

Organ Donation New Zealand

Annual Activity Report 2024



Organ Donation New Zealand

NZBLOOD
Te Ratonga, Tōta, O Aotearoa



Organ Donation
New Zealand



ANNUAL ACTIVITY REPORT 2024

Organ Donation New Zealand (ODNZ) operates under the guardianship of New Zealand Blood Service. As a Crown entity, we formally acknowledge tangata whenua as the people of the land and the mana of the founding agreement between Māori and the Crown, Te Tiriti o Waitangi. We acknowledge the important landmarks of this land. Thus, our acknowledgement to you all.

**Ko tēnei taku mihi ki ngā tāngata whenua o motu.
Ka mihi hoki ki ngā tohu o te rohe nei. Nō reira, tēnā koutou katoa.**

ODNZ celebrates the concept of Mātauranga Māori, the traditional way of being and engaging in the world. We align with the integral part of Māori tradition of giving koha, as an expression of manaakitanga and aroha. We believe in embracing this tikanga of koha, through which we unlock a world of meaningful connections and whanaungatanga. It is a tradition that beckons us to reflect on the ways in which we contribute to the well-being of our communities.

Ka huri te kei o te waka ki te pae tawhiti

Kia hoe ngātahi ki te pae tata

Ki te whai ao, ki te ao mārama.

The waka turns towards the distant horizon

Let us make headway and paddle as one

Through the glimmer of dawn to the break of day.



About the Report

This report outlines the activities of Organ Donation New Zealand (ODNZ) and provides an authoritative account of organ and tissue donation and transplantation activity in Aotearoa New Zealand during 2024.

It is intended to be a valuable source of information for health professionals involved in organ and tissue donation and transplantation, as well as for the public.

We gratefully acknowledge the New Zealand transplant units and tissue banks for providing data included in this report.

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Contents

The Year In Review	04	2024 At A Glance	06
History Of Organ Donation In New Zealand	08	About Organ Donation New Zealand	10
Our Values	11	What Is Organ And Tissue Donation?	12
Our Staff	14	Day In The Life Of A Donor Coordinator	16
Donation Link Teams	18	2024 Activities	20
Assisted Dying Donation	26	Rosemarie's Journey, An Organ Donation Story	28
Communication Activities	30	Yahel's Story, An Organ Donation Story	32
Data On Organ Donation	34	Stephanie's Journey, An Organ Recipient Story	42
Data On Organ Transplantation	44	Ashley's Journey, A Tissue Recipient Story	48
Data On Tissue Donation	50	In Memory Of Dr Stephen Streat	54
Organ And Tissue Donation - A Gift Of Life	55		

The year in review

2024 was a period of energising growth and progress for ODNZ. Through the year we expanded our team and capabilities, forged stronger connections across the health sector and community, and laid the foundations for a new strategic plan that will guide our work over the next five years.

Collaboration has been a driving force behind our work, and we would like to acknowledge the effort and expertise of our people, and the many other professionals and organisations we’ve had the privilege of working alongside.

DONATIONS

ODNZ extends our heartfelt gratitude to the whānau who considered donation for their loved one at a time of immense grief, and to the donors whose gift of life, out of personal tragedy, has changed the lives of others.

Organ and tissue donation is an incredibly generous gift that has a profound impact on the lives of many recipients, their whānau and wider community.

In 2024, 70 people donated organs following their death in Aotearoa New Zealand, leading to 213 people receiving lifesaving kidney, liver, lung, heart, and pancreas transplants.

A further 72 tissue-only donations, facilitated by the team at ODNZ, meant many more people had their lives improved by tissue transplants from these donors..

Of the deceased organ donors, 54 donated following brain death (DBD), when a person has died after a severe brain injury. Another 16 donated following circulatory death (DCD) after the heart has stopped beating.

One of these DCD donations was from an individual who participated in the assisted dying program. Our ability to honour the wishes of donors in this circumstance is the culmination of extensive consultation, research, and preparation to develop a national program for Assisted Dying Donation. We thank everyone who contributed to this work.

SUPPORTING DONATION CONVERSATIONS

The selfless act of organ and tissue donation always begins with a conversation.

Encouraging everyone in Aotearoa New Zealand to have a donation conversation with their whānau remained at the core of our messaging and communications this year.

A highlight was Thank You Day, when we had the pleasure of supporting recipients to share their personal transplant stories with the public. Together, we generated dozens of articles across major media, with each story a powerful

reminder of the incredible impact of donation and the important role we can all play by having donation conversations.

For whānau needing to make a decision about organ donation, already knowing their loved one's wishes can be immensely helpful and meaningful. Donor hospital staff are central to these conversations. Their added time, skill and compassion are vital to identifying potential donation opportunities, initiating conversations around donation, and providing support to donor whānau, as they make a decision that is right for them and their loved one.

OUR TEAM

2024 marked ODNZ's fourth year within the New Zealand Blood Service (NZBS) and the mutual benefits of this integration continue to be realised and embedded within our governance and day-to-day work.

We grew our internal team significantly during 2024, adding new roles and welcoming six new team members: three new donor coordinators, an additional part-time medical specialist, a communications advisor, and our first ever data intelligence specialist.

As our small but dedicated team continues to expand, so does our capability to raise public awareness and provide education opportunities to staff in donation hospitals, both of which are essential to improving donation capability and outcome.

As always, with growth comes change, and in February we said goodbye to one of our long-serving donor coordinators, Lauren Sprenger, who moved to a new role following 10 years with the team.

It was with great sadness, that we learned of the death of a friend and esteemed colleague, Dr Stephen Streat. Stephen served as our Clinical Director for more than a decade and continued contributing to ODNZ as a mentor following his retirement. Stephen made a huge contribution to intensive care medicine. His strong advocacy for a socially aware, evidence-based approach to clinical practice, public health, and donation will leave an enduring legacy both in Aotearoa New Zealand and overseas.

EDUCATION AND EVENTS

We returned to a full schedule of face-to-face events in 2024, after a period of post-pandemic rebuilding in 2023.

This year we held our annual Donor 'Thanksgiving' services in Auckland, Wellington and Dunedin, providing a cherished time for donor whānau, recipients and healthcare professionals to gather, share, remember, and reflect.

ODNZ events with our partners across the healthcare sector were in full swing as we continue to identify and develop the myriad responses that will contribute to improving organ donation and transplantation in Aotearoa New Zealand.

The team were honoured to be involved in the inaugural Aotearoa Liver Transplantation Interdisciplinary Meeting (ALTIM) sharing donation and transplant insights with attendees from across Aotearoa New Zealand and Australia.

Our ODNZ Symposium was held in Auckland for the second consecutive year, bringing together our donation link teams from across the country for two days of inspiring education, knowledge sharing, and discussion.

Donor Coordinators also held multiple education days with donation link teams, and wider ICU and Operating Theatre teams across Aotearoa, providing frontline staff with the tools and knowledge to identify and facilitate organ donation opportunities.

ODNZ STRATEGY 2030

During the past year, we have worked hard to lay the foundations for a new ODNZ Strategy, which will be completed and rolled out in the coming year.

Groundwork has included collaboration with colleagues across the Aotearoa New Zealand health sector, as well as Australia, sharing knowledge with and learning from the incredible teams at DonateLife Queensland and the Australian Organ and Tissue Authority in Canberra.

With a five-year view to make the most of every opportunity to give the gift of organ and tissue donation after death, this work builds on the existing national strategy. Providing organisational direction and actionable steps towards increasing deceased organ and tissue donation rates in Aotearoa New Zealand.



Sue Garland
Donor Coordinator
Team Leader

Collaboration has been a driving force behind our work, and we would like to acknowledge the effort and expertise of our people, and the many other professionals and organisations we’ve had the privilege of working alongside.

LOOKING AHEAD

As we progress this new strategy, we will continue to ensure that every opportunity for donation is recognised and facilitate the best possible outcomes for donors, their whānau, transplant recipients, and all staff involved in the donation process.

Ongoing engagement and support for our donation link teams and wider donation hospital staff is critical to ensuring donation remains a top priority, and that staff are equipped to offer the option of organ and tissue donation when it arises.

In 2025, this will include introducing our first tissue donor coordinator at Te Toka Tumai Auckland Hospital, investigating more ways that we can improve resourcing, collaboration and education, and embedding actions from our 2030 strategy.

As we look forward to another year of changing the lives of New Zealanders with lifesaving and life-changing donated organs and tissues, we would like to express our sincere gratitude to everyone who has joined us on this remarkable journey.



Jo Ritchie
Medical Specialist
Clinical Director

2024 at a glance

70

DECEASED ORGAN DONORS

+9.4%

FROM 2023

358

ORGAN & TISSUES DONATIONS FROM DECEASED DONORS

+12.6%

FROM 2023

DONATED THIS YEAR

118

KIDNEYS

17

HEARTS

28

LUNGS

54

LIVERS

4

PANCREAS

100

EYE TISSUE

30

HEART VALVE TISSUE

7

SKIN

OUR TEAM

21

TEAM MEMBERS

24

HOSPITALS

97

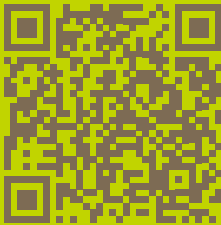
+ LINK NURSES

THINKING ABOUT BEING A DONOR?


Thinking about whether you would want to be a donor, or not, and having a conversation with your family and whanau, will mean that in the event of your death, they will know what to do.

To learn more about Organ Donation New Zealand, and how to have that conversation, visit the ODNZ website:


www.donor.co.nz




History of organ donation in New Zealand

 First kidney transplant from a living donor


1965

 First kidney transplant from a deceased donor


1966

 Coordination Office is established at Green Lane Hospital


1987

 First liver is donated in Aotearoa New Zealand


1989

 First lung transplant conducted


1993

 First heart is donated in Aotearoa New Zealand and transplanted in Australia


1995

 First liver and first pancreas transplants


1998

 First liver donated in Australia and transplanted in Aotearoa New Zealand


1999

 First heart is donated in Australia and transplanted in Aotearoa New Zealand


2002

 + First paediatric liver transplant


2005

 National Transplant Donor Coordination Office changes its name to:
Organ Donation New Zealand


2008

 Donation after Circulatory Death (DCD) begins for liver and kidneys


2017

 First DCD lung donation takes place


2019

 Australian & New Zealand Paired Kidney Exchange Program (ANZKX) begins


2020

 Organ Donation New Zealand becomes part of New Zealand Blood Service
NZBLOOD
Te Raukanga Toke o Aotearoa


2021

 Heart Valve bank becomes part of New Zealand Blood Service

2022

 Ex-vivo heart preservation system and ex-vivo hypothermic oxygenated machine perfusion (HOPE) for liver transplantation are both introduced

2024

 First Assisted Dying Donation takes place (ADD)

About *Organ Donation* *New Zealand*

ODNZ is the national service for deceased organ and tissue donation. It was established in 1987 when heart transplantation began, and the service was managed by the Auckland District Health Board (ADHB).

Originally named the ‘Transplant Donor Coordination Service’, the organisation changed its name to Organ Donation New Zealand in 2005. Today, ODNZ is managed by New Zealand Blood Service (NZBS) and is situated in the NZBS National Office in Auckland.

ODNZ coordinates organ and tissue donation from deceased donors in Aotearoa New Zealand and the donor coordinators provide information and ongoing support for families who have generously agreed to organ and tissue donation.

