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.

QUESTIONS ANSWERED:

Question 1
ANSWER:
No comment

Question 2
ANSWER:
The obvious distinction is between: materials which regenerate in life (eg blood), and may therefore be surplus to requirements in a normal healthy adult; and non-regenerative materials, some of which some people might designate as 'special'.

Question 3
ANSWER:
Obviously: no patient can have capacity to give consent after death; any useful distinction between regenerative and non-regenerative materials ceases on death; some may argue that on death all human bodily materials become surplus to the individual's requirements and may thus legitimately be harvested at will.

Question 4
ANSWER:
Donations of material which regenerates, and which requires no surgical intervention to extract, eg giving blood: Cost - minor inconvenience (time, sometimes painful, a lousy 24 hours afterwards, but heck someone else needs the red stuff more than I do) Risk - minimal (infection, bad reaction afterwards) Benefit to donor - none except a feel-good factor and possibly kudos among a social or work group Live donations of other material, eg a kidney or bone marrow: As above, but massively scaled up Use of body parts after death: Cost - to donor, none (provided this has not affected quality of terminal care beforehand); to family/friends anguish if they are not happy about the procedure Risk - to donor, that treatment in the last hours of life is not in his/her best interests Benefit to donor - in death, none; beforehand, massive feel-good factor if this is something s/he believes in

Question 5
ANSWER:
Cost and risk are by definition not known beforehand, but may include deterioration in condition and delay in coming to terms with dying Benefit: also indeterminable beforehand. May include alleviation of symptoms; hope; renewed sense of purpose in life

Question 6
ANSWER:

Genetic testing: confidentiality of information; raising of unwarranted hopes or fears concerning future health

Question 7
ANSWER:
I do give blood. Would consider any donation of regenerative material on request, but not bits of me that I still need in life, nor any part of me after death.

Question 8
ANSWER:
Willingness would be more influenced by information on how much useful information could be gained from the trial.

Question 9
ANSWER:
The integrity of the human person: to my mind this is not quite the same as the concept of the 'dignity' of the human body (which I'm not sure I believe in)

Question 10
ANSWER:
The integrity of each individual human being should come first.

Question 11
ANSWER:
Material reward clearly does have the capacity to alter the balance of motivation in an individual, eg away from the altruistic. However, the significant ethical point is that material reward will always distort the process so as to encourage: a) the use of human bodily materials which are substandard (eg contaminated blood); b) the taking of bodily materials from people who are not medically fit to make a donation (eg selling a kidney because very poor); coercion of relatives to agree to use of body parts after death against their own better judgement (eg a poor family agreeing to costs of a funeral being met even if they are deeply distressed at not having the whole body to bury).

Question 12
ANSWER:
I am not sure that even giving blood comes into that category. Even though plainly I am alive, it is given for potentially saving others' lives, I can readily spare it, etc. If there is a moral duty, that is entirely between me and my maker. I rather think that blood donation is something done out of love (which is a separate ethical category).

Question 13

ANSWER:
I cannot think of any such circumstances.

Question 14
ANSWER:
No, 'demand' should not be made into some kind of god. We teach our children from their earliest days that "I want ..." is no basis on which to proceed. A demand-driven service will always be running hard to try and catch up with its own shadow.

Question 15
ANSWER:
To promote the kind of donations/participation that's wanted, yes: not financial incentives (for reasons noted above); but find out what people actually want. I strongly suspect that a THANKYOU is what most donors would appreciate. eg a personalised letter rather than the rather dreadful form letters that the Blood Service churn out

Question 16
ANSWER:
Not sure there are any incentives which are unethical except in the effect they have, eg by encouraging donations which should not be allowed to happen (as noted above). and no, the source of the incentive makes no difference

Question 17
ANSWER:
No

Question 18
ANSWER:
No, there isn't.

Question 19
ANSWER:
Yes, but such a differentiation is so fine as to be insignificant. There are factors which it is v difficult to give a financial value, eg how much more do I actually have to spend on food on the morning and evening of a blood donation? I don't even know myself, but it's not nil - and they even wanted to stop giving donors a biscuit before they go home!

Question 20
ANSWER:
There won't be more effort put into finding artificial replacements for body parts

while the effort of the medical community is invested in human donations.

Question 21
ANSWER:
Financial reward for someone in very great economic need. Giving a potential donor wrong ethical information (eg telling them it's their moral duty).

Question 22
ANSWER:
Almost impossible to distinguish, especially if the family's linguistic and/or cultural background is different from that of medical staff concerned.

Question 23
ANSWER:
No.

Question 24
ANSWER:
Plainly there is a difference: making a decision for oneself, one is bound to give different weight to factors such as pain, fear, inconvenience; one may also engage in a degree of self-deception, consciously or unconsciously, about what the other person "would want".

Question 25
ANSWER:
Where the wishes of the deceased have not been expressed in advance, independently of the next of kin, that should be the end of the matter. It is not possible to establish beyond reasonable doubt what the wishes of the deceased would have been - other than that they cared so little about it that they couldn't be bothered to make their views known. Where the wishes have been made known during life: that's more tricky. If the deceased had not been in favour of donation, that should be the end of the matter. If the deceased had favoured use of body or bits of it after death, and the family do not agree, there could theoretically be room for SENSITIVE exploration of family members' feelings. But since I can't believe that that is what would actually happen in practice, then I can't see how this could be implemented. (How for instance to determine who is the person who should be giving permission? Gay partner if the person who is in law next of kin doesn't recognize the partnership, for instance? Views of one or more offspring, when there may be other children of whom no mention is made?) If next of kin refuse permission, that should be the end of the matter.

Question 26
ANSWER:
No one: they remain part of the deceased. (See above on the Integrity of the

Person.) People cannot lawfully be owned by any other person.

Question 27
ANSWER:
No.

Question 28
ANSWER:
No idea!

Question 29
ANSWER:
Absolute in the sense that no material may be used for any purpose other than that explicitly stated by the person concerned.

Question 30
ANSWER:
N/A