Introduction of an opt out (presumed consent) system in the context of Organ Transplantation

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Additional handouts provided by the Welsh Assembly Government
Introduction

To donate an organ after one's death to someone who needs it can bring enormous benefits to the person who receives it. Their life can be prolonged, and their quality of life can be dramatically improved. This affects not only recipient but also their family and friends. So to donate an organ is to do a tremendous thing for someone who needs it, and also for the family and friends of that person.

In addition, to donate an organ is to ‘give something back’ to society by way of making available a scarce, precious resource which would otherwise be lost. And acting in that way demonstrates support for, sympathy with, and ‘solidarity’ with one’s fellow citizens.

In spite of these kinds of reasons in favour of donating organs after death, many people do not join the NHS Organ Donor Register, nor do they give permission for the organs of their deceased relatives to be removed for transplantation either.

The current “opt in” system for obtaining donor organs for transplant does not meet the demand for such organs. The numbers of people in need of donor organs is said to be rising at 8% per year. How should this problem be addressed? This brief document reviews the current system, and two radical alternatives to it: an opt out system (also called ‘presumed consent’), and a system of ‘mandated choice’. The systems described are concerned only with those solid organs used for transplants which are Hearts, Lungs, Livers, Pancreas and Kidneys and with Corneas but not other tissues. Before describing these alternative systems, here are some difficulties with our current system.

The current ‘opt in’ system

The Human Tissue Act came into force in 2006 and is the current legal framework for organ donation: If a patient consents or “opts in” to organ donation before death by carrying an organ donation card, joining the NHS Organ Donation Register or by writing it down elsewhere/ discussing with relatives this decision is given priority. However, it is still considered good practice to consult with relatives where possible, to find out if the deceased person had spoken about their wishes to encourage them to respect these and to check if there are any other reasons why they might not be able to donate for example a medical history.
The current ‘opt in’ system, some problems:

- A person may have registered their wish to donate organs on the NHS Organ Donation Register but not have their wish respected. This is because, in practice, relatives of the deceased may refuse to agree to the removal of the organs of their deceased. (In the UK refusal rates stand at 40%.)

- Also, a person might have a strong objection to removal of their organs after their death, of which their relatives are unaware. The family may then give their consent to the removal of the organs for transplant.

- What seems morally wrong in both the above situations is that the wishes of the deceased are not respected.

An attempt to improve the current position: The Organ Donation Taskforce report (2008)

The Taskforce report proposes reforms to the current system by seeking to identify and remove obstacles to organ donation within it. They identify the need for a UK-wide organ donation organisation which will involve locally based ‘donor transplant coordinators’. This should help improve the process which begins with the identification of potential donors and leads to successful transplantation of their organs to those in need of them. All 14 recommendations of the Organ Donation Taskforce report can be found in Appendix 1.

- The remit of the Taskforce was to work within the ‘opt in’ nature of the current system. If the measures recommended in the Organ Donation Taskforce report are implemented it is believed that a 50% increase in organ donation is possible and achievable within 5 years.

- Whilst the recommendations set out in the Organ Donation Taskforce report will improve the current situation, a significant gap will still remain between the number of donor organs needed and the number of organs available for transplant.

Another response: An ‘opt out’ system (this is also known as ‘presumed consent’).

In the present system it is presumed that you do not want to donate your organs when you die, unless you indicate otherwise by joining the
NHS organ donor register or by telling your loved ones. This is usually described as an ‘opt in’ system since the donor ‘opts in’ to it so to speak.

By contrast, the ‘opt out’ system presumes, instead, that your organs are available for transplant to those in need of them unless you have formally registered the view that you do not wish to have them removed after death.

A distinction is often drawn between ‘soft’ and ‘hard’ versions of an opt out system. In the ‘soft’ version relatives are allowed to veto the removal of the organs of their relative, and in the ‘hard’ version, this veto is not present.

The soft version can be found in Belgium and Spain, and the hard version in Austria. Another version of a hard opt out system is one that does not cover some groups. With this system Doctors can remove organs from every adult who dies – unless a person has registered to opt out or the person belongs to a group that is defined in law as being against an opt-out system, an example of this is Singapore where Muslims chose to opt out as a group.

