

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.

Academy of Medical Royal Colleges and Faculties in Scotland

**COMMENTS ON**  
**NUFFIELD COUNCIL ON BIOETHICS**  
**GIVE AND TAKE? - HUMAN BODIES IN MEDICINE AND RESEARCH**

The Academy of Medical Royal Colleges and Faculties in Scotland thank Nuffield Council on Bioethics for the opportunity to comment on the policy document: Give and take? Human bodies in medicine and research.

Many of our members have responded to this consultation through their own colleges or faculties but we would like to highlight the following important points in the comments of our lay member to Section 5. The role of consent

***Question 22***

*How can coercion within the family be distinguished from the voluntary acceptance of some form of duty to help another family member?*

Our lay member has difficulty with the argument that an incentive simply increases the range of options open to people in need of money. If, for example, a person has been made redundant and is falling behind with the mortgage for the family home, in my view it is likely to encourage them to accept risks that they would otherwise have rejected. Of course, it depends on the sum of money involved, but in the current economic climate donating a kidney in return for 6 months' financial security (or whatever) may seem to a desperate person to be the lesser of two evils.

Among the things that have changed over the last 15 years is that living family donors are not just adults. When the potential living donor is a young sibling, there must be subtle coercion present not only in family hopes and expectations, but also the wish of the young donor to 'save' a sibling. It is impossible for the parents to be truly objective, and I would like the Nuffield Council to give some guidance about the level of psychological assessment and counselling which should be given, so that if necessary a young potential donor can be 'given permission' to refuse in a way which relieves them of the burden of guilt. Both of these observations relate to major organ donation and the extent of the risk (present and future) involved.

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