

Organ Donation (Deemed Consent) Bill

HL Bill 141 of 2017–19

Summary

The [Organ Donation \(Deemed Consent\) Bill](#) is a private member's bill which would provide for an opt-out consent system for organ and tissue donation in England. Under this system, an adult would be deemed to have consented to organ and tissue donation before their death unless they have expressly stated that they do not wish to be a donor or an exception applies. However, the bill would not apply to all organs and tissues, with those transplants which are currently rare, or that many may not regard as novel, to be excluded in regulations set out by the Secretary of State. In addition, the bill does not propose any changes to organ donation rules for children under 18 or people who have expressly decided on consent before their death.

The bill was introduced in the House of Commons on 19 July 2017 by Geoffrey Robinson (Labour MP for Coventry North West). The bill received its second reading on 23 February 2018 and completed its stages with cross-party support in the House of Commons on 26 October 2018. The bill was introduced in the House of Lords on 29 October 2018 and is due to have its second reading on 23 November 2018 under the sponsorship of Lord Hunt of Kings Heath (Labour). Although it is not a government bill, the Department of Health and Social Care has produced the bill's explanatory notes, with the consent of Lord Hunt.

Provisions of the Bill

Clause 1 would amend section 3 of the Human Tissue Act 2004. It would allow for deemed consent unless a person who had a qualifying relationship immediately before death with the individual concerned provided information that would lead a reasonable person to conclude that they would not have consented. It would also set out all transplantation activities which would be subject to deemed consent and would provide definitions for: an 'excepted adult' (for whom deemed consent would not apply); and 'permitted material'.

Clause 2 would further amend the Human Tissue Act 2004 and would provide that any organs or tissue removed in England for transplantation purposes could be stored and used where needed in the UK. This would be the case for organs and tissue removed because of deemed consent as well as express consent. The clause would also require the Human Tissue Authority to issue guidance on how deemed consent would work in practice, including guidance regarding the information a person in a qualifying relationship would have to provide to show that the deceased person would not have consented.

Clause 3 would provide for the bill's territorial extent (England, Wales and Northern Ireland). The measures regarding deemed consent, however, would only apply in England. The clause would also provide for the commencement and short title.

Current Legislation

Policy on organ donation in the UK is devolved, with Wales currently the only country within the UK with an opt-out consent system. In England, the Human Tissue Act 2004 provides that an individual must opt in to organ and tissue donation through either joining the NHS organ donor register (ODR) or nominating a representative to make the decision on their behalf.¹ The NHS also stresses that informing those who they have a qualifying relationship² with of their decision is important.³

If an individual then dies in circumstances where they can donate, medical staff will consult the ODR to see if there is a recorded decision and consult with the patient's family/person with a qualifying relationship. If an individual is not registered on the ODR, the family/person with a qualifying relationship will be consulted to make a decision. If the family objects to donation in cases where explicit permission has been given, the NHS has stated:

If your family, or those closest to you, object to donation even when you have given your explicit permission (either by telling relatives, friends or clinical staff, by joining the NHS organ donor register or by carrying a donor card) healthcare professionals will discuss the matter sensitively with them. They will be encouraged to accept your decision and it will be made clear that they do not have the legal right to veto or overrule your decision. There may, nevertheless, be cases where it would be inappropriate for donation to go ahead if donation would cause distress to your family.⁴

The current system of consent is detailed in a series of codes owned by the Human Tissue Authority.⁵

However, as shown in the table below, several countries, including England, are considering a policy change:

Table One: Anticipated Future Policy Regarding Consent and Organ Donation⁶

	Express Consent (Opt-In)	Deemed Consent (Opt-Out)
England		X
Scotland		X
Northern Ireland	X	
Wales		X

Statistics: Opt-In and Opt-Out Systems in England and Wales

According to statistics published by the NHS in the *Organ Donation and Transplantation: Activity Report 2017/18*, in the financial year to 31 April 2018:

- there was an increase in the number of deceased donors to 1,574, the highest number ever in the UK;
- the number of donors after brain death increased by 15% to 955, while the number of donors after circulatory death increased by 6% to 619;
- the number of living donors increased by 1% to 1,051, accounting for 40% of the total number of organ donors; and
- the total number of patients whose lives were saved or improved by an organ transplant increased by 7% to 5,090.⁷

The total number of patients registered for a transplant has fallen by 5%.⁸ This means that there were 6,044 patients waiting for a transplant at the end of March 2018, with a further 3,404 temporarily suspended from transplant lists. However, 411 patients died while on the active list waiting for their transplant and a further 755 were removed from the list (these removals were mostly because of deteriorating health and ineligibility for transplant and many of these patients would have died shortly afterwards).