ODNZ works with health professionals in donor hospitals to ensure that processes for deceased donation are nationally consistent and of the highest medical, ethical, and legal standards.

Our Purpose

We are committed to providing a respectful and compassionate organ and tissue donation service, enabling life changing transplantation

ODNZ’S GUIDING PRINCIPLES

Every opportunity for deceased organ donation should be recognised by ICU staff and every whānau should have donation discussed with them by a health care professional with compassion, respect, appropriate knowledge, and skill. Donation should be discussed with all whānau irrespective of whether the word ‘donor’ is on the driver licence.

The process of organ donation must accord with good medical practice, ethical standards, and the law. The Human Tissue Act (2008) requires consent before organs or tissue may be removed from a deceased person for transplantation.

The whānau’s decision about donation should always be respected. All donors come out of human tragedy and donation by the whānau family is voluntary.

Our skilled team of health professionals work with compassion and respect to empower people by providing appropriate knowledge and support. In doing this we commit to the following values:

KIA TAU KI TE TIHI
STRIVING FOR EXCELLENCE

TE MAHI NGĀTAHI
TEAMWORK

TE PONO ME TE TIKA
INTEGRITY AND RESPECT

TE WHAKAWHITIWHITI WHAKAARO I RUNGA I TE MĀHARAHARA
OPEN COMMUNICATION

TE HAUMARU HOKI TE KATOA
SAFETY FOR ALL

What is organ and tissue donation?

When someone in Aotearoa New Zealand dies, their organs and tissues can potentially be donated. Donation involves removing organs and tissue from a donor after they have died and transplanting them into someone who, in many cases, is very ill or dying (a recipient). These transplants are life-changing for the recipients, in many cases lifesaving. Tissue donation is possible in most circumstances when people die. Organ donation is only possible when a person is on a ventilator in an intensive care unit, usually with devastating brain damage. Fewer than 2% of all deaths happen this way.

WHY IS ORGAN AND TISSUE DONATION IMPORTANT?

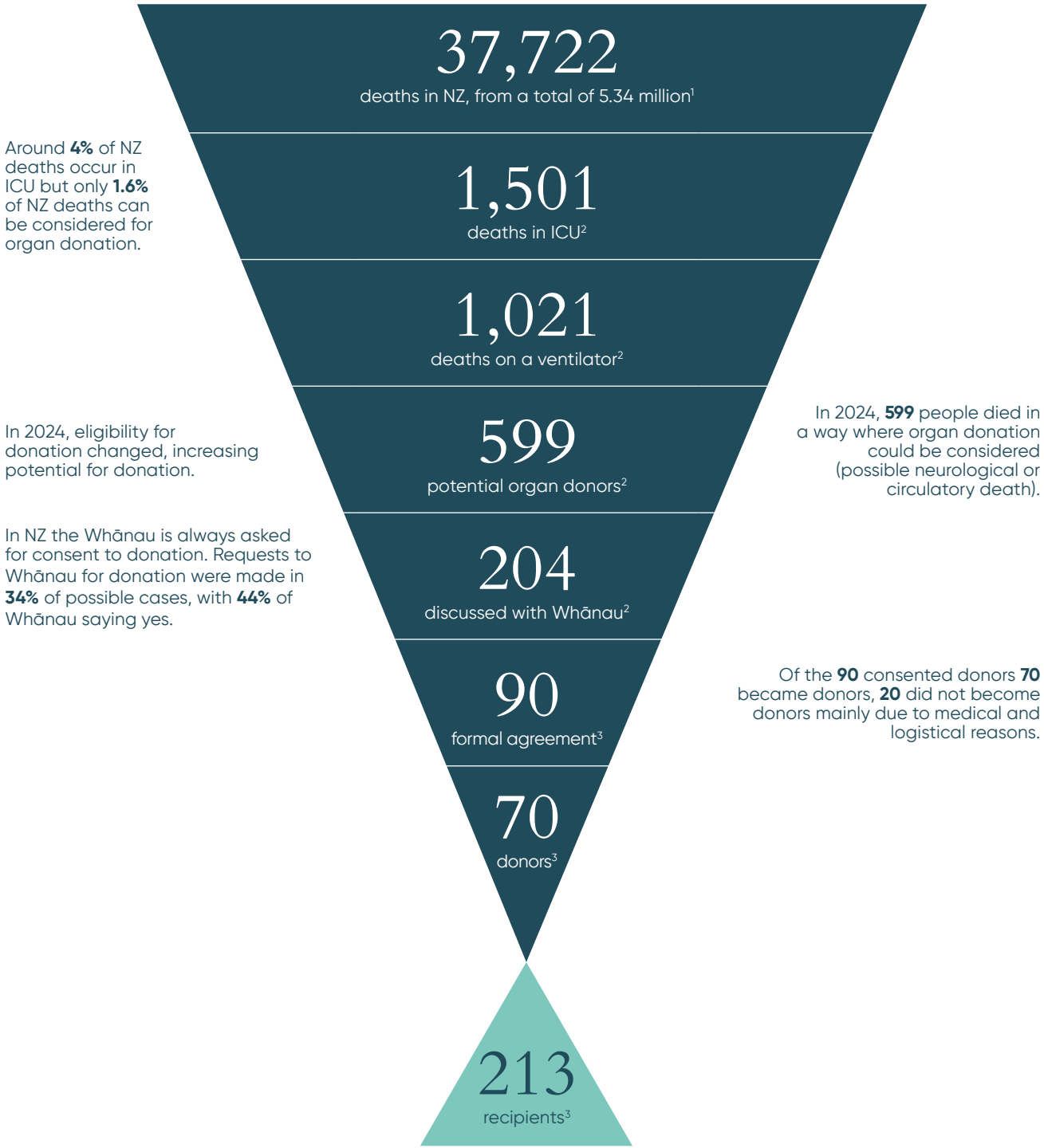
Transplantation is not possible without organ and tissue donation. There are hundreds of New Zealanders waiting for life-saving transplants, thousands more are living on dialysis which can be difficult and time-consuming for many. A single organ and tissue donation can transform the lives of multiple people.

HAVING THE CONVERSATION

It's important to talk with your whānau and friends about what you would want if you were in a situation where organ or tissue donation after death might be possible. In the event of your death, if donation is possible they will be asked if you wished to be a donor, and knowing your wishes makes this much easier. In Aotearoa New Zealand, whānau consent is always sought before donation can proceed – even if you have 'donor' on your licence. Nine out of ten families agree to donation when their whānau member has told them they wish to be an organ donor. This number drops to just five in ten when the whānau is unaware.



NEW ZEALAND'S POTENTIAL DECEASED ORGAN DONOR POPULATION & TRANSPLANTATION OUTCOMES 2024



Data Sources ¹ Stats NZ ² ICU audit data ³ Australia and New Zealand Organ Donation Registry

ONLY 1.6% OF ALL DEATHS IN NZ CAN BE CONSIDERED FOR ORGAN DONATION

44% OF WHĀNAU SAID YES TO DONATION WHEN APPROACHED

ODNZ *staffing*



Sue Garland
Team Lead



Annette Flanagan
Deputy Team Lead



Lisa Craig



Sharon Skinner



Owen Chesbrough



Leigh Travers



Rosie Stewart



Jen Calius



Sam Hansen



Sophie Kneale

DONOR COORDINATORS

The ODNZ donor coordinator team consists of Sue Garland (Team Lead), Annette Flanagan (Deputy Team Lead), Lisa Craig, Sharon Skinner, Owen Chesbrough, Leigh Travers, Rosie Stewart, Jen Calius, Sam Hansen and Sophie Kneale.

The donor coordinators are nurse specialists who provide a 24-hour consultation, advice and support service for health professionals involved in organ and tissue donation. They coordinate organ and tissue donations throughout the country for transplant services and tissue banks in both Aotearoa New Zealand and Australia. The donor coordinators also provide an extensive education programme, which includes workshops, study days and education sessions for health professionals at hospitals throughout New Zealand, as well as for medical students and the public.



Oliver Carle

COMMUNICATIONS

Oliver Carle joined us as the senior communications advisor for ODNZ. His role includes the ongoing development of our communication and marketing strategy as well as day to day work; media relations, internal reporting, website content, design, donor and recipient stories, content creation (digital and print), and managing our social media channels.



Emma Watts

ADMINISTRATION

Emma Watts is the ODNZ team administrator. She supports the team by streamlining internal processes, assisting with reports, event management and travel coordination.



Jo Ritchie
Clinical Director



Laura Bainbridge



Jonathan Casement



Kim Grayson



Debra Chalmers



Alex Kazemi



Myles Smith



Tobias Merz



Anna Howe

MEDICAL SPECIALISTS

The medical specialists, who are also intensive care specialists, provide 24-hour support and advice on all aspects of the donation process for the donor coordinators and health professionals. Jo Ritchie (Clinical Director), Laura Bainbridge, Jonathan Casement, Kim Grayson, Tobias Merz, Debra Chalmers and Alex Kazemi are employed part time as ODNZ medical specialists. Myles Smith assisted with on-call in 2024.

DATA

ODNZ maintains several databases of anonymised data to inform ongoing learning and strategy for ensuring the best clinical practice and outcomes for donors and recipients. We were given the opportunity to employ a Data Intelligence Specialist in 2024. Dr Anna Howe joined our team in October and has helped to transform how we work with data and reinforced how crucial this work is.



Day in the life of a *donor* coordinator

If you follow the weaving hallways through New Zealand Blood Service's National office, you'll eventually find yourself in a compact office space overlooking a vibrantly green sports field. Inside, a small group of passionate individuals are actively changing the lives of hundreds of New Zealanders every year.

ODNZ's Donor Coordinator team is made up of ten registered nurses, who use the practical skills and knowledge they've gained from extensive experience in frontline healthcare to delicately coordinate every deceased organ donation that takes place in Aotearoa New Zealand.

There is no way to accurately capture "a day in the life of a donor coordinator" because every day is different, every donation is unique, and there is always something new to learn.

The entire team agrees, there are a few things that never change, the way their hearts race when the phone rings, that the long hours, broken sleep and emotional demands of the job are always worth it, and that there is no greater privilege than caring for potential donors and their whānau.

Whilst coordinating organ donation is a focal point of the role, it is only a portion of it. Donor Coordinators—often shortened to DCs—are first and foremost an advocate for potential donors and a source of on-going information and support for donor whānau; a line of communication that is always kept open, no matter how many years go by.

The team's day-to-day work also includes running education days for healthcare professionals and students nationwide, updating protocols as transplant medicine advances, providing information to the public, and organising events like our annual Thanksgiving services.

Each coordinator will also work an average of twelve 24-hour on-call shifts within a six-week period, ensuring there is always someone available to pick up the phone, regardless of when it rings. At any given time, two donor coordinators will be on-call, working in tandem to facilitate potential donation opportunities.

The donor coordinator on what is known as "first call" is responsible for incoming referrals, the donor assessment, and all necessary logistics for a potential donation surgery. The DC on "second call" will be responsible for traveling with the surgical team and facilitating the donation surgery at the donor hospital.

When the phone does ring, the first call DC will make or take around 140 phone calls and field countless emails over the following 12–24 hours, day or night. They will provide guidance and support to the medical professionals on the other end of the phone and gather vital data and information. This process is not about reaching a "yes" but ensuring that whānau are provided the option of organ donation, and the opportunity to make an informed decision that is right for them and their loved one.

