownership and stewardship of one's body in favour of a system in which it is necessary to claim one's own body, in default losing it to public use.

This distinction should not be glossed over as blinkered, hair-splitting or inconsequential. To be compelled to claim one's body in order to prevent it from joining an organ pool is a far cry from ownership by right and the exercise of free will.

It is the abrogation of a very basic principle in law, in effect overturning such axiomatic beliefs as "possession is 9 points of the law", "one is innocent till proven guilty" and the like. Even consent for surgical operations cannot be assumed before it is voluntarily given.

The proposed law effectively replaces these with an embryonic rule that, "I can take anything of yours provided you do not object in writing", a principle that should gain strength as the distinction between opting-out and other applications becomes increasingly blurred with time and opportunity.

It is not meaningful to claim that the risks of abuse or expansion can be sufficiently contained by legal safeguards when the very system is an anarchic abuse of principle. Neither can one take refuge in the cautious limitation of the law to apply initially only to accident cases and to kidneys.

As precedents are set up, there is a rapid and inexorable erosion of moral and legal principles with wider applications, originally unintended but increasingly acceptable or unavoidable.

There is ample evidence that a breached moral principle cannot be contained by legal safeguards. In the second reading of the Abortion Act in 1969, the then Minister for Health spoke of the ". . . . . typical way in which the opponents go About attacking the Bill by basing their arguments on false presumptions. Another good example of presuming falsely is that, time and again, they have insisted even in the face of facts that the Bill will allow abortions on demand. However, let me state once again that an elaborate Bill such as the one before us has been made to contain all the safeguards which are necessary . . .".

Barely 4 years later, the Law on Abortion was expanded to allow abortion on demand and abortion is now being carried out on grounds that are a far cry from the lofty reasons put forward at its inception. Government concern has been expressed but reversal of the law is unlikely to happen, given the mood of the people.

As with Abortion, we can expect that in a very short time the limitations in the Human Organ Transplant Bill will be removed. The Bill could then be extended to include all deaths rather than those caused by accidents, and all human tissues will be used, such as corneas, hearts, skin, livers, and a host of other human spare parts.

It is not inconceivable that human experimentation if it happens will be tolerated or studiously ignored, as is happening with preborn babies. Precedent is not the only reason for this loss of control as it is doubtful if stringent application of the Law as it stands will produce a sufficient number of kidneys to go round.

In another 20 years, as with abortion, the altruistic reasons for the present Bill will have worn thin and the letter rather than the spirit of the law will then prevail. By then, with the large overload of old people, the poor attitude presently towards human life at its fringes will take its toll on the aged.

Euthanasia as a way of solving problems is not unknown in this century. It happened in Nazi Germany and it is happening now in a big way in Holland, one of the most developed countries in the world. In the U.S.A. the recent case of Paul Brophy who was condemned by the Massachusetts Supreme Court's decision to be killed by denial of food and water is symptomatic of the worldwide insanity and malaise regarding the sanctity of human life.

Having provided the means for euthanasia in Singapore by relinquishing ownership of our bodies to the state, will we, when the pressures for euthanasia are high in 20 years' time, fail the old the way we have failed the unborn baby?

Other Problems

Have there been any attempts to change the criteria of death? What are the legal measures to prevent any change and the penalties for non-compliance? Section 3 (2) of the Bill provides for the definition of death to be given by the Minister, but does not specify how he will reach his decision. It is presumed he will act under medical advice but whose advice? Will it come primarily from the team responsible for the care of the patient and who ordinarily certifies death as in section 5 (3)? Will close relatives be consulted in individual cases on the application of this definition?

Will subtle and not-so-subtle incentives or disincentives be applied to manipulate medical staff who have conscientious objection to make them toe the line? What means will be taken to prevent interference with conscientious objectors seeking to be promoted in their jobs or to further themselves. What will be the selection criteria for bursaries, postings, traineeships, scholarships and promotions in relation to conscientious objection. Will the old excuse be given, "The job has to be done. If you won't do it, you are not eligible"?

Presumably to prevent instant conversions stemming from personal need for transplants, section 12 (1) (b) of the Bill provides for a penalty of 2 years for opting out of the scheme, and while increasing the chances of those who do not opt out, will pari pasu reduce the chances of those who do opt out.

Also, a person who opts out for his belief that the law is ill-founded is likely to be censured by his peers for being uncharitable or worse. He will also have to live with the uncomfortable knowledge that his name is recorded in what will be regarded as a register of the tainted. Clearly, opting out is a Hobsen's choice.

This is not the first time that pressure is being felt by the conscientious. Many who had conscientious objection to abortion felt intimidated and threatened soon after the Abortion law was promulgated in 1970 and this despite every legal precaution to allow conscientious objection without reprisals.

Reference to the special case of Muslims in section 5 (2) (g) and section 12 of the Bill is presumably due to conscientious objection based on Islam. What is the opinion of MUIS regarding the acceptability of kidney donation and the Bill's provisions for voluntary Muslim donors under Act 23 of 1972? Presumably, Muslims will be identified racially or by inference from their names.

Besides conscientious objectors, the law will also affect misled people, those caught out by administrative errors and doubtless, a fair percentage of people who are not reached by the advertisements, including possibly the blind, the deaf, and the illiterate.

It is most unlikely that a continuous 100% of dissidents in an ongoing programme will hear of the need to register their dissent or to know how to go about doing so. After all, having read the papers, how many will know now how to opt out if previously they did not know how to pledge their kidneys? How will the effect of advertisement be monitored?

Section (13) of the Bill refers briefly to the size of the selection committee for kidney recipients but gives no details regarding quorum, voting procedure and selection criteria for kidney recipients. Can a committee function fairly without these details? Assuming tissue compatability, is priority for the recipient based principally or solely on the presence or otherwise of the name in the register? Will there be room for other criteria? Will weighting be used? Will these criteria be widely publicised?

Conclusion

In the management of any problem, there are certain things that cannot be done because they are wrong in themselves and because with precedent, time and opportunity, they gradually destroy one's idea of what is good. Thus, the danger of euthanasia is too high for the Human Organ Transplant Law to be acceptable.

However, this danger will be greatly reduced if the law on abortion is rescinded. This will send the right signals of good faith, of true concern for human life and of adequate protection for the weakest, that will protect the old when the crunch comes at the end of this century.

Not every problem can be solved immediately, and for the time being it would be better to continue to study the reasons for the low rate of kidney pledges and to eschew force in any form. For instance, has any statistical survey been done to find out why people have not pledged their kidneys?

In the drive for pledges, has sufficient effort been made to involve people movers such as religious and welfare organisations, educational institutions, clinics, newspapers, even shopping centres? How many times has a pledge form appeared in the Straits Times?

What are the objections against asking for pledges at public registration centres such as the NRIC registration office during re-registration, HDB offices during handing over, or at the Registry of Vehicles at the time of collecting one's driving licence?

Perhaps the useful method of campaigns should be tried. Of all the worthwhile problems that have been tackled with campaigns, Kidney Failure stands out as a major problem of public health importance for which there has been no public campaign.

Intensification of these and other educational methods is preferable to the present Bill which will instead fan the fears of people and succeed in driving away many who would otherwise have pledged their organs willingly for their fellow man.

DR JOHN LEE,
Master,
Catholic Medical
Guild of Singapore.

DR DAVID CONSIGLIERE,
Hon. Secretary,
Catholic Medical
Guild of Singapore.

APPENDIX III

MINUTES OF EVIDENCE

Representors	*Pages*	*Columns*
The Majlis Ugama Islam Singapura:		
Mr Ridzwan Hj Dzafir, President Mr Hussin Mutalib, Executive Director Mr Syed Isa Mohd Semait, Mufti	B 1-3	1-6
The National Kidney Foundation:		
Dr Khoo Oon Teik, Chairman Mr T.T. Durai, Hon. Secretary	B4-5	7-10
The Catholic Medical Guild of Singapore:		
Dr John Lee, Master Dr Ian Snodgrass, Council Member	B6-16	11-32
Dr Patrick Kee Chin Wah and Dr Wong Wee Nam	B17-28	33-56

MINUTES OF EVIDENCE

MONDAY, 2ND MARCH, 1987

PRESENT:

Mr Speaker *(in the Chair)*

Dr Ang Kok Peng	:	Encik Ibrahim Othman
Dr Arthur Beng Kian Lam	:	Dr Tan Cheng Bock
Mr Chua Sian Chin	:	Mr Yeo Cheow Tong

ABSENT:

Mr Goh Choon Kang *(on leave of absence)*

In attendance:

Dr Jennifer Lee, Director, Management Services and Administration, Ministry of Health.

Dr Lim Cheng Hong, Head, Renal Medicine Department, Singapore General Hospital.

Dr Ong Peck Leong, Head, Team A, Neuro-Surgical Department, Tan Tock Seng Hospital.

The following representatives of the Majlis Ugama Islam Singapura, Empress Place, Singapore 0617, were examined:

Mr Ridzwan Dzafir, President.

Mr Hussin Mutalib, Executive Director.

Mr Syed Isa Mohd Semait, Mufti.

Chairman

1. Good afternoon, gentlement. Please be seated. For the record, may I have your names and designations, please? – *(Mr Ridzwan Dzafir)* My name is Ridzwan Dzafie, President of MUIS. *(Mr Hussin Mutalib)* My name is Hussin Mutalib, Executive Director of MUIS. *(Mr Syed Isa Mohd Semait)* My name is Syed Isa Mohd Semait, Mufti of Singapore.

