

# Breakout session 1: Donation for medical treatment

## Organ donation

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# Facts & figures

**Living:** kidneys, liver lobes

**Deceased:** heart, lungs, kidneys, liver, pancreas, bowel

- 8000 people waiting for an organ – 3 die every day
- 20,000 people on dialysis – £30K pa each
- 18 million people signed Organ Donor Register
- Few will die in circumstances where it is possible to donate organs
- 1010 deceased donors and 1045 living (mainly kidney) donors in 2010/11

# Reducing demand

Diet, lack of exercise, alcohol has led to increasing levels of heart disease, liver and kidney failure

The role of preventable diseases in the increasing demand for organs should be publicised in order to add weight to **public health campaigns**

Research being carried out on e.g. reducing need for organs, extending life of transplanted organs, devices to replace organs

Vital that material is available for **research**

# 'Intervention Ladder' for encouraging individuals to donate

Rung 6: financial incentives

Rung 5: benefits in kind linked with donation

Rung 4: interventions as an extra prompt or encouragement

Rung 3: removing barriers and disincentives

Rung 2: recognition of altruistic donation

Rung 1: information about the need for the donation



The diagram illustrates the 'Intervention Ladder' for encouraging individuals to donate. It consists of six rungs, numbered 1 to 6 from bottom to top. The rungs are grouped into two categories: 'Non-altruist focused' and 'Altruist focused'. The 'Non-altruist focused' category includes Rung 6 (financial incentives) and Rung 5 (benefits in kind linked with donation). The 'Altruist focused' category includes Rung 4 (interventions as an extra prompt or encouragement), Rung 3 (removing barriers and disincentives), Rung 2 (recognition of altruistic donation), and Rung 1 (information about the need for the donation). The rungs are connected by a vertical line on the right side, with horizontal lines branching off to the right to connect to the category boxes.

Non- altruist focused

Altruist focused

# Non-altruist-focused interventions

Factors to consider before moving to final two rungs:

1. The **welfare of the donor** and other affected individuals
2. The potential threat to the **common good**
3. The responsibilities of **health professionals**
4. The strength of the **evidence** on all these factors

# Living organ donation

- **Current policy:** information, recognition, full reimbursement of expenses, no payment allowed
- Calls for **regulated market** to increase UK kidney donors = rung 6 of ladder. Factors to consider:
  1. Donor welfare? Risk to UK donors is acceptable but could harm donors in other countries
  2. Threat to altruism? Yes
  3. Healthcare professionals? Opposed to payment
  4. Evidence on above? Very little available

# Living organ donation: recommendations

- Endorse current position of **no payment**
- Giving priority to organ donors would be **inappropriate**
- Endorse DH guidance on **full reimbursement** of expenses (including lost earnings) – should be given proper weight under new NHS structures

# Deceased organ donation: incentives

- **Current policy:** no payment allowed
- Suggestion of paying **funeral expenses** for donors:
  - If offered to people who sign the ODR and go on to donate with the added altruistic feature that family would benefit = rung 4 or 6
  - No harm to donor
  - No direct evidence of effectiveness but similar system for whole body donation to medical science



# Deceased organ donation: consent I

- Current policy: **opt-in** system of consent where donor's (or their family's) wishes of central importance
- Suggestions of an **opt-out** system:
  - We reject **'hard'** opt out system given importance of personal choice
  - We do not oppose in principle **'soft'** opt-out system but have some practical concerns e.g. uncertainty of effectiveness and risk of loss of trust in system

# Deceased organ donation: consent II

- **Current policy:** required to express wishes on DVLA form ('prompted choice')
- 'Mandated choice' and 'prompted choice' systems are ethical options
- Concerned there is no option of registering **objection** in the DVLA scheme
- Minimum information required – 'authorisation' rather than 'consent'
- Detailed information about donation procedures must be available to people if they want it

# Deceased organ donation: recommendations

- Suggest pilot scheme where NHS meets **funeral expenses** of people who sign ODR and become organ donors
- Research needed on effects of **opt-out system** for organ donation if introduced in Wales
- Any system that mandates a response to a question about organ donation should also include the option of **saying no**

# Role of organisations

- Organ Donor Taskforce tackled structural problems that may hinder donation
  - Risk that improvements might be lost in face of NHS changes
  - Particular shortage of organs from black and ethnic minority donors
- Dept of Health should monitor how **NHS changes** affect organ donation and protect systems that work
  - We endorse the call for action plan to ensure fair access to donation to **all UK residents**