If the potential donation progresses, they will compile and submit a formal referral to transplant teams nationwide.

While the donated organs are matched with recipients, this first coordinator plans the logistics to ensure these lifesaving surgeries can occur, starting with getting the surgical team to the donor hospital. As part of this, they will consider everything that might impact transportation including weather at the airport and peak traffic times.

The second call DC will then travel with a surgical team to facilitate the donor surgery. Upon arrival, they will meet the donor and their whānau, if the whānau wish to meet them, provide information, support and answer questions. Every patient, every whānau, and every situation is unique, and the proceeding time can include stories shared by loved ones followed by moments of silence, karakia, or song, as families say their goodbyes.

The entire team agrees, there are a few things that never change, the way their hearts race when the phone rings, that the long hours, broken sleep and emotional demands of the job are always worth it, and that there is no greater privilege than caring for potential donors and their whānau.

As the doors to the operating theatre close behind them, this coordinator's priority shifts to making the surgery as seamless as possible, with the utmost level of care and respect provided to the donor. Whilst the surgery is on-going the coordinator will liaise with recipient transplant teams, complete the required paperwork, and carefully package the donated organs for transport to the transplanting hospital.

After the surgery, the focus shifts to providing compassionate after-life care for the donor. The same operating theatre staff who were involved in the donation surgery now work together with the DC to ensure the donor's dignity and comfort. This process includes gently washing and removing all tubes and lines from the donor. If the whānau has requested items of remembrance, such as handprints or locks of hair, these are carefully organised as a meaningful way to remember their loved one. The opportunity to care for the donor in these final moments is truly seen as an honor, as it allows the staff to offer their deepest respect and support to both the donor and their loved ones.

After the surgery, the focus shifts to providing compassionate after-life care for the donor. The same operating theatre staff who were involved in the donation surgery now work together with the DC to ensure the donor's dignity and comfort.

Back in the office, sometimes days later, the entire team of donor coordinators come together for a debrief. They'll take time to reflect, make note of any unique challenges or lessons that may impact future donations, and begin preparing for what comes next, ready to respond the next time the phone rings.



Donation *Link Teams*

The donation link teams in the 24 donor hospitals around Aotearoa New Zealand consist of Intensive Care Unit (ICU) donation link nurses and doctors, and Operating Theatre (OT) donation link nurses.

Link teams are the local experts and liaison for organ and tissue donation within their hospital and help facilitate donations. The Ministry of Health funds part-time ICU medical and nursing staff in donation link roles and is responsible for these contracts. We feel privileged to work with the link teams and in 2024 we welcomed 24 new staff to this role

I became an official Link Nurse in May last year, but my interest in the role started four years ago after attending my first organ donation study day. While I didn't fully understand the role then, I was drawn to the significance of the work and wanted to be involved. I soon learned that being a Link Nurse requires dedication, effort, and strong communication skills. Fortunately, ODNZ and my team offer great support and training, like the family donor conversation workshop, which has helped me develop techniques I use both in the role and in everyday nursing. I am grateful for the guidance from my Middlemore team, and I consider it a privilege to positively impact the donor family and colleague experience in this role.

Jourel Bernabe
Middlemore Hospital ICU

Becoming link nurses for Organ Donation has been such a privilege for us. From one family's generosity we can make a positive impact on someone else's life and we both feel being a part of that process is incredible. We have been able to attend two local study days hosted by ODNZ in Hawkes Bay which are always well planned and informative.

We also attended the Link Nurse Induction Day in Auckland, which was an awesome introduction and overview of the link nurse role. The Symposium, held the day after the induction, was also fantastic to attend. It was great to hear from specialists about various aspects of the donation process and learn about new international processes and procedures being considered for implementation in New Zealand. It was also a great opportunity to connect with our Link Nurse colleagues from across the country.

We have now both been involved in multiple donations and learn something new every time, the ODNZ team are always incredibly kind and supportive. We have both had a positive experience in becoming new ODNZ link nurses and feel supported within our roles.

Maggie Herbison and Melanie Haynes
Hawkes Bay Operating Theatres



Artwork: *Perfect Match* by Amber Timpany

ODNZ

activities

FEBRUARY

Core Course in Bereavement Counselling
27th & 29th
Sydney, Australia

MARCH

Tissue Presentation
18th
Nurse Executives of Aotearoa Northern, Auckland

20th
Auckland

Online Link Symposium
21st
Auckland

Heart Transplant Study Day
27th
Auckland City Hospital

ODNZ Overview
27th
Auckland

APRIL

Lung Transplant Study Day
3rd
Auckland City Hospital

MAY

General Study Day
2nd
Auckland City Hospital

ODNZ Overview Presentation
7th
University of Auckland

Core Family Donor Conversation (cFDC) Workshop
7th & 8th
Auckland

Practical Family Donor Conversation (pFDC) Workshop
9th
Auckland

Core Course in Bereavement Counselling
13th
Sydney, Australia

Thanksgiving
5th
Dunedin

19th
Auckland

26th
Wellington

JUNE

General Study Day
14th
Nelson Hospital

Advanced Study Day
20th
Tauranga Hospital

NZDAC
25th
Auckland

JULY

General Study Day
4th
Wellington Hospital

25th
Whangarei Hospital

30th
Rotorua Hospital

AUGUST

ODNZ overview Presentation
16th
University of Auckland

SEPTEMBER

General Study Day
5th
Tauranga Hospital

13th
Hawkes Bay Hospital

26th
Middlemore Hospital, Auckland

ODNZ overview Presentation
18th
University of Auckland

Advanced Study Day
19th
Wellington Hospital

ODNZ Overview, Medical Teaching
24th
Waikato Hospital

TSS Conference
22nd-25th
Istanbul, Turkey

ODNZ Overview Presentation, Senior Nurses Update
25th
Auckland City Hospital

ODNZ Overview Presentation
26th
Starship Hospital

OCTOBER

Heart Transplant Study Day
9th
Auckland City Hospital

New Link Nurse Induction Day
16th
Auckland

ODNZ Symposium
17th-18th
Auckland

Lung Transplant Study Day
23rd
Auckland City Hospital

General Study Day
30th
Palmerston North Hospital

ODNZ Overview Presentation
30th
Hospice NZ Palliative Care Aotearoa Webinar

NOVEMBER

Advanced Study Day
6th
Auckland City Hospital

ODNZ Overview
7th
Dunedin

General Study Day
8th
Dunedin Hospital

ODNZ Overview Presentation, Senior Nurses Update
11th
Auckland City Hospital

Launch of the DRS
18th
Auckland

General Study Day
20th
Timaru Hospital

Advanced Study Day
21st
Middlemore Hospital, Auckland

Abdominal Transplant Study Day – ODNZ Overview Presentation
21st
Auckland City Hospital

New Zealand Donation Awareness Course (NZDAC)
25th
Auckland

THANKSGIVING SERVICES

In May we held our annual special Thanksgiving events, at Holy Trinity Cathedral in Auckland, Cathedral of Saint Paul in Wellington and Saint Pauls Cathedral in Dunedin. These events bring together organ donor whānau, transplant recipients and their whānau and health professionals involved in donation and transplantation. It is a time to give thanks to the organ donors whose koha were so life-changing to the people who received them. The service includes reflections by a donor family whānau member, transplant recipient and health care professional, a candle-lighting ceremony, and music.

CORE FAMILY DONOR CONVERSATION WORKSHOP (cFDC)

This two-day interactive course designed to teach the best practices for discussing organ donation at a time of enormous grief and loss. One of the main focuses is on how to support families through this process. This workshop is designed for ICU staff who engage with families and handle challenging donation discussions.

GENERAL STUDY DAY

This general study day, held at hospitals around Aotearoa New Zealand, is for health professionals to gain an insight into organ and tissue donation and transplantation, the donation process, address common myths and misconceptions, and share donor whānau and recipient stories.

NZ DONATION AWARENESS COURSE (NZDAC)

This course informs staff involved in any stage of donation about the donation process in Aotearoa New Zealand. It raises awareness about what is possible and who benefits from donation. This course is essential for anyone who has conversations with families of potential donors. It is designed to complement the Family Donor Conversation workshops by ensuring those discussing donation have a good understanding of the entire process.

PRACTICAL FAMILY DONOR CONVERSATION WORKSHOP (pFDC)

This one-day workshop expands on the skills learnt at the cFDC and provides specialist knowledge for having conversations with families about donation. Attendees participate in challenging scenarios that are thoroughly debriefed.

ADVANCED STUDY DAY

These workshops are for experienced ICU nurses to increase their awareness of patients who could potentially donate, to provide a better understanding of the donation process and the roles of the health professionals involved and to improve knowledge and skills in the conversations with families and colleagues.



Sharon Skinner, Jen Calius, Sue Garland (donor coordinators), Emma Watts (medical secretary) and Johnathan Casement (medical specialist) at Dunedin Thanksgiving service.



Leigh Travers, Sue Garland and Rosie Stewart (donor coordinators) at Auckland Thanksgiving service



Attendees at Auckland Thanksgiving, Holy Trinity cathedral



Janice Langlands (retired ODNZ team leader) and the very reverend Anne Mills at the Auckland Thanksgiving service

GRIEF & BEREAVEMENT
COUNSELLING COURSE,
SYDNEY

This course offered an in-depth study of grief’s impact on children and adults, helping donor coordinators develop essential skills in providing effective bereavement care.

“This was a highlight for the year and profoundly changed my perspective on grief and bereavement. A key a-ha moment for me was learning that grief is not something to be fixed or resolved, but a dynamic process. It was a privilege to meet and learn alongside many other health and counselling professionals who support grieving families.”

– Jen Calius, Donor Coordinator

“Attending this course was a tremendous privilege. It provided me with a profound understanding of the grieving process and equipped me with invaluable skills that enhanced my empathy and communication abilities. I feel I can connect more deeply with donor whānau, especially during times of great despair and distress, ensuring they feel heard and supported during these difficult times.”

– Sam Hansen, Donor Coordinator

LAUNCH OF DRS

The new ODNZ Donor Referral System (DRS) provides a web-based management system that can be accessed and updated by those involved in the organ and tissue donation process. This enables potential donor information to be captured in a fully digitalised way which was previously paper based.

ODNZ SYMPOSIUM

This two-day educational event brought together our donation link teams from across the country, providing a platform for networking, education, and collaborative discussions on collected data. For the first time we extended the invitation to healthcare professionals working in donation and transplantation and we had approximately 140 attendees.

THE TRANSPLANTATION
SOCIETY ISTANBUL
CONFERENCE (TTS)

The conference brought together global experts to share the latest scientific discoveries, clinical practices, and policy updates shaping the future of organ transplantation. Rosir Stewart, donor coordinator and Laura Bainbridge, Medical Specialist attended the conference.

“As a new member of ODNZ, attending the TTS conference was incredibly beneficial. It was fascinating to learn about the advancements in donation and transplantation from various centres worldwide. Representing ODNZ was a privilege, and I felt immense pride in our achievements as a small nation, particularly our respectful and compassionate practices.”

– Rosie Stewart, Donor Coordinator

OTHER

In addition to our general and advanced study days, we offer a diverse range of teaching sessions throughout the year this includes ODNZ overview presentation, medical teachings and senior nurse updates. These sessions are held in a variety of settings, including hospitals, hospices and universities.

ONLINE LINK SYMPOSIUM

This is an annual one-day virtual education opportunity for ODNZ link teams to discuss the latest in organ and tissue donation and transplantation in Aotearoa New Zealand.



