

FRIENDS OF THE SCOTSMAN /

Volunteers at St Columba's fulfil many functions and more are needed

This year, St Columba's Hospice isn't just marking 40 years since it opened in 1977. We are also celebrating over 40 years of volunteering!

The Hospice currently has over 650 volunteers, supporting us in everything that we do. We are proud and humbled that over 200 volunteers help in our shops, 70 people service our collecting cans, and many more support fundraising activities across Edinburgh and the Lothians. We have almost 60 drivers in our Patient Transport Team, and in total almost 400 people regularly come into the Hospice itself to help us in all sorts of ways – answer our phones, greet visitors, serve refreshments, arrange flowers, help on the wards, offer counselling, complementary therapy or chaplaincy support, and provide a huge range of behind-the-scenes office services.

One of our volunteers will be marking 40 years of volunteering this year, and we know that others who have joined recently were part of the original group, fundraising for the Hospice before it opened.

Hospices have a long and proud history of volunteer involvement. When Dame Cecily Saunders, the founder of the modern hospice movement, opened the first modern hospice, St Christopher's, in Sydenham in 1967, she made a deliberate commitment to involve volunteers.

Shortly afterwards, Anne Weatherill, who had the original vision to



As the hospice expands its essential services, there is a demand for more people to help out, says **Karen Filsell**

set up a modern Hospice in Edinburgh, was inspired by hearing Cecily Saunders speak here in Edinburgh in the late 1960s. In order to find out more, Anne volunteered at the newly-opened St Christopher's Hospice for three weeks – so she could be seen as not only the founder, but also the first person to volunteer for the benefit of St Columba's Hospice. Anne pulled together a small team of volunteers, equally committed to a hospice in Edinburgh and together they worked to raise awareness and money. Once Challenger Lodge had been purchased, volunteers furnished it and set it up and when local people living nearby heard about the new Hospice, they also volunteered to help out. The first member of staff was appointed in 1976 – by then, volunteers had already been involved for nine years.

Once the Hospice was up and running, volunteers became involved in providing teas, running reception, looking after plants and flowers on the wards, and looking after the Hospice garden. They continued to carry out huge amounts of fundraising in new ways – groups sprang up to run fundraising events, and a trading group

grew up, to oversee the selling of items to raise money for the Hospice.

The level of support was very strong. Soon after opening, the Hospice had 500 volunteers supporting it, and the first volunteer managers were appointed – Sheana Monteath and Joyce Will. As Hospice services and activities expanded, roles for volunteers expanded too. With the opening of Day Hospice came a need for drivers to bring patients in and take them home, and volunteers were asked to run the Murray Room and the Iona Room, where staff, volunteers, patients and visitors could get refreshments.

Today, our team ranges in age from 16 to over 90. Our volunteers are drawn from across Edinburgh and beyond to volunteer in the Hospice, others volunteer locally in one of our shops or by servicing local collecting cans, but most come into the Hospice.

Many will come because the Hospice has cared for a relative or friend, and they want to 'give something back'. Some are looking to develop their skills or confidence, before starting work, going back into work, or going on to study. And for some, we

are simply the most convenient place – just around the corner, and a great local charity! Whatever their reasons, we want to make sure that everyone enjoys their volunteering, and goes home knowing that they have made a difference.

As with all things, volunteering has changed. Volunteering now looks very different from the 1970s, when the Hospice opened, and it will continue to evolve. Changing patterns of work, later retirement, and a huge increase in youth volunteering are

beginning to affect who approaches us, and the time that they offer. So we need to think smarter!

In the last few years, we have developed new roles for volunteers. We now have a small team of volunteers with dogs (and a cat!), visiting the Hospice. We have hugely expanded our tin collecting team, more than doubling the amount we raise through this method, and also reminding local people that the Hospice is there for everyone. We have many gifted volunteers already, with qualifications or

working histories as nurses, counsellors, social workers or teachers. We want to find new ways of using their skills to help our patients and their families. We are also more thoughtful about how we involve volunteers with strong skills – we have a volunteer working with us to support the implementation of our strategy and measure our achievements, and another who is working with us to look at how we can best capture and respond to feedback. We are looking at more flexible working patterns for

volunteers, and using new technology for communication and support.

