

Reviewer's report

Title: Organ Procurement Organizations Internet Enrollment for Organ Donation: Abandoning Informed Consent

Version: 1 **Date:** 1 August 2006

Reviewer: Christopher Doig

Reviewer's report:

General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Please confirm that the UAGA act (1968) and reference 16 is complete. I believe this act has undergone revision and is more recent than the date provided in the parentheses. On reviewing the provided http link, 23-06.2-12 (page 6/6 of the link) provides a date that the above is in effect after 1989.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. There is a syntax problem with the following sentence:

"The IOM has supported in principle the concept of presumed consent and proposes future legislative enactment to increase organ donors pool [12]."

Discretionary Revisions (which the author can choose to ignore)

1. In your discussion regarding UAGA and subsequent revisions, there is no discussion on whether OPO's are simply proceeding with signed donor consent, or requiring consent (or assent) of families. My understanding is that the normative standard for OPO's in North America is to obtain family consent (assent). Perhaps a short sentence to clarify this point would be helpful particularly given that in other countries presumed consent or required refusal is a standard.

2. I believe your discussion could be enhanced with a short comment on the moral propriety of IOM supporting presumed consent, yet not supporting mandated choice. I thought the IOM was an independent body. From your discussion the implicit message is that any action (for example legislation) that might decrease the organ donor pool is 'bad'. I guess either I don't understand IOM (maybe they're not independent) or more discussion must be placed on their justification for this decision.

3. You call for an independent body to take charge of the process for enrollment. I'm not sure if you mean for administering and managing a registry, for the process of consent in the ICU, or potentially both. If the process of consent in the ICU...why should this not be the sole responsibility of the ICU team? One reason against is that there might be institutional conflict that bears on the action of the members of the ICU i.e. we are a transplant hospital, we are doing enough transplants because of a lack of donors, do better or don't work here.

4. One issue not discussed in terms of content of the websites is the potential variability in practice in end-of-life care in the ICU, and the impact that might play on EOL decision making (see Cook et al JAMA 1995, NEJM 2003). I don't believe that this is mentioned in your discussion, and/or whether this information should comprise part of informed consent.

What next?: Accept after discretionary revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.