Chairman (cont.)

2. Mr Ridzwan, I presume you are the spokesman? - *(Mr Ridzwan Dzafir)* I will do my best to respond to all your questions, Mr Chairman.

3. Of course, that does not mean your other two colleagues cannot say anything? - *(Mr Ridzwan Dzafir)* Yes, I have the Executive Director and the Mufti to assist me.

4. Good. Have you anything further to add to your representation? - *(Mr Ridzwan Dzafir)* Subsequent to our sub mitting this representation, there was a further meeting between the Minister for Health and the Minister in charge of Muslim Affairs, in which both the Execu tive Director and the Mufti were present. Some further clarification and explana tion were given as to the definition of "death", and apparently the Mufti and the Executive Director who were present at that meeting were quite convinced with the explanation and were in a position to accept the definition as such because the procedure that was explained to us is something which can be acceptable to the Muslim community.

Chairman] Thank you. In that case, we will ask the Minister to start off asking you questions.

Mr Yeo Cheow Tong

5. Mr Ridzwan, as you have explained to the Committee and to the Chairman, my Ministry personnel have been discussing with the MUIS Council members and with the Mufti to explain the concept of brain death. Do I take it that, based on what you have said, the position of MUIS would be that the concept of brain death, as it presently stands, would be acceptable to MUIS for the purpose of kidney transplantation in the case of Muslims? - *(Mr Ridzwan Dzafir)* Subject to further clarification, if needed, by the Executive Director and the Mufti who were present at that meeting, my understanding is that there are quite a number of parties involved in both the determination of death and the operation connected with the trans plantation, and that the determination of brain death will be made when the respiratory machine will be taken off the person. A determination will then be made as to whether the person is already dead under the "brain death" definition. Subsequently, because there is going to be kidney transplantation, it would be necessary to revive the breathing and for this purpose it would be necessary then for the respiratory machine to be re started so that the heart could be kept beating for a while to enable another group of doctors who are responsible for the transplantation to carry out their responsibility. That is my understanding.

Mr Yeo Cheow Tong] I have no other questions, Mr Chairman.

Chairman] What about the other Members?

Hon. Members *indicated none.*

Chairman

6. Well, thank you, gentlemen, for coming. In a few days' time, a transcript of today's meeting will be sent to you. You may correct the grammer or style but not the substance of what you have said. Thank you for coming? – *(Mr Ridzwan Dzafir)* Thank you.

(The witnesses withdrew.)

The following representatives of the National Kidney Foundation, 705 Serangoon Road, Singapore 1232, were examined:

Dr Khoo Oon Teik, Chairman.

Mr T.T. Durai, Hon. Secretary.

Chairman

7. Good afternoon, gentlemen. For the record, would you please give your names and designations? - *(Dr Khoo Oon Teik)* My name is Khoo Oon Teik, President of the National Kidney Foundation. *(Mr T. T. Durai)* My name is T.T. Durai, Hon. Secretary of the National Kidney Foundation.

8. Thank you. I presume, Dr Khoo, you are the spokesman? - *(Dr Khoo Oon Teik)* Mr Durai will speak, and I will comment.

9. All right. Have you anything further to add to your submission? - *(Mr Durai)* We would like to ask the Com mittee to consider whether foreigners who have been in Singapore for some period of time can come within the pur view of this legislation, just like what Belgium has adopted of late. I do not know whether you recollect that, Belgium, of late, has amended their Act to allow foreigners also to be within the penumbra of the opting-out legislation. In fact, there have been approaches made by some foreigners to us whether they can be considered within the purview of this Bill if they have been in Singapore for a period of time. The Committee may wish to look into it.

Chairman] Minister, would you like to start off by asking questions?

Mr Yeo Cheow Tong

10. Mr Durai, other than this addi tional suggestion of extending the ambit of the Bill to include foreigners who have been staying here for a certain period of time, do you have any other proposal for improving the Bill further? - *(Dr Khoo Oon Teik)* Mr Chairman, we are very concerned that the number of people who are going to profit from the Bill, that means the people who have got kidney failure, have to be dialysed beforehand, and to get a proper matching between the donor and the recipient we must have an adequate pool. That means to say, if we have 100 donors, the pool that is to be adequately matched with those 100 donors, to have a good full four-house match, could be in the order of 400-500. That is a possibility only if we have more dialysis centres. The Kidney Foundation, of course, is looking into this but we feel that, together with what we are thinking, maybe the Government could think of increasing the pool as well. Otherwise it will be very hard for us to meet every demand that they have made on us. Many of them come to us almost every month and we can only give four to five places each time and we have to say "No" to quite a number of people.

11. I do not think you are making this suggestion in the context of amendment to the Bill. It is just a suggestion in terms of the Ministry of Health's operations

rather than in terms of the Bill? - *(Dr Khoo Oon Teik)* Correct.

Mr Yeo Cheow Tong] Thank you.

Chairman

12. Apparently you have two other representors in your group? - *(Mr Durai)* No. They are actually colleagues working with me.

13. Is there any need to call them in? - *(Mr Durai)* There is no need.

Chairman] All right. Please carry on, Minister.

Mr Yeo Cheow Tong

14. I have no other questions, Mr Chairman? - *(Mr Durai)* As I have pointed out in the submission, *we* have evidence to support the 50,000 people who have written to us. I have got cards and documentation available. If the Committee wishes to see the response to what we have been doing, it is on record.

Chairman

15. Do other Members have any questions? No. Thank you, gentlemen, for coming? - *(Mr Durai)* Thank you.

16. And thank you for your support? - *(Mr Durai)* Thank you very much.

(The witnesses withdrew.)

The following representatives of the Catholic Medical Guild of Singapore were examined:

Dr John Lee, Master.

Dr Ian Snodgrass, Council Member.

Chairman

17. Doctors, please sit down. For the record, would you please give us your names and designations? - *(Dr John Lee)* Dr John Lee, Master, Catholic Medical Guild. *(Dr Ian Snodgrass)* Dr Ian Snodgrass. I am a Council Member of the Catholic Medical Guild.

18. Thank you. Have you anything further to add to your written submis sions? - *(Dr John Lee)* There may be just a few minor points here and there.

Chairman] Well, evidence can be brought up as we go along. Minister, would you like to start off?

Mr Yeo Cheow Tong

19. Dr Lee, you have expressed your concern (and I quote) "over the deaths of people whose lives can be saved by reasonable medical means." Now, would you agree that, for patients suffering from kidney failure, a kidney transplant is the only acceptable long-term solution to their problem? - *(Dr John Lee)* Yes. Kidney transplant will be the only accept able long-term solution.

20. Would you agree that we should not simply stand by and allow 200 kidney failure patients to die every year, without taking positive steps to address the pro blem? - *(Dr John Lee)* Yes. I think we should take whatever steps as are neces sary to ensure that these 200 deaths, avoidable deaths, are avoided. In a personal capacity also, I have in the past approached the NKF for donation cards and solicited donations on a private basis.

21. Dr Lee, does this Bill allow the individual the right to choose between agreeing to save the lives of one or two kidney patients, if the circumstances allow him to, and deciding not to allow his kidneys to be used? Does this Bill allow him to choose? - *(Dr John Lee)* I would say that this Bill will be one of the methods that will ensure that we have enough supply of kidneys for cadaveric transplant. But I do not think that this Bill is the only method, and I think that at this point in time it is a bit premature.

22. Dr Lee, in your submission you have written a fair bit about euthanasia. What is the meaning of "euthanasia", in your own mind? - *(Dr Ian Snodgrass)* I think there is a bit of confusion about euthanasia. I would define euthanasia as when a doctor kills a patient or when whoever is in-charge of the patient. kills the patient.

23. Are you aware of the safeguards provided in this Bill to ensure that two doctors have to independently certify death, brain death? Two doctors who must not be in any way involved either in

saving the life of the accident victim or in the transplant of those kidneys or in caring for the kidney patients themselves? - *(Dr John Lee)* Yes, I think that provision is recorded under section 5 (3) of the Act.

Mr Yeo Cheow Tong] That is all, Mr Chairman.

Chairman] What about other Members? Any questions?

Dr Arthur Beng

24. Dr Lee, having said that it has been provided for, on page 3, second last paragraph of your submission, do you still stand by your statement that this Bill would be providing the means for euthanasia in Singapore? - *(Dr John Lee)* I feel that if this Bill is passed, it would increase the fear of the possibility of euthanasia, among other things. We are all men of goodwill and at times our aims are noble and good, but there are times when there can be a blurring of the original intention of the Bill and the letter of the Bill will be followed rather than the ideals. If you look at our submission, for example, as with the Bill on abortion, at the time of the Abortion Act in 1969, the Minister said that -

25. Mr Chairman, can I interrupt? Dr Lee, could I ask you to confine yourself to my original question? Do you still stand by that paragraph that this Bill actually provides the means for euthanasia in Singapore? - *(Dr John Lee)* This Bill could possibly lead to a situation which would be conducive for euthana sia, and this is not inconceivable. I think we should take a lesson from history and from what is happening around us. Euthanasia, actually defined, is very widely practised in certain countries. For example, in Holland, although to us at this present moment, certain acts like euthanasia and selling of organs are deplorable, yet you find that it does happen. And in the Straits Times a few weeks back, you have these incidents of Americans adopting children in Honduras and then bring them back to the States and selling their organs. Now that is a very reprehensible and abominable act to us but there are fears that we might arrive at a situation where this can possibly happen.

