

Consultation questions

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, due to the increase in organ provision, although we recognise that improvements can occur in the current system.

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?

Whilst legislation may increase organ donation, other activities can be taken to improve availability of organs. These include public education, supporting discussion around donation, improving discussion with relatives and addressing technical issues around organ transplantation.

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.

Yes, the primacy of the wishes of the deceased should be respected.

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

Yes, but not where not available other family members should be consulted regarding objection by the deceased.

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

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, given those younger are able to register should they wish.

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.

Yes, as this provides time to understand the local system.

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?

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

No, this is substantial change, and a longer time period should be utilised.

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?

It is not possible to assess the full implication due to complexities of cross-healthboard delivery of care.

11. Is the proposed Bill likely to have any substantial positive or negative implications for equality? If it is likely to have a substantial negative implication, how might this be minimised or avoided?

Equality issues may be better addressed through a more prolonged period of change over.

12. Do you have any other comments on or suggestions relevant to the proposal?

Whilst recognising the importance of increasing donations, there is room for improvement within the current system.