



Church of Ireland

Church and Society Commission

Discussion paper

*Organ Donation
and Consent*

Introduction

The Church and Society Commission of the Church of Ireland is fully supportive of the ethos that giving is an essential part of being a Christian, whether that be of financial aid, of time or of the person. Donation of organs of one's body to others is a supreme example of this both after death, and even more so as a living donor. It is part of this giving, that it should be voluntary.

In its 2008 report to the General Synod, the Commission's predecessor – the Church in Society Committee – stated: "Organ donation is to be seen as an entirely consistent Christian act, both of caring for those less well off, and responding to Our Lord's example of, and instruction to, heal and show compassion."

The 2014 General Synod endorsed the **fleshandblood** campaign which aims to raise the profile of blood and organ donation within the Church and encourage such donation as a personal gift as well as equipping individuals and churches as advocates for donation. The Church of Ireland therefore became an associate of the campaign and the Church and Society Commission was tasked with encouraging the promotion of the principles behind the campaign on an all-Ireland basis.

The Archbishops were asked to explore opportunities to encourage the uptake of the campaign within and between other Christian traditions in Ireland. **fleshandblood** was launched in Armagh and Dublin, for Northern Ireland and the Republic of Ireland respectively, in March 2015 by the Archbishops of Armagh.

Presumed consent

A presumed consent (opt-out) system of organ donation has been considered and debated in the Oireachtas and Northern Ireland Assembly in recent years. The Church and Society Commission, responding to an Assembly consultation on the issue in 2013, recommended that:

1. Expressed consent should continue to be the preferred option as the essence of altruistic giving which lies at the heart of organ donation. This essence may be undermined by legislation for presumed consent;
2. Improved education measures and specialised training for medical professionals should be put in place and resourced appropriately before any proposed legislation;
3. Real, healthy and respectful debate bound up in the common good and not party political concerns should be facilitated, with particular reference to the possibility of a middle ground between the current system and the proposed legislation whereby expressed consent or non-consent would be required to be registered by law.

The shortage of donor organs has partly arisen from the reduction in potential organs from victims of road traffic accidents, which is much to be welcomed, and the demographic changes of the population with regards to age.

There also remains a significant mismatch between (a) the number of people who say that they would wish to be donors but who are not on the register, and (b) the number of people who are on the register and would be suitable as donors but whose wish is ultimately declined by family. All available research shows that where there is good input by specialist medical professionals, then there are fewer refusals.

The Commission made the following observations on a presumed consent policy:

1. Change in ethos

The policy would represent a fundamental change in the ethos of giving voluntarily (opting in) to one that is seen as giving by default, where the use of organs after death is presumed, and their use would be determined by the medical practitioners. Although this could be said to be meeting the apparent wishes of the public to be donors, whether or not they have registered, it does mean that organ donation in many cases will cease to be voluntary.

If this change were to take place then it would be important that the wishes of individuals could be recorded easily (particularly if they choose to opt out), and that the register is very accurately kept and is easily accessed by those who need to know, but also secure.

The Commission foresaw a situation where a person opts out but this decision is not shown when the register is accessed at the time but is only later noted. This could have very serious effects on confidence and rates of donation, to say nothing of a damaging impact on family members already dealing with issues of bereavement.

The Commission also felt that if there was to be a change then consideration should be given to two separate forms of consent: deemed consent whereby someone is on the register, because they have not opted out, and expressed consent where there is a written declaration of consent to donation after death. If the latter were given stronger value in law, it would then remove from families that decision at a time of great stress, and may encourage those who have not yet registered to do so.

2. Education beyond new legislation

This should take place along with other measures that would increase the numbers of available organs actually being transplanted. In particular, further and better education to encourage all doctors working in hospitals to think of the issue of organ donation. This should be supplemented by more specialist nurses (in all hospitals) who are able to discuss the issues around transplantation, as there is a much higher acceptance of requests when they are involved. We are concerned that no changes proposed should be seen to or appear to compromise the quality of end-of-life care now or in the future

3. Ongoing debate

The Commission encourages Church members and elected representatives to recognise (a) the fact that if consent is changed to presumed, it would mark a fundamental change, and asks whether this would still be an altruistic act, and (b) whether sufficient time has been given to explore the possibility of mandated consent whereby individuals are required by law to express their wishes. The Commission supported continuing publicity about signing

on to the organ donation register and encouraged all citizens to discuss the issue and their own wishes with relatives.

Conclusion

The Church of Ireland is very supportive of measures to increase the availability of organs for transplantation, and wishes that this remains perceived as an act of giving. It remains our preferred option to maintain the status quo of an opt-in consent with as stated above improved education both of the medical professions and the public, as well as a more secure place in law for those who choose to register their position. We feel that these changes should be implemented before considering any change in legislation, especially one that so significantly changes the concept of altruistic giving.

Resources

Church in Society Committee (2008), Report to General Synod, Appendix B: Response to new organ donation proposals put forward by Prime Minister Gordon Brown.

http://ireland.anglican.org/cmsfiles/pdf/Synod/2008/Reports/30%20Ch_Soc.pdf

Letter to Minister of Health, Social Services and Public Safety from consultant nephrologists and transplant surgeons, Belfast Health and Social Care Trust (17 November 2015)

www.niassembly.gov.uk/globalassets/documents/raise/deposited-papers/2015/dp1489.pdf

Becoming an organ donor

Information on registering as an organ donor or finding out more about the issues involved in donation is available from the following organisations.

Organ Donation Northern Ireland Tel: 0300 123 23 23 Web: www.organdonationni.info	Irish Donor Network Tel: 1890 543 639 Web: www.irishdonornetwork.com
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fleshandblood is a campaign to mobilise the people and resources of the Church to help increase the number of blood and organ donors. Personal stories of donation, publicity resources, and ideas for churches are available on its website: www.fleshandblood.org

WHAT IF THE CHURCH SAW BLOOD AND ORGAN
DONATION AS PART OF ITS GIVING?

fleshandblood

