

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.

John Champion, Chair SCKPA

QUESTIONS ANSWERED:

Question 1

ANSWER:

I cannot think of any

Question 2

ANSWER:

Sperm and eggs

Question 3

ANSWER:

It is ethically simpler to provide bodily material during life when informed decisions can be made and decisions can be made in less stressful conditions (e.g. grief after death)

Question 4

ANSWER:

The risks to living donors is that they may subsequently develop complications or illness after donation e.g. a remaining kidney subsequently fails. The benefits of living related are substantial e.g. better tissue match, longer survival of graft. The risks are obviously less with cadaveric organs, but the feelings of relatives can be prohibitive when they are stressed and may have religious views, or may be squeamish

Question 5

ANSWER:

The risks are obvious in that if the clinical trial is dangerous, permanent ill health could result. The benefits are that tests can be more reliable. For those with chronic conditions, they may benefit from a treatment which is not widely available and so their quality of life improved

Question 6

ANSWER:

I cannot think of any

Question 7

ANSWER:

I would personally provide bodily material for any purpose after death as my body is no longer of any use to me. My one concern would be my bodily appearance after death and how my immediate family might react or feel. I doubt that they

would mind but it matters to me

Question 8

ANSWER:

Willingness to participate would be based on the risk involved. I would need a lot of factual information before making a decision. Any trial would have to be focused on furthering the reduction of human suffering - there would need to be a clear link.

Question 9

ANSWER:

I cannot think of any - that's a good list

Question 10

ANSWER:

Altruism should be top of the list, then justice and perhaps reciprocity

Question 11

ANSWER:

I strongly believe that provision of bodily material should always be provided free. The ethical problems associated with payments are too great to be overcome. The purpose makes no difference with the possible exception of sperm or egg donations

Question 12

ANSWER:

I cannot see a moral duty. Any such duty would be 'big brotherish, and interfere with the human right to freedom of choice

Question 13

ANSWER:

As previous question regarding freedom of choice. this would not be acceptable

Question 14

ANSWER:

We should always try to meet demand. The needs or demands for people likely to die without, for example, a transplant should be paramount.

Question 15

ANSWER:

No. The present regulations are about right

Question 16

ANSWER:

I regard monetary payments as unethical, with the exception of sperm or egg

donations. The payment of expenses is fine and in some cases essential.

Question 17

ANSWER:

I would not accept monetary payment even if offered. It would not affect my decision

Question 18

ANSWER:

Yes - free treatment would be acceptable, perhaps funeral expenses.

Question 19

ANSWER:

Yes there definitely is. Legitimate expenses are fine. I do not believe that compensation for time, discomfort etc. is acceptable. It would be just a further encouragement of the litigious society and implies 'rights' too much. There is not enough emphasis on obligation if you compensate for inconvenience etc.

Question 20

ANSWER:

Stem cell research would help reduce demand and should be pursued. I also believe in presumed consent and the need to opt out rather than opt in

Question 21

ANSWER:

Payments as mentioned earlier (OK for expenses).

Question 22

ANSWER:

By extensive interviewing in private by skilled counsellors

Question 23

ANSWER:

Yes - I have already commented on presumed consent for donation after death.

Question 24

ANSWER:

Yes - freedom of choice again. It is very dangerous to make decisions for someone else. It would only be acceptable for a child if that child was old enough to understand, be fully informed and capable of making such a decision independently. For an incapacitated adult I doubt if such a decision could be made - except where presumed consent was the rule - and even then caution would be required and consultation with close relatives

Question 25**ANSWER:**

The family should not have the right of veto - that would interfere with the wishes of the deceased. Relatives do not have the right to change someone's will!

Question 26**ANSWER:**

The body part should belong to the state - for use in helping others unless the deceased opted out of a presumed consent policy. The remaining body should belong to the relatives.

Question 27**ANSWER:**

No - as stated before - no monetary payments

Question 28**ANSWER:**

They should share the gains with the NHS through reduced prices

Question 29**ANSWER:**

During life the donor should be allowed to state a preference, but this should not be binding. After life the donor's wishes should be taken into account but again this should not be absolutely binding - there may be medical circumstances which need to be taken into account.

Question 30**ANSWER:**

I cannot think of any - you seem to have this difficult subject well covered. Anymore and it would be difficult for members of the public (such as me) to fully understand all of the issues!

FEEDBACK:

This is a good way to consult. I found it quite challenging and it took quite a while to complete. Some questions probably needed a bit of debate before finalising. My answers were 'off the cuff'.