

Presumed consent and organ donation: The Netherlands experience and implications for Türkiye

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ABSTRACT

In this article, we discuss the presumed consent and organ donation and the Netherlands experience and implications for Türkiye.

Keywords: organ donation, presumed consent (opt-out), Türkiye, the Netherlands

Dear Editor,

Organ and tissue donation is not merely a clinical practice but also a major public health issue shaped by legal regulations, societal trust, and cultural and religious values [1]. In this context, the presumed consent (opt-out) organ donation model implemented in the Netherlands in July 2020 represents a noteworthy example for evaluating the effectiveness of donation policies. In Türkiye, however, the explicit consent (opt-in) system is still in place, which contributes to persistently low rates of deceased organ donation.

Following the transition to the opt-out system in the Netherlands, a marked increase in donor registrations has been observed. According to data from Statistics Netherlands (CBS), approximately 58% of the adult population was registered as organ donors by 2025. A substantial portion of this increase is attributable to individuals being registered under the “no objection” status when no active preference is declared [2]. This indicates that the system has expanded the potential donor pool.

Significant differences exist between the two countries in terms of deceased donor rates per million population (PMP). According to the 2024 Newsletter Transplant report, the deceased donor rate in the Netherlands was 17.3 PMP, whereas in Türkiye it was approximately 3.6 PMP. In contrast, Türkiye ranks first worldwide in living donor organ transplantation rates [3]. This disparity suggests the persistence of legal and sociocultural barriers to deceased organ donation in Türkiye.

From a legal perspective, the Netherlands model offers a structure that prioritizes public benefit while preserving individual autonomy. Citizens are able to modify their donation preferences at any time through digital systems, and the process is grounded in transparency [2]. In Türkiye, however, even when individuals have declared their willingness to donate during their lifetime, the legal requirement for family consent after the diagnosis of brain death remains one of the most significant limiting factors in the donation process [4].

The social and religious dimensions are of particular importance in the Turkish context. Although the current system has fostered a strong culture of living donation, deceased donation rates remain low. Studies indicate that a considerable proportion of hesitation toward organ donation stems from religious concerns and a lack of adequate understanding of the concept of brain death [5]. Nevertheless, saving human life is recognized as a fundamental moral value in Islam and has been emphasized by many religious authorities [6]. In the Netherlands, extensive public information campaigns and trust-building efforts during the transition to the opt-out system contributed to greater societal acceptance.

In conclusion, the Netherlands experience demonstrates that the presumed consent model alone is not sufficient; however, when supported by a robust legal framework, transparent digital registries, comprehensive public education, and policies sensitive to cultural and religious considerations, it can be effective. In Türkiye, a potential transition to an opt-out system, if planned in a gradual, ethically grounded manner and through open dialogue with society, may offer a significant opportunity to increase deceased organ donation rates.

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