Jonathan Lepper

Question 3

Yes there are two significant differences: · Providing human bodily material during life places a risk on the donor (however small) and this should be fully factored into both (a) the clinician's decision whether or not to ask for donations and (b) the potential donor's decision whether or not to donate. · Whether or not to donate human bodily material when alive is ultimately the decision of the donor (assuming they are an adult have the legal capacity to make the decision.) The decision to donate bodily material after death is the responsibility of the deceased relatives and hence any decision to donate should factor in both the wants of the deceased (if known) and those of their relatives. The two may not necessarily coincide.

Question 11

I think that individuals may well differentiate between 'life saving' and 'life prolonging' donation and 'life creating' donation. In so far as the first two types of donation might all be considered necessary to provide the recipients with a reasonable quality of life. As such individuals may be less willing (or even un-willing) to accept compensation for such donation. In contrast 'life-creating' donation may be viewed as less of a necessity by potential donors, and hence mean they are more likely to accept compensation.

Question 14

It may not always be correct to meet demand as on a limited budget the opportunity cost of doing so may be so high as to lead to others being made worse off (e.g. at the expense of poorer/lower quality treatment of other medical conditions) However to arbitrarily decide upon some cut of point (or cap) implicitly means that some people will be denied potentially life saving treatment. I imagine this would be an extremely difficult decision for clinicians to make and I know it would be very difficult for patients (who are likely to die as a result) to accept.

Question 17

Having benefited from an organ donation, without which I would now be dead, there are no incentives that would make it less likely that I would agree to provide organ donation myself. However as the donation I received was entirely free I would find it extremely distasteful to be provided with monetary compensation myself should I chose to donate body material either before or after death.

Question 18

Yes, indirect compensation can create perverse incentives, but it also offers the opportunity to transfer compensation beyond the recipient. In terms of the

examples given I think that 'treatment' should be provided on the basis of clinical need with the most needy being treated first. Offering free treatment risks creating undue pressure on already un-well individuals to donate when they may not feel it is right for them to do so. Offering funeral expenses enables a transfer of compensation from the donor to the donor's family and hence may be seen as more acceptable by the donor (and potentially the recipient).

Question 19

Compensation for economic losses provides no overall monetary gain to the donor. Compensating for other factors would leave the donor financially better off than before the donation. It would be difficult to differentiate between such compensation and direct payment for donation. As such there is a risk that such compensation might reduce willingness to donate (as highlighted by Titmuss in 'The gift relationship'.)

Question 23

Speaking personally, hypothetically I would have been willing to accept an organ donation, even if I had known that the consent of the deceased donor's relatives had not been given (although I should stress this was not the case for my donation). It would not have been my preferred option but I was going to die (probably within months) and in such circumstances to turn down such an option would in all likelihood have meant that I would die. However I do not think that donation should be allowed without consent (although I would support an opt-out rather than an opt-in system). I think donation without consent would lead to a fall in confidence in medical professionals and in the long term a reduction in the number of organs available for transplant.

Question 30

Consultations of this nature inevitably draw responses from those individuals and organisations who, for whatever reason, have a personal, business or professional motivation to reply. Hence whilst the responses will provide a range of opinions they are unlikely to be representative of the whole of society, and it is the views of the whole of society which matter here as they are the pool from which human body material is drawn. This consultation should not therefore be seen as a substitute for professional social research or in depth quantitative analysis. As a recipient of organ donation myself I have experienced the huge transformation it can make to someone's life. I would like to maximise the chances of others to benefit from the same. This is too serious an issue to address without being as sure as is possible of the outcomes and rigorous analysis should underpin any decision made, these are literally life and death choices.