HEALTH AND SPORT COMMITTEE

HUMAN TISSUE (AUTHORISATION) (SCOTLAND) BILL

SUBMISSION FROM NHS Lothian Organ Donation Sub-Group

1. What do you think are they key strengths and weaknesses of the proposals to introduce 'deemed authorisation' for those who have not made their wishes on organ donation known?

**Strengths**

Builds on the strengths of Opting in and not significantly different clinically/practically for those currently involved in progressing donation to transplantation.

Highlighting the need for early referral to Specialist Nurses and encouraging best practice and collaborative approaches will ensure family get high quality care and information.

The fact the Bill seeks to improve inclusiveness for children across the board and especially allowing local authorities to consider authorisation for a child for whom it holds parental responsibilities and rights. This was one of the anomalies in previous legislation.

Takes pressure off the public having to make an effort to register their wishes to donate, inaction therefore being a positive action.

One useful bit is that it does clean up the donation after circulatory death authorisation before death which we currently do, but isn’t in the 2006 act.

**Weaknesses**

Introduced before Welsh system is fully evaluated so we cannot be certain if this will improve rates.

Critical care community view was that it will put staff in a difficult position with relatives who might be opposed to organ donation, for little increase in donation numbers, so impact on staff would be another area for concern, particularly in ICUs who will do the bulk of this.

Experience from Spain and Wales showed that opt out legislation had no impact on donor numbers. Spain demonstrated that it was the infrastructure that was critical rather than the legislation. There is a risk with opt out in that it may create undue public concern.
or negative publicity. It detracts from the positive experience of altruistic donation. That may be replaced by feelings of guilt if donation is not supported. It detracts from the positive experience of altruistic donation. That may be replaced by feelings of guilt if donation is not supported.

2. What do you think are the key strengths and weaknesses of the plans for authorisation of pre-death procedures?

**Strengths**

Providing best practice information around tests undertaken is already part of the process by the SNOD. This will formalise this part of the process for some families.

**Weaknesses**

Until we have a final version of the lists it is more challenging to answer this question. The 2006 Human Tissue (Scotland) Act affords Specialist nurses the clinical autonomy to ensure families have the right information about the donation process and tests required tailored to their needs. There has never been a family complaint about providing too little information since 2006. Indeed, families will often say they are receiving too much information. Formalising this process in view of no public concern to date may add to this burden.

Introducing additional lists of questions about tests amongst the other several hundred questions donor families get asked may be a step too far for some families.

The requirement to obtain authorisation for lists of tests will further lengthen the process which we know negatively impacts on authorisation rates.

3. Do you have any other comments to make on the Bill?

Not Applicable