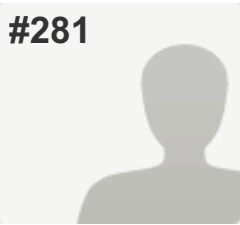


#281

**INCOMPLETE****Collector:** Web Link 1 (Web Link)**Started:** Thursday, September 11, 2014 5:03:49 AM**Last Modified:** Thursday, September 11, 2014 5:56:29 AM**Time Spent:** 00:52:39**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,

Please give your reasons for your response:
I am happy for any part of my body to be used for the benefit of others. I believe that most people hold the same view but are reluctant to consider their own mortality and therefore fail to opt in. A soft opt out system would overcome this psychological barrier.

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?

If availability of transplantable body part is compromising treatment then a soft opt out system is the answer. However, legislation is essential to defend the rights of those who disagree whilst promoting the benefits of the system.

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:
I feel strongly that the rights of the family are secondary to those of the donor.

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:
The donor's rights are paramount. I would say yes if the role of the proxy were to enforce the donor's decision rather than make the final decision.

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.

No,

Please give reasons for your response:
Once deceased what safeguards does a person young or old need?

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?
No age limit.

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.

No,

Please give reasons for your response:
No minimum period required

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?

No minimum period required

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 do not have the figures to compare costs of treating a prolonged debilitating illness (out of work) versus surgical transplant (costly operation) with the potential of a quick return to work.

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?

If operations are carried out under NHS then gender, racial or social equality is not an issue. If it prevents illegal transplants then there are positive benefits.

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

No

PAGE 3: Contact Details

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