Mr Yeo Cheow Tong

26. Dr Lee, I appreciate your concern about the selling of organs. We also do not want to see that happen in Singa pore. In fact, the Bill itself provides specifically against trading in human organs. Now, to say that despite the safeguards having been written in very explicitly to prevent the wrongful certification of death, this still would lead to euthanasia, I think it is really stretching the point a bit too far, isn't it? - *(Dr John Lee)* Well, we did not say directly that it would lead to euthanasia. But we said that it might create an environment. And although safeguards are written in, I would like to refer you to the Abortion Act again. You will find that the Minister at that time said that the opponents of the Bill based their arguments on false presumptions. "They have insisted even in the face of facts that the Bill will allow abortions on demand. However, let me state once again that an elaborate Bill

Dr John Lee (cont.)

such as the one before us has been made to contain all the safeguards which are necessary ...". But if we look at the situation now, I think there is abortion on demand.

Mr Yeo Cheow Tong (cont.)

27. I do not want to tie the two together because what happened at that time was true - that the Abortion Bill did not provide for abortion on demand. What we are saying is that at this present time you have agreed that this Bill pro vides for all the safeguards against eutha

nasia. And to extrapolate as to what this leads to is pure speculation, and I do not think we want to get involved in pure speculation at this Committee hearing. What we would like to hear from you is what are the specific clauses in the Bill that you feel have been drafted wrongly or where the provisions are not adequate. But what you are saying is that the provision to safeguard against the wrong diagnosis of death, the wrong certification of death, has been properly written in? - *(Dr John Lee)* Before we even go into the specifics of the Bill, I feel that at this moment this Bill is a bit premature. There is a slight difference between the opting-out system and an opting-in system. An opting-out system, where the State assumes the stewardship of one's body and if you do not wish to donate your organ you have to claim it back, I think, will foster a different sort of mentality from an opting-in system where the public is educated into caring for people who are less handicapped and they are donating their organs because they want to do it and they would like to do it for the joy of giving. The opting-out Bill, I think, leads to a decrease in the respect for the sanctity of life and will foster a mentality which, if the trend is not reversed, will be quite fearful.

28. Dr Lee, I thought you had just mentioned in answer to one of my earlier questions that the Bill does allow for a person who wishes to donate his kidneys to state his intention by not having to register his objection or to opt out, as you say, and that those who do not wish to donate their organs in order to save someone's life, they have the right to state this by registering their objection. So in what way are they being deprived of their right to make a choice? - *(Dr John Lee)* Now the end-result might appear to be the same, ie, you end up with a pool of potential donors. But the way in which you go about doing it is something which is totally different. In my personal opinion, I feel that insufficient effort has been made to persuade people to donate their kidneys. Putting up flyers in the PUB bills informing them of the need for kidneys for example. I do not think that it is the best time to ask a person to consider donating his organs at the time he receives a bill. Having a mini-exhibition once a year; that is also not a very good method. What I am saying is that before the Bill is passed, maybe we should examine other methods. And there are problems in the opting-out system. For example, we talk about fully-informed consent. But even as recent as last Friday, when I was talking to a doctor about this Human Organ Transplant Bill, he said, "What are you talking about?" He, being an educated man who is

supposed to be one of the elite and the more educated, in society did not know what was going on. The Deputy Prime Minister, Mr Goh Chok Tong, has already stated that few people read beyond the headlines and the first two sentences of the newspaper. Now, how are you going to get a fully-informed consent? I think it is tremendously diffi cult. If the same effort was applied, for example, to groups of people movers, such as churches, teachers who are educating the students, there could come a point in time when we have a sufficient pool of donors. In Singapore, during re-registration of ICs, these people could be asked at that time whether they would like to donate their kidneys. Now that would make them more aware of the plight of the handicapped. It makes us a more caring society and not one in which everything is controlled. And there are fears, for example - the trend of think ing is such - that it might lead to an eugenic society. There was talk in the past, not only in Singapore, of sterilization of the mentally retarded. Well, in Singapore, we have the graduate parents' scheme. There are fears of an eugenic society.

29. Dr Lee, I think you are perhaps stretching this point to cover everything under the sun. Let us focus our mind on this specific Bill. Otherwise we are going to spend the next one week here listening to all the various points under the sun that can be brought under this Bill as far as expanding it is concerned. You have specifically put in your submission, as pointed out by Dr Arthur Beng, that in page 3, your second last paragraph "Having provided the means for euthanasia in Singapore ...". And I asked you just now whether or not that has been provided against, and you have confirmed that the safeguards are there. That is one. Secondly, I am sure you are aware that for the past 15 years, the National Kidney Foundation has been carrying out mass publicity through the mass media, through flyers and all that to ask for kidney pledges. Unfortunately, the response has been very poor. Are you saying that in order to show that we are a caring society, as you defined it, we should wait for another 15 years when another 3,000 people would have died needlessly? Are you saying that that is the only way to *go? - (Dr John Lee)* In the first place, I did agree with you that in clause 5 (3) there is provision for two doctors to certify death. But I do not think I said that those are all the precautions that are necessary. This Bill, even if it is passed, would take some time to be implemented. Because you would have to have a campaign to inform all the people and this is not a simple issue. I do not think it is fair to say that we have tried all the opting in methods because they have not really been tried before. So many people are unaware of it. Even as a doctor, I had to go and beg the NKF for donation cards. They say that they have spent a lot of money. Granted. And they have tried a lot of methods. Granted. But I do not think they really have tried all the methods exhaustively. I do not think it is very fair to say that if you were to try the opting-in system, 3,000 people would die in the next 15 years. If we really spend as much time and effort (as we are doing now to try and implement this Bill) in a public campaign to solicit donors, I am sure the response will be much better.

Dr Arthur Beng

30. Dr Lee, you do not seem to be satisfied with clause *5 (3).* You men tioned that there are other precautions. What do you suggest should be added in for our consideration of clause *5 (3) so* that we can take away this fear? - *(Dr John Lee)* Clause *5 (3)* only provides for two physicians to certify death according to the criteria which have been set. I presume that the criteria will be included in the regulations. But as it stands, when we look at the copy of the Bill which we received, it does not say anything about criteria. Clause *3 (2)* says:

'The Minister may prescribe the criteria for determining the irreversible cessation of all functions of the brain of a person referred to in subsection (l).'

The criteria have not been spelt out. If, for example, in future the criteria for irreversible brain death are changed - and this is not hypothetical because suggestions have been made in other countries by eminent people like Watson and Crick. They have suggested compulsory death at 80 and that a baby should not be considered a human life until 48 hours after birth. Now what happens if in future the criterion for death, for example, would be, say, an IQ of 40?

Mr Yeo Cheow Tong] Again, Dr Lee, you are bringing up scenarios which are totally different from what we are talking about. Here, clause *3* (1) of the Bill states very clearly:

'For the purposes of this Act, a person has died when there has occurred irreversible cessation of all functions of the brain of the person."

Where do we state in this Bill about IQ, about what-not and all those things that you have brought up? So let us not be frivolous, please.

Chairman

31. Dr Lee, my impression is that you are opposing this Bill? - *(Dr John Lee)* Yes.

32. All right, let us work on that basis then. You oppose the Bill a hundred per cent? - *(Dr John Lee)* I do not oppose the aims of the Bill. But what I am worried about is: have more worthy methods been tried like those that I have mentioned and about the possible consequences of this Bill? We should not look only at the short-term results of a Bill. We should also look at the long-term consequences.

33. So can you make any suggestions as to how we can obtain kidneys for transplant? - *(Dr John Lee)* Yes. But I do not think at this moment I can give you a comprehensive scheme.

34. But you must have made a study of the whole subject before you oppose it? - *(Dr John Lee)* Yes. For example, if we have a national campaign to make people more aware of the plight of kidney patients, this would educate them and make them more aware. After that, we can do a census or at the re-registration of ICs they can be asked whether they would like to donate their organs. This would be a more acceptable method, in the sense that he is opting in and he is willing to give.

Chairman] Basing on your assumption, there is no way out. Kidney patients will still die because there is no chance of having any kidney transplant until you have brainwashed the whole population.

Dr Tan Cheng Bock

35. Mr Chairman, can I just ask a question? Dr Lee, you seem to doubt the methods used by the National Kidney Foundation in reaching out to the masses. In the past 13 odd years, the NKF together with the Ministry of Health has been trying to reach out to the masses on the donation of kidneys. Has your organi zation within that period made suggestions to the National Kidney Foundation or to the Ministry of Health as to how they should go about it? If you all have been fully aware of the deficiencies of the methods employed, then I am sure you all could have taken steps to help them? - *(Dr John Lee)* As an organization with limited resources, I do not think we have made any representations because there are so many other issues. But on a personal basis, I have tried to educate my fellow colleagues. I have written in and asked for donation cards. I went round on a personal basis soliciting donations. Even then, and I can testify from my own personal experience, I have sent in a card personally but I have never received a donor card. And there are other people who have asked me, "Look, I sent in my card but I never received any donor card." This effort is miniscule. That is because I think a far greater effort than what has been done in the past 13 years can be made. I think that in the last year much more publicity has been given to the plight of kidney patients than in the whole of the last decade. And I feel that we should give this opting-in system a chance.

