



## **The Royal College of Ophthalmologists' response to the Department of Health and Social Care's consultation on introducing 'opt-out' consent for organ and tissue donation in England**

February 18

### **INTRODUCTION**

The Royal College of Ophthalmologists is the professional body for Ophthalmologists in the UK, many of whom are involved in ocular tissue transplantation. Corneal transplantation involves replacing the damaged or scarred cornea from a patient, with a cornea gifted from a deceased donor. This is a very successful procedure and improves the sight of over 6,000 people in the UK every year.

We welcome the opportunity to provide our views on this consultation, and have responded below to the questions that are of most relevance to our role.

### **CONSULTATION QUESTIONS**

**Q1. Do you think people should have more ways to record a decision about organ and tissue donation?**

Yes – there should be as many ways as possible to record a decision, including when people are doing other things, such as registering with a GP.

**Q2. What do you think are the advantages or disadvantages of including personal information on someone's organ donation decision?**

How this information will be used needs careful consideration. Unless the information is acted on or responded to, this may put people off the system and dissuade potential donors.

**Q3. How can we make people more aware of the new rules on organ donation?**

Major media campaign, using radio, tv, and social media promoting a greater understanding of the benefits of transplantation. Disseminate guidance and best practice

in promoting organ donation, and train more professionals to discuss organ donation with patients and families during end of life care.

**Q9. Please tell us about any opinions or evidence you have about opting out of organ donation.**

This system could be an effective way of obtaining more tissue for those in need. Implementation must include steps to inform and reassure families, ensure donors discuss their decision with family before death, and provide staff with clarity and support. Legislation must give hospitals sufficient clarity about their authority to proceed with procurement without family consent. An appropriate balance must be found that respects both the patient's choice and any issues that families may raise.

Ultimately, ensuring informed consent in an opt-out system will depend on how aware people are, and their ability to consider and record their decision. Ensuring sufficient information, support and recording methods are available, and actively promoting these will be critical to successful implementation.

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