



Should the UK change organ donation to an opt-out system?

CURRENTLY, individuals must specify that they want their organs donated on their death; the decision is known as opting in. The Welsh Assembly Government, however, hopes to pass an act that will automatically make everyone organ donors unless they opt out or their families object. So hospitals could, in most cases, use individuals' organs for transplant.

Proponents believe that presumed consent will increase the number of organs available for transplant, saving lives. Critics say it could cause distress for family members or go against the wishes of individuals who may not have got around to opting out.

What do you think?



Find out more about this topic on the Web:

- www.guardian.co.uk/society/2008/nov/18/organ-donation-health1
- www.timesonline.co.uk/tol/comment/columnists/guest_contributors/article5175519.ece
- www.telegraph.co.uk, search "Wales and presumed consent."

YES

from members:

S. Free
Cardiff



It saves doctors having to ask next of kin at a time of distress.

Heather Harpur
Newtongrange



It's our humanitarian duty.

Ros Clarke
Porthcawl



Viable organs should not be wasted while waiting for consent.

NO

from members:

Ruchi Sood
Burton upon Trent



It's better to ask people and to respect people's autonomy, so this should not be made law.

Bruce Northcott
Penicuik



Donating organs violates some people's religious beliefs. They should not be forced if they don't get around to opting out.

Pamela Williams
Musselburgh



A lot of people might not get around to opting out. It would be better to launch a long-term campaign about donating organs.

from an expert in the field:



Richard Gwyn, www.richardgwyn.com, is an author, poet and organ recipient. His latest book is *The Vagabond's Breakfast* (Alcemi, 2011).

THE BRITISH GOVERNMENT set up a task force in 2008 to consider changing the organ donation system to an opt-out, or presumed consent, model for transplantation, but the change was rejected.

The National Health Service has had cuts imposed on it, which means that training the much-needed network of transplant coordinators to help facilitate organ donation is not even on the horizon. Therefore, I believe it's time to accept that our organs should be made available to those who need them after we are dead.

Presumed consent is the quickest way to set about establishing that goal, but people would still have an opportunity to opt out. No one should have to donate their organs if they register the fact that they do not want to.

Confidentiality must always be of the essence so that people on the opt-out list have no risk, or fear, of being discriminated against when in need of a transplant themselves.

However, I personally do not believe it would be unreasonable to have a system whereby if you are not willing to have your own organs used by others after you are dead, you forfeit the right to a transplant yourself unless there is a good medical reason for your opt-out.

I feel strongly about this issue because of my own experience. Four years ago I had a liver transplant: I had unknowingly contracted hepatitis C, probably in my early 20s, but it wasn't diagnosed until 2000, when I was 43. Treatment for the hepatitis failed. Then the tiredness began: mind-dulling fatigue coupled with bouts of severe insomnia that continued for five years.

In 2006 my consultant told me I had a life expectancy of only a year. I was put on a transplant waiting list, a donor was found within 10 weeks and I received a liver. A week after the operation I was out of hospital. I have returned to full-time work since then, and my children, who are now in their late teens, still have a father.

I was very lucky to have received my transplant under the current system of organ donation by which individuals opt in. But not everyone is as lucky as I was. Some die. I believe an opt-out system would help more people get the transplants they need. [E]

from an expert in the field:



Dr Kevin Gunning is a consultant in intensive care and anaesthesia at Addenbrooke's Hospital, Cambridge, and a member of the Intensive Care Society council (www.ics.ac.uk).

IT IS NOT SURPRISING that there is pressure to increase the number of organ donors in the UK. However, the way we treat patients in medicine is changing. We are more open in our discussions with patients and their families, and people have a greater expectation that they should have a choice and control about what happens to them. Consent for medical treatments has become much more detailed, and the idea of presumed consent goes against this.

We need to know what a person's wishes are and not simply presume to know them. Presumed consent is not consent at all, but simply assumes the absence of an objection.

It is much easier to fulfil a person's wishes if we know what they are, should he or she ever be in a position of being a potential donor. We should also consider whether everyone will be aware of the need to opt out. No one expects to be an organ donor, and people simply may not get around to registering their objection.

Trust between the families of critically ill patients at the end of their lives and the doctors treating them is essential. Such trust could be severely damaged and organ donation numbers could fall if families feel doctors could take patients' organs without their agreement. Presumed consent has also given rise to the idea that the state is simply taking the organs and that they have not been given freely as a gift by the family. Health-care professionals need to improve the way they approach families and request organs so they can decrease the relative refusal rate.

What we need is more education to raise public awareness of organ donation so that we increase the number of people on the Organ Donor Register. Only 25 per cent of the population are on the register, but there is a 90 per cent consent rate to donation by families of those who are registered.

Perhaps we should be debating mandated choice instead of an opt-out system. This would require us to register our views at some point in our lives. We all have a responsibility to make our views on organ donation known, if we are to increase the number of transplants and reduce the number of patients dying while on the waiting list.

Donation rates will not change until we address the reasons families refuse. [E]

What do you think?

Should the UK change organ donation to an opt-out system?

YES NO

Comments:

NAME _____

BUSINESS NAME _____

CITY/COUNTY/POSTAL CODE _____

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DATE _____

SIGNATURE _____

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