Mr Chua Sian Chin

36. Dr Lee, do you agree with me on this proposition? Before we implement any measures for Singapore, the best way of doing it is to see whether those measures have been successful in other countries? Do you agree with me on that? - *(Dr John Lee) To* a certain extent, that is true. But we also have to look at the type of society and the culture of the people.

37. If, for example, this proposition has been proved successful, say, in 15 countries, do you agree that we should at least try to do it in Singapore and save lives and benefit humanity? - *(Dr John Lee)* I would say th at if you have exhausted other methods -

38. Why do you say "if we have exhausted other methods"? If the scheme has been successful in other countries, why can't we try and implement it so that we can succeed to get results which the other countries have tried and succeeded? - *(Dr John Lee)* We need not be a nation of copycats. We can implement whatever method we feel. We can take any method and then adapt it to our culture and our society. And I do not think that Singapore is like any other nation. I do not think there is any other nation in the world with a type of people which is exactly the same as Singaporeans. You say it has worked in 15 other countries. Well, that might be true. But why not do a consensus? What is the

Dr John Lee (cont.)

objection against doing a consensus where you cover most of the eligible donors and ask them whether *they* would like to pledge their kidneys? And then henceforth from year to year, do it at the re-registration of the NRIC. This could be implemented just as easily as having a national campaign to inform people of this Bill and the consequences. I think it will take the same amount of time as the way in which we are going about it. It would also be much more pleasant and much more acceptable to people. There are friends of mine who said that in the past they have pledged their organs but now, when they look at the Bill, they say they would like to retract. If we do a national consensus and after that find that the majority of people do not wish to donate their kidneys, then this Bill becomes redundant. After all the idea of this Bill is to give people an informed choice. The next step that might be taken is not the Bill that is in front of us but another Bill proposing that we should make organ donation compulsory.

Mr Chua Sian Chin (cont.)

39. Dr Lee, I think your word "copy-cat" is rather offensive. If I had said "copy" or "follow" other countries which have done it and succeeded, what I meant is to emulate, to take what is good, and not just to copy? - *(Dr John Lee)* I apologize for the use of the word.

40. May I say this to you. When I quoted the 15 countries that have adopted the opting out system and they have succeeded, I am drawing your atten tion particularly to one example, Spain. When it introduced the law in *1979,* the number of transplants was only 100. But by *1984* the figure had shot up to 1,000. Do you consider that a successful implementation of the opting out system? Or do you still disagree with it? - *(Dr John Lee)* The figures are very impressive but I have not seen them before. I would like to see them in the context of the needs in the country. If you say "a thousand transplants were done", but if the need was for 10,000, then I think it has not succeeded. But I am afraid I cannot give any further comments because I have not seen the study.

Mr Chua Sian Chin] But you are quite game in making comments opposing this opting out system.

Dr Arthur Beng

41. Dr Lee, do you know of any country that has achieved the aim of getting sufficient kidneys through the opting in system? - *(Dr John Lee)* I am afraid I have no knowledge but in the past I think certain states in America have tried this system.

Mr Yeo Cheow Tong

42. And have they failed or succeeded, Dr Lee? - *(Dr John Lee)* I do not know, but I think that the implementation of the opting-in system will be much easier in Singapore than in a country like the States.

43. I think I will answer that question for you. We have a look at all the data. The answer is that no one has succeeded. Going back to Mr Chua's point just now, what you have said is that it would be better to try to get a consensus on the

opting in system, and if everybody objects to donating his kidneys, then maybe the next step is to have a law to make it compulsory for all organs to be donated. Is that not a bit draconian? - *(Dr John Lee)* What I said was that if you have really reached a consensus from everyone within the age group as poten tial donors, then this Bill becomes redundant. I was just painting another scenario.

44. That is an extremely draconian scenario - that if everybody objects, then make it compulsory. Is that not draconian ? - *(Dr John Lee)* I did not say that that was my suggestion.

45. That was what you said just now in your final remarks? - *(Dr John Lee)* What I meant was that then we might have to think of some other method as this Bill would become redundant.

Mr Chua Sian Chin

46. Dr Lee, what do you mean by "consensus"? Do you mean that every man and woman in Singapore should agree to it before the Act can be put into operation? - *(Dr John Lee)* No. What I meant by "consensus" is that since we are going to inform the people of this Bill so that all conscientious objectors can opt out of it, instead we should in the same way reach out to all potential donors and solicit their consent on whether they wish to donate their organs. The only difference between the Bill and the other method is that in the former you might catch a group of people who are not aware of what is going on or have not been informed. I do not think this is what we want in this Bill. We want to have informed consent, i.e. for everyone to know what is happening now and also in the future (every year when potential donors enter the age group) so that they could register whether they wish to become donors or not.

Chairman

47. Dr Lee, your Catholic Medical Guild is made up of how many members? - *(Dr John Lee)* We have on our mailing list about 130 doctors, dental surgeons and pharmacists.

48. Since you are the Master, are you saying that all of these 130 doctors, dental surgeons and pharmacists oppose this Bill? Or is it because you yourself are opposing it? - *(Dr John Lee)* I am not saying that.

49. But you said just now that you opposed this Bill? - *(Dr John Lee)* That is right. What happened was that when opinion was invited regarding this Bill there was such a short span of time that we could not convene a meeting. So a few of the Council members drafted out this representation which was sent to all the members asking them for their criticisms and objections. But I would say that my opinion of most of the representations are views that might not be the views of the majority.

50. So one can say your Catholic Guild is not opposing the Bill, just because you and a few are opposing it? - *(Dr John Lee) You* asked me a very direct question just now whether I am opposing the Bill. Actually I would not even like to say that I am opposing the Bill. I am concerned about these 200

Dr John Lee (cont.)

patients who die every year. But I would like to explore other possibilities before we consider this Bill.

Chairman (cont.)

51. You were saying just now that when people obtain their identity cards we should ask them the question whether they would like to donate or not. At what age do people in Singapore get their identity cards? - *(Dr John Lee)* I said at the re-registration.

52. Not when they obtain their identity cards? - *(Dr John Lee)* No, not when they obtain their identity cards.

Chairman] I beg your pardon. I was thinking of the age of 12 when they obtain their identity cards.

Mr Chua Sian Chin

53. From your previous answer to the Chairman, I take it that you are not opposed to the opting out system and that you want other methods to be explored first? - *(Dr John Lee)* Yes. I stated right at the beginning that I am opposed to it only at this point of time.

Dr Arthur Beng

54. Dr Snodgrass, just now you gave us the definition of euthanasia. Is that the definition that you use the word in the context of this submission to the Committee? - *(Dr Snodgrass)* Yes.

55. Can I draw your attention to the fact that I have got the definition from Chambers dictionary. Euthanasia is defined as "an easy mode of death: the act or practice of putting painlessly to death, especially in cases of incurable suffering." With this definition that I have given you, would you still hold that this Bill would provide the means for euthanasia in Singapore? - *(Dr Snodgrass) I* would like to cover some ground before I answer that question. We are very concerned about the risk of the deterioration of concern of our people for the sanctity of life. We feel that in the present context there is a definite risk, not particularly because there is any extra risk in Singapore but because in countries around us there is euthanasia. In Holland there is. There used to be in Nazi Germany. There are many examples in the US. These are some of the examples I know of. We feel that in Singapore there is also a risk. We have not yet been tested because we do not have old people at the moment. In *20* years' time I feel that we will be tested. In the context of this Bill, I feel that this Bill offers one more step in this direction, not particularly because it will be the main operative force, but because -

56. Can I just interrupt you for a moment? Just now you mentioned the worry of the old. Are you implying that you, as a doctor, are afraid that we will be taking kidneys from people who are in their *80's?* - *(Dr Snodgrass)* No, Sir. I feel that it would be a secondary effect. I am not suggesting that this Bill is intended to kill people.

57. Surely as a doctor you realize that kidneys beyond the age of -? - *(Dr Snodgrass)* Sure, Sir. It would be a secondary effect. I am not suggesting that old people will be removed for their kidneys.

No, Sir. I feel that the danger stems from a deteriorating poor attitude to the sanctity of human life. I feel we have not yet been tested and that we will be tested in 20 years' time. This Bill will provide a step or a means or a stepping stone, if you like, because it will relinquish ownership of our bodies to society.

58. Would you agree with me then if I say that you are actually extrapolating from this Bill your fears regarding eutha nasia and that it is not that this Bill provides for the means for euthanasia. Am I correct in interpreting what you have said with what you have written? - *(Dr Snodgrass)* I would like to qualify that. I think that because this Bill to a certain extent actually relinquishes ownership of the body to the State, to society, it does provide to that extent the means for this.

59. You still insist that it provides the means? - *(Dr Snodgrass)* Yes.

Chairman

60. Dr Snodgrass, how long have you been a doctor? - *(Dr Snodgrass)* About 20 years.

61. About 20 years. How many cases of euthanasia do you know in practice in Singapore? - *(Dr Snodgrass)* As I have mentioned, I do not know of any case of euthanasia in Singapore.

62. I thought you were holding forth like an authority just now. I have been practising for 40-plus years and I have never known one case. So what are you afraid of? - *(Dr Snodgrass)* There has not been euthanasia previously until in the last 10 years or so. At least as far as I know.

63. "As far as you know" because you read in the papers that King George VI was given a shot and he died. Is that what made you worried? - *(Dr Snodgrass)* There have been other cases.

