



20 May 2005

S05.26

**Submission to the Bioethics Council on the discussion document:
"The Cultural, Spiritual and Ethical Aspects of Xenotransplantation"**

The National Council of Women (NCWNZ) is an umbrella organization of women's groups throughout the country. It has 33 branches and 41 nationally organised groups, to which some 150 smaller groups are affiliated. NCWNZ works to improve society and conditions for women, children and families through discussion, research and education.

This submission has been prepared from the very many responses to an Action Item in the monthly Circular. With some changes in numbering, the Action Item listed the questions in your response form, and invited comment from the members of the NCWNZ. As a wide variety of opinion was expressed, it has been difficult to do justice to the effort many have put in; it is obvious that some branches and groups have put in a good deal of research, and many of the responses indicate careful consideration has gone into them.

The most obvious trend throughout all the replies is that cautious approval would be given to the introduction of this sort of technology, if it proved possible to implement, in the interests of improved quality of human life. The second major theme is that efforts need to be made to encourage more human donors to come forward.

1 & 3. Are there any cultural or spiritual perspectives that influence your view of xenotransplantation, and to what extent should these be taken into account by the government when making any decisions?

No person or group answered especially positively to the first part of this question, although there were remarks that people from some faiths and cultures might have objections on spiritual grounds. The major mainstream Christian churches in New Zealand are not opposed to the use of this technology if it offers better health and quality of life to recipients, but it must only be used on condition of respect of individual choice and assurance of animal welfare.

Only one respondent stated firmly that the opinions of a few should not override the preference of the majority, if that were to be in favour of xenotransplantation. All other respondents were anxious that the government respect the views of those who for spiritual or cultural reasons oppose the use of the technology when making decisions relating to it, but they did not indicate how far they thought this respect should extend.

2. What concerns do you have about the effect of various types of xenotransplantation on the recipient's identity?

Opinions varied widely. Some respondents have no concern at all, whereas others suspect that interaction amongst all the parts of the whole new organism (original human body plus the transplanted bit) might result in unexpected chemistry that does change the psyche of the person. A further concern is that any antipathy or abhorrence expressed by other people to a transplantee may cause sufficient distress as to alter his or her sense of identity. In general, the feeling was that





any effect regarding the individual's sense of identity would come from a psychological basis rather than from any organic change.

3. What is it important to think about when deciding whether or not xenotransplantation is an acceptable use of animals?

Most respondents pointed out that as we already exploit animals in ways that would be abhorrent if applied to other human beings, we could hardly regard xenotransplantation as unacceptable on the grounds of its being abhorrent. Most respondents also accepted that as on the whole human beings consider themselves to be superior to other animals, they are morally justified in using them for their own benefit.

Humane methods of handling animals destined to be donors was universally regarded as a prerequisite. One respondent spoke very strongly against using animals as donors, feeling that it is an unacceptably invasive use of animals, especially if it is pigs under consideration, as they are very intelligent and socially highly evolved animals.

Another respondent believed that using animals for xenotransplantation is not acceptable because it is a mechanistic approach that ignores the soul or spirit of both donor and recipient. There are spiritual implications to crossing species boundaries that might undermine human evolution – human beings could become less than fully human.

5 & 6. How should we weigh the welfare of animals against that of humans, and does it matter what sorts of animals are used for xenotransplantation?

Although all respondents agreed that animal welfare is important, on the whole it appeared that human welfare takes precedence over that of animals, on the grounds that human beings are longer lived; as far as we know individual human lives are more highly valued by family and friends; and human understanding and reasoning powers are more highly developed than those of other animals, therefore we are justified in using them in our own interests. It could be argued that as animals we have a strong instinct for self-preservation, and if we can find and use ways that foster our own survival, then we are only following what it is in our nature to do.

All respondents rejected using other primates as donors, not so much for ethical reasons as because there is likely to be a greater risk of transferring diseases from animals that are very similar to human beings. There was universal agreement that endangered or threatened species should not be used as donors, and mammals are the preferred group for donation, especially pigs because of their physiological similarity to human beings.

7. How should the interests of the individual be weighed against those of the public, community, iwi, hapu or whanau?

Public interest is more important than individual interest, since the cost of xenotransplantation would probably be very great, and public money should be used for the greater benefit of the many rather than the individual. No one actually mentioned the possibility of rich people paying for their own xenotransplantation.

Several respondents remarked that xenotransplantation should only be used as a final resort, if no other therapy was a possibility. A few respondents were in favour of using xenotransplantation for the young ahead of the elderly, for they are more likely to make useful contributions to the rest of society following a transplant.

There was some concern that the initial cost of a transplantation could be pushed even higher if something were to go wrong and further treatment was necessary, and it could be too high a cost for the public purse to bear.



The question arose here too, of the risk to a recipient's family and associates if he or she developed an infectious disease as a result of the transplantation and passed it on to those others; should the public purse pay for their treatment too?

8. Do you have any view about exposing non-consenting third parties to possible risks that xenotransplantation might create? Does it make any difference which of the three types of xenotransplantation is involved?

The view of most respondents seemed to be that anyone ill enough to consider xenotransplantation as a means of improving his health and/or quality of life would probably not think too much about the possible risk to third parties, and it would be hard to regard that as unconscionably selfish.