An opt out system can make provision for those who strongly object to having their organs removed after their death. Hence provision can be made for them to record their objection, which would then be respected, and so their organs would not be removed after death.

In addition, research suggests that most UK citizens would be prepared to donate their organs after death. Figures vary between 90%, 70% and 60%. Also, nearly 25% of the UK population have already registered to be organ donors via the NHS Organ Donor Register.

Concerns about an ‘opt out’ system

- Critics of an opt out system complain that it runs against a central ethical principle in medical ethics, namely the principle that consent is needed before any invasive procedure can be carried out on a person. This idea can be extended so that it applies even once we are dead. For example, if we leave a will we would expect the wishes stated in it to be respected.

- Critics also say that the idea that one’s organs can be removed for transplant if one has not opted out is also problematic. They say it fuses together ‘not objecting to something’, with ‘agreeing to something’ when these clearly differ. Although a person might not have registered an objection to the removal of their organs after death, this does not mean they would agree to this being done.
So the ‘presumption’ in presumed consent can’t be known to be present in all cases.

- Critics say that introduction of an opt out system could result in many people having their organs removed for transplant even though they would not have wanted this to happen. This could happen, it is said, because people might not get around to opting out, or might not even know how to opt out.

- Critics also dispute the evidence which points to a close connection between introduction of presumed consent systems and increase in the numbers of organs made available for transplant. It is said that other factors which accompany the introduction of a presumed consent system may be responsible for the increase. Such factors include publicity campaigns which highlight the benefits which organ donation can bring, or the increase in the numbers of skilled transplant coordinators, for example.

- Critics also point out that an opt out system undermines important aspects of voluntary organ donation such as the idea that the donor is giving the precious gift of life to another person, and is doing so without any incentive or coercion being present. So an ethical dimension of organ dimension will be eroded by the introduction of an opt out system, it is said.

- Lastly, to return to the distinction between ‘soft’ and ‘hard’ types of opt out system, critics of the ‘hard’ version agree with the objections we have just gone through above. And critics of the ‘soft’ version say it simply amounts to the situation we have now.

Another option: Mandated choice

In this system all adults would be required by law to state whether or not they are prepared to donate their organs after death. This could be done when registering with a GP, completing a tax return, or at some other formal occasion.

- In support of this option, in contrast to the opt out system, the view of each individual citizen is sought. Therefore there seems to be less risk of people being ‘wronged’, either by having organs removed when they would not have wanted this, or by not having organs removed when this is what they would have wanted. So this option does not seem to threaten the ethical idea that the
consent of patients must be sought before invasive procedures can be carried out.

- Also, if it is true that most people would be prepared to donate their organs after death, a mandated choice system would increase the numbers of organs available for transplantation since people would indicate this in their mandated choice.

Concerns about mandated choice

- Critics suggest that the system does not really protect the importance of informed consent. This is because in the situations in which people would be required to indicate their choice, their main concerns will be elsewhere, e.g. trying to get registered with a GP, or completing their tax return. So the decisions they give are not properly considered and thought through.

- Also, there may be a problem with the very idea of being 'compelled' to make a choice. Surely, one should have the freedom to choose whether or not one wishes to make a choice and not be ‘forced’ to make a choice.

- And, there is a lack of available evidence which suggests a greater number of organs for transplantation will be available under a system of mandated choice.

- There will be practical concerns about how one registers a change of mind about their wishes.

- Lastly, a mandated choice system may also compromise the 'gift giving' altruistic dimension of organ donation because people are forced to make a choice rather than left to do this of their own free will.

Overall

As seen, the present system has significant shortcomings. And the changes recommended in the Organ Donation Taskforce report, even if fully implemented, are likely still to leave a significant gap between the numbers of organs needed and those available for transplant.

The opt out system looks attractive to many, but as seen, there are some important problems with that too. Its defenders point out that the benefits of it to recipients of organs retrieved could be very great
indeed. Also, they argue, it is important to consider that in an ‘opt in’ system such as that which is in place at present, a great many people who would have wanted to donate do not have their wishes granted. Such people either didn’t get around to registering with the NHS register, or their views were overruled by their relatives.