64. Do you know personally of cases in Singapore? - *(Dr Snodgrass)* No, Sir. As I mentioned earlier, it is all around us.

65. Well, I have been graduated longer than you have been. I have never even known of one case in Singapore? - *(Dr Snodgrass)* Not in Singapore. I mean in other countries.

66. Or elsewhere. I have practised in England too, I have never known one case. So why are you throwing out this word "euthanasia" just like that? Have you got any support? - *(Dr Snodgrass)* There are examples.

67. Give us the examples. Quote us. Convince us about this? - *(Dr Snodgrass)* In the Straits Times, maybe about four months ago, I think there was a news article about euthanasia.

68. Practised in Singapore? - *(Dr Snodgrass)* No, I am talking about other countries. In Holland, apparently it is very widespread there. There was another article which I can just remember, but it is also I think in the Straits Times about a doctor who said that he injected a person and was not convicted. There are articles in the US about euthanasia, I think in 1982, in Indiana and 1983 in New York, about

Dr Snodgrass (cont.)

babies who were not offered life-saving operations and allowed to die. There are even well-known people, Watson and Crick, for example, who are Nobel Prize winners. They have stated quite clearly that babies should not be considered human until they are two days old. I think there is a trend, and this is what I am worried about. It is out of concern for this that we have put up this paper.

Chairman] Any more questions?

Hon. Members *indicated none.*

Chairman

69. Thank you very much, doctors, for coming. In a few days' time a transcript of today's proceedings will be sent to you. You can change the grammar or style but not the substance? - *(Witnesses)* Thank you, Sir.

(The witnesses withdrew.)

Dr Patrick Kee Chin Wah of 4 Clementi Crescent, Singapore 2159 and Dr Wong Wee Nam of 4 Lorong Pisang Emas, Singapore 2159 were examined.

Chairman

70. Good afternoon, doctors. May I have your full names and designations? -*(Dr Patrick Kee Chin Wah)* I am Dr Patrick Kee. I am a general practitioner. *(Dr Wong Wee Nam)* I am Dr WongWee Nam. I am also a general practitioner.

71. Thank you. Have you anything further to add to your representation before the Minister asks you questions? - *(Dr Patrick Kee)* Mr Chairman, just one point which we did not include in our paper, and that is, the question of incen tives to relatives of those who have not opted out. This came to mind because there was a recent article in the press. I think it was in the Straits Times of 16th February. The article was entitled "Shock for widow who donated husband's organ", and this happened in America. The widow claimed that she was promised that the medical expenses of the dead husband would be paid in exchange for the organs and the denial from the hospital spokeswoman was that this could not be so because this was tantamount to buying organs and that was illegal in Texas. So we felt that this is another point which we might want to bring up later on.

72. Do you not think the administrators here are more honourable than those you have talked about? - *(Dr Patrick Kee)* Mr Chairman, we do not question the honour of the people but we just thought that this is a problem that may crop up.

Chairman] All right. Minister. *Mr*

Yeo Cheow Tong

73. First, I would like to thank the two doctors for their support of the kidney donation programme, as they have stated in their submission, and of their stated efforts to try to improve the Human Organ Transplant Bill. With regard to that point which Dr Kee has brought up, I would like to assure him that that has been well taken care of. The Bill, as it stands, allows specifically for any incentive programme, as you call it, although it is more a scheme of benefits for the descendants or close relatives of the donor. This has been specifically catered for in the Bill. Dr Kee, at the moment, there are quite a large number of kidney patients on dialysis and there are also other patients whose kidneys are on the verge of failure. Under such a circumstance, if a kidney or two kidneys are available, it is likely that there will be many patients whose tissues will match the donor tissues. If that is the case, do you agree that a form of allocation system must be available to ensure that out of the group of people whose tissues match and who are able to receive the kidney, we will be able to choose that one or two who will actually receive the available kidneys? - *(Dr Patrick Kee)* Mr Minister, I fully agree that there should be a system of allocation. In fact, that is very important to make sure that kidneys are not wasted. But such criteria of allocation should be based on medical grounds and not on any other grounds.

Mr Yeo Cheow Tong (cont.)

74. On medical grounds, let us say that out of 200 patients who are on dialysis, maybe 50 have tissues that match. So on medical grounds, yes, you can give to 50 but there are only one or two kidneys. How do you select the one or two out of that 50? - *(Dr Patrick Kee)* I think we have to go on the closest tissue compatibility that is possible. And I do not think that you can pick even 50. There will be more than one or two that will have the closest tissue compatibility with a particular patient. I feel that if you use other criteria, it might be misconstrued as a threat against people who opt out. That, I think, is counter-produc tive. I would like to, first of all, say that we can see some merits of the opting-out scheme and we want to highlight the following merits. First of all, what I think has not been widely publicized, or has been overlooked is that the opting-out law can be made to be seen as a form of protection of the rights of those people who do not want to donate their kidneys. At the present point of time, actually there is no protection for those people who may wish not to donate their kidneys. Let me explain. For example, if I do not opt in and I do not want to donate, there is no guarantee that my relative may not donate my kidneys for me. So this has not been publicized and emphasized.

75. Your relative may donate your kidneys for you? - *(Dr Patrick Kee)* I may be against kidney donation. I do not opt in. If anything happens to me, the doctor can approach my relative and say, "So-and-so, your relative is gone. It is brain death. Why not donate his kidneys?" When I am alive, I may have strong objection against kidney donation and there is no protection under the present law. So this is one important point that we must emphasize - the law is to protect. And if we pass a law which is seen as protecting the people, then there will be no problem. Our main concern is that, to ensure the success of the kidney transplantation programme, we must make the law acceptable to everyone in Singapore and not to make it appear that we are trying to get kidneys by the backdoor, that is to say, by hook or by crook we are going to get kidneys. That is the first important point. The second important point that we want to bring up is that the opting-out law will reduce the burden on the relatives. At the present point of time, the relative will have to give consent on behalf of the deceased. This is very difficult, as the Spanish have found out. It is a similar situation in Singapore. They have to ask the grandfather and relatives and so on and if one relative says no, the whole thing collapses. But now, with the opting-out law, with this presumption, we are not asking the relative for consent. We are saying, "Look. Do you know whether your so-and-so has any strong objection towards kidney donation?" It is a matter of ensuring that the rights of the person are not breached. The third point is that it reduces the burden on the doctors. The doctors no longer have to ask for consent. The doctor only has to ask the relative, "Look. As far as we know, so-and-so has not voiced objection. We feel he is a potential kidney donor. We will want to take his kidneys. What do you say?" And there is no asking the relative for consent.

The fourth point. It will make it compulsory more or less for doctors to ask for kidney donation. This is very important because in America they found that one of the major reasons for the failure of the kidney transplantation programme is that doctors fail to ask for kidney donation. So with such a law, we doctors have to ask for kidney donation. And the fifth point is that we must make the law an instrument for social change rather than as a way to grab kidneys. If we see it as an instrument to change people's attitude, then I think kidney transplantation will succeed.

Dr Arthur Beng

76. Dr Kee, you have mentioned that you see this law as good because it reduces the burden on the relatives. Is that correct? - *(Dr Patrick Kee)* Right.

77. Could you then explain to us your stand on page 2, paragraph 7, that a special committee be set up? - *(Dr Patrick Kee)* The point we made is this. In fact, this is one of our misgivings about the present Bill. From the present way we are conducting the campaign, it may appear that if you do not opt out, you are in. The presumption is very strong, very rigid. If you are not out, you are in. And it may force people to see it as an ultimatum for them to opt out. If you are flexible in the interpretation of presumption, it means you will have three groups of patients. For those who have opted in, there is no problem. We can take their kidneys. They have opted in and we can give them incentives, just like the Muslims who opt in. This is clear-cut. We already need to have an opting-in because of the Muslims. We cannot take a Muslim's kidney unless he opts in. So let us apply this to everyone else. For those who opt in, no relative can override that opting-in because the patient has already decided when he was alive that he wanted to be a kidney donor. The second category is those who have opted out. If, as the National Kidney Foundation has found out, the majority of people support kidney donation then this proportion must be very small. So we say, "Look. We are not interested to get your kidney. You want to opt out, please opt out. We do not want to touch your kidney. Please feel free. We are not going to penalize you. We are not going to do anything to you. Please opt out. Don't worry. We will not penalize you." The percentage is very low. The majority will be those who do not opt-in or do not opt out. In this case we will have to be very careful when we approach the relatives in the sense that we can tell them, "Look. Your relative has not opted out. We presume he has no objection to kidney donation. Is that true?" That is very different from asking the relative, as at the present point of time, "Look. So-and-so has brain death. He has not signed in. Can you please sign in for him?" It is very different. The burden is that the relative has to sign in, which is different. On the other hand we cannot say to the relative of a potential donor who has not opted out, "Well, I thought you know. He didn't object. And we are going to take the kidneys."

