

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

##### **Question 2**

##### **ANSWER:**

Due to high emotions at the time, embryos or the deceased or discarded products of conception should receive special care. Equally any material that has the potential to create new life should be treated carefully, such that the new life is not created without the donor being aware of the possibility (obviously a sperm donation for infertility treatment carries that expectation, but donated for 'generic research' and a child was later conceived then people would feel aggrieved).

##### **Question 3**

##### **ANSWER:**

Yes. A donor may feel that during life they have more say in the matter, but after death more is down to the feelings of the relatives than the donor. These viewpoints may be contradictory. Equally, people donating whilst alive must be told the risks to themselves of the procedure, once dead the loss of a lung or kidney doesn't matter, but people may not be aware, or may be overly scared of the risks of live donation.

##### **Question 4**

##### **ANSWER:**

The costs and risks are probably the same - discomfort, inability to work for a period, risk to life and health. The benefits are in some senses less tangible - life, happiness & freedom for another person. The rewards are altruistic currently, which does not appeal to all.

##### **Question 5**

##### **ANSWER:**

Following previous trials which garnered media attention people do have a general skepticism of human clinical trials. The risks and potential costs are very high, and the rewards unquantified in the public consciousness.

##### **Question 6**

##### **ANSWER:**

No

##### **Question 7**

##### **ANSWER:**

Yes. I would be willing to donate to save life, less certain about prolonging or enhancing, and not for creating. I do not view life creation as a right that we all should have. There are too many children unloved and uncared for, they need to be helped first before infertile couples are given treatment. The question of prolonging and enhancing I think depends with the individual; where it is someone I know I am much more willing to help. The requirement to save life is high. However I do feel that my principles can be distorted by knowing who the organs would help. If it was a dire need I would be willing to help. If it was a 50 year old man with liver disease after drinking heavily for his life, or with lung cancer after smoking all his life I would never wish to donate to help them - their life choices resulted in their condition. Their choices. Not mine.

**Question 8**

**ANSWER:**

Yes. If it was a condition I suffered from, knew others that suffered from it or could dramatically alter the quality of someone's life I would be willing. If it was a new mild pain relief to supplant paracetamol I would have no desire to help. My priorities are based on how many and how drastically it would help.

**Question 9**

**ANSWER:**

Guilt, that you couldn't help another way Desire, for the reward

**Question 10**

**ANSWER:**

Justice should always take precedence.

**Question 11**

**ANSWER:**

No

**Question 12**

**ANSWER:**

Yes, after death when we no longer have need for our organs we have a moral duty to allow someone else to. During life the needs of the living for what they have is paramount.

**Question 13**

**ANSWER:**

No

**Question 14**

**ANSWER:**

No, we should have a system where supply for daily essentials (blood for instance) is greater than demand. For other requirements then yes, the demand should try to be met. The demand could be reduced by refusing certain treatments to those for whom the treatment is a choice (infertility) or the cause was a choice (addiction).

**Question 15**

**ANSWER:**

Yes. If payment is limited to the minimum wage then only the unemployed will take part. If you want more, then you must reward with a higher incentive.

**Question 16**

**ANSWER:**

Yes, but an unethical choice might encourage more to take part. The idea of rewarding donors by raising them up the list if they need a transplant is unethical, but potentially highly effective. Incentives from the family and friends of a donor would be very difficult to regulate and could be very persuasive.

**Question 17**

**ANSWER:**

No

**Question 18**

**ANSWER:**

Yes, indirect compensation is seen as 'cleaner' and less 'tainted', funeral expenses can be considered to be fair reward, helping someone who has helped you. It is also not a huge sum of money and would be appreciated by friends and family in the event.

**Question 19**

**ANSWER:**

No

**Question 20**

**ANSWER:**

In the short term, no. We still need humans to provide large scale material.

**Question 21**

**ANSWER:**

Yes, large value cash payments.

**Question 22**

**ANSWER:**

I'm not sure that you can other than extended interviews with the individuals

involved.

**Question 23**

**ANSWER:**

No

**Question 24**

**ANSWER:**

Yes. The individual must understand the risks involved and must be able to say no.

**Question 25**

**ANSWER:**

The family has no part to play. If the wishes are known then they should be followed. If unknown then we should presume consent. The family should have no veto.

**Question 26**

**ANSWER:**

If the wishes of the deceased person is known then if consent is given those body parts belong to 'medical science' otherwise they belong to the family. If no wishes are known then the body should belong to 'medical science'.

**Question 27**

**ANSWER:**

No

**Question 28**

**ANSWER:**

No, if they were rewarded for their participation then that is the benefit they have received.

**Question 29**

**ANSWER:**

After death - none, during life then more explicit rules should be set down. If it is for life creation then this needs to be very explicit and permission should be able to be refused for this purpose. During life then the donors should have more control than after death - purpose and function of donation are very important.

**Question 30**

**ANSWER:**

No