If it is true that a significant majority of citizens would want their organs to be removed after death to benefit those in need of them, then in many cases their wishes are thwarted. In such cases the dead person is ‘wronged’ in the sense that their wishes are not respected. Those in favour of an opt out system claim that the frequency of this ‘wrong’ will be reduced by the introduction of an opt out system.

The mandated choice option seems not to present such an obvious threat to the idea of importance of consent in the healthcare context as might be presented by an opt out system. Also, if the opinion polls are reliable, then it should lead to an increase in the numbers of organs made available for transplant – perhaps even in the same quantities that would be made available via an opt out system. However, as mentioned, even this option has problems, for example, in relation to giving due regard to the importance of informed consent. Also, there is a lack of research into the results which this kind of system would lead to (one study suggests it may not lead to an increase in the numbers of organs available for transplant).

It should be said that the options as presented above make no mention of children and those incapable of giving consent to have their organs removed. Any system would need to have in place a mechanism for handling such situations.

A final consideration

It would be reasonable to expect any change in the current system to be accompanied by a vigorous public education campaign. No doubt this would highlight the great benefits to recipients of donor organs which can be brought about. But also, such a campaign would need to provide information about the process of transplantation itself. This could make uncomfortable reading for some people and could prove counter-productive. It could even lead to a net reduction in the numbers of organs available for transplant.
Handout 1: The 14 actions identified by the Organ Donation Taskforce

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<table>
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<tbody>
<tr>
<td>1.</td>
<td>Set up a UK-wide Organ Donation Organisation</td>
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<td>2.</td>
<td>The establishment of the Organ Donation Organisation should be the responsibility of the Special Health Authority: NHS Blood and Transplant.</td>
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<td>3.</td>
<td>Ensure all medical staff are able to work within a clear framework of good practice by resolving outstanding legal, ethical and professional issues</td>
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<td>4.</td>
<td>Discussions about donation should be part of all end-of-life care when appropriate. Each Trust should have a clinical donation leader and a Trust donation committee to help achieve this.</td>
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<td>5.</td>
<td>Minimum criteria for referring potential organ donors to transplant teams should be introduced on a UK-wide basis.</td>
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<td>6.</td>
<td>All donation activity in NHS Trusts should be monitored and made available for comparison across the UK. Monitoring would include:</td>
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<tr>
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<td>• how many potential donors were identified</td>
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<td>• how many families were approached re: donation</td>
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<td>• how many times consent for donation was given.</td>
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<td>7.</td>
<td>Test brain stem activity in all patients where brain stem death is the likely diagnosis, even if organ donation is unlikely.</td>
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<td>8.</td>
<td>Help Trusts manage the financial cost of organ donation through appropriate reimbursement.</td>
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<td>9.</td>
<td>Strengthen the existing network of Donation Transplant Co-ordinators by employing more of them, through a UK wide Organ Donation Organisation.</td>
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<td>10.</td>
<td>Establish a UK-wide network of specialist, dedicated organ retrieval teams.</td>
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<td>11.</td>
<td>All clinical staff involved in the treatment of potential organ donors to receive on-going training in the principles of donation.</td>
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<td>12.</td>
<td>Identify appropriate ways of personally and publicly acknowledging individual organ donors, for example national memorials or personal follow-up with donor families.</td>
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<td>13.</td>
<td>Identify and develop more effective ways of promoting organ donation to the public.</td>
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<td>14.</td>
<td>The Government should produce formal organ donation guidelines specifically for coroners (whose legal duty it is, in certain circumstances, to determine cause of death).</td>
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</table>
Handout 2: Frequently asked questions about organ donation

How do they know you are really dead?

Organs are only removed for transplantation after a person has died. Death is confirmed by a doctor or doctors who are entirely independent of the transplant team. Death is confirmed in exactly the same way for people who donate organs as for those who do not.

Most organ donors are patients who die as a result of a brain haemorrhage, severe head injury, or stroke and who are on a ventilator in a hospital intensive care unit. In these circumstances, death is diagnosed by brain stem tests. There are very clear and strict standards and procedures for doing these tests and they are always performed by two experienced doctors.

