

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**

#### **ANSWER:**

DNA - privacy issue, possible use in, for example, paternity cases.

### **Question 2**

#### **ANSWER:**

Sperm and eggs as the original "owner" of these has a full responsibility and moral duty to look after the welfare interests of any child (until adulthood) created from these. There are also subsequent issues over children produced from egg or sperm donation wishing to trace their genetic parents which should always be permitted and donors should not expect privacy of identity from the person created from their donation.

### **Question 3**

#### **ANSWER:**

After death, the sensitivities of close relatives need to be considered more closely as well as the known wishes/preferences of the deceased; the latter information would not always be forthcoming.

### **Question 4**

#### **ANSWER:**

For organ donation, medical complications from the procedure would be the main risk plus a potential future need for that organ if a medical condition arose whilst the benefit would be feeling of well being etc from assisting another person. For sperm and egg donation the main risk for the donor is largely psychological arising from a future sense of guilt, concern, etc from not knowing whether the child created was living a suitable quality of life and a realisation that the donor had not carried out his/her 'parental responsibility' to ensure this was the case. No real benefit to donor unless helping a relative to conceive or supporting medical research. For tissue donation, very few risks/costs (virtually nil) to donor, but 'psychological benefits' from helping others.

### **Question 5**

#### **ANSWER:**

'Psychological altruistic benefit' from assisting in the development of better medicines. Some case here for financial reward to encourage greater participation (e.g. from students) as long as implications of possible side-effects made known with financial compensation scheme provided should those arise.

### **Question 6**

**ANSWER:**

Other than for testing chemical weapons, hard to think of any.

**Question 7****ANSWER:**

Yes for life saving (first priority), not for life prolonging or life enhancing unless for young person (second priority). Not for life creating (ethical issue over paternity responsibilities and if humans are becoming less fertile this is an environmental/natural response to our over-crowded and thus polluted resource depleted planet so would not wish to help make matters worse (lowest priority).

**Question 8****ANSWER:**

Preference for helping the development of treatments for life threatening diseases/conditions - would not participate in research/trials connected with life creation purposes.

**Question 9****ANSWER:**

Possibly religious/cultural values.

**Question 10****ANSWER:**

Probably best not to prioritise these values as these are in some cases subjective / personal.

**Question 11****ANSWER:**

Fund raising for worthy causes - e.g. fee that would otherwise be paid to the donor could be paid to a charity of his/her choice

**Question 12****ANSWER:**

No and it would be dangerous to say there is a moral duty as this represents moral blackmail.

**Question 13****ANSWER:**

No. This must be down to personal choice without any "moral" obligations or implications.

**Question 14****ANSWER:**

Not really, this is not a commercial situation. Demands such as life saving needs are more pressing and important than infertility treatment.

**Question 15**

**ANSWER:**

Yes, and it would be helpful to provide a charity raising alternative for the donor's fee.

**Question 16**

**ANSWER:**

Generous financial incentives for gamete donors and living organ donors especially in a fully-fledged free market. It should not be possible to make a living from selling one's organs or body tissues etc. Incentives offered by family or friends may seem less unethical than from an official source but the danger there is in creating further unfair pressure on potential family donors.

**Question 17**

**ANSWER:**

Financial as it would appear I was doing this for personal gain rather than through altruism. Making this a commercial transaction changes the whole nature of donating material; some (e.g. those facing financial hardship) might welcome this but financial hardship is not an ideal incentive for donating material and could, potentially, attract unsuitable donors.

**Question 18**

**ANSWER:**

Yes - funeral expenses assist the family of the donor rather than the donor him or herself and could be seen as a further altruistic act (of benefit to family) as long as safeguards exist to ensure no undue pressure applied to dying donor to permit this.

**Question 19**

**ANSWER:**

Yes, compensation payment for factors other than travelling expenses and actual lost earnings could be seen as "earnings".

**Question 20**

**ANSWER:**

No.

**Question 21**

**ANSWER:**

Where a person or family's financial hardship was such that it was the primary

reason for making the donation of bodily material.

**Question 22**

**ANSWER:**

Very difficult to tell as strong personalities within the family can provide undue coercion so some level of independent scrutiny and advice (e.g. from a GP or trained counsellor) might be required to protect the more vulnerable from family bullying.

**Question 23**

**ANSWER:**

No. In all cases any potential alternative use should be made known to the donor prior to donation and consent obtained - with opt out given as an option where there may be ethical considerations (e.g. infertility research).

**Question 24**

**ANSWER:**

Yes there most certainly is. A child cannot be expected to fully understand the implications of organ/material donation.

**Question 25**

**ANSWER:**

(a) to support the deceased declared wishes. (b) Next of kin should have the right of veto and be consulted before any bodily material used. In no circumstances should eggs or sperm be used for infertility treatment with or without the deceased prior consent as this raises serious ethical and psychological issues for the resulting child.

**Question 26**

**ANSWER:**

The local NHS Trust (on behalf of the state) where the person was a resident prior to death but use of dead body or its parts should be subject to receiving the consent of the next of kin.

**Question 27**

**ANSWER:**

Only in limited circumstances (e.g. bodily material such as blood or bone marrow rather than organs) and for only limited financial reward.

**Question 28**

**ANSWER:**

Yes, with the NHS.

**Question 29****ANSWER:**

Consent (even if for unspecified uses) should be obtained from the donor (or deceased's next of kin) to protect the wishes and control of a person over their own bodily material. The person can therefore relinquish control if he/she is given the opportunity to withhold consent for any particular use that his/her material could be put to.

**Question 30****ANSWER:**

There may be cultural or religious issues involved that are sensitive and need to be taken into account. I am not aware of any but this issue should not be overlooked.