

These notes refer to the Organ and Tissue Donation (Deemed Consent) Act (Northern Ireland) 2022 (c.10) which received Royal Assent on 30 March 2022

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EXPLANATORY NOTES

BACKGROUND AND POLICY OBJECTIVES

3. The donation of organs and tissues after death helps to save and improve many lives in Northern Ireland each year. Just one donor could transform the lives of up to nine other people. Last year in Northern Ireland there were 51 deceased donors, resulting in 113 transplants throughout the UK. In total, 87 Northern Ireland residents received transplants.
4. There is widespread public support in the United Kingdom for organ donation, with around 80% of people saying that they support organ donation ‘in principle’, and would be willing to donate their organs and tissue after they have died. Over the last 10 years, the number of organ donors has increased by 75% and transplants from deceased donors have increased by 56%. There are almost 25 million people on the NHS Organ Donation Register (ODR).
5. Despite this, there is a shortage of donors in Northern Ireland, with around 115 people waiting for a transplant. Over half a million people die each year in the UK, but only around 5,000 of those die in circumstances that mean that their organs could be considered for transplantation. Since the introduction of an opt-out system in Wales, consent rates from deceased donors in Wales have increased from 58% in 2015 to 70.7% in 2020. However, the international standard for world class performance is recognised to be an 80% consent rate. This is the target consent rate to which all UK regions have aspired within the current UK-wide strategy (2013-2020). However, the current overall consent rate across the UK (for the year 2019/20) is around 70%. The consent in Northern Ireland is 64%, and has not increased significantly for several years despite consistently high levels of support for organ donation and consistent growth in registrations on the ODR.
6. Under the current rules in Northern Ireland, a person is considered a possible organ donor following their death if they actively took steps to consent in their lifetime or in the absence of a decision made in life, the family can consent on the patient’s behalf.
7. The main policy objective is to increase the current rate of consent in the small number of cases in which it is clinically possible for organ donation to proceed

after a person's death. Doing so will increase the overall number of donors, and ultimately the number of lifesaving organs available for transplantation.

8. Whilst a change in the law will not increase the number of cases in which it is clinically possible for organ donation to proceed after a person's death, it has the potential to increase the consent rate in situations where a potential organ donor has been identified. This is generally a person for whom further intensive care has no prospect of bringing about recovery.
9. The Act would change the current system in Northern Ireland, from one where people can choose to 'opt in' or 'opt out' on the ODR, to a new statutory opt-out system in which consent is deemed of presumed except in certain exempt circumstances, or if a person has made a decision to opt out during their lifetime. This is often referred to as "deemed consent".