

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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Question 1

With the exception of reproductive material I cannot understand what ethical problems are encountered, it's only meat.

Question 2

Reproductive material, greater care should be given to protect the identity of donors compared to other bodily material if it is used successfully for fertilisation.

Question 3

I imagine the former hurts more.

Question 4

Other than technical risks from the operations for live donations the only ones I can perceive would be if a child conceived using reproductive mater came looking for a unknowing donor. The only costs are time and possible short term(?) discomfort for live donors, I don't see how a dead donor would care about costs or risks and the benefits would be for the family as they wouldn't have to deal with the body.

Question 5

The risks would be down the individual trials, as would the costs and the benefits seem obvious?

Question 7

Personally, if I'm dead I don't care what is used for what and if I'd alive I'd like to have the choice, but only as a nicety. Maybe people could choose to give to specific causes and wouldn't donate if that cause wasn't in need. Others could donate and list preferences but the material would get used elsewhere if it couldn't be used.

Question 8

No.

Question 9

I do not understand why values should come into it, especially for dead donations, it's not like those bodily materials are going to be used for anything else before the body is torched.

Question 10

Maximising health and welfare: self explanatory. I would also assume the

reciprocity would fall under this as someone willing to donate bodily material should have higher priority for receiving material than someone who will not contribute. The rest seem to fall under this or have no meaning to me.

Question 11

As long as material isn't wasted I do not see how, as a non-medical person, I could say what should get priority.

Question 12

If a person receives a donor material, especially organs, they should be obligated to become a donor at their own death. Those who do not wish to ever donate should be given a much lower priority for receiving donor organs in the first place. People may argue that they have the right to live and the right to take organs without reciprocating; do these same people assume that they have the right to take money from a bank without repaying it?

Question 13

I cannot think of one, but without being aware of the risks I cannot see a need for duty.

Question 14

Why would it be good to try and not meet demand?

Question 17

No; I would do it because it's the right thing to do, I don't understand why incentives would make a difference one way or the other.

Question 17

No, I donate it because it's the right thing to do (and costs nothing after death) so I don't understand why incentives make a difference one way or the other.

Question 18

I cannot think of any, but I would prefer indirect compensation. Maybe it's the idea of being paid for something I would give freely, or that indirect compensation seems more useful.

Question 19

The question is too subjective, how much time, discomfort and inconvenience?

Question 20

I am unaware of any developments. If I were to suggest one it would be to make the process of becoming a donor easier (may increase the amount a donor gives) or changing the policy to opt-out instead of opt-in (increase the number of donors as most people don't opt-in due to laziness).

Question 21

No, so long as the participant is fully aware of any risks.

Question 23

I don't know when someone would not give generic consent. The donated material should be used for the reason it was given, but if donated material cannot honestly be used for the specified reason I cannot understand objects to not using it else. Not doing so would be a waste.

Question 24

I believe so, but as I have neither children nor care for an adult without the capacity to make this decision I do not think I am eligible to answer. I know the wishes of all my family members in this regard and they are aware of mine.

Question 25

a) None, unless there's a dispute about which organisation gets which body parts.
b) I would prefer organ donation to be opt-out, not opt-in so a person's organs should be re-used if their wishes are unknown unless the family objects. Family members should not have the right to veto, ever. The idea is absurd, how does defying someone's final wishes show any sign of respect for the deceased?

Question 26

Medical research, unless the deceased has explicitly stated otherwise.

Question 27

No. This would be too open to abuse and there are enough people out there who aren't smart enough/ethical enough to be given this responsibility, especially when they care for others.

Question 28

If the donor is aware that their bodily material is being used to help a company make a profit when they donate and they agree to it then no. If the material is given in good faith for philanthropic reasons and then used to make a profit then the company should donate to the originally intended recipient.

Question 29

During life; they can choose to donate or not and to which causes if they wish.
After death: It's hard to say much after death, and what use will others have for the carcase if it is not used by medical science? My thoughts on this are that, except for religious reasons, the body should be automatically forfeit to the donor program/medical science.

Question 30

Information on donating bodily material is scarce. Whilst I am happy to donate any and all material after death I am not sure what will and won't be used with a standard donor card. I would also be willing to consider all bodily material donations, but this survey is the most detail I've found on most of them and I still do not know enough. I'm not sure which question this answers, it only occurred to me towards the end; I would object to the idea of donated bodily material being used for financial gain (i.e. drugs companies) if wasn't told that was a possibility when I donated. If they want the material they can buy it off of me.