

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 4

Proportionality of risk to the individual vs benefits to society is crucial here and this may well be independent of the tissue. For example, blood may be used for a simple test of say the urea content which would be harmless, or for examining DNA which might have implications for the patient's family.

Question 7

It is very, very important that residual material (in my own case an appendix, half a colon and a gall bladder) is made available to bone fide researchers bound by the usual rules of confidentiality without my explicit consent, at any time in the future, provided the research has been approved by a REC. To demand retrospective and explicit consent for a defined use, particularly from large numbers of patients, would be costly and impractical - indeed it might be hugely disproportionate in the sense of any harm to the donor vs good for society. I would be appalled if my cancerous colon could not be used at any time in the future by a bone fide researcher, even without my consent. Certain tissues and uses may well be more sensitive than others from an ethics point of view, but this should be sorted out by a REC with a clear remit to always consider proportionality of harms to the donor vs benefits to society (rather than being risk averse and playing safe which is the current trend).

Question 10

As ever, proportionality of benefits vs harms.

Question 11

Yes. I would not like my residual tissues used for commercial gain. They should be used for research approved by a REC - freely for society.

Question 23

Yes definitely, I think I answered this in question 7.