The ventilator provides oxygen which keeps the heart beating and blood circulating after death. These donors are called heartbeating donors. Organs such as hearts, which deteriorate very quickly without an oxygen supply, are usually only donated by a heartbeating donor.

Patients who die in hospital but are not on a ventilator can, in some circumstances, donate their kidneys, and in certain circumstances, other organs. They are called non-heartbeating donors.

Will they just let you die if they know you want to be a donor?

No. The doctors looking after a patient have to make every possible effort to save the patient's life. That is their first duty. If, despite their efforts, the patient dies, organ and tissue donation can then be considered and a completely different team of donation and transplant specialists would be called in.

Who would get my organs and tissue if I became a donor?

Many things need to match or be very close to ensure a successful organ transplant. Blood group, age and weight are all taken into account. For kidneys another important factor is tissue type which is much more complex than blood grouping. The best results can be achieved if a perfect match is found.

There is a national, computerised list of patients waiting for an organ transplant. The computer will identify the best matched patient for an organ or the transplant unit to which the organ is to be offered. Normally, priority is given to patients who most urgently need a transplant. UK Transplant operates the transplant list and donor organ allocation system. It works round the clock, every day of the year and covers the whole of the UK. If there was no suitable recipient in the UK, the organ may be sent to Europe.

Does the colour of my skin make a difference?

No. However, organs are matched by blood group and tissue type (for kidney transplants) and the best-matched transplants have the best outcome. Patients from the same ethnic group are more likely to be a close match. A few people with rare tissue types may only be able to
receive a well-matched organ from someone of the same ethnic origin, so it is important that people from all ethnic backgrounds donate organs.

Successful transplants are carried out between people from different ethnic groups wherever the matching criteria are met.

Are donors screened to identify if they have a transmissible disease?

Yes. Blood is taken from all potential donors and tested to rule out transmissible diseases and viruses such as HIV and hepatitis. The family of the potential donor is made aware that this procedure is required. This screening process takes 2 hours.

Can I be a donor if I have an existing medical condition?

Yes, in most circumstances. Having a medical condition does not necessarily prevent a person from becoming an organ or tissue donor. The decision about whether some or all organs or tissue are suitable for transplant is made by a healthcare professional, taking into account your medical history.

There are only two conditions where organ donation is ruled out completely. A person cannot become an organ or tissue donor if they have been diagnosed with HIV or have, or are suspected of having, CJD.

Can a child donate after their death?

Yes, if he or she had expressed such a wish and was considered legally competent to do so. If their wishes were not known, permission would be sought from their parent or guardian at the time of their death. A child is defined as being under 16 in Scotland and under 18 in the rest of the UK.

Is there a minimum age to join the NHS Organ Donor Register?

No. Parents and guardians can register their children and children can register themselves. Children who are under 12 in Scotland and under 18 in the rest of the UK at the time of registration will require their parent or guardian's agreement for donation to take place.

Children over 12 in Scotland are considered legally competent to register themselves and their parent/guardian does not have the legal right to veto or overrule their wishes.

Can older people be donors?

Yes, in the case of cornea and some other tissue, age does not matter. For other organs it is the person's physical condition, not age, which is the deciding factor. Specialist healthcare professionals decide in each case which organs and tissue are suitable. Organs and tissue from people in their 70s and 80s are transplanted successfully.
Does donation leave the body disfigured?

Organs and tissue are always removed with the greatest of care and respect for the person. This takes place in a normal operating theatre under the usual conditions. Afterwards the surgical incision is carefully closed and covered by a dressing in the normal way.

Tissue can be removed in an operating theatre, mortuary or funeral home. The operation is carried out by specialist healthcare professionals who always ensure that the donor is treated with the utmost respect and dignity.

Only those organs and tissue specified by the donor or their family will be removed.

Is it possible to see the body after donation?

Yes. Families are given the opportunity to spend time with their loved one after the operation if they wish and this is facilitated by the transplant co-ordinator. Arrangements for viewing the body after donation are the same as after any death.

Will organs or tissue that are removed for transplant be used for research purposes?

Organs and tissue that cannot be used for transplant will only be used for medical or scientific research purposes if specific permission has been obtained from your family.

Would a donor's family ever know who the recipient was?

Confidentiality is always maintained, except in the case of living donors who already know each other.