Jackie Hoole, Annette Flanagan, Michael Mingoa, Cath Samuels, Rachelle Austin and Owen Chesbrough, celebrating the role out of the digital referral system



Attendees at ODNZ annual symposium



Dunedin ICU nurses at the ODNZ advanced study day



Group photo of attendees at ODNZ annual symposium

Assisted dying *donation*

After the End-of-Life Choice act was enacted in 2019, ODNZ has received multiple queries and requests from people (or their advocates) with life limiting illnesses wishing to explore donation after an assisted death. From 7th November 2021 until 31st March 2024, 738 people chose an assisted death. People with most cancers may be able to donate their eye tissue after an assisted death at home. People with some other illnesses may be able to donate their organs.

Since 2023, with support from the Ministry of Health and Te Whatu Ora, ODNZ has been developing a national strategy for Assisted Dying Donation (ADD). The main tenet, above all else, is to uphold the wishes of an individual at the end of life, and to maintain dignity, comfort, respect and choice. We have been working with transplant teams, GPs, assisted dying practitioners, donation specialists overseas, and several other experts.

We sought legal advice which confirmed organ donation after assisted dying was legal in Aotearoa New Zealand. To provide appropriate safeguards and maintain public trust we iteratively and collaboratively developed an ethics framework for ADD. We reviewed international literature and policy guidelines. We consulted with clinicians, bioethicists, university lecturers, palliative care, LGBTQIA+ and have ongoing consultation with Māori and the Disability Community.

Our aim was to address the following key areas:

- **Protection of end-of-life experience quality**
- **Preservation of autonomy and mana**
- **Prevention of conflict-of-interest and coercion**
- **Respect for healthcare providers' conscientious objection.**

We presented the framework to many groups, including the National Ethics Advisory Committee and the Clinical Ethics Advisory Group at Te Toka Tumai/Auckland, both of whom support our mahi.

Every potential donor and situation is unique, requiring a bespoke approach developed by working with the different teams involved – including hospital senior management, ICU staff, operating theatre staff and allied health staff. There is no compulsion for any person to be involved if their conscience does not support this and we are developing strategies to support healthcare staff through the process.

The main tenet, above all else, is to uphold the wishes of an individual at the end of life, and to maintain dignity, comfort, respect and choice.

It is important to uphold our obligations to Te Tiriti o Waitangi and we are working towards ensuring our ADD processes are culturally safe and appropriate for tangata whenua. and the Ethics framework places particular emphasis on Te Ao Māori (Māori worldview) perspectives at end-of-life. To help achieve this ODNZ is consulting with experts in tikanga and is in the process of developing a Māori working group.

In 2024, we facilitated two eye tissue donations and became the sixth country in the world to perform organ donation after an assisted death. It was a huge team effort, with support, encouragement, and guidelines from Canada, Holland, and Australia. Our amazing donor coordinators and clinicians went above and beyond to support the wishes of an incredibly generous patient and their whānau, who successfully donated her kidneys and lungs.

“Every potential donor and situation is unique, requiring a bespoke approach developed by working with the different teams involved...”

Rosemarie's journey

THROUGH MOTOR NEURONE DISEASE AND ORGAN DONATION

Story as told by Nancy Johnson, from conversations with her mother, Rosemarie (BA, MA(Econ), GDip (Banking), GDip (Social Anthropology)

On the 4th of January 2024, the lives of the Johnson family were changed forever. After experiencing a slew of symptoms, Rosemarie was eventually diagnosed with ALS, a common variant of Motor Neurone Disease (MND).

For many, living with MND comes with many challenges and Rosemarie's experience brings to light the behavioural changes, frustrations, and limitations that follow a MND diagnosis.

Rosemarie made the brave decision to relieve herself from the discomfort of living with MND, opting to go ahead with assisted dying later in the year and eventually donating her organs to those in need. This is a story of agency, of conviction, but mostly of hope.

Looking forward to retirement, Rosemarie's 70th birthday was on the horizon. She aspired to re-enrol into university to tackle her biggest dream, a PhD in either Sociology or Anthropology. However, by January of 2024 after meeting with multiple specialists her life came crashing down.

After months of perplexing symptoms, Rosemarie found it extremely hard to perform even the simplest of tasks. Losing focus, brain fog, generally very easy tasks like brushing her teeth or making a cuppa became difficult. She found herself in pain, dealing with lower back issues, and her right hand unable to grip that very cuppa she had spent so much time making.

Rosemarie visited her doctor who, after a quick assessment, assured her these symptoms were treatable and easily explained. However, it should be known Rosemarie never took one answer as gospel, so she pushed for a second opinion with a secondary GP in the same practice. After the secondary GP also dismissed her concerns, Rosemarie was determined and successfully pressed them for a specialist referral. Following this visit, the specialist immediately recognised the gravity of the situation, insisting that Rosemarie see a neurologist. Later that month, her diagnosis had a name, it was Motor Neuron Disease (MND).

Like many others in the same boat, the diagnosis came as a devastating blow, not just for her but also for her husband and her two daughters. Despite their own research, MND mimicked many other neurological and muscular conditions. Following the diagnosis, Rosemarie and her family monitored her symptoms closely. However, within four-months of her diagnosis she was provided a range of mobility solutions to help her navigate (quite literally) the rapid decline of her movement.

Fit for Sir Stephen Hawking himself, Rosemarie received a bespoke motorised wheelchair that she could operate with her head movement as her hands and fingers lost their function. Following this, the family sought for full-time at-home care and eventually employed a nurse to assist with Rosemarie's decline in the day, later that care would extend to the night.

Like many others in the same boat, the diagnosis came as a devastating blow, not just for her but also for her husband and her two daughters.

While she was told blood testing could reveal a hereditary link, Rosemarie swore off getting this as to avoid her daughters carrying the weight of this worry.

Image left: Rosemary and Johnson together.

However, not one to sit around, Rosemarie's love of learning propelled her to understand all the complexities of MND. Taking her custom wheelchair in tow, Rosemarie attended her first fundraising event organised by Motor Neurone Disease NZ: Cuppa Tea for MND in Auckland. She met several others with varying degrees and forms of MND – from bulbar palsy to Amyotrophic lateral sclerosis (ALS). This visit gave her a real sense of perspective on how this disease affects people in different ways.

After a few months of living with a MND diagnosis, Rosemarie observed that she was now more practical and pragmatic than ever. Her inhibitions vanished; she was headstrong. MND had not rid her of her ability to be a social butterfly, in fact, quite the opposite. While MND had taken so much away already, including her mobility, it had given her a chance to say what she wanted to, to use her voice when it counted the most.

Feeding into her existing knowledge about her worsening condition, Rosemarie watched documentaries and kept track of any scientific advancements about MND. If not in time to help her, then maybe in time to help those in the future who need a breakthrough. She made it her mission. As she hoped for more answers, she was told this condition boasted a linear decline. At this turning point, Rosemarie made a case for Assisted Dying and jumped (metaphorically of course) through the assessment hoops. Eventually, Rosemarie made the brave decision to bring her special date forward – one day after an important event in India that resonated deeply with her.

Primed with an insatiable generosity of spirit, Rosemarie then insisted on donating her organs to those in need. Contacting the NZ Blood Service and Organ Donation New Zealand (ODNZ), she again jumped through the necessary hoops to ensure this would be done. Having met with the ODNZ team, Sharon and Rosie first met with Rosemarie to understand her arrival at this significant crossroads. Naturally, Rosemarie's case was a novel and massive undertaking for everyone involved. Meeting with a donor before they have passed, required a lot of strength, grace and patience for the Johnson whānau and the ODNZ team. With her mobility dwindling, Rosemarie braved organ scans and various blood tests, sitting calmly as multiple tests were completed. Always with a smile.

Fortunately for Rosemarie, her story doesn't end there. Having been a big believer in giving back to science, she also arranged for her brain tissue to be taken for research purposes to the University of Auckland. She remained hopeful her brain cells may provide some possible clues about MND and a potential cure in the future. Her vision was to leave a lasting legacy, and in particular, give back to the countless organisations in NZ that helped her through it.

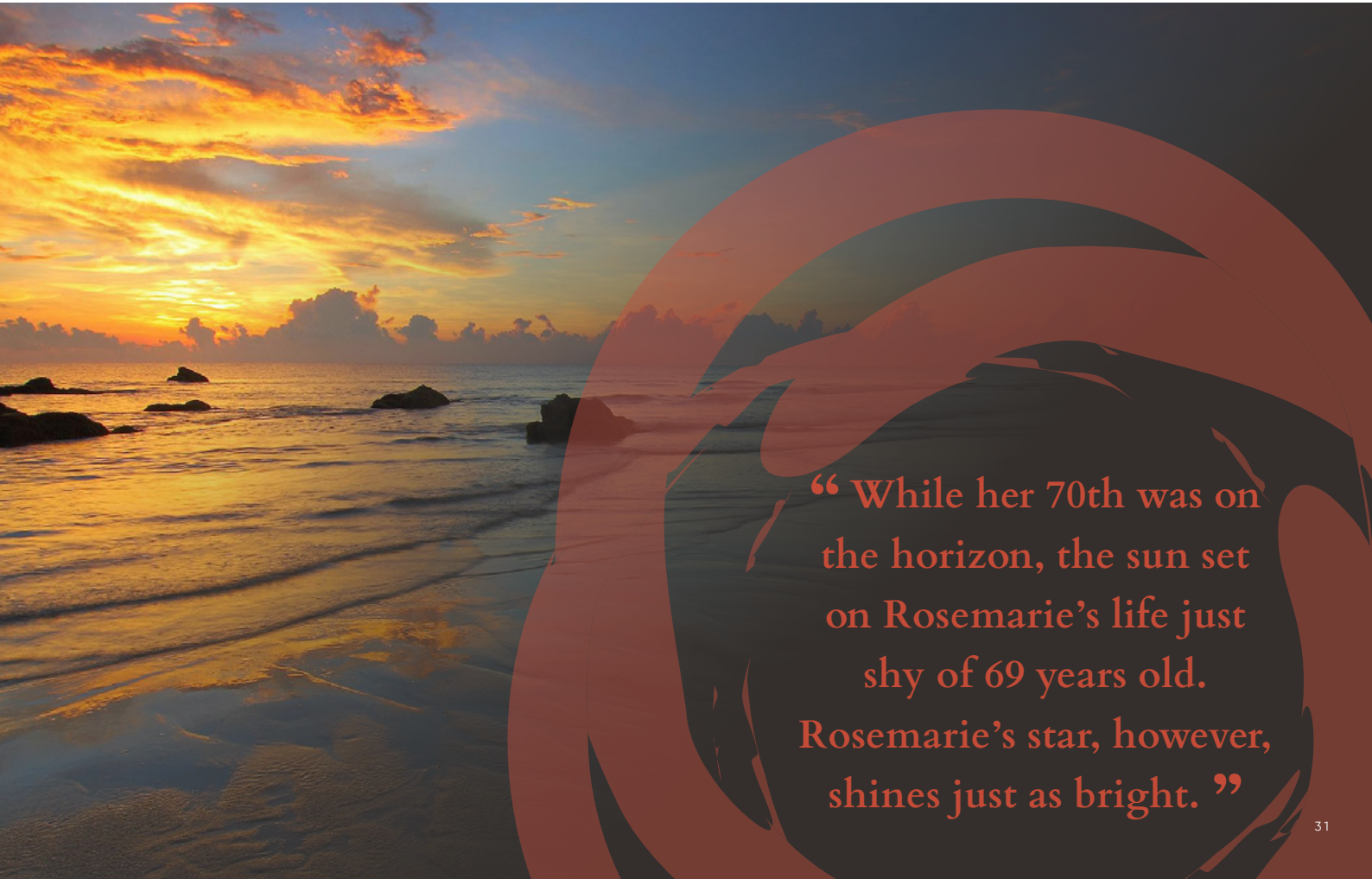
On her chosen date Rosemarie took her final breath.

