

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.

University of Leicester Medical School - group 11

Question 26

We are first year medical students and considered this question as part of the Medical Ethics and Law course at Leicester Medical School. Surely a deceased person has no further use for their body, therefore it does not matter what is done with the remains? This debate has many ethical and religious complications. Some believe the body is taken into the afterlife so is extremely valuable, some just want to be shown respect after they have died. If the person has previously indicated, and recorded, the path their body should take after they die their wishes should be respected. If they have not specified, however, the body should surely be the responsibility of the state to avoid complications and ensure the body is treated with respect. This would not be ownership, more taking temporary responsibility for the body. No one has the right to a dead body, unless previously specified by the deceased. If there is a reason the body cannot be released to the public, for reasons such as infection, it should be disposed of respectfully with the intent of providing the family with some form of remains, the ashes for example.

Question 27

We are first year medical students and considered this question as part of the Medical Ethics and Law course at Leicester Medical School. We feel that this question would involve many issues. Whilst the obvious case in favour of this is the large shortage of organs and other material at the moment in the UK, and the incentive of payment may well help this situation, this apparent solution has many potential problems. Firstly, we feel there would need to be a strict definition of "bodily material" and clarification about whether the law was the same for all "material". Would it be possible to sell body parts to people outside of the UK if there was a suitable match abroad, perhaps having first exhausted the possibility of a match in the UK, or would this be confined solely to sale within the UK? We must carefully consider what the consequences to society as a whole would be if we made body parts a commercial commodity. We think most would agree that by permitting financial gain in exchange of human organs there is a strong possibility that the poorer members of society may be tempted to offer body parts as a method of easing financial difficulties. People in this desperate situation may see this as the only way out and therefore not fully consider the potential health implications for themselves, which could be considerable and include the risks of anaesthetic, surgery, infection and the need for the donated material later in life-for example a person who donates a kidney and then develops kidney failure themselves. Should a person therefore be allowed to sell a body part and receive the money whilst alive, but the buyer not be able to receive the body part until the person has died. This would of course negate the arguments given above for the

potential risks to the person donating, but may make the length of time too long for the receiving party. There may also be implications for the family of the deceased, who may not be aware of the donation the person made whilst alive, or not be happy with the situation. This system may also cause terminally or acutely ill people to be coerced into selling bits of themselves which they would rather not, but feel they should in order to get money for their families or impending funeral. We therefore feel that permitting someone to sell a body part to be retrieved after death should not be considered. Another obvious question that needs addressing is who should pay for the bodily material? Should it be the NHS, which is already financially very stretched, or on a private basis? This would raise concerns about "backstreet" selling and people being able to sell with no regulation of their mental health and competence for making such a monumental decision. And what would the payment be? Cash? For all the reasons above, we feel this is unsatisfactory. However, alternatives involve not allowing living persons to sell body parts but to only permit body organs and tissues to be 'traded' after death. The mode of payment could be altered to a reimbursement of funeral costs as a method of indirect payment (Novelli 2007). Alternatively one could consider making payments to a designated charity. We also feel there would need to be regulation as to how much of themselves a person could sell. This must be actively monitored-we feel that there are people prepared to do almost anything for money. Could they sell body parts and make themselves disabled in some way, only for the NHS and benefit system to have to support them? Taking all the points above into consideration, we believe that, as soon as we introduce the idea of buying or selling body parts we run into problems. For that reason we believe that the donation of body parts for research, teaching or transplantation should remain just that: a donation.

Novelli, G., Rossi, M., Poli, L., Morabito, V., Ferretti, S., Bussotti, A., Nudo, F., Mennini, G., Antonellis, F. and Berloco, P.B. (2007) Is legalizing the organ market possible? *Transplant Proc.* 39(6) pp.1743-5.

Question 28

We are first year medical students and considered this question as part of the Medical Ethics and Law course at Leicester Medical School. For use in this question, we will refer to the use of cadaveric material by Dr Gunther Von Hagens in his Body Worlds exhibition (von Hagens 2003) We believe that people or companies should not receive any personal profit (not including money for use of their technical skills in processing) or gain from the donation of bodily material. In this case specifically, cadavers were not specifically donated, simply unclaimed. There was no consent procedure involved. An informed choice should be made and the consent procedure should outline what will be done to their body after death. This should include mention of destination of any profits. In an ideal world, we think this money could go to charitable funds (which people could apply to - reasons relating to science or education). However a problem of this would be a

lack of motivation for the companies involved in processing procedures to continue their work, as it would remove their method of making profit. Education from these resources, such as those exhibits in Body Worlds, are felt to remove the stigma of death and spark an interest in anatomy - one that cannot be gained from books. We also believe that it would be inappropriate for money to go the deceased's families as this would lead to coercion into these schemes and a disregard for any beliefs relating to death.

Von Hagens, G. (2003) No Skeletons in the Closet — Facts, Background and Conclusions. http://www.bodyworlds.com/Downloads/E_Kirgisien%20AW%20GVH%202.pdf (accessed 23rd June2010)

Question 29

We are first year medical students and considered this question as part of the Medical Ethics and Law course at Leicester Medical School. We believe that people donating bodily material should have the choice of absolute control and be made fully aware of all of the possible uses for that material and consent to these options. It is then their absolute right to refuse to give consent once the options have been discussed. Bodily materials should not be used for anything that was not consented to and we believe that, as donation is currently an altruistic act, people should be able to agree for a body part to be used for example for a member of their family, but not be prepared to donate it for someone they do not know. As stated by law, informed consent must be given to donate bodily material, and it could become part of this process that the person donating can decide what they want done with it. However, this may not apply when someone is dead, and has not previously stated to what extent and how their bodily material can be used. As the assessment of competency which is essential for giving consent cannot be carried out if someone is dead, in cases like these the dignity of the patient must still be preserved, even though they cannot have the same degree of control as a living person, unless previously specified, for example in a will. In the case of a deceased person who has not previously stated how they want the body parts they are donating to be used, we believe that absolute control should now lie with the next of kin.