

HOW FAR SHOULD WE GO TO MEET THE DEMAND FOR HUMAN BODILY MATERIAL?

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Following a public consultation which asked how ethical it was to encourage people to donate their body parts, The Guardian newspaper proclaimed that the Nuffield Council on Bioethics “never shrinks from the unthinkable”.

It is true that the Council’s inquiry on the donation of human material touches on some extremely sensitive issues. It is also true that the Council sees its role to confront these issues openly and rigorously. Hence, it chose to discuss the shortage of human bodily material in medicine and research at its annual ‘Bioethics in Parliament’ seminar, this year hosted by Professor Lord Harries of Pentregarth and attended by MPs, peers and key organisations in the field.

TAKING A BROAD VIEW

The Council’s inquiry is considering and comparing all kinds of bodily donation, including donation during life of blood, organs, tissue, sperm, eggs and embryos, and donation after death of tissue and body parts, as well as whole bodies for medical training.

There have been several inquiries focusing on specific types of donation in recent years, such as the Organ Donation Taskforce, which have led to improvements in NHS transplant services and high-profile public awareness campaigns. Yet

despite encouraging trends, there is a continuing need to be met. Eight thousand people are waiting for an organ transplant and 1700 more egg and sperm donors are wanted.

The reasons why this is a controversial problem are clear. Body parts can only come from people, and people often feel very strongly about donating a part of their body or a relative’s body. Increasing the ‘supply’ can therefore mean increasing pressure on potential donors.

Professor Dame Marilyn Strathern, chair of the inquiry, outlined that this led the Council to two key ethical questions: is it always right to try to meet demand, and how far can we go in encouraging people to donate? By looking at all kinds of donation, the Council is considering these questions from the perspective of the potential donor and the complex range of options that each person faces in life.

IS IT ALWAYS RIGHT TO MEET DEMAND?

The question of whether we should be trying to meet demand at all may depend on what the donation is for. Bodily material is needed for medical treatment that could enhance, prolong, save or even create a life, and for research which may lead to new scientific understanding and treatments. Some uses of bodily material may result in commercial gain, such as in the case of fertility clinics or research. It could be argued that it is more important to meet some types of demand than others.

HOW FAR CAN WE GO IN ENCOURAGING PEOPLE TO DONATE?

Raising awareness



We can all donate bodily material, but the majority of us fail to take action. Raising awareness of the need could help, suggested presenter and broadcaster Tessa Dunlop (above). In 2010, Tessa made a film for BBC1’s The One Show about her father’s decision to donate his body to a local medical school after a diagnosis of terminal cancer. ‘The carcass is an unattractive thing, you won’t want mine hanging around,’ he informed Tessa. Her father’s decision to ‘carry on working’ after his death provided her family with great comfort.

Following the broadcast there was a significant rise in enquiries about body donation to medical schools. Yet she found that some members of the medical profession were reluctant to be involved in the programme. Improving communication between doctors and families about donation could help increase awareness of the need and understanding of what is involved, said Dr Vivienne Nathanson from the British Medical Association.

Incentives

When the Council published a public consultation in 2010, the media coverage focused heavily on the question of whether providing further incentives would encourage more people to donate. Many donors regard altruism as the highest incentive, and it can also be an effective way of ensuring high quality donations. But it may be that others are encouraged by financial or other types of rewards. Payment is not allowed for most types of donation in the UK at the moment, although women can get reduced-cost IVF treatment in return for egg donation. Increased financial incentives could take the form of more generous reimbursement of expenses, a donation to the donor’s charity of choice, or payment towards funeral expenses for donation after death.

Consent

Gaining consent from the donor is a key principle in the donation and use of bodily material, but the regulations on consent vary. Participants at the seminar were keen for the Council to review whether current consent rules are fit for purpose, particularly in the area of consent to use human tissue for research. The Council is in the process of doing this, and will publish its conclusions on the whole range of ethical issues raised by demand for human bodily material in autumn 2011.

Find out more:
www.nuffieldbioethics.org/human-bodies

