

# The Royal College of Nursing's UK position on consent for organ and tissue donation after death

RCN POSITION STATEMENT



**Between January and February 2018 the RCN surveyed members across the UK to gather their views on consent for organ and tissue donation after death. This was the first time that the RCN had asked members for their opinions on the issue in nearly a decade.**

Following engagement with members back in 2009, the RCN Council decided to support the retention of the opt-in system for consent that was, at that time, in place across all parts of the UK. But much has changed since then.

Wales introduced a soft opt-out (sometimes known as deemed consent) system of consent for organ and tissue donation in 2015. An attempt was also made to pass legislation to introduce an opt-out in Northern Ireland, though this fell in 2016. And in 2018, separate laws to introduce opt-outs in England and Scotland, with the backing of their respective governments, are up for parliamentary debate. Given this changing landscape, the RCN wanted to gather contemporary member views and review its position.

The issue of organ and tissue donation is a sensitive and complex one and a wide range of opinions were expressed by more than 7,700 members who took part in the RCN survey. However, the majority position was clear from those who responded:

- 71% of RCN members were broadly in favour of an opt-out system of consent for organ and tissue donation. 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%). The proportion of responses from each UK country broadly matched the RCN's membership profile.
- 89% of RCN members agreed that not enough people donate their organs and tissue and we need more people to do so, with a significant majority also stating their opinion that an opt-out could increase the overall number of donations.

- Safeguards or conditions attached to any opt-out system have a significant impact on levels of support for an opt-out among RCN members.

In Wales, all of the safeguards attached to the opt-out already in place were overwhelmingly rated as important.

Among members elsewhere, when presented with a list of possible safeguards, these:

- Overwhelmingly reinforced the views of those favouring an opt-out;
- Moved a significant number of those favouring an opt-in towards support for an opt-out, and
- Resulted in those with no fixed view being more likely to move towards favouring an opt-out than an opt-in.
- 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.

The RCN's Professional Nursing Committee, the College's elected decision-making body on professional issues, reviewed the results of the member survey at their March 2018 meeting. At this meeting a decision was made, in line with member views, to change the College's position to one of qualified support for an opt-out system of consent.

**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 safeguards, supports and resources RCN members would expect to accompany any opt-out system are:

- 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, 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.
- Governments start a public awareness campaign no less than a year before any change to an opt-out system, and then sustain a campaign. There are multiple, accessible routes for every adult to opt-out of donating at any time, if they so choose.
- Governments start 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 sustain a 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 (as defined in each UK country). Consent for donations from children and young people should continue to be addressed by 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.

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