Her kidneys and lungs have found new homes with people who needed them.

While her 70th was on the horizon, the sun set on Rosemarie's life just shy of 69 years old.

Rosemarie's star, however, shines just as bright.

ORGAN DONOR STORY



“ While her 70th was on the horizon, the sun set on Rosemarie's life just shy of 69 years old. Rosemarie's star, however, shines just as bright. ”

Communication activities

THANK YOU DAY

Receiving an organ or tissue transplant is life-changing and for privacy reasons, recipients don't get the chance to meet the people who made that possible. This is why we organise our annual Thank You Day. On Saturday 30 November 2024, organ donation recipients and the ODNZ team came together to say a heartfelt "Thank You" to donors, their whānau and all those involved in donation across the country. The nation's media were hugely supportive of the campaign, generously offering their platforms for recipients and donor whānau to share their stories with the entire country and help say Thank You. We also invited people to share their stories on our social media channels and were overjoyed by the outpouring of recognition and personal anecdotes that were sent in.

Lung recipient, Jess Van Slooten kindly shared her story and a heartfelt thank you to the donor who made it all possible in a special video created for the Thank You Day event. Her story, and the video, can be seen on the [ODNZ website: donor.co.nz/thank-you-day](https://donor.co.nz/thank-you-day)



MEDIA OPPORTUNITIES

ODNZ would also like to extend a heartfelt thank you to our friends in Aotearoa New Zealand's diverse media sphere; RNZ, Seven Sharp, The Spinoff, Tagata Pasifika, Newstalk ZB, The NZ Herald, Women's Day, and countless other outlets who helped us share the incredible stories of organ recipients, donor whanau, and our own kaupapa.

As we encourage New Zealanders to have the organ donation conversation with their whanau, thank you for helping us have that conversation with all of the country.



Yahel's story

AN ORGAN DONATION STORY

Story as told by Tamar Neuman, mother to Yahel.

When our daughter was born we decided to call her Yahel which means the halo of the light in Hebrew. A fitting name, she brought light to every place she went. She was a beautiful baby, very stubborn, and always happy.

At five years old she was diagnosed with absence seizures, a type of epilepsy that typically causes freezing instead of muscle spasms.

We were determined for her to live as normal of a life as possible, like every other kid, and that her condition would not define or limit her. By the time she turned eight, her epilepsy had all but stopped presenting and we had made a decision to immigrate to New Zealand; this was around the end of 2002.

We bought a lifestyle block in a small village in the South Island; a dream come true for all of us, but Yahel most of all. She got a cat, dog, lambs, chickens, plenty of room to run and an amazing view.

Yahel was so smart. When we first arrived, she had a vocabulary of about 50 words in English. Within three months she was as fluent in English as the local kids.

She thrived at school, falling in love with drawing and photography, sports, dancing, horse-riding. She loved the outdoors. She made lots of friends who would come to visit and fill our home with the sound of laughter.

When Yahel turned 11, her epilepsy started presenting again, this time as myoclonic seizures. She was very disappointed, but it never stopped her from living the way she wanted.

As high school came to an end, she decided to take a gap year, before coming home to start working and looking toward the next thing: University. We went to an open day at Victoria University and were impressed; Yahel decided to move to the big city.

Independence was her goal and she did it very well. She made new friends and thrived again in her new environment.

Yahel was in her last semester, finishing a bachelor's in business and marketing, when she died. Paramedics managed to resuscitate her, but it was too late. She was on ICU support for three days, and we decided to take her off after we learned she was brain dead. We asked if it's possible to donate her organs and the doctor said yes.

Her friends gathered with us to say goodbye, as in life, she was always with friends. During chats with them we were able to confirm her wishes; she had told them that if something happened to her, she wanted to be a donor. So that was that.

In Judaism we have a book known as the Mishnah, which was written after the Bible. In it there is a verse: "He who saved one soul, is the saviour of a whole world". According to the Mishnah, each one of us is a whole world of its own, and we are all contributing to a community of worlds.

She thrived at school, falling in love with drawing and photography, sports, dancing, horse-riding. She loved the outdoors... made lots of friends.

For us, achieving Yahel's wishes best represents who she was: the most inspiring, caring person, always thinking about others first, doing her best to help those in need and the less fortunate.

We farewell our daughter with great sadness in our hearts, but also great pride. Yahel gave a second chance to five transplant recipients. Five worlds.

I made a promise to promote organ donation, and asked people to talk with their families about their wishes. The more people who agree to donate, the fewer people are left waiting for that incredible gift.

We thank Organ Donation New Zealand and their dedicated staff for the support they've given us in the last eight years, their amazing work is making our life brighter.

Her friends gathered with us to say goodbye, as in life, she was always with friends. During chats with them we were able to confirm her wishes; she had told them that if something happened to her, she wanted to be a donor. So that was that.

“ We farewell our daughter with great sadness in our hearts, but also great pride. Yahel gave a second chance to five transplant recipients. Five worlds.”

Image left: A photo of Yahel, shared by her mother Tami.



Data on organ donation

In 2024, **70** deceased organ donors from ICUs in **16** donor hospitals donated organs (and tissues) for transplantation. Of these, **54** donated following brain death (DBD) and **16** donated following circulatory death (DCD). The number of DCD cases includes donation following assisted dying (ADD), as the same donation pathway is followed.

ORGAN DONORS BY PATHWAY AND LOCATION



Location	Number of DBD donors	Number of DCD donors
Whangarei	1	0
North Shore	3	0
Starship	1	0
Auckland City DCCM	14	5
Middlemore	1	3
Tauranga	2	1
Waikato	5	0
Rotorua	2	0
Taranaki	1	0
Gisborne	1	0
Hawke's Bay	2	0
Wellington	12	2
Christchurch	5	3
Timaru	1	0
Dunedin	2	2
Invercargill	1	0
Total number of donors	54	16

Table 1. Number of deceased organ donors by donation pathway and location

DONATION PATHWAY OF DECEASED DONORS

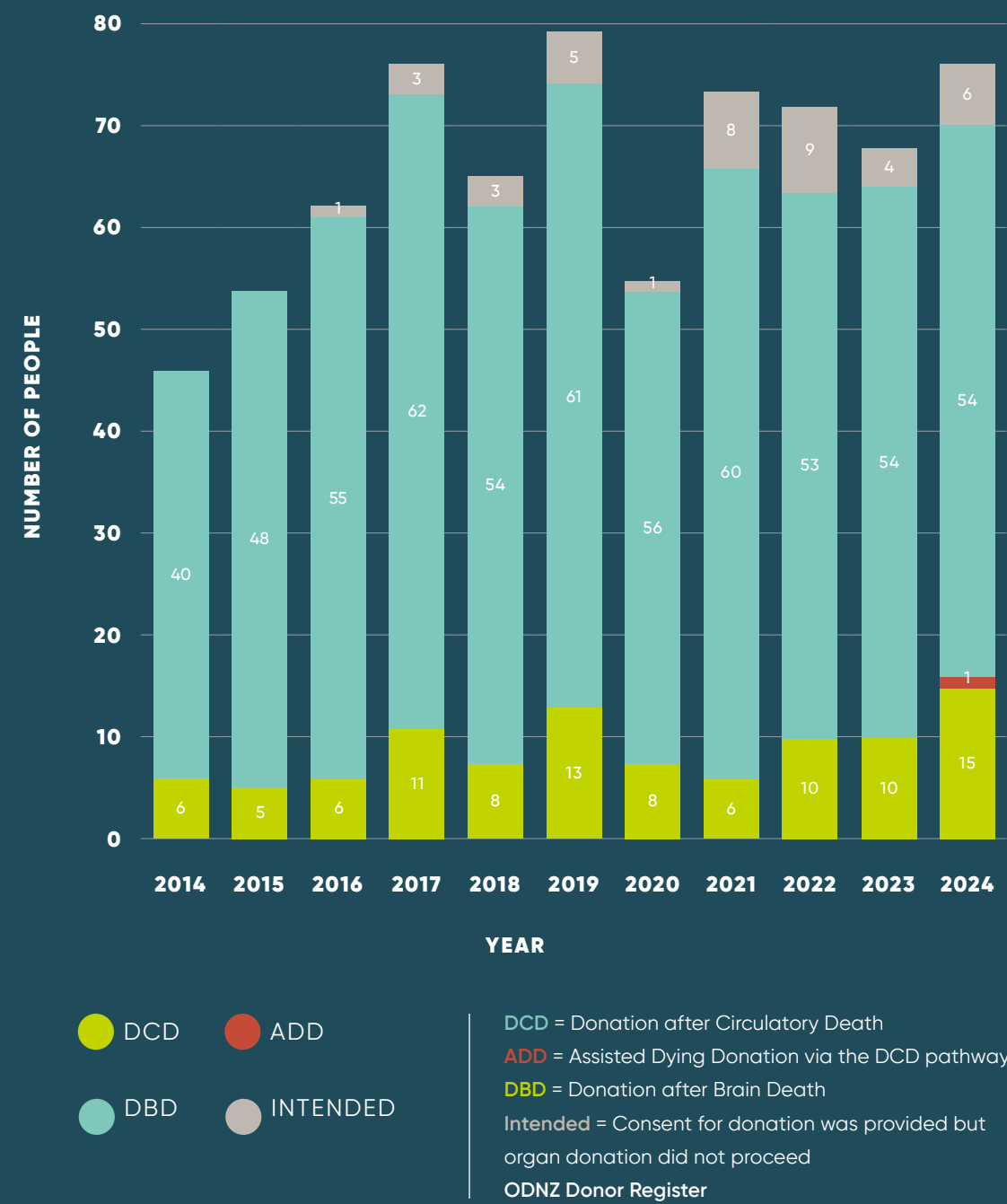


Figure 1. Annual number of deceased donors by donation pathway

IN 2024 THERE WERE **6** INTENDED DONORS WHERE ORGAN DONATION DID NOT PROCEED. **4** OF THESE DONORS WENT ON TO DONATE TISSUE FOR TRANSPLANTATION

