

Human Tissue Transplants

operation in the Netherlands and isolated examples of pooled recipients have been set up in various large cities.

● (4:50 p.m.)

I would like to return, Mr. Speaker, for a few moments to some of the moral and ethical problems which come to mind. One could ask, is it right that the hope of a patient for survival should be dependent on the expectation of death of others? Or, what are the ethics of a surgical team awaiting the death of one patient in order to save another? Or, what about the case where a healthy donor volunteers an organ such as a kidney to maintain the life of another? This latter example has occurred frequently with identical twins, usually associated with kidney malfunction. Another ethical question that is raised is, who should be selected as recipient for an anatomical donation? On what basis should such choice be made? To what extent should the medical profession choose between the risk incurred by the donor of the transplant and the value of the life of the recipient? To attempt to resolve such moral and ethical issues uniformly through legislation is almost impossible because the answers depend in many cases upon the individual's religious views, his attitude to the sanctity of the human body and his respect for the individual.

To return to some of the legal problems involved in human organ transplantation, in general these relate to live donors, cadavers, recipients, attending physicians and next of kin. I have already touched on some of the issues related to live donors. Is it legal to mutilate a healthy donor to the advantage of another person? Should the donor be allowed to consent to a serious operation upon himself for the benefit of another, especially if as a result of the removal of a donated organ the donor's health might be seriously impaired? I have already mentioned the difficulties associated with defining death. A problem associated with this definition is how long should life be maintained in a donor who has irrevocable damage to his brain? Or, for example, when does death occur if such a life is being maintained artificially?

Another issue could relate to the payment or indemnification of a donor for the donation of his organs. We are aware that blood donors may sell their blood. Should donors be allowed to sell their organs to needy recipients? Would such a sale be legal? And would the recipient pay income tax on such payment or should it be regarded as capital gain? Possibly we should consider the application of sales tax to such sales. Or, if the donation is a gift, should gift tax be paid? And finally, if a financial value is attached to useable organs from cadavers, should such items be included in the estate of the deceased?

As you can see, Mr. Speaker, there are many issues involved. Perhaps these could all be summarized by the question, does a dead body have human rights which are to be protected? The problems I have identified this evening illustrate that unless there are specific statutes permitting persons to make donations of their organs or their tissues, there is a strong possibility that liability

[Mr. Isabelle.]

could be imposed on the doctor or institution acting upon the wishes of the donor or even of the recipient.

You have already heard, Mr. Speaker, that many Canadian provinces and territories have laws governing donation of anatomical gifts or tissues and that these laws cover medical education, research, replacement and rehabilitation. You have also heard that the conference of commissioners on uniformity of legislation in Canada at their meeting in 1965 adopted and recommended for enactment the human tissues act, and that this act has been used as a model in seven provinces and the Northwest Territories. The Medico-Legal Society of Toronto has acted in an advisory role to the commissioners and their work by lawyers and doctors has been used as a model for uniform legislation.

The federal government is sympathetic to the problems associated with anatomical gifts, organ transplants, and is encouraged by the work of the Medico-Legal Society. By the same token, the fact that only seven provincial and territorial legislatures have enacted uniform legislation is disturbing. The federal government is prepared to respond to the request of the provincial governments at any time. As this House has already been informed, the question of the medico-legal aspects of organ transplants was raised at the federal-provincial conference late last year. At that time the need for such a conference was not affirmed by the provincial ministers of health. Possibly as a result of this debate provincial authorities will assume new interest in the question of uniform legislation. The Minister of National Health and Welfare (Mr. Munro) is always willing to respond to the consensus of provincial ministers of health in this respect.

With regard to the international aspects of the motion before the House, this is a question which has received international consideration through the World Health Organization. At this time, the European community is far ahead of the North American continent. There already exist in Europe organ exchange programs such as Euro Transplant between the Benelux countries and the federal republic of Germany, Euro Transplant Italia, Scandia Transplant between the Scandinavian countries, Euro Transplant West including France. On the North American continent there is a U.S. east coast system covering the central Atlantic coastal area and eastern United States. Los Angeles has a local system and also belongs to a more general United States system. The federal government would be willing to respond through the World Health Organization to the development of international protocols covering anatomical gifts and their transportation across international borders.

Mr. Knowles (Winnipeg North Centre): Question.

The Acting Speaker (Mr. Richard): I regret to interrupt the hon. member. His remarks were very interesting, very anatomical—

Mr. Knowles (Winnipeg North Centre): And killed the motion.