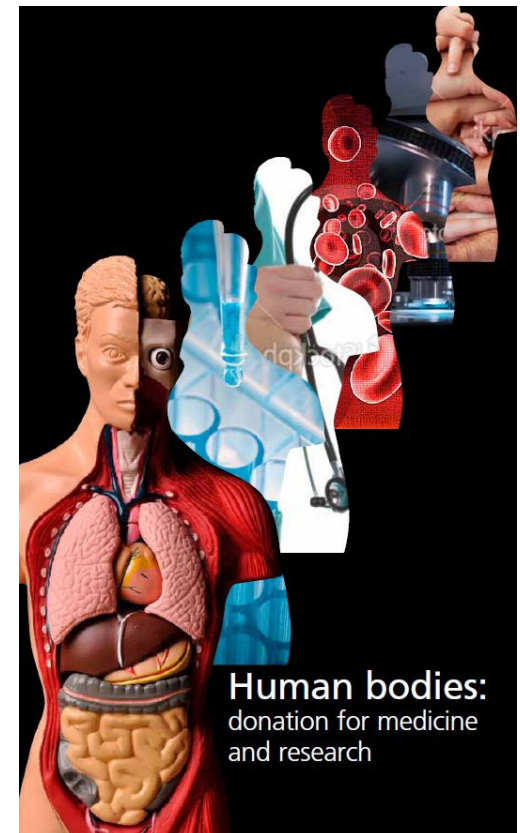


Organ donation: ethical considerations

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Human bodies:
donation for medicine
and research

What's the problem? Supply and demand

High demand for bodily material due to:

- increasing possibilities for using bodily material
- high levels of obesity, diabetes, alcohol consumption
- public expectations of medical science

Ways of reducing demand:

- Public health initiatives
- Research into alternatives

What's the problem? Whose body?

- Bodily material comes from a **person**
- Tradition that 'no property in a body'
- But in life we **control** what happens to our body/body parts through requirement for **consent**
- Language of 'donation' strongly implies will and intention – can one 'donate' without active **choice?**

After death?

- Consent still required? (from deceased in advance or family at the time)
- ‘Mandated’ or ‘prompted’ choice during life?
- ‘Authorisation’? – recognition of difference between intervention on living and deceased?
- ‘Deemed’ consent? – a way of justifying opt-out procedures?
- No form of consent at all? – justified as duty as a citizen?

Role of money/other reward

- Traditionally strong emphasis on altruism and prohibition on reward – giving for the ‘right reasons’
- Is money always bad? – reimbursed expenses? compensation for time/discomfort? How do you justify money in some circumstances but not others?
- Can altruism ever co-exist with payment?

Central role of trust

- Vital role of organisation and infrastructure – (both living and deceased donation)
- At the heart – is it a system that people will **trust**?
 - Will they still be treated in their best interests at the end of life?
 - Are organs allocated ‘fairly’?
 - Will good use be made of any donated material?
 - Will the terms of their consent be honoured?

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