Mr Yeo Cheow Tong

78. Dr Kee, I think it is a very fine line that you are drawing. You are

Mr Yeo Cheow Tong (cont.)

saying, first and foremost, that the present system imposes on the relative the burden of saying "Yes, he donates his kidney" and having to sign for it. The counter-proposal that you are putting up is that for those people who have not opted out, the vast majority, when they are involved in a traffic accident or other forms of accident, we should approach the relatives and ask them, "Are you agreeable to this person giving his kidneys?" That is what it amounts to because the relatives have to say yes or no? - *(Dr Patrick Kee)* Mr Minister, I beg to differ. I did not quite say that. That is where the difference lies. At the present point of time, when anything happens to an accident victim, the doctors have to ask, "Can you give consent on his behalf?" Otherwise the doctors cannot touch the kidneys. When the new law comes into force, what I am saying is that you can approach the relative and say, "Look. I am very sorry your so-and-so has brain death and we presume that he would like to donate his kidney because he has not opted out." Then the onus is on the relative to prove that this patient has very strong objection when alive and this is applicable in France, in Spain and so forth. There is, in fact, an article in JAMA (Journal of American Medical Association), South-east Asian edition, June *1986.* It goes to say that:

"… Jose Lloveras, MD, a transplant surgeon at Hospital G.M.D. L'Esperanca, Barcelona, Spain, told the Detroit meeting. He said that in his country traditional values dictate that the family be consulted before organs are removed. [That is similar to Singapore.] "If the family refuses, we bow to their wishes," he explained.

This is the way it should be, says Gary E. Friedlaender, MD, a founder of the American Council of Transplantation, a confederation of organizations involved in organ and tissue procurement and transplantation."Organ donation should be a matter of choice. Presumed consent takes that right away," he says.'

And I think the most important thing we need to remember is if we want to maintain that kidney donation is a gift, we must be sensitive to the needs of the relatives. Otherwise it just becomes spare part surgery, as in Portugal.

79. Dr Kee, can you tell us whether or not all the other countries have a system of a register of objectors? - *(Dr Patrick Kee)* I am talking specifically of those countries which have a system of objectors.

80. In that case I would like to inform you that all these countries that we have made enquiries of, told us that the size of the country does not allow them to have a system of a register of objectors. Whereas in Singapore, because of the compactness of its size, we can go for the ideal which is to let everybody make up their minds, let everybody have their right of choice as to whether or not he or she wants to donate, and to indicate specifically by either doing nothing or by registering his objection? - *(Dr Patrick Kee)* Mr Minister, that is precisely the point I am concerned about. You are, in fact, embarking on a campaign asking people to opt out which, I think, is very unwise because you are giving them an ultimatum - you opt out or else ... There is no choice. What I am saying is, is this wise? Because if a person opts out, you cannot touch his kidneys anymore. It is better to keep the ratio low and take

your case with the relative. I am sure the relative will find it very difficult to justify their objection because now they have to justify, to prove that their deceased relative had strong objection against donation. Let us just picture a scenario of a hell-rider who died in a crash. He had not opted out and you take his kidney, and his relative is an old man or an old woman who has strong objection. But the doctor says, "Sorry. The law allows us to take. There is no way out." You can imagine the anger, the publicity that can be generated. And I think the backlash is going to be terrible, and you lose kidneys that way. You may get a few kidneys initially but once people get resentful and angry, then I think it will boomerang. That is what we are concerned about. We may be wrong. What I am saying is, why take the unnecessary risk? We do not have to take unnecessary risks.

81. Thank you for your concern, Dr Kee. I think there is some contradiction in what you are saying. First, you say, well, most people are happy to donate anyway, so there are a majority of them -? *(Dr Patrick Kee) No,* Mr Minister.

Mr Yeo Cheow Tong] - who are unlikely to opt out. If they are going to be happy about donating, and they form the vast majority, then why should their relatives object if that is their explicit wish?

Dr Arthur Beng

82. Dr Kee, as a doctor also, do you not think that to ask a parent to justify that the young man during his life-time, had not got strong objections would be a very difficult task at the time of grief? -

(Dr Patrick Kee) I think you have missed my point totally. I am trying to point out the difference in the scenario. The scenario under the present law and the scenario under the new proposed law would be different. Now we have to ask, and that is why it is so burdensome for the doctor because the doctor has to convince the relative, "Please. You have to consent; otherwise we cannot get the kidney" and so on. It is very traumatic for the relative as well as for the doctor. What I am trying to say is this. I am not saying that you go round and ask the relative. No. I am saying we recognize the sensitivities of the relative. That means, you see, we have to tell the relative, "We presume the deceased was a potential donor because he had not opted out." And we listen. If the relative says, "Look, doctor, no." We had better listen. That is all. What I am trying to say is that your law already changes the whole scenario. There is no need to introduce unnecessary problems into a law and make it more complicated because you have already changed the scenario. There are various factors for the low incidence of kidney donation. One, doctors are not asking for donations. In fact, in America they have gone on the other track. They are introducing a law to compel doctors to ask for donations. So with this law we kill two birds with one stone. The doctor is already compelled to ask because if a person has not opted out, he is a presumed donor. That is his responsibility to arrange for harvesting of the kidney. What I am saying is if we get a scenario of a patient, for example, a hell rider, and you tell the mother and father, "Sorry. He is brain dead and we are getting his kidneys

Dr Patrick Kee (cont.)

because we presume he was a donor", the relative will create a furore. What we are afraid is that some doctors in the hospital may be so enthusiastic and so zealous and say, "Sorry, my friend, no deal. The law empowers us to take your relative's kidney." That is what we are trying to say. We should be sensitive to the relative's objection and say, "Okay. Never mind." If that is so, just make them sign something: "We hereby certify that the deceased had strong objections." And we acknowledge that and do not touch the kidneys. Why bother to take the kidneys? Why grab people's kidneys? Let us make kidney donation a gift. If people do not want to give, please do not grab it. That is all we are trying to say. Do you see my point? That is what we are trying to emphasise. *(Dr Wong Wee Nam)* I think this special committee is meant for the minority really. It makes the law more sensitive to the group of people maybe the illiterates and the uninformed, so that when the time comes, if they really have strong objections, I think we should give them an ear. Even though we may finally override their request, I think we should give them an ear. Another point about this law is that we assume that everybody who opts out is doing a selfish and anti-social act. This may not be so. I think the majority of people who will opt out are those who really have psychological fears of donating their kidneys. And so by putting the disincentives, you are actually making the State frown on such people. Why should the State frown on people with psychological fears? They are not doing an anti-social or selfish act. So we must recognize that there are such people in our society, in our country, our citizens who have a psychological fear of kidney donation. I think we should recognize this fact. And by removing the disincentives, I think we make the law a nicer piece of instrument, a more sensitive instrument rather than, from what I gather, it seems this law is just out to grab somebody's kidney, that is all.

Mr Yeo Cheow Tong

83. Contrary to your interpretation, we are not out to grab people's kidneys. We want them to make a decision, a conscious decision as to whether or not they wish to donate. If they do not wish to donate, well, so be it. We do not take their kidneys. Now, having consciously decided not to give for whatever reasons or, as you claim, because they suffer from psychological problems or whatever it is - ? - *(Dr Wong Wee Nam)* Not problems. Psychological fears.

84. Or psychological fears. That is still a problem. He consciously opts out of the pool of available kidneys. It is only fair to those people who have agreed to join the pool to have a priority provided there is a matching of tissues. It is like an insurance pool. Many people do not like to buy insurance because they feel that it may be an indication of premature death. But does that mean that if he does not want to think about buying insurance just because he fears premature death, when he dies prematurely the insurance company would still have to make an insurance payment? Surely that is not the case, isn't it? - *(Dr Wong Wee Nam)* No. Everything being equal, I suppose the

priority can come as a final deciding criterion, not as the main thing in the Bill. It could be an administrative decision. All right, everything being equal, if a doctor has to judge, of course it is fairer to give to the one who has opted in.

85. So you feel it is fairer to give to the one who has opted in? - *(Mr Wong Wee Nam)* Yes. But not to put the law in such a manner as to make it seem as if the State is frowning on these people who are born probably with this type of fear.

86. Well, I think it will be nice if the Government could take that route. But I think it will be less than honest on the part of the Government for it to surreptitiously implement a priority system by hiding it in some little corner that people do not know. I think that is not the way our Government works - if you feel that there is a priority system that a person who has consciously opted out, that should count against him. No, he is not deprived of a kidney if he is the only one whose tissues match. In that case so be it, he is the only one to benefit. But having stated that you agree that a priority system is fair - that a person who has opted in should have a higher priority - then in that case we should not go sneaking around surreptitiously and hiding it behind some other system of allocation only to be found out one day that this is one of the measures. I think it is only fair to the public to be told that this is a factor taken into consideration? - *(Dr Wong Wee Nam)* I think it is also fair to tell them that everything being equal, this priority will then come in.

87. Yes, which I have stated in Parliament. I have stated that in Parliament? - *(Dr Wong Wee Nam)* It is not in the law.

88. It is not stated here in the Bill? - *(Dr Wong Wee Nam)* No. You see, the people who apply the law are going to follow this Bill. Nobody looks at the intention of Parliament.

89. No. There will be guidelines drawn up. And I have stated in Parliament very clearly that it is no point giving a kidney to someone who has opted in but whose tissues do not match. They are just throwing away a good kidney. But having identified the pool of patients whose tissues match, then you have to take the next step. Out of that pool of people whose tissues match, which one should get the kidney? You have to say, well, if there are 30 people whose tissues match, and there is only one kidney available, 29 will have to go without the kidney transplant for the time being. In that case it is only fair that that one person should be the person who has already agreed to opt in. Is that not right? - *(Dr Wong Wee Nam)* That's right. But then reading the law as it is written, I think it sounds as if the State is very unhappy over people who opt out.

