

PostScript

LETTERS

Reply to: Hasman A and Holm S. Nicotine conjugate vaccine: is there a right to a smoking future?

A Hasman and S Holm have evaluated in a recent article in this journal¹ the arguments in favour and against the preventive use of an antinicotine vaccine. This has been a timely article in view of the fact that at least three companies are in advanced stages of clinical trials.

The authors refer to the beneficial effects of nicotine in inflammatory bowel disease² and state that "Vaccinating a child against nicotine will not only prevent smoking but also restrict therapeutic options in later life". We think the second part of this statement has so far not been experimentally verified and is less obvious than it may seem.

It is certainly true, that the antinicotine antibodies elicited by the antinicotine vaccine retain the nicotine molecules after challenge, as shown in numerous animal models.³ The vicious circle at the centre of addiction is based on stimulation and instant gratification and the vaccine studies have therefore focused on the fate of the nicotine molecule immediately after nicotine challenge. The interaction of nicotine with the antibody is, however, reversible and the long term fate of the nicotine molecule and its metabolites have not been so well investigated.

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doi: 10.1136/jme.2004.011015

Received 29 October 2004

Accepted for publication 2 November 2004

Competing interests: Both authors have an interest in Chilka Ltd, a company involved in the development of vaccines against drugs of abuse.

References

- 1 Hasman A, Holm S. Nicotine conjugate vaccine: is there a right to a smoking future? *J Med Ethics* 2004;30:344-5.
- 2 Thomas GA, Rhodes J, Green JT, et al. Role of smoking in inflammatory bowel disease: implications for therapy. *Postgrad Med J* 2000;76:273-9.
- 3 Cerny EH, Lévy R, Mauel J, et al. Preclinical development of "a vaccine against smoking". *Onkologie* 2002;25:406-11.

Direct organ solicitation deserves reconsideration

The United Network for Organ Sharing (UNOS), the national organisation responsible

for transplantable organ distribution in the United States, recently condemned the direct solicitation of organs in situations "where no personal bond exists between the patient and the donor or donor family".¹ UNOS worries that "such appeals, although well-intentioned, compromise the principle of fairness" or worse, "may divert organs from patients with critical need to those who are less ill."¹

Despite UNOS objections, it is difficult to pinpoint who is harmed by unpaid solicitation of organs. Those on transplant waiting lists have few grounds for complaint, as the organs obtained from direct solicitation would not have been available otherwise. In such cases, the incremental increase in organ supply occurs *after* direct engagement with donors. At no point is an organ "taken away" from a transplant candidate, as there is no time in which the organ enters the wider UNOS distribution pool.

Moreover, presuming that all transplantable organs should be relegated to UNOS belies the established practice of directed donation, explicit in the Uniform Anatomical Gift Act,² whereby an organ is obtained from a donor known personally by the recipient.³ The existence of this mutual, prior relationship solely distinguishes directed donation from direct solicitation. Encouraging the former but not the latter hangs a good deal of moral weight on this criterion, which seems unsupported given the life or death outcomes under consideration.

UNOS also recognises that it takes money to promote one's cause, so wealthier individuals will inevitably—and unfairly—enjoy greater success in contacting prospective donors.⁴

Unfortunately, this line of reasoning fails to explain why wealthier individuals should rationally forgo pursuit of life improving options they can afford but which others cannot. It is especially incongruous with today's "ability to pay" medical system. Recourse to these exclusionary costs selectively ignores identical problems plaguing the rest of US healthcare.

Reflexive deference to the status quo is ultimately undesirable. If indeed no one is harmed by direct organ solicitation, then its recent success should be reassuring to members of the transplantation community. It should also be a wake up call to UNOS, which apparently has ample room to improve its own procurement initiatives.

Incorporation of more intimate strategies beyond rote rehearsal of depressing statistics is probably a good first step and the likely comparative advantage—and appeal—of direct solicitation.

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doi: 10.1136/jme.2004.011395

Accepted for publication 17 December 2004

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- 2 Uniform Anatomical Gift Act. Chicago, IL: National Conference of Commissioners on Uniform State Laws, 1987. Available at <http://www.law.upenn.edu/bl/ulc/fnact99/uaga87.pdf> (accessed 6 December 2004).
- 3 Ankeny RA. The moral status of preferences for directed donation. *Camb Q Healthc Ethics* 2001;10:387-98.
- 4 OPTN/UNOS Patient Affairs Committee Meeting. Chicago, IL: United Network for Organ Sharing, September 21, 2004. Available at http://www.unos.org/members/pdfs/report_14.pdf (accessed 6 December 2004).

NOTICES

Increasing Ethics, Communication, and Social Science Content for Written Exams in Undergraduate Medicine

Hosted by the Universities Medical Assessment Partnership (UMAP), this is a workshop to disseminate good practice in question writing whilst also helping to incorporate ethics, communication, and social science questions into the UMAP bank. This will serve to encourage these topics to be assessed at UMAP partner schools who at present include Newcastle, Leeds, Liverpool, Manchester, and Sheffield.

The workshop will take place on Thursday 24th November, 2005 at Leicester University. Places are free of charge. For further information please contact the UMAP office tel: 0161 291 5805; email: umap@fsl.with.man.ac.uk; url: or visit the project website www.umap.man.ac.uk

Ethical aspects of the new genetics: what we all need to know

This one day conference and debate is open to all and will take place at the Cheltenham Town Hall on Friday 18 November 2005. Tickets are available from Gloucestershire Federation of WI's, 2 Brunswick Square, GL1 1UL, tel: 01452 523966; email: liz@gfhi0org0uk. For further information visit www.gfwi.org.uk.

A limited number of free tickets funded by the Institute of Medical Ethics are available to health care students. Apply with staff confirmation of student status by sending a SAE to Maureen Bannatyne, Institute of Medical Ethics, St Chloe, The Avenue, Old Bussage, Glos GL6 8AT.