

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 2

Gametes are special because they transmit DNA and contribute to the creation and characteristics of a new human being rather than merely repairing or maintaining an existing person. The well-known literary trope of the donated heart or hand which affects the character and behaviour of the donee is in this case exactly true. This brings with it ethical questions, for example concerning the availability and accountability of the donor, which do not apply in at all the same way to the donation of organs.

Question 3

In the case of gametes, certainly. Gametes should only be taken from living people who have a reasonable prospect of surviving. This is about accountability. People should if possible be available to their offspring, at least to give an account of themselves. As in so many other aspects of gamete donation, it is possible but irrelevant to say that some natural parents die or disappear before the birth of their children. In a regulated environment, we should not allow such a situation to be created deliberately.

Question 4

My comments relate only to gamete donation. In the case of gamete donation there is by definition more than one "individual concerned". In this case benefits may accrue to the donor, in terms of emotional satisfaction, and to the donee "parents", who are enabled to have a child. The potential risks to these parties are so many and various that it would not be practical to address them here and in any event they do not appear to me to be unique to donation situations. The primary cost and risk is to the offspring, who will have to manage the complex and compromised relationships created by donation. The ethical position therefore is characterised by the fact that the person who carries the most risk is the only one involved who is not a volunteer.

Question 5

No comment from IDOA

Question 7

This is a purely personal response. I am a registered donor of all organs. However my strong preference would always be to donate to people who would then be able to live something close to a full life, rather than merely prolonging an unsatisfying life.

Question 8

No comment

Question 9

Genetic self-interest might be relevant: for example if a childless person is motivated to assist the survival or fecundity of a sibling.

Question 10

It seems extremely difficult, and probably undesirable, to lay down universal priorities.

Question 11

Our society purports to value altruism very highly so unpaid donation/volunteering has a higher moral value. Perhaps more to the point, if human material becomes very valuable, payment may create undesirable behaviours ranging from the theft of organs or other material, to the farming of human beings.

Question 12

It is difficult to avoid the sense that there is a moral duty to make bodily material available after death, given the difference they can make to survivors. At the same time there is a visceral repugnance to asserting that individuals "owe" parts of their bodies to other people. Extending an argument that there is such a debt would also open some alarming possibilities: might criminals be required to "pay their debt to society" by donating an organ?

Question 13

See reply to Q12. There is a history here of medical experimentation on disempowered people - concentration camp inmates, black prisoners in the US - which is uniformly ugly. I think that both donation and participation in fih trials must always be voluntary and based on impulse and perhaps a private, rather than municipal, moral sense.

Question 14

No it is not always right. However what is important is to balance authentic and legitimate needs with the cost to individuals and to society.

Question 15

No. The system is reasonably satisfactory and reflects society's values.

Question 16

No comment

Question 17

I should only be likely to provide material or participate in a trial because I thought that the social value outweighed any risk to me.

Question 18

I see no difference.

Question 19

Yes. Compensation in the form of reimbursement is consistent with participation driven primarily by altruism. Anything else smacks of a fee.

Question 20

Don't know enough to comment

Question 21

Clearly "consent" is a complex concept. A combination of financial incentives and poverty may well drive a person reluctantly to provide bodily material or participate in a test. Does that invalidate consent? The same sorts of pressures drive people to take jobs they hate but we do not say that they have not consented. I think that only straightforward coercion, by the state or by a person with power, can be held to have invalidated consent.

Question 22

Probably only a thorough and well-regulated pre-consent counselling process would suffice, with the counsellor having the power and obligation to either raise concerns or even veto the proposed transaction. There might also be circumstances in which consent was not required, for example for post-mortem use where no living persons are sufficiently proximate to the deceased to have a legitimate interest.

Question 23

Yes, provided that explicit consent was given for unspecified use.

Question 24

Clearly it is different in that you must try not only to decide what is in the person's interest in some objective sense, but also to ascertain what their wishes would be if they had capacity, whether through greater maturity or otherwise. Hence it is likely to be more intellectually and emotionally burdensome; not necessarily morally different.

Question 25

Where a deceased has expressed a wish it should be respected. Where they have not, family members should be free to decide. This matches our general moral,

cultural and legal approach to deceased people's wishes and intentions.

Question 26

If there is to be property in a corpse it should be dealt with in the same way as the rest of the deceased's estate, passing under their will or according to the rules on intestacy (the latter would entail (or should one say entail?) some entertaining issues about how to allocate the body in the correct proportions between the survivors - perhaps they could rather be given votes, in the appropriate proportions, as to how to dispose of it.

Question 27

Yes.

Question 28

This should be a matter of contract and hence open to negotiation rather than being regulated.

Question 29

No comment

Question 30

As will appear from my other answers, I am interested in gamete donation. I should like to reiterate this: gamete donation is unique because (a) it leads to the creation of a new person and (b) the person most intimately concerned has no opportunity to give or withhold consent. This creates unique ethical issues which must be considered separately from those involved in other kinds of donation or participation in trials.