

## HEALTH AND SPORT COMMITTEE

### HUMAN TISSUE (AUTHORISATION) (SCOTLAND) BILL

#### SUBMISSION FROM SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

The Scottish National Blood Transfusion Service (SNBTS) welcomes the introduction of the Human Tissue (Authorisation) (Scotland) Bill.

#### **What do you think are the key strengths and weaknesses of the proposals to introduce “deemed authorisation” for those who have not made their wishes on organ donation known?**

Together with all the other initiatives already in place supporting organ and tissue donation in Scotland, the introduction of “Deemed Authorisation” is likely to help further increase the number of potential organ and tissue donors who successfully donate in support of transplantation, leading to lives saved and/or significantly improved.

The planned awareness raising campaign, both upfront prior to the introduction of the Bill and then ongoing after that, is likely to significantly enhance the general public’s awareness of both organ and tissue donation. It is likely to lead to organ and tissue donation becoming a topic that is discussed regularly and freely, leading to better public awareness about what is involved in organ and tissue donation. Importantly this is likely to lead to families discussing donation openly, so that making the right decision for the individual concerned at a time of acute grief is likely to become easier whether that decision is to go ahead with donation or not.

Scotland is already performing well as regards organ and tissue donation. A majority of the population is already registered on the Organ Donor Register (ODR) confirming their decision re organ and/or tissue donation; individuals who would rather not donate at the time of their death are also already able to register such a decision on the ODR. However there is evidence that an even bigger majority of the population than is currently registered on the ODR is supportive of organ and tissue donation. This discrepancy is likely to be due to a number of reasons, such as unwillingness to contemplate one’s potential demise. This may lead to occasions where family members are unsure what the right decision for a particular individual should be. The awareness campaign planned prior to the introduction of “Deemed Authorisation” and then ongoing after that, will enhance the public’s knowledge about the potential for donation; while registering a decision to donate on the ODR will still be encouraged, members of the public who are supportive of the idea of donation will no longer need to register their decision actively in order to indicate their willingness to donate. On the other hand, members of the public who are unwilling to donate organs and/or tissue after their death will continue to have the opportunity to register that decision as at present.

It is reassuring to note that the proposed Bill has a number of safe guards built in which will ensure that the potential donor’s final wishes/decision are respected, particularly when the individual may have changed their mind but had not managed to register their new decision on the ODR prior to their demise. The Bill also puts in place safe guards for individuals who may not be fully aware of “Deemed Authorisation” such as young children and adults with incapacity.

The importance of the family has been acknowledged. Family involvement is key, both to ensure that an individual’s most recent decision is respected, but also to ensure the safety of donation as family members act as spoke-persons for the deceased donor who is no longer able to supply the necessary information required to ensure that the donated organs and/or tissue would be suitable for other patients.

This Bill also recognises the fact that organ donation in particular is time dependent, with organ retrieval and transplantation needing to take place as soon as possible after the time of death to maximise the chances of a successful transplant outcome. With continuing advancement in medical care a number of interventions are now possible which would help increase the chance of a successful outcome for the recipients. The flexibility around the timing of when authorisation can be given will continue to help increase the chances of successful donation and transplantation.

However it will be very important that this is explained clearly to the public in the awareness raising campaign, making it very clear that authorisation for donation for transplantation would only be progressed when there is clearly no chance that the patient will recover from their current illness and that donation would only ever proceed once death has been confirmed. As such, such potential donors are better referred to as peri-mortem potential donors rather than living potential donors.

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

As medical care continues to advance, there will be more and more interventions that can be done that would help improve the outcomes of transplants. Some such interventions will be time-critical. The Bill makes it clear that such interventions cannot be made prior to a clinical decision being taken that ongoing treatment would be futile and confirmation that further life-supporting treatment would be inappropriate for the individual concerned. In such situations, being able to carry out agreed pre-death procedures is likely to improve transplant outcomes while at the same time protecting the potential donor from any unnecessary interventions that would not be appropriate outside the setting of donation.

Prior to introducing this Bill it will be very important that the plan for pre-death procedures is explained clearly in the awareness raising campaign to ensure there are no misunderstandings by the general public as this important initiative could lead to unnecessary public anxiety and a negative impact on the potential of donation and transplantation.

### **Do you have any other comments to make on the Bill?**

SNBTS looks forward to the planned guidance from the Chief Medical Officer to encourage clinicians to refer patients who may be potential organ and tissue donors; such guidance is likely to help increase the number of potential organ and tissue donors, in particular tissue donors where donation can take place up to 48 hours after death so that tissue donation can be progressed even if death takes place outside an acute hospital setting.