90. I think the State wants to be fair to those people who are prepared to donate, as you say. It is only fair that those people who want to donate be the ones to benefit if they stand a chance of benefiting from that kidney. And I think it is only fair that we state it openly and not hide behind some very vague scheme of priority guidelines. As I stated, it is not our intention to grab kidneys. But, on the

Mr Yeo Cheow Tong (cont.)

other hand, we want to be fair to those people who are prepared to try to do their best to save lives as well. The other point which you have brought up here is that it will be better, in paragraph 5 of your submission, "to give incentives to those people who opt in." What do you have in mind? - *(Dr Patrick Kee)* Mr Minister, let us follow your point. What we are trying to say is we are not talking about fairness. When you spell it out in those harsh terms and say that, people see it differently. People will accept that it is a matter of fairness, and I am sure those who opt out will not expect to get a kidney anyway. I think that is not a question of the Government cheating. There must be a system of allocation that people will accept. I want to read to you one letter which I received from one of my patients who wrote this letter to the bishop of his church. I think he wrote against the legislation. He said:

"I strongly object to the Government legislating this Bill and thus taking away my rights and the rights of every decent Singaporean. To make it even worse, there are advocators of threats from our Government leaders for those who opt against donating their organs."

What we are trying to share is the impression of the layman. I think it is very foolish to ignore that. We see it as a threat. I think if we want to make the law fair and acceptable, then we promote it as a law to protect the rights of those who do not want to donate. We say, "Look, if you do not want to donate, please opt out. We are not interested." We do not need any disincentives to ensure that they do not opt out. If we are sincere and if we believe that NKF is right, that the majority of Singaporeans adopt this, we do not need the disincentives. Why you need the disincentives if you are sure that the majority support it?

91. Dr Kee, do you agree that a priority system has to be set up? - *(Dr Patrick Kee)* We agree. Even right now there is a priority system. Even right now there is a system of allocation. Nobody queries that. Anyway, I am not going to debate that point any further. I think I will go back to point 5 that you asked me about. We think it would be better to give incentives to those who opt in. That means if you opt in, you have priority. That is different. Nobody can quarrel with that. Because if you give incentives to those who opt in, as I said, then you have three categories of people. Those who opt in, the relatives have no say; those who opt out, the relatives also have no say, and then you have this intermediate group who do not opt in or out is easier to handle. Because then you are just saying to the relative, "Look, your relative is presumed to have given consent." If we really want to educate our people to become conscious of their social responsibility, if we want to make kidney donation a gift, then we need to adopt this approach. Whether you like it or not, the way the Bill is going to go through in the present form, we are afraid that people may misinterpret it and see it as a form of grabbing kidneys. And I think that will be counter productive. That is our main fear. If we are wrong, so be it. As responsible citizens, as concerned medical practitioners, I think it is our responsibility to bring this up to you and it is up to the Committee here to decide. We are here only to raise ques-

tions and to raise problems and to suggest alternatives. That is all. We are not here to prove that we are right or you are wrong. That is not our main purpose. Our primary purpose here is to ensure that kidney donation will be a success in Singapore because we have kidney failure patients too. And we do not want to see a scenario whereby the majority of people who are potential donors opt out and we cannot touch their kidneys. I think it will be terrible and it will be an utter waste. And it will be an uphill task to get them to withdraw their objection. I think that is our concern. It may be easy to get them to opt out but it is very difficult to get them to withdraw their objection. It is different from opting in. That is what we are here to point out.

92. We appreciate your concern and we trust your motive for writing in that you also share our objective which is to maximize the number of kidneys and to save as many lives as possible. And that is why we are trying to find out how your approach differs from ours and how do we cater for what you have agreed which is that there must be a system of allocation. What you have suggested is that the system of allo cation shou ld b e non specific. We have it in the books but we do not publicize it. And you have said that we should also try to give incentives and what is stated in the Bill is that we give incentives by giving priority to the people who have agreed to donate. Right. Clause 12 (1) *(a)* of the Bill states:

'a person who has not registered any objection [that means a person who has agreed to donate] ... shall have priority over a person who has registered such objection;'

That is what we have stated, that they be given priority? - *(Dr Patrick Kee)* Agreed.

93. That is exactly what we have stated? - *(Dr Patrick Kee)* If you feel that the Government needs to introduce that clause, all right we accept that but you must make it very clear. First criterion will be medical, histo-compatibility. Second criterion, nationality, Singaporean first. Third criterion, those who have opted in. Fourth criterion, those who have not opted out. And last criterion, those who opted out. You must make it clear that this is primarily to facilitate the allocation and it is not a penalty clause. And once you make that clause absolutely clear and make sure that the public do not interpret it as a threat, then I am very happy. I think it will be okay. Besides histo-compatibility, first priority, Singaporean. Second priority, those who opt in. Third, those who did not opt out. It must be very clear, provided all the medical factors are equal. You can even add another clause. "If nobody else can receive the kidney, the person who has opted out will have priority." I mean there is no penalty. You must make that clear. The responsibility of the Government is to make it very clear that this clause is not a penalty clause. Then you can promote the Bill. What we are trying to say is, let us approach this problem by promoting the Bill as a Bill to protect the rights of our citizens and not to deny anyone of his rights.

94. Actually I like your approach in terms of laying out the priorities except for those who have opted in. The vast

Mr Yeo Cheow Tong (cont.)

number of those people who will be opting in hopefully will be the Malays who because of their religious rulings have asked to be left out and that they be brought in under the opting in system. I think it will make the Bill even more contentious and sensitive if we put those people who have opted in as having the highest priority, will it not? - *(Dr Patrick Kee)* Mr Minister, that is how we see it to make that clause fair. If that cannot be done, that is why we proposed that it be left out. Do not complicate matters.

Chairman

95. What you were saying in the beginning was that there should not be any opting in or opting out. Correct? - *(Dr Patrick* Kee) No.

96. Just ignore the relatives who say, "Do not take the kidneys out". That will save all the stigma about people opting out? - *(Dr Patrick Kee)* No, Mr Chairman, you missed my point. What I am saying is that we must see ourselves as in a state of transition. Let us not jump the gun. Let us give our citizens time to adjust. That means we still continue with the opting in. The advantage of opting in -

97. You want opting in but no opting out? - *(Dr* Patrick *Kee)* Mr Chairman, you still have the opting in because of the Malays. You cannot remove the opting in.

98. Surely it is up to the relatives. After all, when a person is dead, he is dead. He cannot say, "Look, I refuse." The relatives will be the ones to say, "We object to the kidneys being removed."? - *(Dr Patrick Kee)* You have not got my point. With the present system of opting in, the relatives have no say. They cannot override. If I opt in, I am a kidney donor. I have already signed the form. My wife cannot say, "Look, I refuse to give con sent." All right. You have to have this opting in because of the Malays anyway. So let us capitalize on this and use it at the same time to encourage other people to become more civic conscious and opt in. Let us not abandon opting in. I mean let us not be lazy. Let us continue to encourage them to opt in. And we will say that this law is to protect those who do not want to opt out. So if you want to opt out, please by all means opt out. We do not want to touch your kidneys. We recognize your wishes, your psychological fears. We recognize your rights and we want to protect your rights and that is why we are passing this law. We want to protect your rights. That is why we want you to opt out. If you have strong feelings against this, please opt out. Then that will leave a vast majority who are apathetic or who really do not mind kidney donation but do not want to go to the bother of opting in. Then the scenario will be changed. Now at the present point of time, if you do not opt in, the relatives still have a very strong say. They say, "No, you cannot touch." But once you have this law, those who did not opt out, all the doctor needs to tell the relative is, "Your relative has not opted out. We presume he is a donor." What we are

saying is let us be sensitive to the relative's objection.

Mr Yeo Cheow Tong

99. I think you are going back to the other point. I thought we are now talking about the priority system? - *(Dr Patrick Kee)* Sorry. Mr Chairman brought it up, so I went back.

Chairman

100. I thought he was opposing opting out? - *(Dr Patrick Kee)* If you have this opting in priority, as I have said, it will not really be seen as a favour to the Malays. Because it is not only the Malays who can opt in. The Chinese can also opt in. If we want to promote the campaign, we still want to tell our citizens, "Look, we want you all to be civic conscious. Be a life giver. Give the gift of life. Please donate your kidneys." And if they want to donate their kidneys, then we recognize them. Let us give recognition.

Dr Arthur Beng

101. Dr Kee, can I just put my own mind straight, in case I misread you? Are you now suggesting a system where there is an opting in if you want to opt in. Then you can also opt out and there is a final decision that rests with the relatives. Am I correct to summarize it that way? The final decision rests with the relatives? -
(Dr Patrick Kee) No, not really with the relatives. We recognize the relatives' rights.

102. A person can either opt in or opt out. Can you explain to me? As I read you, you are proposing a system where a person can opt in, he can opt out but there is still the third point where the relatives' final decision comes in? - *(Dr Wong Wee Nam)* I think the third group is the people who are presumed to have opted in. In other words, there are three categories of people: those who opt in, those who opt out and people who are presumed to have opted in.

