

## letters to the editor

Dear Editor

In the June issue of the Journal, Professor Evans provided 'An Outsider's View' (Evans, 2002) in response to my article: 'The Use of Human Tissue: An Insider's View' (Jones, 2002). In arguing a case for the use of human tissue in medical research, I drew a tentative distinction between what could be regarded as different levels of consent, depending on the tissue or organ to be employed. At no point did I dispense with the importance of consent nor did I even remotely suggest that any research should be unregulated. Nevertheless, Professor Evans concluded that my suggestions are problematic.

He rightly points out that, when seeking to understand the symbolic significance of different parts of the human body, we must not overlook the context within which we are functioning. Consequently, Borneo head-hunters in the early twentieth century and most Western people in the early twenty-first century do indeed ascribe different symbolic significance to the human head. Since biomedical scientists are functioning within the latter cultural context, what they can and cannot do is determined, in part at least, by this cultural context. One has only to consider the manner in which anatomists have functioned over the past few hundred years to appreciate how dependent they have been upon the prevailing consensus (Campbell *et al.*, 2001, pp.50, 51).

I accept the close interrelationship Professor Evans makes between symbolic and ethical significance, although I am not clear what problems this solves. Using a severed head as a football (as in Evans's illustration) is ethically unacceptable, but what about using omentum, fibrous tissue, or human hair as the ingredients of a football? Would this be as ethically unacceptable, and if so, why? If we assume that informed consent had been given by the 'benefactors' for this use of their tissues, what basic values would this (strange) practice contravene? In the unlikely event that the person whose head

had been severed had given informed consent for its subsequent use as a football, one imagines it would still cause public outcry in many contemporary societies. Would this be on symbolic or ethical grounds? And yet, some of those same societies probably accept the notion of informed consent for use, following their death, of the organs of those awaiting capital punishment.

Professor Evans forces us to distinguish between a body part and the DNA extracted from that body part. If genetic analyses are to be carried out on tissue, what then becomes important are genetic considerations. The tissue from which the DNA was taken becomes of subsidiary importance, since the context has moved from the macroscopic to the microscopic and subcellular. Hence in the genetic arena, the distinction between tissues disappears, but this constitutes one specific research field (which was not the one I had in mind), and, as such, should not be generalised to all research categories.

On the basis of certain Maori perspectives of bodily integrity, Evans (2002) argues that no distinction can be made between different tissues, nor between their functions or origins. One has to ask whether this constitutes an ethical basis that applies to everyone (including those outside New Zealand). The problem I have as a biomedical scientist is that this ignores any biological distinctions between organs and tissues, just as it ignores clinical issues faced by surgeons. Under many pathological circumstances, bodily integrity has to be sacrificed if healthy bodily functioning is to be restored. Certain tissues (including some healthy tissues) will be removed and may even be replaced by artificial prostheses, in order to return that person to health. Clearly there are limits as to what tissues and organs can be removed; hence, the distinctions some of us draw between them. What we can and cannot do ethically to tissues and organs parallels to some extent their functions and whether they are replaceable.

No matter what conclusions we draw on these matters, we cannot escape the taxing task of facilitating medical research alongside treating informed consent with the utmost seriousness. Any assistance ethicists can give in this task is greatly appreciated.

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#### References

Campbell, A., Gillett, G. and Jones, G. (2001). *Medical Ethics* (3rd edition). Melbourne: Oxford University Press.

Evans, D. (2002). The use of human tissue: an outsider's view. *New Zealand Bioethics Journal* 3:2, pp.13-15.

Jones, D.G. (2002). The use of human tissue: an insider's view. *New Zealand Bioethics Journal* 3:2, pp.8-12.

### Call for Papers on Disability Ethics

The June 2003 issue of the *New Zealand Bioethics Journal* will focus on Disability Ethics. By this, we mean ethical issues which have particular relevance for disabled people. Dr Anne Bray, Director of the Donald Beasley Institute in Dunedin will be guest editor.

We would consider papers with a legal, ethical or health policy approach. Papers should usually be between 3,000 and 5,000 words, but shorter and longer papers will be considered if they are of special merit. All papers will be fully refereed.

Please submit papers by 28 February to Dr Anne Bray, Donald Beasley Institute, PO Box 6189, Dunedin, or by email to: [donald.beasley@stonebow.otago.ac.nz](mailto:donald.beasley@stonebow.otago.ac.nz). Instructions for contributors are to be found in the *Journal*, including referencing style.