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Opt-out systems of organ donation: International evidence review

Research Summary

Social research

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This review was carried out with the aim of updating an existing systematic review conducted by the University of York in 2008 (Rithalia et al., 2008) which examined the impact of ‘opt-out’ (or ‘presumed consent’) legislation on organ donation rates.

The current report reviews literature published since 2008 assessing the impact of ‘opt-out’ legislation on organ donation rates, in addition to recent public opinion surveys and experimental studies relevant to presumed consent for organ donation.

Systematic review

Rithalia et al. (2008) identified four methodologically robust comparative studies published prior to 2008:

1. Abadie and Gay, 2006: included data from 22 countries over the period 1993-2002 and found that countries with presumed consent legislation had 25-30 per cent higher organ donation rates than informed consent countries.
2. Neto et al., 2007: analysed data from 34 countries over a five year period and found that presumed consent countries produced 21-26 per cent higher organ donation rates compared to countries with informed consent legislation.
3. Healy et al., 2005: used data from 17 countries over the period 1990-2002 and found that organ donation rates were greater by 2.7 donors per million population (PMP) in countries with presumed consent legislation compared to informed consent countries.

Dadansodi ar gyfer Polisi



Analysis for Policy

4. Gimbel et al., 2003: analysed data from 28 countries from the years 1995-1999 and found that countries that practiced presumed consent had, on average, and extra 6.14 donors PMP compared to countries that practiced informed consent.

This review identified a further two methodologically robust studies published since January 2008:

1. Bilgel, 2012: included data from 24 countries over the period 1993-2006 and estimated that countries with presumed consent legislation have on average 13-18 per cent higher organ donation rates than countries with informed consent legislation.
2. Mossialos et al., 2012: analysed individual-level survey data from participants living in 15 European countries and found that individuals living in presumed consent countries were between 17-29 per cent more likely to report willingness to donate their own organs and 27-56 per cent more likely to report that they would be willing

to consent to the donation of their relatives' organs, compared to respondents living in explicit consent countries.

Although six methodologically robust studies have found that opt-out systems for organ donation are associated with increased organ donation rates and increased reported willingness to donate, it cannot be inferred that this association means that presumed consent *causes* increased organ donation.

Public opinion surveys

Recent Wales-based surveys indicate that a greater proportion of respondents support the move to an opt-out system than are against it.

A survey of a representative sample of adults living in Wales in 2012, commissioned by the Welsh Government, found that 49 per cent of respondents were in favour of changing to an opt-out system, while 22 per cent were against. A further 21 per cent said they 'needed more information to decide'.

A survey of Welsh adults commissioned by BBC Wales in 2012 found that 63 per cent of respondents were in favour of adopting a system of presumed consent compared with 32 per cent against.

Experimental literature

There is a small body of experimental literature which indicates that when the default position is to be an organ donor (as is the case in an opt-out system) there will be higher rates of effective consent. This type of research, however, is limited in the extent to which its findings could be applied to real life situations.

Evidence gaps

There is a lack of research into whether an opt-out system has different effects on sub-groups within a population, e.g. different socio-economic and ethnic groups.

There is very limited research on how an opt-out system is best implemented to achieve optimal organ donation rates e.g. type of registry and the extent of

involvement of the family in the donation process.

Conclusions

This paper presents three main strands of evidence:

1. International evidence suggests that an association exists between presumed consent legislation and increased organ donation rates;
2. Recent surveys indicate that there is significant support for the introduction of an opt-out system for organ donation in Wales; and
3. Experimental literature provides evidence for a mechanism through which presumed consent might increase organ donation, through the influence of the default position.

In combination, these three strands of evidence provide a convincing basis for the introduction of an opt-out system in Wales. However, there can be no guarantees that this legislative change will result in increased organ donation rates.

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