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It's MY Body: The Biomedical Ethics of Cell and Organ Harvest

Christina Perri

It all seems very simple. All we can rely on as our own in this world are our minds, souls, and bodies. But are they really “our own”? Medical precedent suggests that it may not be as clear-cut as that. The line where cells and tissues cease to belong to us and begin to belong to the scientific community is thin at best. When do cells cross this line? Is it when they leave our bodies? Is it when we die and are no longer using them? Or are they, perhaps, *never* ours?

In the first half of the twentieth century, biomedical ethics was not even a vague concept. Consent for cell biopsy or questionable treatment options barely blipped across the research radar. Doctors could essentially do what they wanted without question or qualm from their patients. The prevailing view of the times, still reflected in many older people today, was, “Don’t ask questions – he’s the doctor.”

This was the perspective held by Henrietta Lacks, a poor, black tobacco farmer who suffered from cervical cancer, which ultimately took her life. Lacks was never told about cell researcher George Gey, who biopsied her tumor during her first radium treatment as part of his research on cell immortality. Her cells, over the next sixty years, would lead to the polio vaccine, gene mapping, and cloning, among other advances. This was not in an attempt to keep Lacks in ignorance – informing her was not a consideration of the times.

Henrietta was alive when her cells, commonly referred to simply as “HeLa,” were scraped. Neither she nor her family was informed by the researchers of this action, and her name was not released until Gey’s death – keeping her name under wraps was Gey’s attempt, in a time that did not know what it was, at patient privacy. Her next of kin found out essentially by

accident that Henrietta's cells had been harvested, multiplied, and applied to myriad research situations. Once Henrietta's cells had been biopsied, they could no longer be claimed by her or members of her family. The Lacks' could not stop the research; the Lacks' could not sue for monetary compensation. The cells were no longer "hers."

With the advent of lawsuits, case laws, and NIH and AMA recommendations about how to handle the commercial use of human tissue, one would think a clearer line would exist in the present day about when organs are "ours" and when they belong to the medical community. This line, however, remains vague at best. Perhaps organs cease to belong to us upon our deaths? After all, if we no longer are using them, then surely our organs are better off helping someone who still has a chance at life...

Even this concept is slippery to grasp. Following the convening of the 1968 Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death, the definition of "death" has changed. For a beating heart cadaver (BHC), "death" does not mean that the heart has stopped and the body no longer functions. A "dead" woman can gestate a baby; a "dead" child can undergo puberty; and "dead" patients can be dissected and their organs removed to be transplanted to other patients.

Much like Henrietta's family, "the only people who do not get a share of the transplant wealth are the most essential: the donors and their families" (Teresi 39). Tissues harvested from BHCs, while they are signed away by family members, nonetheless belong to beings who hover somewhere between life and death. BHCs "[are] a kind of subspecies designed specifically to keep organs fresh for their future owners" (Teresi 40). It is an ironic twist that, with the philosophical perspective that created the notion of "brain death," patients have lost their humanity as they become organic coolers.

Years ago, in the time of Henrietta Lacks, human tissue did not “belong” to its progenitor while said person was alive. Today, organs do not belong to people upon their “deaths.” Commercial cell and organ use remains a contentious issue today – not because doctors intentionally deceive patients or because of medical malpractice, but instead because of the blurred lines between treatment and research, life and death, and preservation and sacrifice.

Works Cited

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- Teresi, Dick. “The Beating Heart Donors.” *Discover* May 2012: 37-43. Print.