



Briefing: Human Tissue Authority – Consultation on Code of Practice F: Donation of solid organs and tissue for transplantation

Background

This response to the [Human Tissue Authority – Consultation on Code of Practice F: Donation of solid organs and tissue for transplantation](#) is from the Royal College of Pathologists. The comments in this document are from members of the College's Lay Governance Committee and members of the College's Histocompatibility & Immunogenetics Speciality Advisory Committee.

Members of the Histocompatibility & Immunogenetics Speciality Advisory Committee are involved in the study of organ transplantation and tissue matching. These pathologists make sure that transplanted organs are suitable for the recipient to try and avoid the organ being rejected.

General comments

Members of the College's Lay Governance Committee comments:

- Students: students who have lived in the UK for a year would be assumed eligible for donating organs after death. I have concerns over this because although efforts will be made to contact their family, this may not be possible in the available time span if the family lives in a distant country and speaks a language for which it would be problematical to source an interpreter. Such students may be here for four years or more doing a university course but would consider themselves only visiting for educational purposes, not a permanent resident nor a citizen.

- Specialist Nurses-Organ Donation (SNODS): it seems to me the range of roles and responsibilities of the SNODS will increase significantly. Will adequate training be given?
- Generally I think it (*code of practice*) is written in clear and plain language and although pretty long, can be followed. Areas where the tests get complicated and so the text is quite hard to follow is where it has to be assessed whether a person is an “ordinarily resident” in England. This could be because the concept seeks to pick up not just the fact of residence but the status of that residency as it includes concepts of ‘lawful’, ‘voluntary’ and ‘settled’.
- Also having capacity for a ‘Significant Period’ before death – this is stated to generally mean at least 12 months which is helpful. I don’t think ‘significant’ is easy to understand without the inclusion of some suggested timescale.
- I would also suggest for SNODs and others for whom the guidance is directed – some of it (at least straightforward cases) could also be translated into pictorial/flow charts or diagrams. This would help direct the reader to more detailed text where needed/relevant.

Fellow of the Royal College of Pathologists

- As a pathologist not directly involved in this process, I found the guidance clear throughout on the processes that need to be undertaken, the relevance of the deceased's wishes, who may give consent and the principle of deemed consent.
- The cited examples were helpful although were rather simplistic and obvious and didn't necessarily add value in their own right but I think the use of illustrative examples important.
- The section on donation after circulatory death (DCD) was brief and certainly increasingly important in cardiothoracic transplantation but I know my colleagues who are practitioners in this area are commenting.

The following comments are in response to specific paragraphs in the draft code of practice

Circumstances in which consent can be deemed

Paragraph 117

As outlined in paragraphs 67-99 steps must be taken to determine the decision of the potential donor using the Online Donor Register (ODR) and information from family and friends, or as made by a nominated representative. If a potential donor made a decision in regard to organ donation when they were alive, their consent cannot be deemed.

One College Fellow found this paragraph confusing:

“If the decision was to donate why not go ahead?”

Feedback from consultant histopathologist College fellow:

Paragraph 94

In England, if, despite all reasonable efforts, the nominated representative cannot be contacted in

time to make a decision, or is unable to make a decision, then consent can be deemed if the potential donor is not in one of the excepted groups. For all other circumstances then consent may be given by a person in a “qualifying relationship”.

Comment in relation to paragraph 94 above:

It seems that if a nominated representative cannot be found in time then consent can be deemed (but if a person has registered to donate on the ODR but a relative cannot be confirmed to discuss further then consent cannot be deemed (paragraph 56 – as below). Is this correct?

Paragraph 56

If there is a decision to donate recorded on the Organ Donor Register but it is not possible to trace an individual in a qualifying relationship, consent would be in place. However, it is still unlikely that donation would proceed. This is for the protection of both the patient and any recipients of organs, as the family plays a key part in providing clinicians with medical information.

Glossary

Post-mortem examination: *Dissection and examination of a body after death, principally in order to determine the cause of death other presence of disease processes.*

Comment from a College Fellow:

Definition of post-mortem examination. I would remove 'Dissection'. It is emotive and not necessarily true eg MRI/CT scan autopsies

Contact details

This briefing was authored by Samantha Jayaram

E: samantha.jayaram@rcpath.org

T: 020 7451 6752.

About the Royal College of Pathologists

The Royal College of Pathologists is a professional membership organisation with more than 11,000 fellows, affiliates and trainees, of which 23% are based outside of the UK. We are committed to setting and maintaining professional standards and promoting excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically and veterinary qualified pathologists and clinical scientists in 17 different specialties, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career. We set curricula, organise training and run exams, publish clinical guidelines and best practice recommendations and provide continuing professional development. We engage a wide range of stakeholders to improve awareness and understanding of pathology and the vital role it plays in everybody's healthcare. Working with members, we run programmes to inspire the next generation to study science and join the profession.

