literature.^{5,5} We appreciate Grewal *et al*'s comments about our methodology but this should not undermine the findings of our study, which are still clinically relevant.

References

1. De Haan R, Pattyn C, Gill HS *et al*. Correlation between inclination of the acetabular component and metal ion levels in metal-on-metal hip resurfacing replacement. *J Bone Joint Surg Br* 2008; **90**: 1,291–1,297.
2. Hart AJ, Buddhdev P, Winship P *et al*. Cup inclination angle of greater than 50 degrees increases whole blood concentrations of cobalt and chromium ions after metal-on-metal hip resurfacing. *Hip Int* 2008; **18**: 212–219.
3. Langton DJ, Jameson SS, Joyce TJ *et al*. The effect of component size and orientation on the concentrations of metal ions after resurfacing arthroplasty of the hip. *J Bone Joint Surg Br* 2008; **90**: 1,143–1,151.
4. Tannast M, Langlotz U, Siebenrock KA *et al*. Anatomic referencing of cup orientation in total hip arthroplasty. *Clin Orthop Relat Res* 2005; **436**:144–150.
5. Beaulé PE, Lee JL, Le Duff MJ *et al*. Orientation of the femoral component in surface arthroplasty of the hip. *A biomechanical and clinical analysis. J Bone Joint Surg Am* 2004; **86**: 2,015–2,021.

Presumed consent for organ donation

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COMMENT ON

Koffman G, Singh I, Bramhall S. Presumed consent for organ donation. *Ann R Coll Surg Engl* 2011; **93**: 268–272
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After reading the two well written articles on organ donation in the May 2011 issue, I can appreciate the views of both Koffman and Singh, and Bramhall on what is most definitely a controversial topic. I myself am not only a current surgical trainee but also a recent lucky and grateful recipient of one of the relatively few but growing number of live donor renal transplants being performed in the UK today. Obviously, I have strong views on this particular issue albeit with some natural degree of bias. For this I make no apologies. Needless to say, I come out in favour of a change in law towards an approach of 'soft' presumed consent.

Although I do not necessarily expect such a change to bring about the immediate improvement in donor numbers that will make the UK in any way comparable with the majority of Europe, I do anticipate it prompting a change in attitude within the general public on the topic of organ donation. At present, despite several large-scale national campaigns targeted towards increasing awareness of organ transplantation, a large section of the public remains disengaged over the important issues at hand. Until there is a better way to encourage individuals to make an active decision over their position on organ donation, I would not expect current donor figures to change dramatically.

A move in changing the current law is still unlikely to engage today's population in the subject immediately. It would, however, have a greater effect and go some way towards encouraging future generations at least to consider

their own views and, ideally, make an early decision over their individual position on becoming an organ donor. In conjunction with future developments and improvements in communication, infrastructure and facilities, this should at least partially alleviate the current gap between the clinical requirement and donor numbers.

I reached my own personal decision on organ donation several years ago, prior to finding out how important an issue it would become later in my life. I took (and still take for that matter) the opinion that an individual who would be happy to accept an organ in the event that it became a necessity should also be of the view that he or she would act as a donor on death should that be an option. Subsequent to this, I would still be in favour today of a more aggressive 'happy to accept, happy to donate' policy. This opinion is likely to be regarded by many as jumping from the 'political frying pan' that currently surrounds presumed consent into the even more controversial 'ethical fire'.

Author's response

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Many thanks for your interest in our article. I agree entirely that the UK population needs to engage in a debate about organ donation and organ transplantation. I am just not sure that presumed consent legislation is the best means to start that debate. There is a serious risk that if handled badly or even if the UK press takes a dislike to government meddling then we could make the situation a whole lot worse and it would have cost us a lot of money to achieve nothing.