If the family wish, they will be given some brief details such as the age and sex of the person or persons who have benefited from the donation. Patients who receive organs can obtain similar details about their donors. It is not always possible to provide recipient information to donor families for some types of tissue transplant.

Those involved may want to exchange anonymous letters of thanks or good wishes through the transplant co-ordinators and in some instances donor families and recipients have arranged to meet.

Can people buy or sell organs?

No, the transplant laws in the UK absolutely prohibit the sale of human organs or tissue.

How long can organs be kept in good condition (for example, after a person dies if they have not yet found a relative to give permission)?

A patient whose death has been confirmed by brain stem testing and remains on a ventilator is oxygenated and their organs will continue to function for a period of time. Due to the nature of brain stem death their function often starts to deteriorate despite drugs being used to support
them. There is no specific time but organs can start to deteriorate after a few hrs. If the patient or family have consented to organ donation then the organs should be retrieved as soon as possible. However to enable recipients to be found and the specialist surgeons to arrive at the hospital it can often take between 12-15 hrs for the organs to be retrieved.

A patient whose death is confirmed by the heart no longer beating is not getting any oxygen because they are not breathing, their organs start to deteriorate immediately. There are no drugs given to delay this process. If the patient or family have consented to organ donation these organs need to be removed within 20-30 minutes. Because of the shorter time organs transplanted from this type of donor are the kidneys, liver and in some patients lungs. To facilitate this, the specialist surgeons have to be in the hospital when the patient dies making it less common for organs to be donated from these patients.

Once the organs are retrieved they are placed in a special fluid which allows them to be stored for a number of hrs before transplantation.

The heart and Lungs needs to be transplanted within 4-5 hrs
The liver needs to be transplanted within 12-18 hrs
The kidneys need to be transplanted within 24-36hrs
The pancreas needs to be transplanted within 6-8hrs
The small bowel needs to be transplanted within 6hrs

**How long do people live when they have had a transplanted organ?**

People can live for up to 25-30 years if they have had a liver transplant and 15-20 years if they've had a kidney transplant. They can go back on dialysis after this time.

**Why do relatives sometimes oppose people's wishes to donate?**

Relatives may oppose people's wishes for a number of reasons e.g. they might feel that the body would be mutilated or that their loved one “has suffered enough”. They can feel that the body is being “sacrificed”. There can also be concerns about the organs being used properly i.e. being used for transplantation and not for medical research or other purposes.

**Can people have an organ transplant privately rather than on the NHS?**

No, it is currently not possible for people to get an organ transplant privately.

**What happens to people on the waiting list who don't get a donor organ?**

People who are waiting for kidney transplants can carry on with dialysis. There are also a number of people who are not put on the waiting list because their prognosis is not good enough. The doctor must feel that there is a strong likelihood that the person will be alive for enough time to have the transplant e.g. the waiting time for a liver is 3-4 months.
Can you do a heart transplant from a non-heartbeating donor?
No, this is currently not carried out in the UK.

Is the donor card international? Is it recognised overseas?
No, it won't be recognised overseas.

Why is there a chance of failure in the first three years?
People sometimes reject organs. You are given drugs initially to stop it failing and so you adapt but it doesn't always work.

In some parts of the States they are considering that some HIV-positive patients could give to other HIV-positive patients. Might you consider that?
It is something which might be considered
Handout 3: What do world religions say about organ donations and an opt-out system?

The main religions of the UK support the general principle of organ donation. There are a range of views within each religion, especially on the narrower question of an opt-out system. As yet, most of the major religions do not have an official viewpoint regarding an opt-out donation system. The Taskforce continues to ask the views of religious groups on this question.

