

This response was submitted to the consultation held by the Nuffield Council on Bioethics on Give and take? Human bodies in medicine and research between April 2010 and July 2010. The views expressed are solely those of the respondent(s) and not those of the Council.

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Report to the Nuffield Council on Bioethics re *Give and Take? Human*

bodies in medicine and research - A.C.Palmer

Question 1 - How far should we as a society go in encouraging or even incentivising people to provide material?

In my opinion this question should be considered under two headings:

- a) Human post-mortem specimens used for diagnosis and research.
- b) Human material used for organ transplants.

Human post-mortem specimens

Post-mortem examinations should be encouraged. I am reminded of a paper in the Journal of Pathology, many years ago, in which the author stated that some 40% of clinical diagnoses were incorrect. Progress in clinical diagnosis is heavily dependent on pathological evidence. Moreover pathology can reveal hitherto unrecognised diseases, and those of infectious, genetic and biochemical aetiology.

Organ transplants

At present the public is encouraged to agree to organ transplantation 'after your death'.

I have followed the literature concerning this subject for many years and in my opinion there is now considerable evidence suggesting that so-called 'brain stem death' is not a valid criterion of death. Despite calamitous degeneration of the cerebrum, there appears to be no clinical way of determining whether afferent pathways from the eye or nose are still functioning or whether hypothalamic function is viable. Infarction of the medulla can be located centrally, destroying brain stem vegetative nuclei, but sparing afferent sensory tracts which lie anatomically towards the periphery.

Most people consider death to occur when there is total arrest of the heart and circulatory system. They assume that 'brain stem death' is an acceptable alternative because it is advocated by their trusted medical advisers. They do not realise the circumstances of surgical transplantation, when the patient is still alive (by definition), where general anaesthesia is given (if the patient is lucky) and where clinical tests cannot exclude the possibility of sensory input. In my opinion this deception is a gross abuse of the trust given to the medical profession, in fact a denial of the Hippocratic oath.

In the veterinary profession, we are licensed to carry out euthanasia. This provision has not been extended to the medical profession.

I sometimes imagine the public outcry if pet animals were subjected to the same preoperative criteria (as presently applied to man) were organ transplantation to be viable in animals.

In my view, inviting people to agree to donate their organs for transplantation is acceptable provided individuals are told and understand the full implications and circumstances of the procedure.

Question 2 - What control should a person providing material have over its future use?

Under normal circumstances I do not think it necessary to inform a donor of pathological material about its subsequent use. Donors of organs for transplantation might have preferences regarding their final destination. I would suggest that is their privilege.

Question 3 - Can useful comparisons be made.....

I do not understand the burden of this question.