

1. The overarching purpose of my proposal is to move from the current opt-in system to a soft opt-out system of organ donation. Do you support this move? Please indicate “yes/no/undecided” and explain the reasons for your response.

Yes, and if anything it is possible to be much clearer about the reasons behind this without causing undue offence. When 95% of people would be content to donate organs after death, but only 40% of us are on the organ donation register, it is clear that too many people just haven't got round to adding their name.

When people are dying on the waiting list for organs, it is sensible and progressive to move to a system that can deliver these organs, while also respecting the rights of those who wouldn't want to donate after death for any reason. This Proposed Bill clearly meets these 2 requirements.

2. How essential is it to change the law (from an opt-in to a soft opt-out system) in order to achieve the intended benefits (increased transplant rates, reduced waiting lists)? Are there other (non-legislative) measures that could achieve similar outcomes without the need for legislation?

Legislation is essential. Public awareness campaigns go so far, but in order to create the major shift needed in the number of available organs, we need to change the system.

Parallel to that empirical need is the principle that the law should reflect the prevailing values of the time. It is my strong belief that an opt-out system - where everyone is a presumed donor after death - far more closely reflects modern Scottish and British values than the current needlessly bureaucratic model that leaves people dying for want of available organs.

3. I believe the role of the family should be limited to being consulted on whether they are aware of any (unregistered) objection by the deceased rather than asking for their consent. Do you agree? Please indicate “yes/no/undecided” and explain the reasons for your response.

No, but as a starting point, I do firmly believe that family members should be unable to overturn the deceased's clearly expressed wish to donate organs or tissue after death.

However, I feel that family should be able to register their own views on the matter as well, although this would not necessarily be binding. The grieving process is sensitive enough without adding to mix the feeling of being ignored in a large, complex system when the most important person in your life has just passed away.

For example, in the event of traumatic death or death through violence, although the organs may be viable, family members may feel that their loved one's body has simply "been through enough already". While the need for organs is pressing, it must be balanced against the need for families to grieve in their own way.

Therefore, my belief is that family with objections to donation should be able to make these clear to the lead transplant nurse/physician (or other relevant clinician in charge), who would then make a final decision based on a range of factors (which may include current need; family distress; nature of death).

The law should provide clear framework for making this balance, rather than set a rule for all cases.

4. Do you think an individual should be able to appoint a proxy to the make the final decision regarding transplantation on their behalf? Please indicate "yes/no/undecided" and explain the reasons for your response.

Yes. A living individual should be able to select the person to whom they feel closest, in order to make this decision during any period of incapacity. For example, an unmarried couple may have been living together for many years and be as close as man and wife. In previous generations, where marriage tended to come earlier in a relationship, certain legal rights (such as consultation by medical professionals; next of kin status, etc) would be extended to a spouse, which are not extended to an unmarried partner who has little status in law.

Making a living declaration that "person x" can make certain decisions by proxy is a useful mechanism for ensuring that the person closest to you is empowered to make the most sensitive and important decisions towards the end of life.

5. My proposal is that only adults should be automatically opted-in to be a donor. Younger persons would have to register to be a donor, by themselves or with parental consent as they currently do. This approach is I believe the best way to safeguard children and young people. Do you agree? Please indicate “yes/no/undecided” and explain the reasons for your response.

Yes. I believe that in the majority of cases - unless harm can be demonstrated - that parents should have responsibility for their children's major decisions until adulthood begins. Consultation with children is important in many situations, but it is wrong - and detrimental to the notion of childhood - for full responsibility for weighty decisions to be placed onto the shoulders of young people.

6. Do you agree the age limit for an adult should be set at 16 years old? Please indicate “yes/no/undecided” and explain the reasons for your response. If you answered no, what would you consider a more appropriate age?

Yes. By that point, many will be well-functioning young adults in their own right. 18 years of age would be a reasonable alternative, but it is a fairly arbitrary distinction. Given that the responsibilities of young people come in stages between the ages of 16 - 18, registering as an organ donor at age 16 seems reasonable.

7. Do you agree the soft opt-out system should apply to people who have been resident in Scotland for a minimum period of 1 year prior to their death? Please indicate “yes/no/undecided” and explain the reasons for your response.

No. Anyone who can be shown to be intending to permanently reside here should be included. If these are to be the laws of our land, all those resident here should be bound by them, regardless of length of time spent living here.

8. If you answered no to the above how long, if any, should this period of residency last before they become subject to the soft opt-out system? Would this residency need to be for a continuous period?

The test should be whether that person had intended to live here as a permanent resident. Clearly, we should not be in the business of removing tourists organs, nor those on business trips, but if someone moves here, buys a house, registers with a GP, gets a job, then sadly passes, this law should apply to them in just the same way as if they had lived here for 60 years. Opt-out would still be possible through discussion with the family as to the deceased's wishes.

9. Do you think 6 months is a long enough period to run a campaign prior to change over?

Setting aside NHS requirements to put procedures in place, the timescale needs only to be long enough to write to every home in Scotland, including a form for those wishing to opt out, and explain the new system. This may be a period of 6 months. Equally it could be longer, but an arbitrary guide of 6 months wouldn't strike me as necessary.

10. What is your assessment of the likely financial implications (if any) of the proposed Bill to you or your organisation? What (if any) other significant financial implications are likely to arise?

Continued consultation with the NHS would be vital to ensure that - if organ donation dramatically increased - capacity can be added to the system to ensure that enough trained transplant teams exist to carry out this work.