<table>
<thead>
<tr>
<th>Religion (in A-Z order)</th>
<th>General support for organ donation?</th>
<th>Support for an opt-out system?</th>
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<tbody>
<tr>
<td>Buddhism</td>
<td>✓</td>
<td>No official view</td>
</tr>
<tr>
<td>Christianity</td>
<td>✓</td>
<td>No official view</td>
</tr>
<tr>
<td>Hinduism</td>
<td>✓</td>
<td>No official view</td>
</tr>
<tr>
<td>Islam</td>
<td>Mostly</td>
<td>Many would not agree to it</td>
</tr>
<tr>
<td>Judaism</td>
<td>Mostly</td>
<td>Some would not agree to it</td>
</tr>
<tr>
<td>Sikhism</td>
<td>✓</td>
<td>No official view</td>
</tr>
<tr>
<td>Others:</td>
<td></td>
<td></td>
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<tr>
<td>Rastafarians</td>
<td>❌</td>
<td>❌</td>
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<tr>
<td>Christian Scientists</td>
<td>❌</td>
<td>❌</td>
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**Buddhism and organ donation**

For Buddhists, the decision about whether or not to donate organs is up to each person. The relief of suffering is important to Buddhism and organ donation may be seen as a generous act.

There is no official view in Buddhism about an opt-out donation system.

**Christianity and organ donation**

An important idea in Christianity is loving and helping other people, even at cost to oneself. By donating organs, people can do this. The Pope has talked about organ donations as ‘a genuine act of love’. However, organ transplants are only seen as morally acceptable if the donor or their relatives have given their consent.

There is no official view about an opt-out donation system.

**Hinduism and organ donation**

Hinduism supports the idea of giving to others without putting your own needs first. ‘Daan’ is the original word in Sanskrit for donation, meaning selfless giving. In the list of the ten Niyamas (virtuous acts) Daan comes third.

There is no official view in Hinduism about an opt-out donation system.

**Islam and organ donation**
The Muslim Legislative Council supports organ donations as a way to reduce pain or save life on the basis of the rules of the Shariah. But a number of other Muslim scholars believe that organ donation is not allowed and is not part of Islamic principles.

When Singapore introduced an opt-out system, Muslim groups objected. So an opt-out system may not be acceptable to some Muslims in the UK.

**Judaism and organ donation**

In Judaism it is usual for the complete body to be buried quickly after death. But if organ donation will save lives, it is generally allowed and encouraged. However, some members of the Jewish community do not agree with organ donation at all.

There is no official view about an opt-out system.

**Sikhism and organ donation**

Sikh teachings encourage people to put others before themselves and to give willingly. There is nothing against organ donation and transplants.

There is no official view about an opt-out system.

**Other religions and organ donation**

Some religions would have serious reservations and would prefer their followers not to participate in organ donation but wouldn’t condemn them if they did chose organ donation as they see it as a matter of conscience e.g. Rastafarians and Christian Scientists
### Handout 4: Which system for organ donation?

