

This response was submitted to the consultation held by the Nuffield Council on Bioethics on Give and take? Human bodies in medicine and research between April 2010 and July 2010. The views expressed are solely those of the respondent(s) and not those of the Council.

John Garfield

Dear Keith Rigg,

Your piece in the bulletin of the RCS (June 2010) is very disturbing in that after all these years we still have a major problem in the provision of organs for transplantation. I realise that the comments of one who retired from neurosurgery in 1992 may be of limited value today. Nevertheless I was much involved in the practice and was a member of the Advisory Group on Transplantation Problems which produced the White Paper in 1969. Five of us recommended the 'opting out' position; six favoured 'opting in'. I accept that in the UK the climate has not moved enough for a change in that situation, although it has in other countries.

There are two points in your paper that deserve special comment. The first concerns the donor register. I understand that even if a potential donor is on the register the consent of relatives remains paramount and without such consent the donor's wishes are not valid. I may stand to be corrected, but if this is so it should be addressed.

Second, I am very surprised indeed that in 40% of cases relatives do not consent to removal of organs for transplantation. This is completely different from my own experience as a registrar, senior registrar at Atkinson Morley's Hospital, and as a consultant in Southampton; very rarely did relatives refuse consent for the removal of kidneys, in particular, for transplantation. Much as 'transplant coordinators' may ease the practical burden of setting up the process, it is the direct and continuing relationship and above all trust between relatives and surgeon or physician responsible for the patient which determines consent. This cannot be established through a series of changing and often junior staff.

I am well aware of the debate about the place of the caring surgeon as opposed to the transplant team in obtaining consent. The figure of 40% is evidence that the present system of obtaining consent is unsatisfactory; it should be reviewed urgently.

I trust that these comments may be of some help to the Nuffield Council on Bioethics, despite their coming from the distant past. But it is a subject on which I took part in many discussions and debates.

Yours sincerely

John Garfield

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