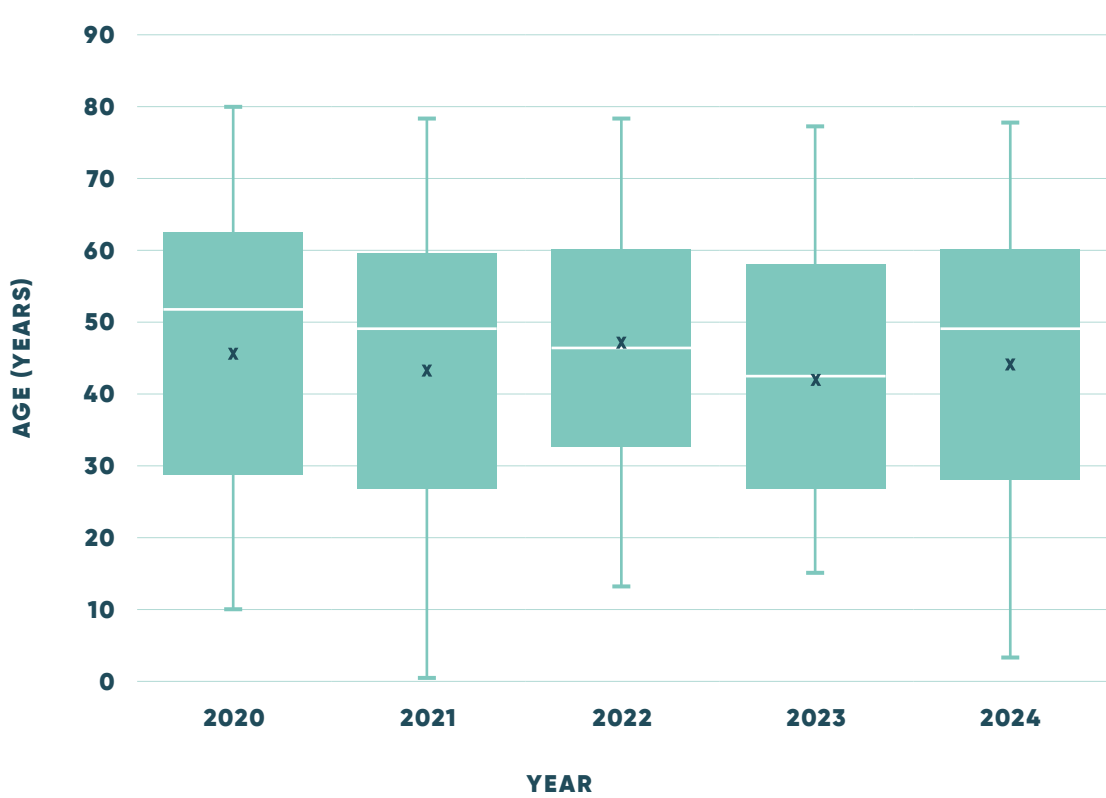
2024 SAW THE HIGHEST NUMBER OF DCD DONATIONS EVER, ACCOUNTING FOR **23%** OF ALL DONATIONS

CAUSE OF DONOR DEATH

Cause of donor death	2020	2021	2022	2023	2024
Intracranial haemorrhage	23	29	28	17	21
Cerebral infarct	6	5	3	4	5
Trauma (road)	10	8	7	2	12
Trauma (other)	5	10	9	11	7
Hypoxia-anoxia	18	11	12	25	23
Other	2	3	4	5	2
Total number of donors	64	66	63	64	70

Table 2. Annual number of deceased donors by cause of donor death

AGE DISTRIBUTION OF DECEASED DONORS



ODNZ Donor Register

Figure 2. Annual age distribution of deceased actual donors

The box and whiskers graph above shows how donor ages are distributed. The box represents the middle 50% of donors, the vertical lines (or whiskers) extend to the oldest and youngest donor ages, the horizontal line through the box shows the median and 'x' indicates the average.

DISTRIBUTION OF DECEASED DONOR ETHNIC GROUPS

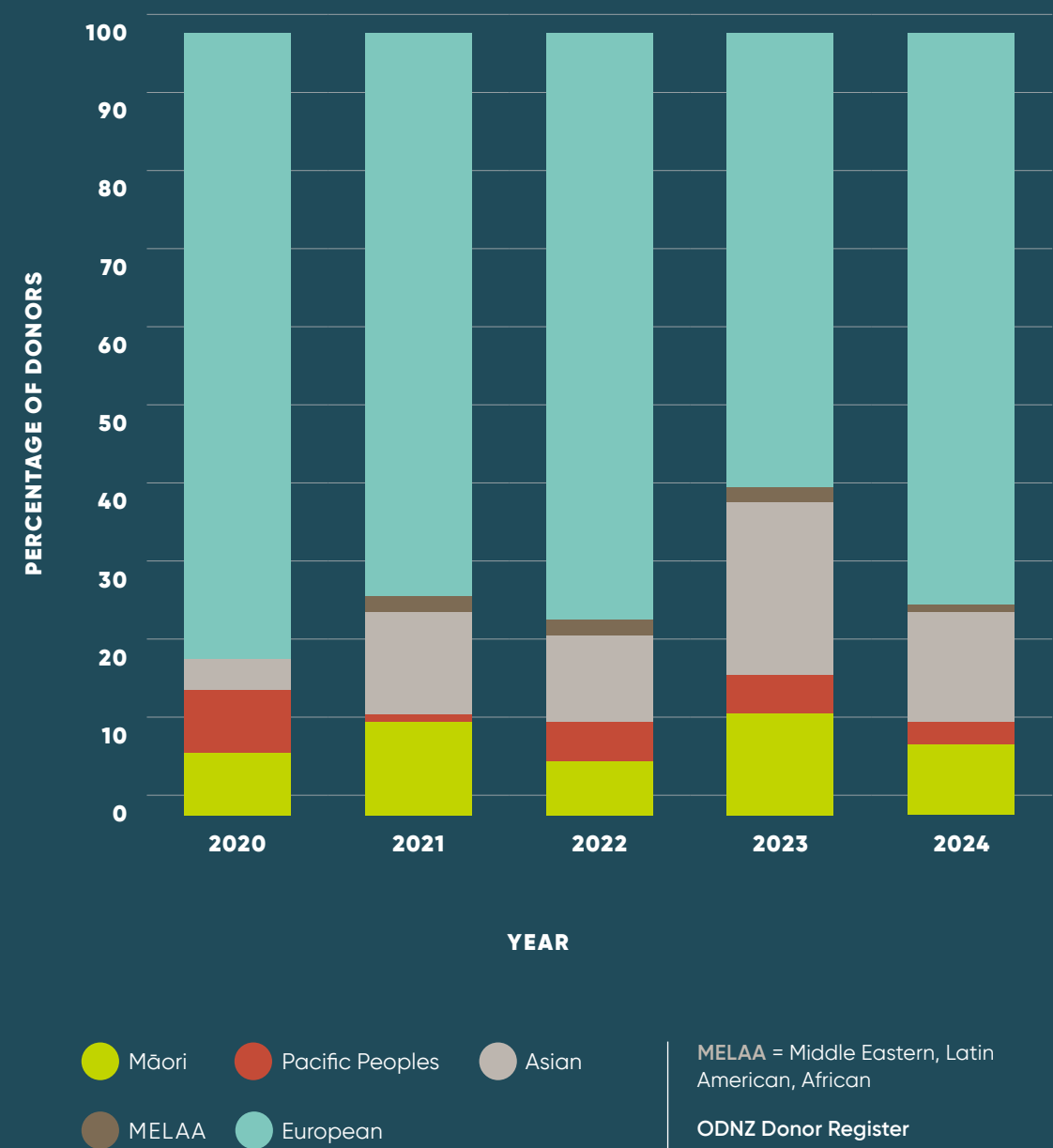


Figure 3. Annual prioritised ethnic group distribution of deceased actual donors

IN 2024 **8.6%** OF ALL
DONORS IDENTIFIED AS MĀORI
AND **2.9%** AS PACIFIC

DONATIONS FROM DECEASED ORGAN DONORS

This table represents the total figures for organs donated each year for the last five years. A single donor is able to donate multiple organs and tissues. Tissue donations in this table do not include tissue-only donors.

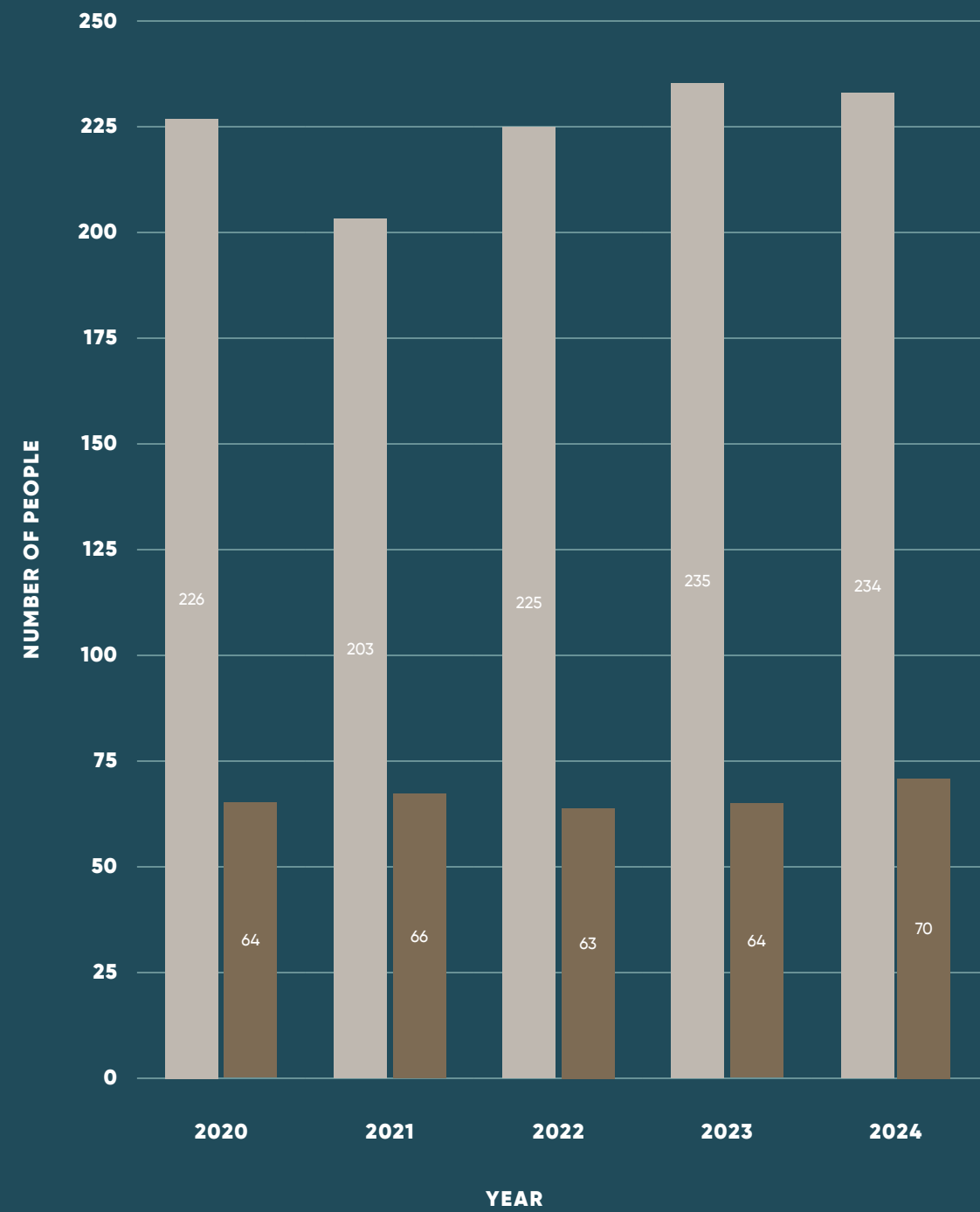
Organ or Tissue	2020	2021	2022	2023	2024
Kidneys	103	108	110	101	118
Hearts	13	14	16	16	17
Lungs	24	26	16	25	28
Livers	42	49	45	55	54
Pancreas	3	6	5	3	4
Eye tissue	39	41	31	32	34
Heart valve tissue	13	15	14	24	30
Skin	8	5	0	5	4

Table 3. Annual number of organ and tissue donations from deceased organ donors.
Tissue donations do not include tissue-only donors.

