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 J Reeve

Question 1
ANSWER:
Parts of the body after death. You only mention the whole body; but part of the body can be much less problematic with relatives. The example I'm familiar with is the Melbourne (AUS) femur collection of the Victorian Institute of Forensic Medicine

Question 2
ANSWER:
gametes

Question 3
ANSWER:
I believe they should be less. In the State of Victoria (AUS) they have a well functioning system whereby the Coroner does not decide what happens to bodies after the cause of a case of sudden death is decided, but the relatives. Thus donations for research are made in the same framework as giving bone marrow etc when the donor is not legally able to give consent. The Melbourne Femur Collection was assembled for research on body identification and osteoporosis with 60% of relatives' consenting to donation of the upper half of one femur.

Question 4
ANSWER:
I'll restrict myself to after death donations: risks and costs nil; benefits a good conscience for everyone, more especially for Christians (dust to dust, ashes to ashes is a fundamental belief). Others are better placed to comment on the risks and costs of donations in life, except perhaps for bone biopsy samples for research. These are very occasionally painful if technique is poor; and the pain subsides after a few days. I know of no ongoing collections at present incidentally. But the research done retrospectively on large past series has shown no serious sequelae [first author Dan Rao (Detroit)]

Question 5
ANSWER:
Northwick Park cannot be entirely written off to bad research management. Incidentally, when I was on the Harrow District Ethical Committee in about 1990 I urged the then director of what was then the Glaxo facility to stage the first-ever injections of some Glaxo product into half a dozen volunteers for safety reasons. He told me it would be too expensive. I feel bad that I did not get his response minuted (to my recollection). BUT every new treatment has to be used for the first

time (I have done it once, but only with a synthetic version of a natural hormone). Without first-in-human, a catastrophic fall in progress in therapeutics.

Question 6
ANSWER:
If control of the material passed into new hands that were not in the line of direct succession from those who first received it

Question 7
ANSWER:
no gametes (speaking personally)

Question 8
ANSWER:
Would have to be for an important objective, e.g. saving lives or preventing disablement

Question 9
ANSWER:
You have to take a person's religious beliefs into account, also that they may be ignorant of the teaching of their religion (so getting into trouble at a later date)

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Question 10
ANSWER:
personal beliefs and preferences of the donor

Question 11
ANSWER:
yes with one exception: insurance is not in any way morally compromising. If the volunteer is FULLY insured against harm, including loss of future income affecting family etc, that does not reduce the moral value of what is provided

Question 12
ANSWER:
yes, eg to save a relative's life; to save anyone's life

Question 13
ANSWER:

Only if no-one else spontaneously volunteers. Think of all the bacteriologists and Australian Nobel Prize winners who perished or suffered grievously proving their bug was pathogenic!

Question 14
ANSWER:
Demands have to be prioritised - think of potential cosmetic demands

Question 15
ANSWER:
donations to a charity of choice

Question 16
ANSWER:
cash in amounts large enough to pay off major debts or help feed a family

Question 17
ANSWER:
lots of money

Question 18
ANSWER:
No

Question 19
ANSWER:
Yes, but only if the second class of payments are disproportionate

Question 20
ANSWER:
not aware

Question 21
ANSWER:
bribery

Question 22
ANSWER:
by interviewing in private and asking directly whether there has been pressure

Question 23
ANSWER:
Yes, so long as the broad class of consent (medical research; provide sight or

restoration of organ function to someone else) is adhered to

Question 24
ANSWER:
yes of course! the person you are making a decision on behalf of is not you yourself! And if you cannot think yourself into the position of deciding "what is best for them?", someone else should do it who can.

Question 25
ANSWER:
A right of veto is NOT ethically acceptable. In the case unknown wishes the family should be able to decide based on what they knew of the deceased's wishes in life (including after clearcut, no uncertainty Coroner's cases)

Question 26
ANSWER:
No-one - ie status quo is best

Question 27
ANSWER:
No

Question 28
ANSWER:
They should pay their taxes on time

Question 29
ANSWER:
During life, they should be offered the opportunity to determine whether their body parts could be transferred eg from one not for profit to another or to a commercial organisation. It is not reasonable to expect that in research the re-use of a body part (eg frozen plasma) should be queried when the outcome of the first and foreseen research suggests follow on unforeseen use would answer new and related research questions

Question 30
ANSWER:
I think the position of Coroners and Coroner's pathologists is extremely frustrating and every opportunity should be taken to help them make a more positive contribution within a framework of legally sound safeguards