

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.

Dr David J Hill

Question 2

ANSWER:

Human reproductive (sperm and ovarian) material should be used with respect. It can never be ethical to allow such as human/animal hybridisation which is a form of bestiality. It can never be ethical to create human embryos for experimentation or destruction. Either cheapens the special value of human life. In this respect, the ends can never justify the means.

Question 3

ANSWER:

The Hippocratic principle of "primum non nocere" should take precedence over any potential benefits. It cannot be ethical to submit a healthy patient to a damaging operation to remove an organ or part of an organ if it is not for his/her direct benefit. There is a definite incidence of morbidity and mortality from operations to remove organs, and the necessary anaesthesia. The fact that one might apparently "get away with it" is no justification for inflicting or risking deliberate harm, even at the patient's request. Where the intrusion is minimal - as for blood donation, for example, the harm will be minimal and may then be ignored. "After death" is not defined here nor when consent for organ harvesting is sought. Apart from some tissues (e.g. cornea, skin, bone), live organs can only be obtained from live bodies. Kidneys will recover after an hour or so of death. Otherwise the patient remains alive to the extent that all bodily functions continue, including kidneys, liver, bowel, pancreas, heart, lungs et al., pregnancy can be maintained until delivery, and the donor is responsive to the trauma of surgery such that paralysis and some form of anaesthesia is required to control reactions and make surgery possible. This is not most people's concept of death, and the diagnosis of death made by bedside tests for transplant purposes is never explained when ticking boxes to give consent. It must remain doubtful whether the consent obtained in this manner can be ethical or even legal.

Question 6

ANSWER:

Stem cells. Adult stem cells do not present any problem greater than blood donation. Placental stem cells similarly. However, embryonic or foetal stem cells require the creation and destruction of human life. Not only is this ethically unacceptable but, to the best of my knowledge, no useful therapeutic purpose has been served and such experimentation should cease forthwith.

Question 7

ANSWER:

I am willing to provide blood and blood products now and corneas and tissue after death - AS DIAGNOSED BY THE PERMANENT CESSATION OF RESPIRATION AND CIRCULATION.

Question 9

ANSWER:

CONSENT should be HONEST and FULLY INFORMED. Consent obtained for organ donation is neither honest nor fully informed. (a) "After my death" is not defined and if patient and transplant surgeon are not 'ad idem' with the definition, consent is not valid. (b) For any other medical procedure, it is regarded as essential that the patient should be fully informed and that the doctor making the explanations counter-signs the consent. This has never been required for organ donation.

Question 10

ANSWER:

Honesty should always take priority

Question 11

ANSWER:

("for free" is a ghastly expression). Those states in the USA where there is a financial incentive to donate blood have much inferior products. The motivation to donate should be altruistic, apart from a cup of tea and a biscuit and a 'thank you'.

Question 12

ANSWER:

No.

Question 1

ANSWER:

No

Question 14

ANSWER:

Vital organs cannot be obtained except from living bodies (which would never be regarded as dead for burial or cremation when so responsive. Infertility can be tragic, but is not an illness. Much infertility is the result of sexually transmitted diseases and so is a social problem much more than a medical one.

Question 15

ANSWER:

No

Question 21

ANSWER:

Full information regarding the procedures for obtaining organs for transplantation has never been provided and it has been acceptable merely to tick a box. The true facts have been concealed - the requirement for anaesthesia, for example - and no explanation has been required. No evidence is required that the person ticking the box is mentally competent or even sober. No countersignature has ever been required. There has been continuous propaganda that organ donation is a "good thing", but no proper discussion or explanation. I believe that these facts invalidate consent.

Question 23**ANSWER:**

No.

Question 24**ANSWER:**

This particularly applies when a child has been born as a "saviour sibling" for the purpose of obtaining tissue or organs. The decision has been made before birth.

Question 25**ANSWER:**

On most occasions where patients have donor cards or been on the donor register, there is no understanding of the meaning for transplant purposes of "after my death". It is when confronted by the reality of what is happening that many (40-50%) relatives refuse to implement consent. The consent on donor card or register has been obtained by deception and the family should most certainly have the right of veto when they observe that their relative is warm, pink, respiring and with pulse and heartbeat, responsive and performing all physiological functions, and they and he/she thought that he/she would be like a corpse.

Question 26**ANSWER:**

To the next of kin as is accepted when arranging a funeral for the deceased, e.g. for burial or cremation - when and where.