The Royal College of Nursing position on the Human Tissue (Authorisation) (Scotland) Bill

The Royal College of Nursing (RCN) is the world’s largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. With around 40,000 members in Scotland, the RCN is the voice of nursing.

The RCN supports the principles of the Human Tissue (Authorisation) (Scotland) Bill. In 2018 the RCN issued a position statement on soft opt out organ donation. It reads:

“The Royal College of Nursing supports an opt-out system of consent for organ and tissue donations after death, where there is evidence that certain safeguards, supports and resources are in place.”

The RCN reached this position after it surveyed members across the UK. 7,746 members across completed the survey.

71% of RCN members were broadly in favour of an opt-out system of consent for organ and tissue donations after death (rating between 7 and 10 on a scale of 0-10 from opt-in to opt-out). The majority support for an opt-out system was reflected across all four countries of the UK: Wales (75%); England (69%); Scotland (71%), and Northern Ireland (73%).

Whilst the majority opinion on an opt-out system for consent was clear, the survey also highlighted the work still to be done among nursing staff and the public to increase the rate of organ and tissue donation, irrespective of the system of consent.

- Only 25% of RCN members felt they could speak with confidence about organ donation with patients and their families.
- Only 22% of RCN members felt they could speak with confidence about tissue donation with patients and their families.
- Only 10% of members felt that patients tend to have thought much about donating their organs and tissues after death.

Safeguards, supports and resources

In evidence to the Health and Sport Committee the RCN set out expectations on the safeguards, supports and resources, based on the views of members, the RCN would expect to accompany any opt-out system. These are summarised below:

- Sufficient resources are made available to define and support the additional infrastructure and capacity required to increase the rate of successful donations, including increased and sustainable investment in the number of Specialist Nurses in Organ Donation (SNODs), before any opt-out system is introduced.
- An evaluation is commissioned to assess the medium-to-long-term impact of any opt-out system on the rate of successful donations. Any opt-out system is reviewed on the basis of this evidence.
- The Scottish Government starts a public awareness campaign no less than a year before any change to an opt-out system, and then sustains that campaign. There are multiple, accessible routes for every adult to opt-out of donating, at any time, if they so choose.
- The Scottish Government starts an awareness and education programme for all health care professionals, tailored to the needs of specific groups, no less than a year before any change to an opt-out system, and then sustains that programme. Clear and up-to-date guidance on the operation of any opt-out scheme is available to all health care staff.
- Trained health professionals must discuss the expressed wishes of the deceased person with the person’s family, where contactable, before any donation proceeds. If a family does not want a donation to go ahead it will not be forced.
• The opt-out system is limited to adults only. Consent for donations from children and young people should continue to be addressed by existing opt-in/parental consent arrangements.

• Adults who have never had the capacity to consent would not be included in the opt-out scheme. The scheme must also make clear how adults who lost the capacity to consent for a period before death would be excluded from the opt-out.

• The opt-out scheme is limited to organs and tissue donated for transplant. Adults must still opt-in to donate organs and tissue for research and other purposes.

• Any opt-out scheme makes clear which organs and tissues are included.

• Any opt-out scheme should have clear residency criteria included to ensure that temporary residents are not presumed to have given consent.

The RCN is content that the overall intent of the legislation is in line with these safeguards, as set out in our position, and that the majority of additional support and resource requirements have been addressed in the financial memorandum. We are still keen to ensure that sufficient resources are made available for education and training of the wider nursing workforce, beyond that set out for specialists, to support a shift in the culture of conversations on donation. The RCN has discussed this issue with Scottish Government officials.

The RCN is clear that subsequent guidance and education programmes for nursing staff must make clear the parameters and responsibilities of individual nursing staff in relation to the legislation.

The RCN would value your support in ensuring awareness and education programmes for all health care professionals are implemented and clear guidance is available on the operation of any opt-out scheme.

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