

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 1**

Hair for hair extensions, harvested in China, India,..

### **Question 2**

Skin

Skin can be (and is) used (out of label) for purely cosmetic (vanity) procedures like penis-, lip- and breast enhancement in people with normal penis, lip and breast sizes.

Cord blood

Commercial banking of autologous stem cells is unethical (lack of solidarity, altruism; not aiming to achieve the best possible outcome for the greatest number) and (today) scientifically unsound.

### **Question 3**

Yes. After death donation often depends on third parties.

### **Question 4**

Benefits: Helping (life saving/prolonging/enhancing) other people directly through the donation of crucial organs and tissues. Creating something positive from the death of a loved one. Costs: No significant costs. Risks: Possible inappropriate/unauthorised secondary and/or commercial use of bodily material. Possible loss of dignity/respect/honour through the commodification of donated tissues. Possible creation of (global) inequities in access to healthcare.

### **Question 5**

Benefits: Helping people indirectly. Costs: No significant costs. Risks: Helping develop scientifically unsound or non meaningful (from a medical point of view) drugs or techniques. Possible side-effects.

### **Question 6**

Use of human tissue in purely cosmetic (vanity) procedures like the out of label use of skin (or skin-derived products like collagen suspensions) in penis-, lip- and breast enhancement procedures in people with normal penis, lip and breast sizes. The use of human bodily material in scientifically unsound and often dangerous procedures in desperate patients (e.g. numerous miracle stem cell cures).

### **Question 7**

Yes. 1) Life-saving procedures + research relating thereto 2) Life prolonging

procedures + research relating thereto 3) Life enhancing (non cosmetic/vanity) + research relating thereto Purely cosmetic: only if 1-3 are fulfilled on a global basis, with explicit consent and without payment.

### **Question 8**

Yes See question 7.

### **Question 9**

Global Solidarity: solidarity not only within a community, but also on a global basis.  
Respect Honour

### **Question 10**

They are all important and should be taken into account (equally), without exceptions.

### **Question 11**

No. Compensation, with the exception of some reasonable costs (e.g. transport), increases the risk of unethical and unsafe practices. The purpose of bodily material or medicine makes no difference, and should always be meaningful and scientifically and ethically sound.

### **Question 12**

If a person is ready to accept donor organs or tissues during life, he is morally obliged to donate organs or tissues after death.

### **Question 13**

If a person, when seriously ill, is expecting medicine to rapidly evolve to better treat his life-threatening disease, he is morally obliged to participate in first-in-human trials.

### **Question 14**

Demand should be met in this order: 1) Life-saving procedures + research relating thereto 2) Life prolonging procedures + research relating thereto 3) Life enhancing (non cosmetic/vanity) + research relating thereto whilst ensuring a horizontal access to healthcare and self-sufficiency (e.g. no import of organs or tissues from countries without national self-sufficiency)

### **Question 15**

No

### **Question 16**

All financial (direct or indirect) incentives are unethical.

**Question 17**

Yes, financial incentives, because they are unethical and generate unsafety.

**Question 18**

No.

**Question 19**

Yes. Actual and reasonable costs could be compensated.

**Question 20**

No, not in the foreseeable future. Maybe tissue engineering (e.g. stem cells), but not within 10 years.

**Question 21**

Yes, financial incentives.

**Question 22**

Nearly impossible. Living donor transplantations should be limited.

**Question 23**

No.

**Question 24**

Yes.

**Question 25**

Family should have no right of decision or veto.

**Question 26**

To the community, but with respect for the dead person's wishes.

**Question 27**

No.

**Question 28**

Only reasonable gains should allowed and they should be shared with the community (e.g. invested to improve human organ or tissue quality, safety and availability, into meaningful research...).

**Question 29**

Ideally, a person providing bodily material should have total control over its further use. But, often this is not possible. Therefore, the competent authorities should

take over this task.

**Question 30**

No.