<table>
<thead>
<tr>
<th>Option</th>
<th>Details</th>
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</table>
| 1: A ‘hard’ opt-out system                  | Doctors can remove organs from every adult who dies – unless a person has registered to opt out. This applies even if relatives know that the deceased would object to donation but had failed to register during life.  
Example: Austria.                                                                                                                   |
| 2: A ‘hard’ opt-out system which does not cover some groups | Doctors can remove organs from every adult who dies – unless a person has registered to opt out **OR** the person belongs to a group that is defined in law as being against an opt-out system.  
Example: Singapore where Muslims chose to opt out as a group.                                                                               |
| 3: A ‘soft’ opt-out system                  | **Relatives should be consulted:** Doctors can remove organs from every adult who dies – unless a person has registered to opt out. It is good practice for doctors **to ask the relatives** for their agreement at the time of death  
Example: Spain.                                                                                                                       |
| 4: A ‘soft’ opt-in system (current system in the UK) | Doctors can remove organs from adults who have opted in. It is up to each person to decide if they want to opt in. It is normal practice to let relatives know if the person has opted in and doctors can decide not to proceed if faced with opposition from relatives. |
| 5: A ‘hard’ opt-in system                   | Doctors can remove organs from adults who have opted in. It is up to each person to decide if they want to opt in. Relatives are not able to oppose the person’s wishes.                                  |
| 6: A choice to opt in or opt out            | **Option 6a:** People **can** register their choice to opt in or opt out.  
**Option 6b:** Mandated Choice: People **must** register their choice to opt in or opt out.                                           |
<table>
<thead>
<tr>
<th><strong>Brain Stem</strong></th>
<th>The part of the brain that is responsible for breathing, being conscious, and other functions that are necessary for life.</th>
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<tbody>
<tr>
<td><strong>Brain Stem Death (BSD)</strong></td>
<td>Death that is confirmed after tests show that the brain has completely stopped working. The body of the person may still be connected to a machine that keeps the heart beating.</td>
</tr>
<tr>
<td><strong>Brain Stem tests</strong></td>
<td>A clear set of tests that show whether or not the brain stem is still working or whether there is no function at all.</td>
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<tr>
<td><strong>Cardiac Death (CD)</strong></td>
<td>Death confirmed by a doctor once it is clear that the heart will never beat again. (Compare with Brain Stem Death.)</td>
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<tr>
<td><strong>Dialysis</strong></td>
<td>The use of a kidney machine or other means to keep alive a patient whose kidneys have failed.</td>
</tr>
<tr>
<td><strong>Donor Transplant Co-ordinators</strong></td>
<td>Well-trained staff, who have usually been nurses, who provide a link between a) hospitals that are caring for people about to die and b) the transplant organisations and units.</td>
</tr>
<tr>
<td><strong>Explicit consent</strong></td>
<td>Also known as an <strong>opt-in system</strong>. People must register their wish to donate organs after death. (Compare with Presumed consent.)</td>
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<tr>
<td><strong>Heartbeating donor</strong></td>
<td>An organ donor whose organs are removed after their Brain Stem Death but while their heart is still beating. (Compare with Non-heartbeating donor.)</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Living donor</td>
<td>A person who allows doctors to take all, or part of, one of their organs while they are alive and healthy. The person will usually have a close family or emotional relationship with the person who will benefit.</td>
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<tr>
<td>Non-heartbeating donor</td>
<td>An organ donor whose organs are removed after their heart has stopped beating. (Compare with Heartbeating donor.)</td>
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<tr>
<td>Organ</td>
<td>Our bodies have a number of organs that carry out tasks that are necessary for good health. It is possible to transplant the following organs: heart, kidneys, liver, lungs, pancreas, and intestine.</td>
</tr>
<tr>
<td>Organ donation</td>
<td>The process of allowing doctors to remove organs after death and then transplant them into bodies of people who need them.</td>
</tr>
<tr>
<td>Organ Donor Register</td>
<td>The computer register of names of those people who have told the NHS that they wish to donate their organs and/or tissues after death.</td>
</tr>
<tr>
<td>Organ Preservation</td>
<td>Organs must be kept healthy (‘preserved’) while they are between the old body and the new one. The lengths of time that doctors can preserve organs are:</td>
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<tr>
<td></td>
<td>• Heart 4-6 hours&lt;br&gt;• Liver 12-18 hours&lt;br&gt;• Kidney 48 hours&lt;br&gt;• Lung 2-4 hours&lt;br&gt;• Pancreas 12-18 hours.</td>
</tr>
<tr>
<td>Presumed consent</td>
<td>Also known as an opt-out system. Doctors can remove organs from everyone who dies – unless a person has registered to opt out. (Compare with Explicit consent.)</td>
</tr>
<tr>
<td>Rejection</td>
<td>A person’s body may try to get rid of (‘reject’) a transplanted organ or tissue. To help prevent rejection, doctors may give immunosuppressive drugs.</td>
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<tr>
<td>Renal</td>
<td>‘Renal’ means something that is connected with or related to kidneys.</td>
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<tr>
<td><strong>Tissue</strong></td>
<td>Tissues are found inside organs and other parts of the body. Tissues include bones, skin, tendons, cornea, heart valves and veins.</td>
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<tr>
<td><strong>Transplant List</strong></td>
<td>This is the UK-wide list of people waiting for an organ transplant. When there is a new donor organ, the computer matches that organ with a person on the list. There are several factors in how the computer makes the match.</td>
</tr>
<tr>
<td><strong>Transplant</strong></td>
<td>A transplant is when doctors replace a damaged or failed organ (such as a kidney) with a working organ from someone else’s body.</td>
</tr>
<tr>
<td><strong>Ventilator</strong></td>
<td>A ventilator is an artificial breathing machine which moves oxygen-enriched air in and out of a person’s lungs if they cannot breathe on their own.</td>
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</tbody>
</table>