

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 15

Question 6

Question 6 Are there any additional purposes for which human bodily material may be provided that raise ethical concerns for the person providing the material? The purposes of bodily material donation can pose a multitude of ethical problems. The commonest uses of bodily material donation is for organ transplants and for medical research. Both of these functions carry their own ethical issues, and most people have different views on these. In addition to the distinction made in the background information, we consider there to be several situations that could arise which would complicate matters even further. For the following situations, we presume that the donor is generally accepting of the concept of bodily material donation. If the donor knew that the organ would be provided to a recipient who actively contributed to the condition requiring them to need a transplant, for example, a smoker or an alcoholic. We felt that a donor would generally prefer their organ to be donated to a person who is likely to gain the most benefit from it. However, as the donor would have no control, or very little control, as to whom the organ would go to, this raises problems should the donor feel strongly about giving their organ to someone who may be likely to continue to damage their health, when it may be used to benefit another recipient more. Providing bodily materials to someone on the sex offenses register. The general attitude to this would likely be that the donor's organ should be donated to another candidate given the choice, but would rather that the organ was used than not. Again, ethical issues arise as the donor has no control as to the recipient of their organ, and it could be considered unethical to prevent such a criminal from receiving life-saving treatment. Ethical issues could present where possible damage could occur to the donor. This would mainly occur when the donation was made whilst the donor was still alive. For example, a liver transplant may cause considerable pain following the donation, and incurs a risk of infection or complications as with any operation. Another example could be a live donation of a kidney, but then a subsequent unrelated condition could cause the donor to require a transplant, due to the fact that they now only have only one kidney. Drug trials may have adverse effects on otherwise relatively healthy people. These could be short or long term. This occurred in March 2006 with the trial of the drug TBN1412, where six volunteers became critically ill following participation in a drug trial for a new anti-inflammatory drug, subsequently developing multi-organ failure. Some participants may only donate bodily materials for an incentive, such as a monetary reward. This could cause consequences as the organ is not donated in an altruistic way, and the donor is expecting something in return. Finally, a major cause for ethical issues is religious views. Certain religions have views that should be respected. For example, Jehovah's Witnesses oppose the idea of blood transfusions. If treating the patient

with bodily materials is the only option, but is rejected on religious grounds, then doctors are placed in a moral conflict. It could also be considered unethical if a Jehovah's Witness chose to receive a transfusion, as their life was at risk (and they valued this more than their religion), but refuses to donate for the same principle they have just overlooked. This response was provided by first year medical students (group 15) at Leicester Medical School.

Question 7

Question 7 Would you be willing to provide bodily material for some purposes but not for others? How would you prioritise purposes? We felt that on the whole, we would rather provide bodily material (in particular, organ donation upon death) to cause some benefit, than not donate which would have no beneficial effect. However, we realise that some people could have objections to certain donations of bodily materials. For example, we felt that some people may not wish to donate sperm or eggs, as the genetic aspect of this would mean that there is possibly going to be their child somewhere in the world. It could also become an ethical issue if the eggs and sperm were used to create an embryo to collect stem cells from, and then the embryo is aborted. Some people have strong views against this, especially if they have religious views against abortion. Another aspect we consider important is the final product of the donation, such as using an organ to directly save a life by transplant, or using it for medical education which could save many more lives but only in the future. This would be down to the preference of the donor. They may also be strongly opposed to certain purposes of bodily material use. As an example, they could dislike the idea of medical students "practising" on their body, and would rather it was done by an expert. Some donors may also prefer to only donate to family members, or friends. This could be due to the fact that they could see the result, should it be a live donation. Finally, another factor that a donor might take into consideration, is whether they have a link with the condition concerned. If the donor has had family members or close friends who suffered from a particular disease, we believe they would be more inclined to participate in a trial if it would benefit people in a similar situation to their relatives. Overall, we feel that there are many factors that would affect what purposes we would be willing to provide bodily materials for. These are mainly due to personal preference and will vary from person to person. As for prioritising the purposes, this would be mainly affected by the end benefit from the donation, but again, this is down to individual views of what is most beneficial. An organ transplant can save one life, but an organ in medical research can be used to develop techniques that could save hundreds of lives in the future. A fine example of this is cadavers for the use of medical students. Although no lives are saved initially, it is used to train doctors who will go on to save hundreds of lives. Some people may think this is a valid reason for donation, but others might not. This response was provided by first year medical students (group 15) at Leicester Medical School.

Question 8

Question 8 Would your willingness to participate in a first-in-human trial be affected by the purpose of the medicine being tested? How would you prioritise purposes? As mentioned before with the trial of TBN1412, a first-in-human trial carries great risks, and so the reasons for participating must outweigh the possible downside. We thought that there were several aspects about the purpose of the medicine being tested, that could affect the willingness to participate in a trial, in addition to other factors such as monetary rewards and personal gratification. Firstly, we felt that a drug aimed towards saving lives, or at least improving quality of life would be more likely to have volunteers than a drug for cosmetic or superficial reasons. We believe that people would be more likely to take a risk, knowing that if it pays off, the benefit would have a huge impact on people's lives. We cannot foresee that people would make a distinction in the type of drug used, such as differentiating between an antiviral and an antibiotic, as both would be too similar in administration and consequences of a successful trial. We can foresee however, that if the trial requires invasive procedures, it would be less likely to attract willing participants. For example, a trial that requires the extraction of eggs from the ovaries would attract less volunteers than a trial requiring just a small blood sample. As in the previous question, we feel that if the trial has some relevance to the volunteer, they would be more likely to take part. This was commented upon in a survey review involving the donation of brains, and the reasons behind doing so [1]. This survey showed that among the various reasons, having a relative with the condition that the trial aims to alleviate is a major influence when deciding if to take part in the trial. A final reason for rejecting to take part in a trial could be if strong views against the eventual outcome exist. Using the example of a treatment designed for sexually transmitted infections, a person who holds strong opinions against promiscuity might object to taking part in the trial as this is a conflict of interest. As with the other questions, it is the personal views held by an individual that are the main contributing factor when deciding to take part in a trial (that may require donation of bodily materials). The views are generally subjective but may be influenced by other people or religion. Because of this, the certain factors above may affect some people, but not others, and certain factors may carry more weight with some people, but not others.

References [1] - Brain donation: who and why?. Glaw XM. Garrick TM. Terwee PJ. Patching JR. Blake H. Harper C. Cell & Tissue Banking. 10(3):241-6, 2009 Aug. This response was provided by first year medical students (group 15) at Leicester Medical School.