There was an increase in the overall referral rate of potential donors from 88% to 92%.⁹ There were also increases:

- where a specialist organ donation nurse was present from 86% to 90%;
- in the overall consent/authorisation rate for organ donation from 63% to 66%; and
- in the number of opt-in registrations on the ODR, from 23.6 to 24.9 million at the end of March 2018. There were 517,124 opt-out registrants.¹⁰

The report also provided data regarding family consent rates. In cases where the patient's wish to donate was known at the time of potential donation, 91.9% of families consented to donation.¹¹ However, 90 families overruled the patient's known wish to be an organ donor (where they were registered on the ODR). There were also 49 cases where deemed consent applied and in 16 of those cases the family did not support donation. In cases where the patient had not expressed a wish to donate, or their register status was not known, the family consent rate was lower at 48.5%.

Focusing on the reasons why families did not give consent for donation, the most common reason given was that the patient had previously expressed a wish not to donate: this was reported in 22% of cases.¹² Other reasons given include:

- Family were not sure whether the patient would have agreed to donation (14.6%)
- Family felt the length of time for donation process was too long (13.2%)
- Family did not want surgery to the body (10.8%)
- Family felt the patient had suffered enough (6.3%)
- Family felt it was against their religious/cultural beliefs (6.1%)

Looking at longer term trends, the table below shows how the rates of organ donation in England have increased in the past ten years:

Table Two: Organ Donation Trends in England and Wales 2008–09 to 2017–18¹³

Year	England		Wales	
	Total Number of Deceased Donors	Deceased Donors Per Million Population	Total Number of Deceased Donors	Deceased Donors Per Million Population
2008–09	771	15.3	36	12.2
2009–10	830	16.1	41	13.7
2010–11	818	15.8	83	27.7
2011–12	887	17.0	75	24.9
2012–13	1,020	19.2	56	18.3
2013–14	1,097	20.5	60	19.5

Year	England		Wales	
	Total Number of Deceased Donors	Deceased Donors Per Million Population	Total Number of Deceased Donors	Deceased Donors Per Million Population
2014–15	1,060	19.7	71	23.1
2015–16	1,134	20.9	75	24.3
2016–17	1,157	21.1	68	21.9
2017–18	1,349	24.4	79	25.4

Also of note are statistics published by the Government in response to the consultation on organ donation. The figures focus on donation in black, Asian and minority ethnic (BAME) communities, with the Government arguing that “the current shortage of organs is even more severe for people from black and Asian communities”.¹⁴ For example, it found that in 2017/18 in the UK, there were 1,487 black and Asian patients on the kidney transplant waiting list, but only 49 deceased kidney donors from a black or Asian background. Further to this, it stated that people from these communities were more likely to develop conditions such as high blood pressure, diabetes and certain forms of hepatitis than white people, and this makes individuals from these groups more likely to need a transplant.

House of Commons Stages

Second Reading

The bill received its second reading in the House of Commons on 23 February 2018. Introducing the bill, Geoffrey Robinson (Labour MP for Coventry North West) outlined the cross-party support it had received:

I have seldom seen such unanimous support across the House, with the eleven Members who have sponsored the bill representing seven political parties in this House.¹⁵

Mr Robinson also thanked both the Prime Minister, Theresa May, and the Leader of the Opposition, Jeremy Corbyn, for their personal support. Focusing on the purpose of the bill, Mr Robinson stated:

Why are we actively looking towards implementing an opt-out solution at this stage? In England, for example, the situation is disappointing. We have some of the lowest rates of consent for organ donation in western Europe. Low family rates of consent have been one of the major barriers to the donor rate increasing. In effect, that prevents one third of available organs from being used. They go straight to the grave or to the crematorium. None of us likes to think about the worst happening, and it is challenging to have conversations with family and loved ones about one’s wishes after death. However, one of the bill’s principle aims must be to encourage open discussions among families, so that an individual’s real wishes are known to their nearest and dearest.¹⁶

