1. **Do you support the Bill?**

UNSURE

The views expressed by the Council and Lay Advisory Board of the Royal College of Physicians and Surgeons of Glasgow were divided. Some clinicians and all our Lay Advisory Board respondents, supported the principle of opt-out for such authorization (provided the opt-in system is retained and subject to recognition of our concerns on provisions of a proxy and on authorized persons). However, several other clinicians voiced significant concerns. A key concern was that the principle of informed consent is weakened by a move to a presumptive model and that this move also doesn’t align with the progressive reframing of other clinical interactions from paternalism to patient-centred care. In the light of the extent of divided opinion, the College is unable to endorse the Bill.

2. **Do you think the Bill (if enacted) would achieve its aim of increasing the number of organs and tissue made available for transplantation in Scotland? Please provide an explanation for your answer.**

UNSURE

As per our earlier submission last year, we are concerned that there is evidence that it could achieve the reverse: Brazil introduced presumed consent in 1997. However, the number of citizens from all socio-economic backgrounds who choose to “opt-out” was so great that the law was repealed the following year. (Csillag, C. Brazil Abolishes “Presumed Consent” in Organ Donation. (1998) 352 Lancet 1367.)

3. **Do you support the proposal of appointing a proxy? Please provide an explanation for your answer**

NO

This concept is attractive at face value, as it appears to potentially reduce the burden that would otherwise be placed on relatives of the deceased. However, we have significant concerns about the practicality to implement such a scheme where relatives are not then the proxies and also to maintain accurate records in respect of recognized current proxies.

4. **Do you have any comments on the role of “authorised investigating persons” as provided for in the Bill?**

We are concerned that they have the power to determine the time period within which it is reasonable to search for information as to the wishes of the deceased. We are concerned at the potential impact of this on the trust that
patients and their families would otherwise place on those who care for them during such extremes of illness.

In addition, we are concerned that neither the definition of the eligibility and regulation of such persons, nor their training in respect of communication with the nearest relative, is clear at this time.

5. **Is there anything in the Bill you would change? If yes, please provide more details.**

Other than as detailed above, no.

**Royal College of Physicians and Surgeons of Glasgow**