

# Organ donation – do we opt-in or opt-out?

September 24 2014, by Lindsay Brooke

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Researchers say there should be an international data base containing the very latest information about organ donations and transplants so policy makers can make informed decisions on whether to adopt an opt-out or opt-in system.

The call comes after a study, carried out by The University of Nottingham, the University of Stirling and Northumbria University, showed that overall an opt-out system might provide a greater number of organs for transplant but many factors can influence the success of either system and a repository of accessible information would help individual [countries](#) decide which one would be better for them.

The research published, today Wednesday 24 September 2014, in the online academic journal *BioMed Central (BMC Medicine)*, is the first international comparison that examines both deceased as well as living organ/transplant rates in opt-in and opt-out systems.

Professor Eamonn Ferguson, an expert in personality theory and human altruism in the School of Psychology at The University of Nottingham, said: "Until now decisions have been based on limited evidence. This important health policy question generates strong opinions but the evidence is weak and the subject is complex. Our main aim is to increase the number of organs available for donation and transplantation but this research has revealed subtleties that weren't known before concerning the effects of consent of both deceased and living organ donations, with previous work focusing primarily on deceased donations."

## No easy answers

There are many organisations that favour the opt-out system because it targets deceased donors, which on face value allows more organs to be harvested. But this new research has shown that the opt-in system can increase the number of living donors for kidneys and liver.

Professor Ferguson said: "We wanted to find out if opt-out versus opt-in policies influence not just deceased donations but also living donations - which are a major source of kidneys. We also wanted to extend previous work by examining the effects of these policies for different types of organs. The aim is to develop a more comprehensive dataset on [organ donation](#) by combining sources of data from 48 countries over a 13 year period."

The research looked at the number of organ donations in 48 countries world-wide. Twenty-three of these countries use the opt-in system, twenty-five of them have an opt-out system. Using statistics going back 13 years the study found that for every million people in the population:

- There were more deceased donors in countries using the opt-out system than those using the opt-in system.
- There were more living donations in countries using the opt-in

system than those with an opt-out.

- Taking the overall number of kidney and liver donations - from both living and deceased donors – the figure was higher in countries using the opt-out system.

## **So is opt-out the best way forward?**

With advances in medical treatments the demand for organ transplantation is growing. In Wales they have moved to an opt-out system while England has kept the opt-in system. The Spanish Model which has an opt-out system has resulted in a notable increase in donors but the whole health system underwent a transformation to achieve that.

Eamonn Ferguson said: "Although we support previous research in demonstrating greater deceased donor rates in opt-out countries compared with countries using the opt-in system it isn't as simple as that."

The researchers point to other factors that can influence the donation rates other than the type of consent system. For instance:

- The critical care systems: how many critical hospital beds are there?
- The gross domestic product.

Professor Fergusson argues that it is imperative for transplant organisations to routinely collect data on important organ donation indices - consent type, procurement procedure, number intensive care beds and trained surgeons - and make this publically available to inform future research and policy recommendations.

Provided by University of Nottingham

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