



# Human Tissue Authority

Information about living-donor transplants

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Most organs for transplants are donated from people who have died, but every year, more and more people receive organs from living donors. This leaflet provides information if you are considering a living-donor transplant. It gives details about:

- the law around living-donor transplants (the Human Tissue Act 2004 and the Human Tissue (Scotland) Act 2006) and the role of the organisation which regulates these transplants (the Human Tissue Authority);
- the assessment process that the donor and the person who needs the transplant (the recipient) need to go through before they can go ahead with the transplant;
- who can become a living donor; and
- how to give valid consent (or permission) to donating or receiving a vital organ (for example, a kidney or part of a liver).

It is important that you read this leaflet, together with all of the other information that you receive. That way, you will be fully informed about what is involved for both the living donor and the person who receives the organ.

## What is the Human Tissue Authority?

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After consulting the public, the Government updated the law relating to transplants. The new law – called the Human Tissue Act (HT Act) – reflects improvements in good practice and makes sure that people know how to give appropriate consent for transplants.

We, the Human Tissue Authority, were set up to provide advice and guidance about the HT Act and to make sure that people follow it. We aim to support patients, families and professionals in this area by increasing confidence in the systems we put in place. We are made up of both lay members (members without a professional interest) and professional members, including a senior transplant specialist.

As part of the new law, we will need to approve all transplant operations involving living donors following an independent assessment. This will be the case whether the donor is related or unrelated to the person who receives it.

## Why living-donor transplants?

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Organ failure develops when vital organs such as the kidneys, heart, lungs, liver or pancreas fail and cause life-threatening illnesses. Many people with organ failure would choose to have a transplant, and each year more and more people benefit from transplants from living donors.

Kidneys are often donated from living donors, and these transplants are usually very successful. In kidney donation, the risks to the donor are small and are reduced by fully assessing the donor before they donate their organ. However, donating a kidney involves major surgery, and this must be fully understood before the operation is planned. If a transplant from a kidney donor can be planned beforehand, this offers the best outcome for both the donor and the recipient, who may be able to avoid dialysis treatment. In the long-term, there is no effect on the health of someone who is assessed as being healthy and suitable to donate a kidney.

Living people do not usually donate other organs, but occasionally people choose to donate parts of their liver, lungs or bowel for transplants. Donating these organs is more complicated and the risks to the donor must be considered very carefully to make sure that they are acceptable. Your local transplant centre will be able to give you more information about this so that you know exactly what is involved.

## Who can become a living donor?

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The outcome of transplants between unrelated living kidney donors and recipients are as successful as transplants between donors and recipients who are related by blood (genetically related). Previously, living donations were to genetic relatives and to people with close personal relationships (people who were not genetically related but had an emotional tie with one another). The HT Act allows more flexibility in who can donate to whom, so that more people can benefit from a living-donor transplant.

The new options for living-donor transplants are as follows.

- 1 A donor and recipient whose blood groups or tissue types are mismatched (or incompatible) can be paired with another donor and recipient in the same situation. This is called 'paired donation'. Sometimes, more than two donors and two recipients will be involved in the swap (called 'pooled donation') but each recipient will benefit from a transplant that they would otherwise not have had.

Paired or pooled donations have only been used for kidney transplants. Donor and recipient operations are planned to happen at the same time so that organs can be exchanged at the same time.

Your local transplant centre will be able to give you more information and assess whether you are suitable to be put forward for paired or pooled donation. If so, your details will be put on to a national register where they can be matched to a compatible pair.

- 2 A living person who has never met the possible recipient may be considered to become a donor. This is called 'non-directed altruistic donation'.

If you want to donate an organ, usually a kidney, to an unknown recipient, you need to contact your local transplant centre so you can be assessed. If you are assessed as a suitable donor and are still willing to go ahead, your name will be put forward to a national allocation scheme and then matched to a suitable person. This works in the same way that organs from people who have died are matched to patients on the waiting list.

There are special considerations to be taken into account for paired or pooled donation and non-directed altruistic donation, as these are very different from the usual living-donor transplants, where the donor and recipient know each other. It is important that the donor and recipient stay anonymous, and that confidentiality is respected.

## **Assessment and consent: what is involved?**

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Before a living-donor transplant can take place, the donor and recipient must be thoroughly assessed to make sure that it is safe and suitable for both people. This includes medical testing, compatibility checks and discussions about the risks and benefits of the procedure. The assessment makes sure that the donor and recipient can give full consent, on the basis of the best information available.

Wherever possible, the donor and recipient will have their own consultant who is responsible for their welfare. Other members of the healthcare team will also be involved in assessing the donor and the recipient. Both the donor and the recipient are completely free to withdraw from the procedure at any time during the assessment period, and up until the time of surgery.

## **What is the independent assessment process?**

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All donors and recipients need to see a local Independent Assessor (IA) who can recommend that we give our approval for the transplant operation to go ahead. The IA acts as our representative and is independent of the healthcare teams who have responsibility for the donor and recipient.

The IA will interview the donor and recipient both together and separately, and then write

a report. This is to make sure that the donor and recipient have been thoroughly assessed and understand what is involved in giving and receiving an organ. The IA must be satisfied that the donor is not under any pressure to donate and can give their consent freely and voluntarily. In particular, the IA will make a judgement about the nature of the relationship between the donor and the recipient, and the motivation for the donation. The IA must make sure that it is a legitimate relationship and that there is no financial or other incentive. When a child is the potential recipient, the adult who agrees to the transplant on behalf of the child will accompany them at the interviews.

The IA will ask both the donor and the recipient to provide documents that support the nature of their relationship. The type of evidence that is needed will vary according to the nature of the relationship, and the transplant centre will advise on this.

For transplants where the donor and recipient know one another, the IA can recommend that we give our approval for the transplant to go ahead once we are satisfied that the conditions for donation have been met. In the unlikely event that the IA cannot recommend we give our approval for a transplant to go ahead, the case will be referred to a panel of our members for consideration. In the extremely rare case that a child is considered

as a possible living donor, this will also be referred to us.

In the case of paired or pooled donation and non-directed altruistic donation, once the IA has made a local assessment they will apply to a panel of our members for approval for the transplant to go ahead.

The independent assessment process is not needed when an organ is removed as part of medical treatment and the patient is willing to become a living donor. An example of this is when a heart is removed so the patient can receive a heart and lung transplant, and the removed heart is then used for a transplant. In this situation, the person who receives the donated heart will be identified once it has been removed. This is called 'non-directed domino donation'.

## Note

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It is a criminal offence to carry out a transplant operation between two living people if the conditions of the HT Act are not met. This includes valid consent being given by the donor and recipient. It is also an offence to be involved in any buying or selling of human organs, or in advertising the buying or selling of human organs. The penalty for these offences is a prison sentence of up to three years, or a fine, or both.

## More information

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This leaflet is a guide only. For more information about us or the HT Act, visit [www.hta.gov.uk](http://www.hta.gov.uk) or contact:

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This leaflet is available on our website in Welsh, Urdu, Gujarati, Punjabi, Hindi and Bengali.

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