

# Scottish Episcopal Church

General Synod of the Scottish Episcopal Church  
Scottish Charity No SC015962



Anne McTaggart MSP,

25 September 2014

Dear Ms McTaggart

## **Organ and Tissue Donation (Scotland) Bill**

The Scottish Episcopal Church is pleased to have been asked to respond to this consultation. This submission is made by the Mission and Ministry Board of the Scottish Episcopal Church's General Synod. The consultation paper resulted in an active discussion and the views set out in this letter represent those of the vast majority of the Board members.

Like most churches in the UK, we support the practice of organ transplantation and see the gift of an organ as one of the greatest gifts we can give to others. We thus back programmes to inform the population about the need and the benefits and to encourage as many as possible to opt in as donors.

A gift is a voluntary donation and so we have a very real difficulty with presumed consent which is neither a gift nor consensual. A move in this direction we would see as fundamentally changing the relationship between the state and individuals and between patients and medical practitioners. It raises real questions about individual human rights and identity. Although the questions here are of a practical nature they link to ongoing discussions about the role of medical practitioners in assisted suicides and the use of IVF and Stem cell technologies to produce saviour siblings. All of these discussions centre on identity and basic human rights.

Many of our more specific concerns relate to the relationships between doctor, patient and families. End of life situations regardless of timing and cause are difficult and so it matters that the responsibilities of the doctor are clear and are in no way clouded by issues linked to the potential value of a transplantation. The more commercialised the NHS becomes the greater the risk in a presumed consent system (an opt out system).

Beyond the issues linked to medical ethics there is the practical one of the recording of the status of the wishes of the deceased person. The NHS's ability to set up and run national databases has not inspired confidence that patient wishes could be correctly recorded or known at the time of death. What would happen if organs were removed from someone who subsequently was found to have opted out?

We note that the approach of the Scottish Government is to await the availability of results from the Welsh system. We would agree that it would be prudent to await such further information since we also have concerns about the extent to which an opt out

system would be properly understood by the population at large and results from Wales might go some way to assisting in the assessment of that issue.

Yours faithfully,

John F Stuart  
Secretary General  
On behalf of the Mission and Ministry Board of the General Synod of the Scottish  
Episcopal Church