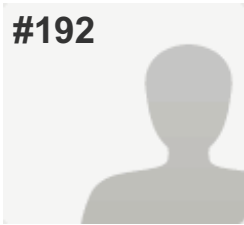


#192

**INCOMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, September 04, 2014 2:36:41 AM**Last Modified:** Thursday, September 04, 2014 7:08:23 AM**Time Spent:** 04:31:42**IP Address:** 129.215.5.255

## PAGE 2: Proposed Organ and Tissue Donation (Scotland) Bill Consultation

**Q1: 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

**Q2: 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?**

On principle it doesn't seem important but it is clear that, pragmatically, no amount of campaigning and/or non-legislative measures can drive up organ donation to the same level that has been achieved using opt-out elsewhere in the world.

**Q3: 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,

Please give reasons for your response:  
Families should reflect my decision taking during life. They should not get to decide actions taken on my body. This is the arrangement in life throughout the UK at present. Why should the post-mortem period be any different?

**Q4: 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.**

No,

Please give reasons for your response:  
I assume you are referring here to people who normally make their own decisions in life. There should not be opportunity to undermine the competent decision of a person with capacity - although this is something typically provided for other areas of healthcare and welfare.

**Q5: 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,

Please give reasons for your response:  
A very sensible approach.

**Q6: 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.**

No,

If you answered no, what would you consider a more appropriate age?  
It should be 18. In an ideal world each individual should be assessed individually on their maturity and capacity. How a person under 18 makes decisions (and how we accept those decisions) with regards to their own healthcare is well established. In reality this approach is not practical. In general there should be clarity and consistent in the age at which a person becomes an adult in society - this is 18 for most things in this country.

**Q7: 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,

Please give reasons for your response:  
Sounds reasonable - you've got to draw the line somewhere. What is the definition of having been resident?

**Q8: 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?**

*Respondent skipped this question*

**Q9: Do you think 6 months is a long enough period to run a campaign prior to change over?**

Yes.

**Q10: 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?**

I doubt our organ donation setup will cope with the increased supply of organs likely to come from here.

**Q11: 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?**

I anticipate there will be antipathy amongst those families who are less likely to engage constructively in this change and when they come to be presented with the new situation with their own relative.

**Q12: Do you have any other comments on or suggestions relevant to the proposal?**

I would be concerned that a large number of health care professionals involved at the time of death and in decisions regarding organ donation will be very supportive of these proposals. However, there will be a similar number abjectly opposed to it. You may face a situation where they "opt-out" of being involved or, at worst, run interference to prevent the new system from working as intended.

**Q13: If you wish your response, or any part of it, to be treated as anonymous and/or confidential, please check the appropriate box. If not, then please go to question 14.**

*Respondent skipped this question*

**Q14: Thank you for completing this survey. Please provide your name and contact details below.**

*Respondent skipped this question*