During the debate, Mr Robinson addressed concerns regarding the bill. Responding to those who questioned what consultation would occur with family and friends, Mr Robinson stated that “soft opt-out provisions” would be built into the bill. Commenting further, he explained that “as part of the soft opt-out, there will certainly be arrangements for families and close friends to express their opinions”, citing Spain, where “there is always consultation with every family member who can be

reached in time”, as an example.¹⁷ Mr Robinson also responded to concerns that the bill should not be considered the answer to increasing rates of organ donations, but only part of the solution:

I do not claim that my bill on its own is a panacea for our problems, but I am convinced that it is a vital prerequisite to the imparting of a new impetus to the increase in organ donations that we know the country urgently needs.¹⁸

Issues regarding how the bill would impact on some religious groups—especially the Jewish community—were also raised. Responding, Mr Robinson stated that he had been in touch with the Jewish community and there was support for the bill.¹⁹

In addition, Mr Robinson responded to comments by Philip Davies (Conservative MP for Shipley) that the opt-out system in currently in place in Wales has had no impact on the number of organ donors, with some organisations suggesting that it has even led to a reduction in donors.²⁰ He referenced an article published in the *British Medical Journal* in February 2018 which found that Wales has seen more registered donors and fewer family refusals than any other part of the UK since the introduction of the opt-out system.²¹ The issue of deemed consent involving people who lose capacity towards the end of their lives was also raised, but full discussion of the issue was postponed until committee stage.

Speaking for the Government, Jackie Doyle-Price, Parliamentary Under Secretary of State for Mental Health, Inequalities and Suicide Prevention, confirmed that the Government would give the bill “our wholehearted support”.²² She also responded to concerns raised during the debate, stating:

A number of Members expressed concern about moving from an opt-in system to an opt-out system, and I reassure them that the concept of organ donation being a gift voluntarily given by the donor remains central to the bill’s principles. There can be no question of the state taking control of organs, which is why the ability to opt out is central to the bill. Opting out will have to be made extremely easy, and people will have to be able to continually revisit their decision if they wish to change their mind. It is also central to the bill that family consent is respected. The circumstance in which someone is able to donate their organs is clearly traumatic and difficult. In considering the whole period at the end of life and the struggle that surgeons are undertaking to save lives, it is important that we are sensitive about that time. We need to be sure that, once someone has lost the capacity to give consent, their family, as next of kin, have their rights protected. I have no doubt that we will explore some of those issues in committee.²³

Responding for Labour, Sharon Hodgson, Shadow Minister for Public Health, also gave her support to the bill, stating that it would “be a great asset” in helping to increase the number of people on the organ donor register.²⁴

Public Bill Committee

The bill’s committee stage was considered by a public bill committee in a single sitting on 12 September 2018.²⁵ Seven amendments were tabled jointly in the names of Geoffrey Robinson and Jackie Doyle-Price: all were agreed to and added to the bill.

The committee amended clause 1 to replace the term “relevant material” with “permitted material” in several places. Explaining the change, Mr Robinson stated that it would ensure that deemed consent would only apply in respect of permitted material, meaning that any consent for organ donation would only apply to organs usually used, rather than for “novel transplants” such as limbs and faces.²⁶ He argued that the change was important “to ensure that consent is considered to be in place only for organs and tissues that are in line with the public’s perception of donation”.²⁷ He also claimed that the

amendments would build on the public's trust in the system and "avoid unnecessary distress to the friends and family of the deceased if the new arrangements were also to cover novel transplants".²⁸

A further amendment to clause 1 provided a definition of permitted material. This would be set out in a statutory instrument which would outline which organs would be included and excluded from the new approach.²⁹ It also established that the statutory instrument would be subject to the affirmative procedure. Lastly, the committee changed the long title of the bill to show that it would amend the Human Tissue Act 2004.

Commenting during committee, Jackie Doyle-Price reiterated her support for the bill, referring to the amendments as a "tidying-up exercise".³⁰

Report Stage and Third Reading

Due to no amendments being tabled for report stage, the bill went straight to third reading where it was passed without division. During third reading, which took place on 26 October 2018, Dan Jarvis (Labour MP for Barnsley Central) stood in for Geoffrey Robinson (who was absent due to illness) and restated the purpose of the bill.³¹ Mr Jarvis also acknowledged that the bill was "only part of the way to increase the number of people willing and able to donate their organs", arguing that it was important that open discussions on the issue take place in families and communities.³²