We have bold plans to modernise and expand the services provided by St Columba's Hospice over the next few years, and we know that the involvement of skilled and skilful volunteers as part of our staff team is a crucial part of helping us to reach as many people as we can, offer them appropriate support, and ensure that we can be with them, whatever their journey. If you want to be part of this exciting adventure, ring us on 0131 551

1381, and speak to someone in volunteer services. We would love to hear from you!

Karen Filsell, volunteer services manager



↑ St Columba's Hospice in Edinburgh opened 40 years ago, and volunteers have

been essential for even longer, starting before the hospice opened its doors, and they are still needed

Opt-out organ donor system open to charges of ignoring informed consent

Ethical problems abound over any opt-out system, says **Dr Calum MacKellar**

The Scottish Government indicated, at the end of June, that it intends to legalise an opt-out system for organ removal for transplantation. This enables persons to instruct that their organs not be removed after death (for example, by carrying a refusal card, informing relatives or joining a register) while the organs from all those who have not left such instructions can be removed and used.

In contrast, an opt-in system enables persons to specifically instruct that their organs be removed for transplantation after death (for example, by carrying a donor card, informing relatives or joining a register) while the organs from all those who have not left such instructions cannot be removed.

Debate has always existed about which system would enable more patients to benefit from life-saving transplants with those supporting either an opt-out or an opt-in system, being similarly motivated by compassion. Both want to see an increase in the number of organs for transplantation though they disagree on which system would be most effective and ethical.

The Scottish Government, apparently, believes that a specific opt-out system would increase organ transplantation rates. However, when Wales enacted a similar opt-out system, in December 2015, this did not have the expected positive result. In fact, the number of deceased donors went down from 64 individuals in 2015/16 to 61 individuals in 2016/17

with the number of organs used from deceased donors going down from 168 to 135 during the same period.

In this regard, it has always been doubtful that the opt-out system, itself, would make a difference. Spain is leading the world in deceased organ donation but as Dr Matesanz, a past director of the Spanish Organ Donation Office, argued: "Opting in, opting out in my opinion means nothing." In fact, he explained that although the opt-out system had been in place since 1979 in Spain, organ donation rates had remained low until changes to the organisational structure were made.

But even if opt-out systems did increase the number of organs for transplantation some very real ethical problems remain with such schemes. This is because opt-out systems

seek to increase the number of persons who can be considered as donors as a result of some people's unwillingness to think about death, lethargy or some other reason for not making a decision. However, for a government to use, in such a way, a refusal to make an important decision may be considered irresponsible. It may even undermine the very manner in which it should encourage accountable citizenship.

In Scotland, just over 40 per cent of the population are on the organ donor register, though over 90 per cent support organ donation. It should be noted, however, that the principle of informed consent does not relate to good intentions but responsible decisions.

Another reason why opt-out sys-

tems raise serious ethical difficulties is that it is impossible to be sure that all the persons in a country are aware of the system. From the very limited information available concerning other countries where opt-out systems have been in place for some time, evidence shows that only a minority of the population are actually aware that their organs can be removed if they say nothing.

To be sure, it is possible to question whether opt-out systems are actually using this situation to increase the number of organs available but the very fact that a change is being proposed from an opt-in system (where such a situation cannot take place) to an opt-out system (where it can) is significant. In a way, changing to an opt-out system could be seen as using

a person's ignorance of the scheme to increase the number of organs for transplantation which could be considered as a form of deceit.

Of course with the Scottish Government proposal nearest relatives will be asked to give their authorisation when a deceased person has not left any specific instructions. But serious mistakes may then happen because there is no certainty that the decision of the nearest relative is a true reflection of the wishes of the person at the time of his or her death.

It is thus inappropriate for the Scottish Parliament to support an opt-out system that may not provide real advantages to patients whilst compromising the concept of informed consent. This could even undermine public confidence in the transplantation

system and eventually reduce the number of organs available.

More can be done to increase the number of organ donors for transplantation under an opt-in system while, at the same time, encouraging societal responsibility.

Dr Calum MacKellar, Director of Research of the Scottish Council on Human Bioethics



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