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## Transplantation – Opting-in or opting- out for organ and tissue donation? discussion leaflet

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### Reduced public support for transplantation

At present there is broad public support for those awaiting transplant and those who become organ donors. However, an opt-out system may lead to cases where the bereaved family later resent the taking of organs and complain that their wishes were not considered, or that they were pressurised into agreeing. In the event of sensationalised reporting of such cases, the organ transplant programme may lose public support.

### Ethical considerations

One approach might say:

- Organ donation at present is one of the most generous free, voluntary gifts possible.
- Presumed consent is not real consent at all.
- This represents state intervention and control over our bodies.
- Such a change could discriminate against groups who might not be aware of any change, through lack of knowledge or understanding.

Another approach might say:

- Anybody can opt-out.
- A publicity campaign would help catalyse a debate about organ transplantation and end of life issues.
- It would be immoral not to do everything ethical to prolong and improve the quality of lives of those in need of transplant.

### Conclusion: a Christian approach

As Christians, the Council supports the life-giving practice of organ transplantation, including through promotion of the fleshandblood campaign (<http://fleshandblood.org/>). However, we are aware that many organ transplants involve the death of another, equally valued human being.

We consider that, before moving to an "opt out" system in Scotland, there would need to be clear

evidence of significantly increased numbers of organs available for transplant, without harming those involved in the donation.

In the meantime, families and groups of friends are encouraged to discuss end of life issues at a time when death is not imminent. Such discussions can naturally include questions around organ donation and could be both helpful and comforting to relatives after a death.

### Questions:

1. Have you spoken to loved ones about the option of donating your organs after you die? If not, how do you think they might react?
2. Would you argue that it would be immoral not to do everything possible to increase donation rates- and that to delay a programme which might do so is also wrong?
3. Does an "opt- out" system feel too much like the state taking control of our bodies after we have died?

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## Transplantation: Opting-in or opting-out for organ and tissue donation?



 Discussion Points



## Transplantation – Opting-in or opting-out for organ and tissue donation?



The Church of Scotland, along with many other faith groups, encourages organ and tissue donation, an action with strong symbolic Christian resonance.

Scotland has the UK's highest percentage of residents registered on the Organ Donor Register (ODR). The number of deceased organ donors in Scotland in 2013/14 was the highest ever - up nearly 60% from 2010/11. However, as demand for organs exceeds supply, there is a need to increase donations.

Currently the system for organ and tissue donation involves an active "opt-in", requiring a person to sign up to the ODR. An alternative "opt-out" model means that an individual's organs are presumed to be available for transplantation unless they have indicated otherwise.

### Organ Donation

In 2008, recommendations to increase the number of organs available by 50% by 2012 were implemented; this target has been surpassed. The recommendations parallel the 'Spanish model', which includes putting Specialist Nurses in Organ Donation (SNODs) into intensive care units to identify potential donors and to obtain authorisation for organ retrieval.

### Current practice

The "opt-in" process means that everyone is encouraged to register as an organ donor. At the time of a death if the person is registered on the ODR the SNOD will inform the family members of this fact. Thus 90% of deaths which meet transplant criteria and where the person registered as a donor during life results in organ donation. When someone not registered on the ODR dies, the next of kin are asked to consider whether the deceased may have wished their organs to be removed for transplantation.

### Presumed consent: Wales

From December 2015 a "soft opt-out" system will operate in Wales: even when the deceased has not registered their wish to opt out of organ donation, family members will be consulted at the time of death to 'confirm' that the deceased was happy to donate. What happens to a body after death and whether or not the deceased wished to donate organs are highly emotive issues. Discussions with a family at the time of the death of a loved one take place in distressing circumstances. Under the present opt-in system, a person has made a prior decision to help others by allowing their organs to be used to prolong or greatly improve the quality of life of others. This often allows bereaved relatives to reflect later that, in the midst of distress, others have been helped.

### Negative experiences

There are examples where an opt-out policy has had detrimental effects on the number of organs retrieved for transplantation; for example, in Brazil, body-snatching accusations meant the law had to be repealed.

In an opt-out system, the concept of a gift or of donation could be lost, and it may simply become accepted that following death organs are removed for transplantation. There must be a balance, whereby any benefit of increased numbers of organs for transplantation justifies the loss of the concept of gift.

### Equality issues

Some will never want to think about death and therefore will not make a decision about organ donation. People with less family support may find it harder to make their wishes known to those who may be consulted about organ donation. Some may not have the education, capacity or social circumstances needed to allow them to engage with health or legal organisations responsible for compiling the opt-out register. Those with learning difficulties, homeless people or mentally ill people are among groups who may be, or may perceive themselves to be, less able to opt out. The pool of donors may therefore be drawn disproportionately from the 'voiceless'.

### Loss of trust

Many who fail to opt out of organ donation may not wish it to proceed if donation causes distress to loved ones. Bereaved families may not want donation to proceed, but may feel unable to refuse in the absence of an opt-out order by the deceased. It is likely that the family's wishes would be carefully considered but if they feel removed from decision making by the absence of an opt-out directive, distress and loss of trust harmful to the bereaved and to medical teams alike may result.