

techniques on preserved tissue specimens revealed that a Manchester man who had died from an unknown disease in 1959 had been infected with HIV, thus revealing that AIDS was present in Western Europe in 1959. Human tissue removed at autopsies is often preferable to animal tissue for the purpose of pharmaceutical research; fetal tissue from abortions has many uses, including research which may pinpoint the causes of miscarriage; excised ovaries and spare fertilized ova, used in IVF therapy, can be used in research; surgical waste, such as parts of the skull and other bones have therapeutic uses; placenta cells, umbilical blood and cord are employed in research.

But is this widespread use socially acceptable? Has the use of bodily parts outstripped ethical concepts of respect for the person? The moral problems arising from the further use of human tissue are bound up with principles of respect for the human body, regard for its integrity, and the value bestowed upon the autonomy of the donor and rights of the individual.

The committee was concerned that the public are generally unaware of the many uses of human tissue; that regulatory practices have developed in a random fashion, and that as the scope for the use of human tissue is expanding rapidly, procedures are required for determining informed consent from the public. The central moral issue, however, is the tension between principles of respect for the individual as a source of tissue and the public good. The committee thus attempted to reconcile the benefits of further use of tissue with the need to protect the rights of the individual. They took the view that individual rights have priority over the public good in certain respects. Thus an autonomous individual may be subject to a moral duty of philanthropy, but that duty must be discharged

according to the individual's autonomous choice. An individual may decide to donate organs for transplantation purposes but not want them to be used for the purpose of research. That choice must be respected, according to the committee, as the taking of human tissue has no other moral basis than that of a gift. But how far must autonomy be respected? If people have rights over the disposal of their bodies should they not, for example, be allowed to sell blood, or a kidney? Suppose that a commercial market in bodily parts leads to a public benefit and that the owners of these parts and no one else made the decision to sell. Would not that meet with the committee's attempt to reconcile autonomy with the public good? The committee, however, adopted a strong version of the principle of non-commercialization, arguing that such practices could lead to abuse, and that the poor would not be autonomous. Commercial considerations were deemed to be incompatible with the altruistic nature of voluntary donation.

Following a comprehensive survey of the uses of human tissue and the ethical issues involved, the committee concluded that the further use of human tissue is an inseparable part of modern medicine and recommended wider dissemination of public information regarding its use. In keeping with the principle of respect for the individual the committee concluded that an individual has a certain right to determine what happens to material he or she has donated or bequeathed. To maintain an adequate balance between the interests of public health and respect for the rights of the individual the committee issued a set of principles to be observed, and possibly incorporated into existing or forthcoming legislation. These principles can be summarised as follows: the use of tissue must be morally acceptable and its primary

purpose must be the promotion of health; it must be handled with care; use of human tissue should not undermine the relationship between doctor and patient; donation and consent to use must be voluntary; privacy must be respected, and the principle of non-commercialism which applies to organ donation, should be extended to the collection of human tissue in general. The recommendations concerning the acquisition, storage and use of human tissue are designed to ensure: that patients are provided with information regarding storage and further use; that consent is required for further use of human tissue; that tissue is not used for financial gain; that no more tissue is either stored or used than is necessary for the purposes intended, and that all practices in relation to the use of human tissue are regulated and well-managed.

DAVID LAMB

*Honorary Reader in Philosophy,
Department of Biomedical Science,
University of Birmingham*

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Correction

The authors of the book, *Ethics in Obstetrics and Gynecology*, which was reviewed in the June issue of the journal were incorrectly given. The authors of the book are Laurence B McCullough and Frank A Chervenak. We apologise to them for this error and for any embarrassment this has caused them.

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