In addition to the donors represented in the table above, there were six intended donors where organ donation did not proceed. Four of these intended donors donated tissues for transplantation. Tissue-only donors (eyes, heart valves, and skin) are not included.



REFERRALS FOR DECEASED DONATION





 DONOR  REFERRAL Referral = Person referred for donation (including donors)
Donor = Person that donated

Figure 4. Summary data from ODNZ donor database.

ORGANS TRANSFERRED TO AND FROM AUSTRALIA FOR TRANSPLANT

In 2024, organs from New Zealand donors were transplanted to Australian recipients and vice versa in accordance with the Transplantation Society of Australia and New Zealand (TSANZ) Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.8 – December 2021. These guidelines are available on the TSANZ website www.tsanz.com.au



The number of liver donations in Table 4 and Table 5 below are represented as T[S], where T is the total number of liver donations (including split livers) and [S] is the number of split liver donations.

Organ	2020	2021	2022	2023	2024
Liver	5 [1]	4 [2]	2 [1]	4	6 [1]
Heart	0	0	2	1	1
Lungs	2	4	0	2	1

Table 4. Number of organs from New Zealand deceased donors transplanted in Australia

Organ	2020	2021	2022	2023	2024
Liver	7	3	6 [2]	2	3 [2]
Heart	0	0	1	1	3
Lungs	0	0	0	2	1

Table 5. Number of organs from Australian deceased donors transplanted in New Zealand.

Stephanie's *journey*

AN ORGAN RECIPIENT STORY

My name is Stephanie, a retired nurse. In May 2017, my journey began. I saw my GP presenting with abdominal pain, nausea, vomiting, and extreme fatigue. An ultrasound showed liver disease. After a fibroscan of my liver, I saw a gastro consultant in June 2017 and was informed I had cirrhosis. A liver biopsy showed the cause to be Alpha-1 antitrypsin deficiency and non-alcoholic steatohepatitis (NASH).

In 2020, due to worsening cirrhosis, I was referred to the Auckland Transplant team. In June 2021, I spent 5 days of intense assessment and was accepted for the transplant waiting list. In September 2021, I was admitted to Christchurch hospital due to further deterioration, fluid overload, weakness, weight gain, vomiting, breathlessness, unsteady walk (used a walking frame), kidney impairment, shakes, confusion, and jaundice. I was on IV fluids, nasogastric feeds, oxygen, blood transfusion, restricted fluids, and had a line into my neck for drugs as my veins collapsed.

Then followed encephalopathy as toxins entered my brain; it was like I had dementia. I had to have staff with me for 3 days. At this time, I was deemed too risky for a transplant and was removed from the waitlist. Fortunately, I recovered enough to go back on the list. In November 2021, I received the word that a liver match was available. I was flown that night by New Zealand Air Ambulance Service to Auckland for morning surgery.

Image below: Stephanie after her liver transplant



I cannot express in words the overwhelming feeling of gratitude towards my donor who blessed me with such a precious gift. It was a moment of great joy for me, my family, and friends, yet at the same time, I felt sadness for my donor's family and their loss. My hope for them is that they received comfort knowing that their loved one made a difference and saved a life, maybe more than just mine.

Now, I share my story to raise awareness of being a donor. Without it, I would not be here today. I am thankful for the ongoing care I receive from my consultant and all the staff who have been involved in my journey.

I cannot express in words the overwhelming feeling of gratitude towards my donor who blessed me with such a precious gift. It was a moment of great joy for me, my family, and friends, yet at the same time, I felt sadness for my donor's family and their loss.



“Now, I share my story to raise awareness of being a donor. Without it, I would not be here today”

Data on *organ transplantation*

The tables and figures in this section represent transplants performed in New Zealand (including organs from Australian deceased donors).

KIDNEY TRANSPLANTS

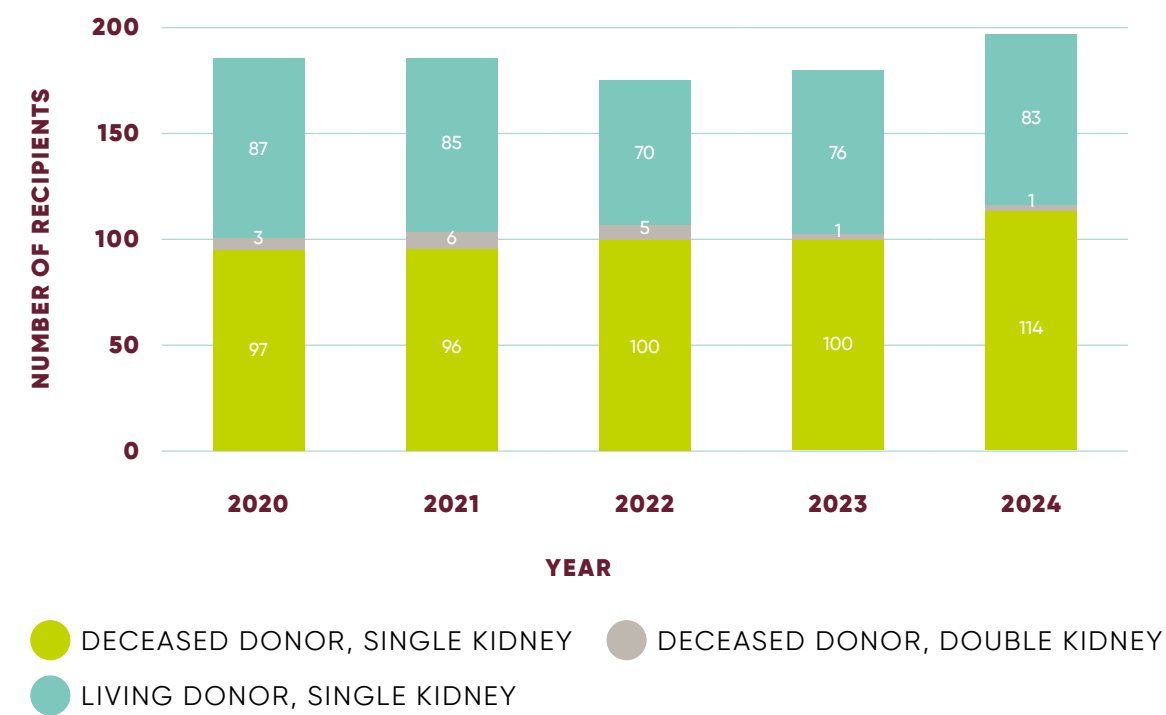


Figure 5. Annual kidney transplantation by donor type

HEART & LUNG TRANSPLANTS

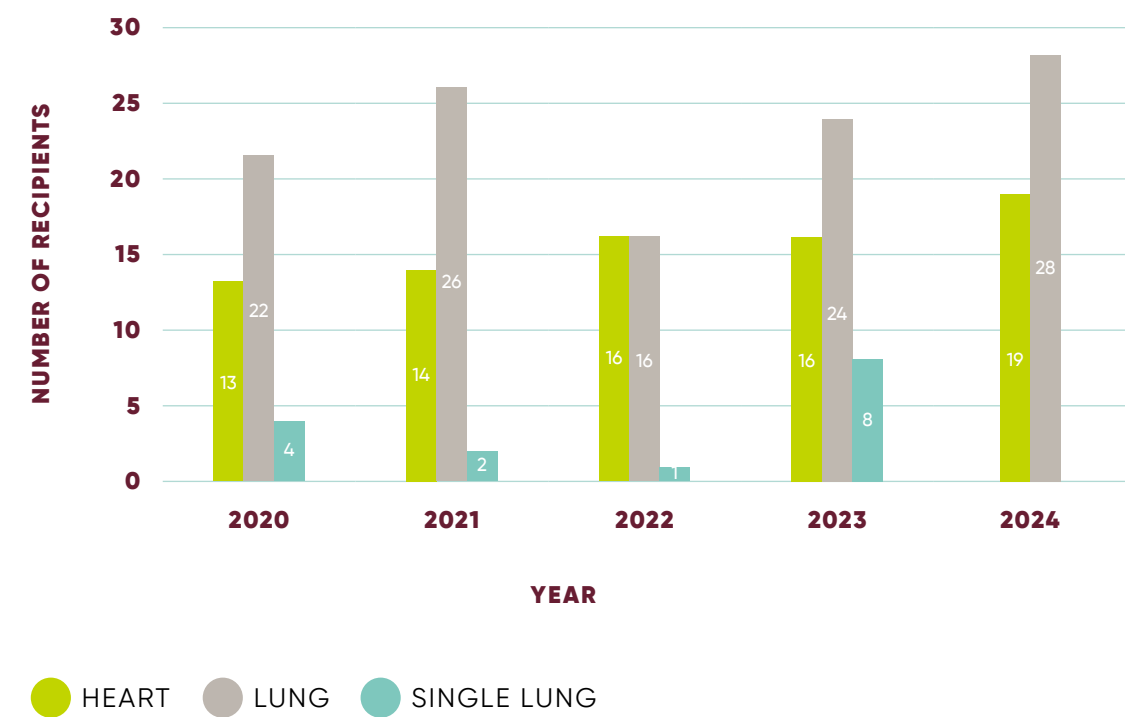


Figure 6. Annual heart and lung transplantation

LIVER TRANSPLANTS



Figure 7. Annual liver transplantation by donor type

PANCREAS TRANSPLANTS

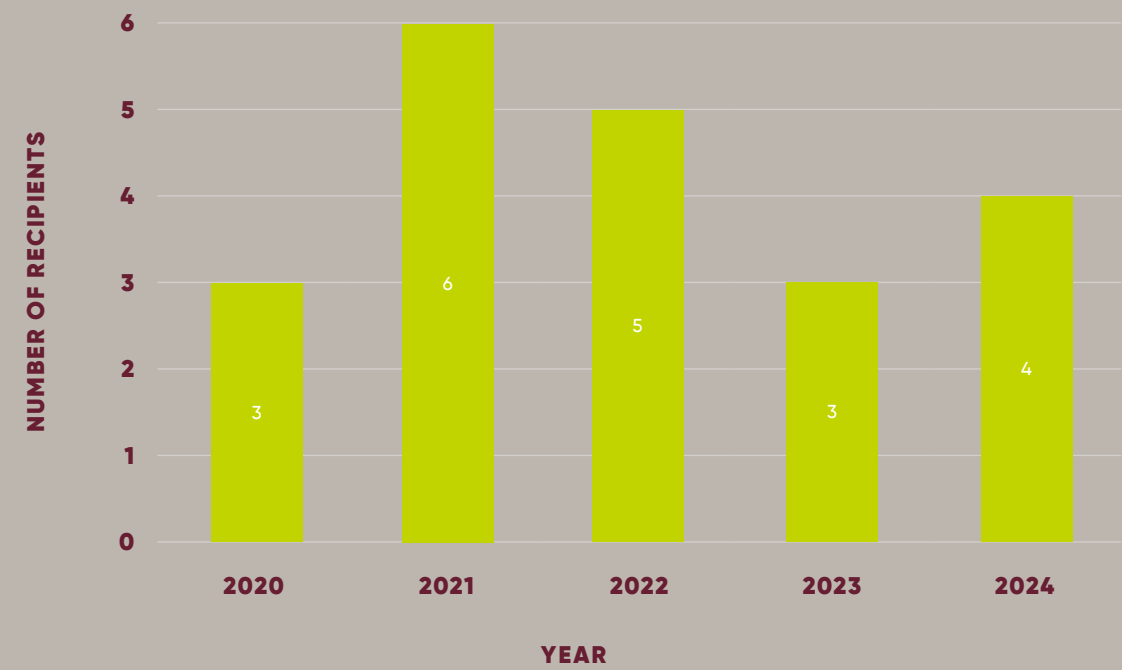


Figure 8. Annual pancreas transplantation

MULTIPLE-ORGAN TRANSPLANTS

Organs transplanted	2020	2021	2022	2023	2024
Kidney and pancreas	2	5	4	3	4
Liver and kidney	0	2	1	2	2
Liver and pancreas	1	1	1	0	0
Heart and liver	0	0	0	0	0
Total multiple organ transplants	3	8	6	5	6

Table 6. Annual multiple organ transplants (excluding recipients of two kidneys or two lungs).



