

BHA BRIEFING 2008: Organ Donation and 'Presumed Consent'

Introduction

Humanists generally support scientists and researchers in their quest for knowledge, and support scientific and medical advances for the improvement of our health. Most of us would not object to our body parts and organs being donated and used for good ends.

Humanists are concerned with the maximisation of well-being of individuals for the social good and benefit of society as a whole. Humanists believe in individual rights and freedoms - but believe that individual responsibility, social cooperation and mutual respect are just as important. In terms of organ donation and transplantation, most humanists would consider that we have a **moral responsibility** to allow our organs to be used for transplantation, if that will improve the quality of life for others and contribute to the **well-being of the human family**.

We believe that better public education about organ donation and transplantation is essential, and that policy actions at both state and European levels are needed in order to increase the number of organ transplants and so save lives.

We are also very concerned that the **low number and availability of organs** donated across Europe is contributing to unnecessary deaths for want of transplants and to an increased **trafficking in organs**, and in human beings for the purpose of removal of organs, from outside of Europe and that this will create **serious ethical issues** and is contributing to systematic human rights violations of some of the most vulnerable people from across the world.

What's the situation?

The **current system** in the UK, where individuals must 'opt in' to have their organs removed for donation after their death, has contributed to the **present shortage of organs** and so to **many preventable deaths** every year.

What can be done?

The current opting in approach should be replaced with one of '**presumed consent**', whereby individuals must actively opt out should they not wish their organs to be used for donation after their death.

With any change to the approaches for organ donation for transplantation, there must be appropriate safeguards in place to protect the wishes of the deceased individual, and the health of both living donors and those needing an organ transplantation.

Claims from some groups that presumed consent takes away an individual's freedom to choose are dishonest, but such fears highlight the importance of effective public information campaigns.

How would 'presumed consent' work?

The presumed consent approach would better match the fact that the majority of the population support organ donation for transplantation. It would be likely vastly to **increase the number** and availability of organs suitable for transplantation, **decrease the trafficking** in organs and human beings, **increase awareness** of organ donation more generally and better assist individuals and families to make decisions about organ donation.

Under the present system, unless someone has actively opted in, it is usually left to relatives to consent to donation of the deceased's organs. As well as simply concern that they do not know what the individual would have wanted, there is a range of reasons why relatives may not wish the individual's organs to be donated – historical, cultural, social, religious and so on – but these may actually have been in direct conflict with the views of the individual.

Under a system of presumed consent, supported by good public information, education and awareness of that system, if an individual has **objections** to organ donation after death, then she is able to make her feelings clear and **opt out**, while she is alive.

The presumed consent system seems better able to protect the wishes of someone who had not opted-out, even if the relatives themselves have strong views against organ transplantation, because the individual should have been given good enough information to make an informed choice when she was alive and the **presumed consent should usually be taken as paramount**.

This is not to say that relatives' views should never be taken into account. We would support the British Medical Association's '**soft**' **system** of presumed consent, whereby organ donation (for those over the age of 16) is the default position, but where relatives would not be asked to consent to donation (as in the present system), but would be told that the individual had not opted out and would be asked if they are aware of any unregistered objection¹. We believe that this would help decrease the number of objections from relatives.

For further information, contact Naomi Phillips at naomi@humanism.org.uk or on 020 7079 3585.

¹ British Medical Association (2007) 'Organ donation – presumed consent for organ donation', October 2007. <http://tinyurl.com/2yc7u9>