Representing Labour, Sharon Hodgson, the Shadow Minister for Public Health, gave her continued support for the bill. She agreed with Mr Jarvis that "the campaign to increase organ donors will not end with this bill".³³ Outlining a number of issues relating to the bill, Mrs Hodgson focused on work that could be done to support the bill, claiming that there was a need for: a communications strategy/media campaign; investment in health infrastructure (including to the workforce); and an increase in the number of organ donation specialist nurses.³⁴ In addition, she focused on an issue which had been discussed in previous debates on the bill: the low number of organ donors and the high number of patients requiring a transplant in black, Asian and minority ethnic (BAME) communities.³⁵

Speaking for the Government, Jackie Doyle-Price, also noted the need for more BAME donors due to the increased risk of suffering from a condition which would require a transplant that members of those communities face.³⁶ She also focused on situations where due to reasons of faith, some do not support transplantation. Commenting on this she stated:

We have been working with various faith leaders to develop messages and materials to reassure people that the practice is consistent with their beliefs. I am grateful to my hon Friend the Member for Torbay (Kevin Foster) for mentioning that the Board of Deputies of British Jews supports the bill. We have had similar conversations with representatives of the Hindu faith, the Sikh faith and the Muslim faith, as well as with Christian churches.³⁷

Outlining plans for the bill following royal assent, Ms Doyle-Price commented:

On timing, we hope that the bill will receive royal assent by March, in which case the Human Tissue Authority is all set to go to produce a first draft of the code by May. That will be followed by a 12-week consultation on the draft guidance with stakeholders, including faith groups, so there will be another opportunity for us to address any concerns properly at that time. We expect to lay that guidance before Parliament next September. I can therefore assure the House that we intend to make use of this bill speedily once it has received royal assent.

Government Consultation/Policy

In December 2017, the Government launched a consultation on its plans to change the law on organ donation in England by introducing the principle of opt-out consent.³⁸ It set out the following proposals:

- from spring 2020, everybody will be considered willing to donate their organs after they die unless they have recorded a decision not to do so or are in an excluded group;
- the public will be given time to consider the impact of this change and the Government will launch a national media campaign to raise awareness;
- while the default position will change, there will always be a discussion involving the family, the specialist nurse, and clinicians, if donation is a possibility on someone's death;
- since faith often plays an important part in one's organ donation decision, we have proposed measures to make sure people feel confident that their faith will be considered, if they sign up to be a donor; and
- people will be able to record their decision on the NHS app from the end of 2018, which will make the register more accessible.³⁹

The consultation received over 17,000 responses, making it the biggest consultation ever run by the Department of Health and Social Health.⁴⁰ In the Government's response, the contributions made to the consultation were summarised in relation to each of the nine questions posed.

The Government stated that although 80% of people in England were willing to—or would consider—donating some or all of their organs, only 37% had recorded their decision on the ODR.⁴¹ It argued that this gap was problematic because “when a patient's wish to donate is not known at the time of potential donation, the decision falls to the family in distressing circumstances, and in many cases they do not give consent”. As a result, the Government stated it aimed to change the law “to shift the balance of presumption in favour of organ donation”. Its approach to making this change is set out in detail in the consultation response.

Commentary

All the main political parties have expressed support for the current system to be changed.⁴² The *Mirror* has also supported a change in the law through its “change the law for life” campaign.⁴³ The campaign was fronted by Max Johnson, a ten-year old who was saved by a heart transplant he received after the donor, nine-year old Keira Ball, died in a car accident. During the bill's stages in the House of Commons, the story of Max and Keira was referred to numerous times by MPs, with many referring to the bill as “Max's and Keira's law”.⁴⁴

The change has also been endorsed by the British Medical Association (BMA), which has campaigned for an opt-out system since 1999.⁴⁵ Following the announcement by the Prime Minister, Theresa May, that the current system of consent would be changed during her party conference speech in 2017, the BMA council chair, Chaand Nagpaul, stated:

The decision to introduce an opt-out system for organ donation in England is excellent news. The BMA has lobbied and campaigned tirelessly on this for many years and [it] has the potential to save many lives. It is important that the new process is well publicised to ensure the public are fully aware of and understand this important change. The health service must also have the resources, as well as facilities, to ensure transplant procedures can be performed when they are needed.⁴⁶

Orin Lewis, chief executive of Afro-Caribbean Leukaemia Trust and co-chair of the National BAME Transplant Alliance (NBTA), responded positively to the announcement of the government consultation:

As a parent of a young man who sadly passed away from multiple organ failure, I gladly welcome the Prime Minister's decision to instigate a much needed public consultation on the relative positive and negative merits of England having an opt-out donation policy. Looking forward I am expecting a wide spectrum of heated but ultimately constructive views and opinions from key stakeholders across the public domain, with the end goal of ultimately saving many more lives across the wide diversity of patients in England needing an organ transplant.⁴⁷

Support for the bill has also been given by the British Heart Foundation. John Maingay, director of policy and public affairs for the charity, argued:

Introducing an opt-out system for organ donation will help to increase the number of organs available to those who so desperately need them. As the bill enters the House of Lords and we look forward to working with peers from across that House to help deliver a new system which, as part of a range of measures, could help to save hundreds more lives.⁴⁸

However, the Nuffield Council on Bioethics has highlighted concerns that the proposed change of the system is not based on good evidence.⁴⁹ It referred to research published by the Welsh Government—which passed opt-out legislation in 2015—which found that “the introduction of opt-out has, as yet, had no impact on the number of organ donors in Wales”.⁵⁰ Commenting on this, the director of the council, Hugh Whittall, stated:

We fully endorse the aim of increasing the rate of donated organs, but we are concerned that making a legislative change based on poor evidence risks undermining public trust in the organ donation system, and could have serious consequences for rates of organ donation.⁵¹

The council also argued that there was good evidence that other actions could increase the rates of donated organs, including better support and communication between specialist nurses and bereaved families, raising public awareness, and encouraging family discussion.⁵²

Research by Queen Mary University of London has also argued that a system of presumed consent could lead to fewer organs being available for use.⁵³ Explaining this, Dr Yiling Lin said the research showed that the number of vetoes was likely to increase where there was no explicit consent in the first place. As a result, she claimed that the changes to the system resulting from the bill would increase the number of people on the organ donation register, but not the number of actual donations.

Professor Chris Rudge, the former national clinical director for transplantation at the Department for Health from 2008 to 2011, has also voiced concerns in an article for the *Times*. Commenting on the issue, he stated:

I think I would opt out because organ donation should be a present and not for the state to assume that they can take my organs without asking me. [...] I am so horribly opposed to a change in the law and I wouldn't like to be put in that position. Changing the system may take away people's faith and trust in organ donation.⁵⁴

Bishop John Sherrington, who speaks for the Catholic Bishops' Conference of England and Wales, has commented on the issue, raising a related concern:

It is important that there is a positive ethos of donation as a free gift with informed consent, which could be endangered by a proposal to move from voluntary donation to presumed consent.⁵⁵

However, NHS Blood and Transplant (NHSBT) has said “all the major religions in the UK support the principles of organ donation and transplantation and accept that organ donation is an individual choice”.⁵⁶ Focusing specifically on the Jewish faith, Chief Rabbi Ephraim Mirvis has given support to the proposed legislative changes, “as long as consent is in line with halachic advice”.⁵⁷ The Board of Deputies of British Jews has also stated that “there are some positive signs in the Government’s announcement of how a new system of consent for organ and tissue donation will work”.⁵⁸

Further Information

- House of Commons Library, [The Organ Donation \(Deemed Consent\) Bill 2017–19](#), 25 October 2018

¹ Human Tissue Authority, '[Deceased Organ Donation](#)', accessed 12 November 2018.

² This includes: a spouse or partner (including civil or same sex partner); parent or child; brother or sister; other relatives; or a friend of long standing.

³ NHS Blood and Transplant, '[Consent](#)', accessed 12 November 2018.

⁴ *ibid.*

⁵ [HC Hansard, 26 October 2018, col 610.](#)

⁶ NHS Blood and Transplant, '[Is Organ Donation Law Changing?](#)', accessed 12 November 2018.

⁷ NHS Blood and Transplant, [Organ Donations and Transplantation: Activity Report 2017/18](#), 2018, p 2.

⁸ *ibid.*

⁹ *ibid.*

¹⁰ *ibid.*

¹¹ *ibid.*, p 126.

¹² *ibid.*, p 136.

¹³ NHS Blood and Transplant, '[Annual Activity Report](#)', accessed 14 November 2018.

¹⁴ Department of Health and Social Care, [The New Approach to Organ and Tissue Donation in England: Government Response to Public Consultation](#), 5 August 2018, p 7.

¹⁵ [HC Hansard, 23 February 2018, col 445.](#)

¹⁶ *ibid.*, col 446.

