

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 3**

#### **ANSWER:**

A donation provided during life may involve danger to the donor which is obviously not a concern with a deceased donor. From this point of view it is preferable to obtain material from deceased donors rather than put a living person at risk. During life the donor makes the decision about what and whether to donate, and under what terms if that is an issue. There is therefore not the ambiguity that occurs with a deceased donor, where the decision is usually made by the donor's family, who must either try to determine the donor's wishes (possibly with reference to the donor register) or make a decision based upon their own ethical beliefs. Most of the negative opinion around organ and tissue donation in my experience is based upon the idea of the individual's right to determine the fate of their own body. In my opinion, therefore, living donors are a valuable way of obtaining donor material in a manner where there can be no doubts about the consent of the donor.

### **Question 7**

#### **ANSWER:**

I would potentially be willing to donate material for transplant or other treatment. I would be very resistant to provide material that would provide profit to others either directly (through trade or tissue banks) or indirectly (medical research done for profit.)

### **Question 11**

#### **ANSWER:**

In my opinion purely altruistic, unpaid donations are the ideal because the lack of compensation by itself protects the patient from inappropriate pressures. If compensation is provided then classic market forces will lead to greatest donation from those who require the compensation the most - the poor. Many of the most vulnerable groups in society may be attracted - the chronically ill, people with substance abuse issues, and the homeless. For society as a whole to benefit from the desperation of the poor may be seen as exploitation and unacceptable. Any perception that the vulnerable are being exploited by means of paid donations to help the wealthy may produce strongly negative feelings against the entire transplant system amongst the general public.

### **Question 12**

#### **ANSWER:**

In my opinion there is no situation where this arises. The right of the individual to determine the fate of their body should be inviolate.

**Question 13****ANSWER:**

In my opinion this can never be the case.

**Question 14****ANSWER:**

The first priority should always be to provide enough material for medical treatment, allocated by clinical need only. Material for research, even public sector research not done for profit, should be allocated only once there is no clinical need for the material.

**Question 15****ANSWER:**

In my opinion the current regulatory framework is ethically correct.

**Question 17****ANSWER:**

Any kind of opt-out or mandated system of donation would lead me to withdraw consent for donation "across the board". My argument is that such a system represents a statement to me that my body is now the property of the state, regardless of the fact that I may apply to resume ownership. This response is largely emotional and perhaps even political, but in my opinion this makes it no less valid.

**Question 18****ANSWER:**

Benefits in kind apply similar economic pressure to the poor as direct payment, and in my opinion this makes the difference marginal at best.