We are all frequently third parties to risks that we know nothing about, and although we might wish that those who expose us to them could be made accountable if we were to suffer harm, it is often hard to bring the irresponsible to account. Especially would it be hard to say to a family member or a close friend who was considering xenotransplantation that we did not want them to go ahead with it because of the risk to us, or to demand reparation in the event of our suffering disease from infection after a person close to us had had a transplant.

Some respondents urged caution, saying that more research would need to be done to reduce the risk of third-party suffering as far as possible. There also would need to be more debate and considerable public education.

There was agreement that the donee should be kept under medical surveillance for some time after transplantation, to reduce risk to others.

One group commented that using this technology should always be carried out in the public eye, and there should be no expectation of anyone making a lot of money out of it, to reduce the risk of unnecessary exploitation of animals.

Members indicated that they did not know enough about the issues surrounding the different sorts of transplantation to be able to comment on whether their views would be different regarding each sort.

9. What would be your response if a family member living with you wanted to undergo xenotransplantation.

Responses varied, from a "go for it" endorsement, to cautious warnings that such a radical technology bears with it many risks both known and unknown. Most members believe that the decision to undergo a transplant should be that of the potential recipient, but there were some remarks regarding the age of the recipient; young people should be thoroughly informed about the whole range of implications of receiving tissues from another organism, while the older person would need to understand the implications of spending a good deal of money on a technique that may not in the long run be very beneficial to him or her.

Several respondents stressed that the choice to receive a xenograft should be a informed one, whatever the age or health status of the recipient, and the benefits and risks to the individual should be accompanied by an outline of the possible effects on other people.

10. What public health restrictions would it be right to impose on the recipients of xenografts performed in New Zealand? Does it make a difference which type of xenotransplantation is involved?

Almost every respondent mentioned that xenograft recipients should not be able to donate blood, skin, sperm or any other part of them following a transplant, to reduce the likelihood of disease transference.



Post-operation monitoring for as long as seemed necessary was another suggestion, but isolation, specifically mentioned by two respondents, was rejected as this certainly is unlikely to improve the quality of life.

It does make a difference which type of transplantation is involved; already animal heart valves are used in heart surgery, but apparently the tissue is not living.

The larger the amount of foreign tissue transplanted, the more care should be taken regarding the effect on public health.

11. What public health restrictions would it be right to impose on xenotourists? Does it make a difference which type of xenotransplantation is involved?

Similar responses regarding restrictions on being a donor were mentioned, and continued monitoring following return to New Zealand.

Recipients should declare their health status upon entry to New Zealand, although it would be difficult to enforce this. A further suggestion is that the place of operation should be declared, as standards of health safety vary so much from country to country.

Where there is concern is the amount of public money that might have to be spent on post-operation anti-rejection drugs, if the person is not normally a New Zealand resident, but expects to receive NZ funded health care. Such a person should furnish their own drug supplies and/or be required to produce evidence of health insurance.

If New Zealand were to become a country where xenotransplants are regularly performed, and people come from overseas for the operation, strict controls and conditions would need to be put in place regarding their comings and goings.

Regarding whether it makes a difference which type of xenotransplantation is involved – see question 11 above.

12. What decisions do you think the New Zealand government should make about xenotransplantation?

That there should be a great deal more research done here, consultation with other countries that are also considering the matter, and wide public consultation and information distribution. Only then would NCWNZ members recommend cautious progress, since they are not absolutely opposed to the concept.

Many respondents replied that although not entirely opposed to xenotransplantation, they would prefer to see human to human donation more widely promoted.

The precautionary principle should be applied, especially in the light of the spread of AIDS and chicken flu.

13. Any other issues?

Two respondents raised the question of why human beings should try to fight natural processes. Like other animals, human beings are subject to disease and inevitably death, and we should accept these as they come.

Organ Donation as an alternative to xenotransplantation.

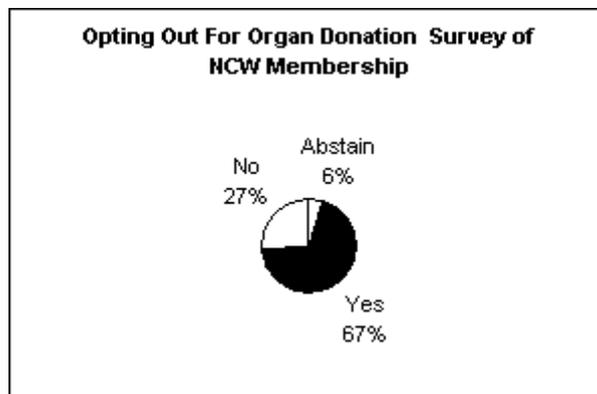
NCWNZ independently conducted a survey of its members to find out their response to the suggestion that in order to get more organ donations, people who apply for drivers' licences should



be given the option of choosing *not* to be organ donors in the event of their suffering a fatal road accident. If they do not so choose, they will automatically remain on the list of potential donors. NCWNZ members were asked to reply “yes,” “no” or “abstain” to the question “Would you agree to a change to the drivers’ licence application form that allowed people to opt out of automatically becoming organ donors in the event of their being victims in a road accident?”

The survey results are as follows:

Yes	344	67%
No	137	27%
Abstentions	28	6%
Total	509	100%



Please note that the 509 members who voted are mainly delegates to branches and therefore represent many other women.

Conclusion

NCWNZ is very pleased to have this opportunity to make a submission on the question of xenotransplantation, since so many have very strong feelings on it. Xenotransplantation may affect only a few as a medical matter, but affects our whole society as a stage in our common understanding of what it is to be ethical beings.

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