¹⁷ *ibid.*, col 449.

¹⁸ *ibid.*

¹⁹ *ibid.*, col 447.

²⁰ *ibid.*, col 451.

²¹ *ibid.*, cols 450–1 and Andreas Albertsen, '[Deemed Consent: Assessing the New Opt-Out Approach to Organ Procurement in Wales](#)', 1 February 2018, *Journal of Medical Ethics*, vol 44 issue 5, pp 314–18.

²² *ibid.*, col 482.

²³ *ibid.*, col 484.

²⁴ *ibid.*, col 482.

²⁵ A money resolution for the bill was tabled on 11 September 2018, prior to the committee stage, and agreed to ([HC Hansard, 11 September 2018, col 722](#)).

²⁶ [HC Hansard, 12 September 2018, col 4.](#)

²⁷ *ibid.*

²⁸ *ibid.*

²⁹ *ibid.*, col 5.

³⁰ *ibid.*, col 10.

³¹ [HC Hansard, 26 October 2018, cols 587–8.](#)

³² *ibid.*, col 588.

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- ³³ [HC Hansard, 26 October 2018, col 591.](#)
- ³⁴ *ibid*, cols 591–2.
- ³⁵ *ibid*, col 591.
- ³⁶ *ibid*, col 609.
- ³⁷ *ibid*.
- ³⁸ House of Commons, '[Written Statement: Update on Organ Donation in England](#)', 12 December 2017, HCWS338.
- ³⁹ Department of Health and Social Care, '[Introducing 'Opt-Out' Consent for Organ and Tissue Donation in England](#)', 12 December 2017.
- ⁴⁰ Department of Health and Social Care, '[The New Approach to Organ and Tissue Donation in England: Government Response to Public Consultation](#)', 5 August 2018, p 4.
- ⁴¹ *ibid*, p 6.
- ⁴² Conservative Party, '[Theresa May's Speech to Conservative Party Conference 2017](#)', 4 October 2017; Labour Party, '[Jeremy Corbyn Speech to Labour Party Conference](#)', 27 September 2017; Scottish National Party, '[Does the SNP Support a Soft Opt Out System for Organ Donation?](#)', accessed 12 November 2018; Andrew Gregory, '[Sir Vince Cable: Nearly 500 People Died Last Year Waiting for Donors... That's Why I Am Backing Mirror's Campaign](#)', *Mirror*, 20 September 2017; and House of Commons Library, '[The Organ Donation \(Deemed Consent\) Bill 2017–19](#)', 25 October 2018, p 31.
- ⁴³ *Mirror*, '[Change the Law for Life](#)', accessed 12 November 2018.
- ⁴⁴ [HC Hansard, 26 October 2018, col 611.](#)
- ⁴⁵ British Medical Association, '[Organ Donation](#)', 11 September 2018.
- ⁴⁶ British Medical Association, '[Move Towards Presumed Consent Organ Donation](#)', 4 October 2017.
- ⁴⁷ National BAME Transplant Alliance, '[NBTA Welcomes 'Opt-Out' Consultation](#)', 12 December 2017.
- ⁴⁸ British Heart Foundation, '[Changes to Organ Donation System in England a Step Closer to Becoming Law](#)', 26 October 2018.
- ⁴⁹ Nuffield Council on Bioethics, '[Nuffield Council on Bioethics Raises Concern Over the Lack of Evidence to Support Government's Planned Move to Opt-Out Organ Donation](#)', 23 February 2018.
- ⁵⁰ *ibid*.
- ⁵¹ *ibid*.
- ⁵² *ibid*.
- ⁵³ Sarah Knapton, '['Opt-Out' Organ Donation Scheme may Lead to Fewer Transplants, Experts Warn](#)', *Telegraph* (£), 16 August 2018.
- ⁵⁴ Sarah-Kate Templeton, '[Ex-Transplant Chief Chris Rudge: My Doubts About New Donor Plans](#)', *Times* (£), 8 October 2017.
- ⁵⁵ *ibid*.
- ⁵⁶ NHS Blood and Transplant, '[Organ Donation and My Beliefs](#)', accessed 12 November 2018.
- ⁵⁷ *Jewish News*, '[Chief Rabbi Cautiously Welcomes New Organ Donation System](#)', 7 August 2018.
- ⁵⁸ Board of Deputies of British Jews, '[Positive Signs in New System of Organ Donation](#)', 6 August 2018.

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