103. Presumed to have opted in? - *(Dr Wong Wee Nam)* By not opting out. If the relatives have some objections, I think we should listen to them. *(Dr Patrick Kee)* That is all. *(Dr Wong Wee Nam)* We should listen to what they have to say. We can still override them. We should not make it rigid so that those who are presumed to have opted in, their relatives have got no more say. *(Dr Patrick Kee)* We should not make it so rigid that, "If you did not opt out, sorry, you are in, no matter what." That is what we are saying. It might be a bit tricky. We are saying let us recognize that the relatives at a time of grief have certain wishes. I mean it is very traumatic. You are talking about a sudden and violent death, I think it is very traumatic for the relatives to be told, "Sorry, we are going to take his kidneys. It is too bad he did not opt out. So the kidneys belong to us." That will be how the relatives see the situation. If the relatives are well prepared and say, "Okay, no objections", take the kidneys by all means. But if the relatives cry, make a fuss and plead, then don't. Because as general practitioners, we even have patients who try, by all means, not to have a postmortem on their deceased relative. They have this

Dr Patrick Kee (cont.)

fear, superstition and so on. They come to us and say, "Doctor, can you please sign the death certificate?" and they try not to get a post mortem done. And that is why some doctors get into trouble. They go on a house call and the relative says, "Doctor, can you sign?" Very often we are called to see a patient on the verge of death. Why? So that they can get a death certificate. That is why some doctors are trapped. They sign it because they feel that if they do not, the relatives would get angry. So they sign the certificate. The Coroner says, "Why did you sign the certificate?" Why do these problems occur? It is because our people are different from the West. Even in America they recognize that the Hispanics, the Negroes and so on are different. The Negroes are more closer to the Chinese. They have superstitions and so on. And we need to recognize this. The bulk of our citizens are very traditional. There are Buddhists who have all sorts of superstitious beliefs about life after death and so on. And not to recognize it (I do not know), I think it is very unwise. All we are saying is that we should recognize these problems. What we are proposing is a solution to solve all these problems and I think it will make kidney donation a success.

Mr Yeo Cheow Tong] I have no other questions, Mr Chairman.

Chairman

104. Thank you Dr Kee and Dr Wong for coming. In a few days' time a transcript of today's proceedings will be sent to you. You may correct the grammar and style but not the substance. Thank you ? - *(Witnesses)* Thank you.

(The witnesses withdrew.)

APPENDIX IV

MINUTES OF PROCEEDINGS

1st Meeting

THURSDAY, 19TH FEBRUARY, 1987

3.00 p.m.

PRESENT:

Mr Speaker (in *the Chair).*

Dr Ang Kok Peng

Dr Arthur Beng Kian Lam

Mr Chua Sian Chin

Mr Goh Choon Kang

Encik Ibrahim Othman

Dr Tan Cheng Bock

Mr Yeo Cheow Tong, Acting Minister for Health and Minister of State, Ministry of Foreign Affairs.

1. The Committee deliberated.

2. Written representations received were examined.

3. Agreed -

(a) that the written representations contained in Papers 2 to 7 be published with the Committee's report; and

(b) that the Committee do meet on Monday, 2nd March, 1987, at 3.00 p.m. to hear oral evidence from the representors of Papers 3, 5, 6 and 7.

Adjourned till 3.00 p.m. on Monday, 2nd March, 1987.

2nd Meeting

MONDAY, 2ND MARCH, 1987

3.00 p.m.

PRESENT:

Mr Speaker *(in the Chair)*.

Dr Ang Kok Peng
Dr Arthur Beng Kian Lam

Mr Chua Sian Chin

Encik Ibrahim Othman

Dr Tan Cheng Bock

Mr Yeo Cheow Tong, Acting Minister for Health and Minister of State, Ministry of Foreign Affairs.

ABSENT:

Mr Goh Choon Kang *(on leave of absence)*.

1. The Committee deliberated.

2. Mr Ridzwan Hj Dzafir, President, Mr Hussin Mutalib, Executive Director and Mr Syed Isa Mohd Semait, Mufti of the Majlis Ugama Islam Singapura (Paper No. 5) were examined.

3. Dr Khoo Con Teik, Chairman and Mr T.T. Durai, Honorary Secretary of the National Kidney Foundation (Paper No. 6) were examined.

4. Dr John Lee, Master and Dr Ian Snodgrass, Council Member of the Catholic Medical Guild of Singapore (Paper No. 7) were examined.

5. Dr Patrick Kee Chin Wah and Dr Wong Wee Nam (Paper No. 3) were examined.

6. The Committee further deliberated.

Adjourned to a date to be fixed.

3rd Meeting

THURSDAY, 2ND APRIL, 1987

3.00 p.m.

PRESENT:

Mr Speaker *(in the Chair).*
Dr Ang Kok Peng
Dr Arthur Beng Kian Lam
Mr Chua Sian Chin
Mr Goh Choon Kang
Encik Ibrahim Othman
Dr Tan Cheng Bock
Mr Yeo Cheow Tong, Acting Minister for Health and Minister of State, Ministry of Foreign Affairs.

1. The Committee deliberated.

2. Bill considered clause by clause.

Clause 1:

Alteration made in page 1, line 6, by leaving out "1986" and inserting "1987".

Clause 1 agreed to.

Clause 2:

Alteration made in page 2, line 10, marginal reference, by leaving out "Cap. 218" and inserting "Cap. 174".

Clause 2 agreed to.

Clauses 3 to 5 inclusive agreed to.

Clause 6:

Alteration made in page 4, line 7, marginal reference, by leaving out "Cap. 14" and inserting "Cap. 321".

Clause 6 agreed to.

Clauses 7 to 11 inclusive agreed to.

Clause 12:

Alterations made -

(1) in page 5, line 36 and in page 6, line 20, by leaving out "1972"; and

(2) in page 5, line 35 and in page 6, line 20, marginal reference, by leaving out "Act 23 of 1972" and in each case inserting "Cap. 175".

Clause 12 agreed to.

Clauses 13 to 19 inclusive agreed to.

3. Bill to be reported.

Report

4. Chairman's report brought up and read the first time.

5. Resolved, "That the Chairman's report be read a second time paragraph by paragraph.".

Paragraphs 1 to 5 inclusive read and agreed to.

6. Resolved, "That this report be the Report of the Committee to Parliament.".

7. Agreed that the Chairman do present the Report to Parliament when printed copies of the Report are available for distribution to Members of Parliament.

APPENDIX V

OFFICIAL REPORT

THURSDAY, 2ND APRIL, 1987
CONTENTS

Clauses 1 to 19 inclusive agreed to

Bill to be reported

Report agreed to

OFFICIAL REPORT

(3rd Meeting)

Thursday, 2nd April, 1987

The Committee met at 3.00 p.m.

PRESENT:

Mr Speaker (Dr Yeoh Ghim Seng (Joo Chiat)).
Dr Ang Kok Peng (Buona Vista).
Dr Arthur Beng Kian Lam (Fengshan).
Mr Chua Sian Chin. (MacPherson).
Mr Goh Choon Kang (Braddell Heights).
Encik Ibrahim Othman (Tanah Merah).
Dr Tan Cheng Bock (Ayer Rajah).
Mr Yeo Cheow Tong. (Hong Kah), Acting Minister for Health and Minister of State. Ministry of Foreign Affairs.

[Mr Speaker in the Chair]

The Chairman: Since everyone is here, can I call the meeting to order? Do Members wish to discuss anything before the Committee proceeds to consider the Human Organ Transplant Bill?

Mr Yeo Cheow Tong: Mr Chairman, I have no additional inputs to make.

The Chairman: Anyone else? If not, we will now proceed to consider the Bill, clause by clause.

Clause 1 -

The Chairman: The citation year '1986' will be altered to '1987'.

Clause 1 agreed to stand part of the Bill.

Clause 2 -

The Chairman: The Chapter number of the Medical Registration Act has been changed to Cap. 174 in the 1985 Revised Edition of the Statutes of the Republic of Singapore.. Accordingly, the marginal reference .'Cap. 218'. will be altered to 'Cap. 174'

Clause 2 agreed to stand part of the Bill.

Clause 3 to 5 inclusive agreed to stand part of the Bill.

Clause 6 -

The Chairman: The Chapter number of the Subordinate Courts Act is now Cap. 321. The marginal reference

'Cap. 14' will therefore be altered to 'Cap. 321'.

Clause 6 agreed to stand part of the *Bill.*

Clauses 7 to 11 inclusive agreed to stand part of the Bill.

Clause 12 -

The Chairman: The Medical (Therapy, Education and Research) Act 1972 is now Cap. 175 in the Revised Edition of the Statutes. Hence, the year '1972' in page 5, line 36, and in page 6, line 20, will be deleted, and the marginal references 'Act 23 of 1972' will in both cases be altered to 'Cap. 175'.

Clause 12 agreed to stand part of the Bill.

Clause 13 to 19 inclusive agreed to stand part of the Bill.

Bill to be reported.

REPORT

The Chairman: We now come to the consideration of the Report of the Com mittee to Parliament. Hon. Members have copies of the Chairman's draft Report. Is it agreed that the Chairman's draft Report be accepted as a basis for discussion?

Hon. Members *indicated assent.*

Chairman's Report brought up, and read the First time.

Question put, and resolved,

That the Chairman's Report be read a Second time, paragraph by paragraph.

Paragraphs 1 to 5 inclusive read and agreed to stand part of the Report.

Question put, and resolved,

That this Report be the Report of the Committee to Parliament.

The Chairman: With regard to the presentation of the Report to Parliament, I suggest that I present the Report when printed copies are available for distribution. Is that agreed?

Hon. Members *indicated assent.*

The Chairman: Thank you, gentlemen. The Committee is now *functus officio.*

Committee adjourned at 3.05 p.m.