Artwork: Perfect Match by Amber Timpany

Ashley's journey

A TISSUE RECIPIENT STORY

My name is Ashley Longstaff and I've recently turned thirty one years old. I'm a technology teacher and house dean at an all girls' school. The job is challenging, and certainly keeps me busy, but it's also hugely rewarding.

When I was a toddler I was diagnosed with a heart murmur which was soon revealed to be a severe leak of my aortic valve. I had surgery in 2006 to repair the valve but always knew a valve replacement would eventually be necessary. I'd abruptly begun having symptoms of fatigue, dizziness, and shortness of breath, which was unusual after eighteen years of essentially no symptoms at all

Sometimes, when describing my experience, I will subconsciously minimise my symptoms out of concern that I'll appear to be exaggerating; it was so sudden and surreal that sometimes it feels like a dream in hindsight. After a relatively rocky pregnancy, and having to plan so much of that with my cardiologist, it was such a relief to have things moving again toward greater independence.

The surgery was difficult to plan. Being a teacher, I was adamant that my extended period of leave wouldn't impact the students too much, but most of all I had to consider my partner and two-year-old son. Knowing he would have a very different version of his mother for a while gave me a lot of anxiety, wondering how they would react to me being so slow and weak. After the surgery, I was very lucky to have family support to help out at home with my very active toddler, and the mundane tasks of day-to-day life.

Image below: Ashley with her toddler



Doing a load of washing, brushing my hair, changing my son's nappy; all tasks that became near-impossible with minimal strength and a constant ache in my chest. I was extremely dizzy and lightheaded for six weeks post-surgery which slowly eased along with the pain.

I am now almost six months post-surgery and I feel as though I am almost out the other side of the recovery phase. I am still on medications, still have some dizziness, but I've started to exercise again and am slowly regaining my strength. I've always been active, and I like to stay fit as much as possible, so getting back into working out feels like a breath of fresh air for my mental and physical health. I must admit, it was hard to know how much was too much, and still question if I am pushing the exercise too soon. There's a lot of trial and error.

I'm in two minds about my donor valve. On the one hand I feel incredibly lucky to have had this opportunity, but I am also mindful of the whānau of the person who gave it to me, and so thankful to them for it. I would love to know more about them, their occupation, their hobbies, if we had anything in common.

I'm in two minds about my donor valve. On the one hand I feel incredibly lucky to have had this opportunity, but I am also mindful of the whānau of the person who gave it to me, and so thankful to them for it.

In talking with colleagues, students and friends, it always blows my mind to know how many people are affected by heart disease, or some form of transplant, or even just know someone who will eventually need a donor of some form. I also can't help but feel a little unusual that my valve that caused me years and years of appointments and testing is all of a sudden gone, replaced with someone else's! But mostly, I'm just grateful.



Ashley with her Whanau post transplant

“I've always been active, and I like to stay fit as much as possible, so getting back into working out feels like a breath of fresh air for my mental and physical health”

Data on *tissue donation*

In 2024 there were **66** deceased tissue-only donors facilitated by ODNZ. Four of the tissue-only donors were intended organ donors where organ donation did not proceed, and tissue donation was facilitated. Tissue donation can include skin, eye, and heart valve tissues.

REFERRAL LOCATION OF TISSUE-ONLY DONORS

Referred from	Ward or Unit	Number of donors
Whangarei Hospital	ICU	6
Auckland City Hospital	DCCM	2
Auckland City Hospital	CVICU	3
Auckland City Hospital	Ward	3
Middlemore Hospital	ICU	6
Tauranga Hospital	ICU	2
Waikato Hospital	ICU	5
Wellington Hospital	ICU	17
Wellington Hospital	Ward	1
Nelson Hospital	ICU	4
Christchurch Hospital	ICU	5
Dunedin Hospital	ICU	5
Coroner's Office		1
Family		5
Funeral Directors		1
Total number of tissue-only donors		66

Table 9. Number of tissue-only donors at each referral location.



TOTAL TISSUE DONATIONS BY TISSUE TYPE

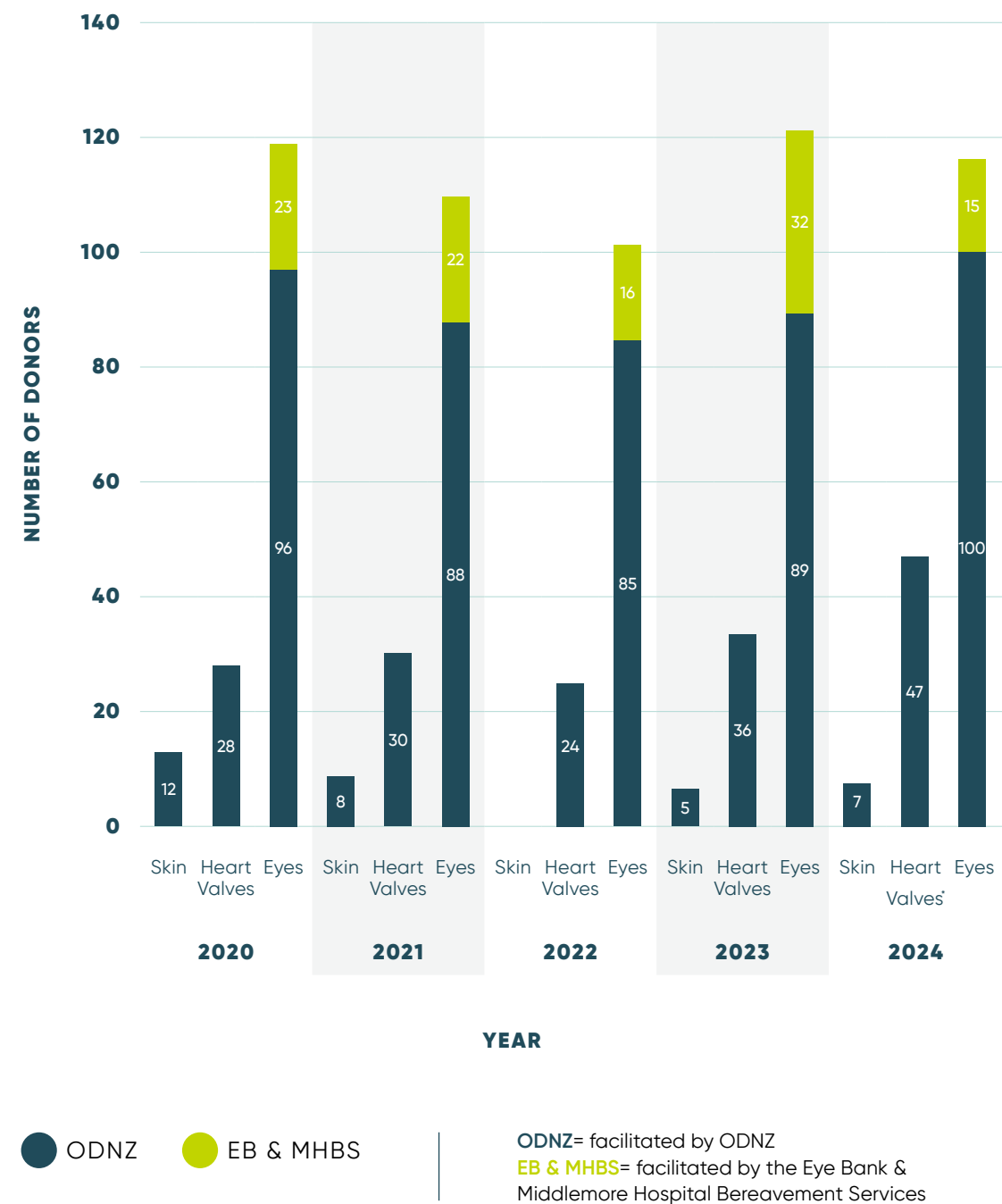


Figure 9. Annual tissue donation from organ and tissue or tissue-only donors by tissue type.
*Donations from explanted hearts are facilitated by the heart transplant team and heart valve bank

The corneal coordinators from the New Zealand National Eye Bank facilitate eye-only donation referred from the Bereavement Team at Middlemore Hospital or directly to their service. The heart transplant team coordinates heart valve donation from some explanted heart transplant recipients.

Tissues donation is not always possible. In Figure 9 below, skin retrieval was not possible from August to December 2020 and heart valve donation was not possible for a seven-week period during 2021. Additionally skin donation was unavailable from mid-December 2024 onwards but there were no eligible donors for the remainder of the year.



In memory of *Dr Stephen Streat*

The Intensive Care and organ donation community in Aotearoa New Zealand lost one of our leaders, innovators and mentors when Stephen died suddenly in July of this year.

Stephen was an Intensive Care Specialist at the Department of Critical Care Medicine in Auckland from 1985. He was Clinical Director of Organ Donation New Zealand from 2005 to 2020.

He was an incredible clinician who held the patient always in the heart of all that he did and was legendary in his passion for organ donation and how the organisation intersected with compassionate, ethical, sustainable and exceptional end of life care. His leadership profoundly shaped our nation's approach in this work.

He was an amazing musician, gardener, cook, avid reader and lover of his small fleet of electric vehicles.

Image below: Portrait of Dr Stephen Streat while working with ODNZ.

He adored his whānau (including his canine grandchild) and was incredibly proud of all that they had achieved.

He was an incredible clinician who held the patient always in the heart of all that he did and was legendary in his passion for organ donation.

To those of us lucky enough to have worked closely with him at ODNZ he was an incredibly intelligent, generous, life loving, humorous, and often humble friend and colleague. His death has left a huge gap and he is and will continue to be sorely missed.



ORGAN AND TISSUE DONATION – THE GIFT OF LIFE

The ODNZ logo consists of three interlacing circles.

These represent the three key participants in the organ donation story – the donor, their whānau, and the transplant recipient.

The ‘life circles’ indicate the connection all three participants have with each other: the donor’s gift of an organ or tissue, the whanau who gave permission for this process to occur in a time of incredible emotional stress, and the recipient who receives the organ or tissue because of this generosity.

It is an emotional time for all concerned, and they will be linked through this intimate process forever. Yet the donor whānau never meet the recipient or know each other’s identities, hence the life circles never quite meet.

The stylized strokes of the three circle elements also represent the cycle of all living things, there is a beginning and an end, and in the context of organ and tissue donation, a life can be renewed from the ending of another.

Through death comes the gift of life.



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