

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.

Question 1

Not to my knowledge and understanding.

Question 2

Reproductive materials.

Question 3

To my knowledge and understanding yes. When dead, one does no longer think of what the donated does to the person who received it, while being alive that can be a concern. It may fail to work, or worse, do harm to the recipient (cases of rejection).

Question 4

I have problems with these conventional categories because they force the respondent to think that everything that has a cost, has a risk or benefit, and I do not mean costs in the strict monetary sense. Maybe there are other approaches than those based on dualistic thought systems. Donating bodily material involves more than a cost, respective risk-benefit analysis, and that independently of the positional social relation to and with others.

Question 5

Again, you are asking in terms of risk-benefit and cost. It is a personal decision, and I think others should not interfere - they can give advice, but the decision rests with the individual whether to engage or not. I do not think donation of bodily materials can be thought of in these conventional terms. What cost, risks and benefits we do not know when taking the decision to participate, we can assess it, if we can, only after the intervention.

Question 6

I cannot think of any other.

Question 7

I have no objections to my bodily materials be used for research purposes, as long as I can give permission personally. I do not want others acting on my behalf, neither that my bodily materials are being used after my death for any purpose. I wish my organs to live in my body, and not in that of others, and likewise, I wish not to receive organs from other people, even if that would prolong my life.

Question 8

Never for investigational medicines, if I show a positive treatment response to existing medicines. My attitude to other categories of health technologies is

different. I participated in testing contact lenses, not because of cost, risk, or benefit reasons but simply because I was curious to see my reaction to different materials.

Question 9

These already cover a wide spectrum.

Question 10

I do not believe in ranking values. They have their own positionality, and do not think they can be pressed in a hierarchical system. Furthermore they relate to each other and cannot be singled out. They all matter the same to my understanding and thus have equal valence.

Question 11

It is a form of barter in any event, the form it takes, ie monetary or non, is secondary. Who is willing to give without getting something in return? It is the very nature of exchanging things, no matter if bodily or others, something is expected in return, even if it is just the attention received.

Question 12

There should be no moral duty or obligation to donate, nor should one feel obliged to. Donating should be based on a free will basis, and if there is a connotation to duty, even if it is moral, to me it means that the individual is not free but bound by such obligations, which I find is questionable on ethical grounds.

Question 13

No, for the same reasons I state in the previous question.

Question 14

This is again an economic approach to issues that are not just economic from the outset, or ought not be thought of in economical terms. Are you asking if donation of bodily materials should be demand-, or need-based driven? The next step might be to ask if it should be "target-driven", as it is already the case with life-saving treatments.

Question 15

These propositions again relate to business. No, I do not think there should be business incentives to stimulate donation of bodily materials or participation in Phase I trials, in whatever disguise they are presented to people.

Question 16

The source, I believe, does not make any difference, at stake is the question about the incentive in itself, not who launches it.

Question 17

If I am willing to donate, I am doing it because I want to do it, not because of an incentive, or having been incentivised to do it.

Question 18

It does not make any difference. In the end, it is about money received or saved. The idea of saving funeral costs, I find lacks respect to the dead person, in the first instance.

Question 19

I do not think there is any substantive difference. It is about reimbursed for incurred costs, a ticket has a market price, discomfort has a price, but that is not traded on the market. If there are complications after participating in a trial what difference does a refunded ticket, a day or two wage or a lump sum make?

Question 20

I am not familiar enough with this topic to express an opinion.

Question 21

Yes, should there be a law saying that if you do not actively object to donation of bodily materials, it can be taken of you. This applies in particular to unexpected and accidental death.

Question 22

I believe there is no clear line that makes a distinction possible. Pressure, I am thinking of mental pressure can have many forms making it difficult to pack them into two different boxes.

Question 23

No.

Question 24

To my understanding there is a significant difference. I have no experience with deciding for other, but find it extremely discomforting to think of taking decisions whose consequences will not be directly on me.

Question 25

a) None. The wishes of the deceased ought under no circumstances be violated, but fully respected. No veto right should be referred to family members. b) The family should act in the way they think the deceased person wanted to be treated after death. If that is likely to contradict a law that has been introduced to augment supply of bodily materials, the family should have a right of veto, to say no to donation, if they believe that the deceased person had voiced negative comments

about donation.

Question 26

To my understanding to no one. I have never thought about ownership of a dead body. It imparts entitlements, and I have problems even with the concept in itself. I would rather think of giving the deceased person's body back to nature and let the person rest in peace (regardless of the form of funeral), if the person did not say explicitly otherwise.

Question 27

No.

Question 28

Feed it back into the health innovation cycle.

Question 29

It should be used only within the remit the donor agreed to. If it is going to be used for other or future purposes the donor should be notified and asked. That should apply to all bodily materials used for treatment and research.

Question 30

None.