Transplantation (Authorisation of Removal of Organs etc.) Scotland Bill

RCN Scotland

We welcome the opportunity to respond to the Health and Sport Committee’s call for views on the Transplantation (Authorisation of Removal of Organs etc.) (Scotland) Bill.

The Royal College of Nursing is the world’s largest professional union of nurses, representing around 415,000 nurses, midwives, health visitors, nursing students and health care support workers, including nearly 40,000 in Scotland. Our members work across the NHS, third and independent sectors.

On 24th July 2009, the Royal College of Nursing (RCN) Council was asked to consider the College position on organ donation. The results of the RCN member consultation held earlier that year were presented to assist the RCN Council in considering the College position. At this meeting Council agreed to support the retention of the current opt-in system and closely monitor implementation of the Organ Donation Taskforce Report recommendations and consequently consider if there was a need to change the RCN’s position in light of progress.

At this time, RCN Scotland does not favour a legislative change to an opt-out system for organ or tissue donation. RCN Scotland continues to support the NHS Blood and Transplant’s focus on ‘changing public behaviour with regard to organ donation’ and ‘maximising conversion of potential donors into actual donors’ by means other than adoption of an opt-out approach to consent.

Nurses can be the first clinicians to broach the difficult subject or organ/tissue donation with relatives of potential donors. When patients become critically ill and consideration is being given to whether they will be suitable for organ donation, nurses play a central role in the assessment to establish their suitability. Nurses also play a central role in ensuring that the end-of-life care conforms to what are known to be, or what can reasonably be assumed to be, the expectations of the patient. In our 2009 consultation, some concerns were expressed by members that public trust in nurses’ ability to fulfil this role could be undermined by adoption of an opt-out system of donor registration.

The thought was that a perception of a conflict of interests may arise, whereby the nurse’s role in caring for the dying patient may be regarded as secondary to the nurse’s role in facilitating the retrieval of organs for transplantation.

To minimise the possibility of such a misconception of the role of the nurse, and to improve public understanding of organ donation, RCN Scotland would strongly encourage the Scottish Government to make explicit the principle that organ and tissue donation should be integrated into the culture of best practice in end of life care. We believe that this will have a substantially beneficial impact on donation rates. Nurses have consistently highlighted the benefits of an open and honest process in encouraging donation, as well as increased support for relatives at the end of life. It is understandable that the needs of recipients of organs are usually emphasised in discussions about
donation ethics and policy. We suggest, however, that it is equally important for willing potential donors that a culture should continue to evolve in which donation is recognised as an important element of person-centred end of life care.

Given our position on the Bill we do not believe it would be appropriate for us to answer the specific questions posed by the call for evidence. Should the Bill proceed, however, there would be questions around providing adequate protection for staff and sufficient resources for staff education and training.

RCN Scotland