

2 September 2002

Project Officer - Xenotransplantation  
Health Ethics Section  
NHMRC (MDP 100)  
GPO Box 9848  
CANBERRA ACT 2601

Dear Sir/Madam

We wish to lodge a submission **against** the practice of Xenotransplantation:

Firstly, we quote from the NRMHC's website in Frequently Asked Questions:

*"Why is xenotransplantation being considered?  
However, very few human tissues and organs are available for transplantation, so that many patients who could benefit from a transplant wait in vain for a suitable donor. Transplant specialists are therefore considering animals as a possible source of organs and tissues for human transplantation. The greatest benefit of xenotransplantation would be a potentially unlimited supply of cells, tissues and organs for use in humans."*<sup>1</sup>

If the main reason given for xenotransplantation is the lack of availability of "human" cells, tissues and organs for research then why isn't there a focus on a national human organ donation campaign to inform and educate us all on the benefits human organs for transplantation and ultimately, benefit to mankind? This scheme known as "presumed consent system" has increased donation rates, as evidenced in other European countries and the British Medical Association is eager to have this scheme introduced into Britain.

Instead of relying on individuals to request their organs be used for donation after death (which also relies on their relatives respecting this request), the presumed consent system 'presumes' that consent is automatically given unless an individual specifically requests that their organs not be used for donation. Currently Belgium, Austria, France, Sweden and the Netherlands all operate an opt-out scheme. In Belgium, where the scheme was first introduced in 1987, only 1.75% of the population 'opted out' of donating their organs. A study conducted in Belgium in 1990 revealed that from 1987-1988 (the year after the opt-out scheme was introduced) there was a dramatic 80% increase in the number of kidneys available for transplantation.

We believe that xenotransplantation will never provide a realistic strategy for significantly improving human health. Attention should be focused on preventative health care and changes to donor recruitment policy, both of which have enormous potential to alleviate transplant organ shortages.

One of the most serious risks associated with xenotransplantation is that of disease transmission from source animals to human patients and the wider population.

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<sup>1</sup> NRMHC Website <http://www.health.gov.au/nhmrc/media/2002rel/xenofaq.htm>.  
Frequently Asked Questions.

Animal viruses have passed to humans many times in the past and are believed to have caused outbreaks of influenza, Marburg and Ebola disease as well as AIDS.

Pig endogenous retroviruses (PERVs) - possibly the most high-risk type of virus - were only discovered in 1997 and have been shown to infect human cells in culture. If xenotransplantation was to take place, major new epidemics of a disease for which we would have absolutely no cure, could not be ruled out. Such a disease could remain latent and undetectable in the human body for years or could even mutate excessively so that detection and treatment are further complicated. The simple truth is that we may not know the consequences until it's too late, but what we do know is that the potential for a global health risk is undeniably real.<sup>2</sup>

Even if the problem of organ rejection was solved, it is highly questionable whether animal organs would actually be capable of sustaining human life and health. Apart from one case of a patient who received a chimpanzee's heart and survived for nine months, all recipients of animal organs have remained very ill until they died.

The innumerable variations in the physiology, biochemistry and pharmacology of organs from different species are not fully known but are likely to mean that xenotransplantation cannot succeed.<sup>3</sup>

We also enclose the following quotes for your consideration:

*"All species, all varieties of animals and even individuals of the same species differ from one another. No experimentation carried out on one species can be extrapolated to any other. The belief that such extrapolation could be legitimate is the main reason for the failures, and sometimes for the catastrophes, that modern medicine inflicts on us, especially where drugs are concerned."*

**Professor Pietro Croce, Honorary President of Doctors and Lawyers for Responsible Medicine.**

*Atrocities are not less atrocities when they occur in laboratories and are called medical research.*

**--George Bernard Shaw (playwright, Nobel 1925)**

*Ask the experimenters why they experiment on animals, and the answer is: "Because the animals are like us." Ask the experimenters why it is morally OK to experiment on animals, and the answer is: "Because the animals are not like us." Animal experimentation rests on a logical contradiction.*

**--Professor Charles R. Magel (1920- )**

*Results from animal tests are not transferable between species, and therefore cannot guarantee product safety for humans... In reality these tests do not provide protection for consumers from unsafe products, but rather they are used to protect corporations from legal liability.*

**--Herbert Gundersheimer, M.D., member, PCRM (Physicians Committee for Responsible Medicine), Baltimore, Maryland, 1988**

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<sup>2</sup> Langley, G. & D'Silva, J. (1998). Animal organs in humans: uncalculated risks and unanswered questions.

<sup>3</sup> BUAV Website [http://www.buav.org/f\\_campaign.html](http://www.buav.org/f_campaign.html). Xenotransplantation.

We are totally against the use of animals in experimentation or research. We believe vivisection has not only hindered and prevented real medical advancements but brought pain and suffering to all species; human and non-human.

We therefore respectfully request that the practice of xenotransplantation is subsequently rejected.

Yours faithfully

Russell Linfoot

Lindsey Linfoot (Mrs)