

#331

**COMPLETE**

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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:
Many people want to donate but never get round to it, making it an opt-out means those people are included. If people felt strongly enough in their objection there is ample opportunity to remove themselves from the register.

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?

I would say highly important. Other measures such as promotional means, and the option to register when signing for a driving licence have failed to achieve the levels of donation required. This idea provides an immediate effect whilst still maintaining the persons right to chose.

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:
The family themselves may place their own personal objections with regards to the deceased person. If they knew of no immediate objection then it is highly likely that one did not exist. Perhaps this should coincide with promotional means to have people aware.

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.

Yes,

Please give reasons for your response:
We already appoint a next of kin to make huge decisions regarding our health and wellbeing. Essentially this could be continued to include the final decision on donation, as this person should know enough about the person by this stage.

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:
I would agree that this is the best measure, as someone under the age of 16 May not be fully aware of the consequences of a decision to play them on a register. By the age of 16 they will have enough knowledge to know whether they have an immediate objection to being placed on it. Likewise if they wish to join it early this proposal gives them the ability to do so.

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.

Yes,

If you answered no, what would you consider a more appropriate age?
By the age of 16 a person has the mental and moral capacity to make such a decision on their own.

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:
After a year the person has chosen to make a life here, therefore benefiting from our health system themselves.

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?

not applicable.

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

yes, this gives time for momentum to gather and for any massive objections to be raised.

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 foresee any massive cost implications, other than a minuscule rise in administration capabilities that are already inherent in the system. This could potentially be off set against the savings of long term treatment that a rise in successful transplants would achieve.

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 would personally consider the effect to be positive, allowing more people to get a second chance in life than they would previously not have got because someone forgot to sign up. As before, anybody with a serious objection still has the ability to opt out.

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

I firmly believe this is a proposal that has considerable benefit across society.

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.

Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

