

*Presidenza del Consiglio dei Ministri*



## **BODY DONATION FOR SCIENTIFIC RESEARCH**

19<sup>th</sup> of April 2013

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## Presentation

The Opinion focuses the attention on a particular modality of donation or more specifically on the possibility to donate one's body to study and research activity, such as for example anatomy dissection lectures, aimed at the medical-surgical training of undergraduate and post-graduate students and the refresher courses for consultants. In outlining the ethical importance of donation, at the same time the NBC sets out to stress the ethical unacceptability of what is foreseen in Art. 32 of "Royal Decree Law" No. 1592 of 31 August 1933, which is still in force, or that is the destination of the bodies of people who are unknown or without relatives and friends to teaching and research, insofar that no one claims their body for burial.

Body donation is inspired by a principle of solidarity towards others, carried out in the specific case by means of the fostering of study and research and indirectly the protection of health. It is absolutely essential that donation is the expression of a free and conscious decision by the subject; for this reason the NBC considers that the principle of the donor's conscious and informed consent must be strictly respected and that the silence-assent mechanism may not be applied in any way whatsoever. Furthermore the subject's decision cannot be subordinate to the consent or the non opposition of the relatives, even if it is hoped that the choice to donate is shared by the family and that it is suitably involved in the various phases, starting with the donor reaching their decision. The role of the relatives can moreover be important also in the carrying out of the donor's will; in this sense the appointment of a trustee could also be opportune, with the task of seeing that the donor's will is respected.

The working group was coordinated by Profs. Luisella Battaglia, Antonio Da Re, Giancarlo Umani Ronchi. The Opinion was drafted by Profs. Luisella Battaglia, Antonio Da Re, Lorenzo d'Avack and Giancarlo Umani Ronchi, who made use of, among others, significant contributions given by Stefano Canestrari and Andrea Nicolussi and the discussion group in which Salvatore Amato, Marianna Gensabella and Assuntina Morresi also took part. The final text, which takes into account all the observations arising even in the plenary sittings, was drafted by Prof. Antonio Da Re.

It must be remembered that on 16 April 2012 Hon. Eugenia Roccella, a Member of the Social Affairs Committee of the Chamber of Deputies, in reference to a number of bills still being debated, had presented the Presidency of the NBC with a query on the issue, inviting it to express an ethical evaluation on it (see Attachment). Prof. Massimo Tabaton, of the Department of Internal Medicine of the University of Genoa, had urged the NBC to express an Opinion on the subject too.

In its identification of the most interesting subjects to be examined in the Opinion, the working group was able to make precious use of a document sent by the research group coordinated by Prof. Raffaele De Caro, responsible for the department of Human Anatomy at the University of Padua and dedicated to *The role of anatomy in modern medical training and body donation: the Paduan experience*. The drafters of the Opinion would like to thank Prof. De Caro and his collaborators for their contribution, and moreover Giulia Rigoni Savioli, from the Biblioteca Medica "Pinali" Antica of the University of Padua, for her precious help in the bibliographical research regarding paragraph 2 of the Opinion and its historical nature.

During the plenary sitting of 19 April 2013 the opinion was approved unanimously by those present, Profs. Salvatore Amato, Luisella Battaglia, Adriano Bompiani, Stefano Canestrari, Antonio Da Re, Riccardo Di Segni, Silvio Garattini, Marianna Gensabella, Laura Guidoni, Assunta Morresi, Demetrio Neri, Laura Palazzani, Vittorio Possenti, Monica Toraldo di Francia, Giancarlo Umani Ronchi. Profs. Cinzia Caporale, Bruno Dallapiccola, Lorenzo d'Avack, Andrea Nicolussi, Lucetta Scaraffia and Grazia Zuffa were not present at the voting but later gave their approval.

The President  
*Prof. Francesco Paolo Casavola*

## 1. Premise

At present medical training can count on innovative methods and instruments, made possible by the considerable and constant evolution of surgery, especially in recent decades. Thanks to minimally invasive and robotic surgery it is possible to practise with video-trainers or simulators; once recorded and reproduced the practical exercises make it possible to carefully examine the different phases of the methods used, any errors made, and the progress ascertained. Today surgical training can also make use of e-learning and multi-media methods, aimed at fostering active learning and possibly the participation of those operating in the very decision-making process.

Despite these new techniques, which nonetheless cannot be applied to all cases, international scientific literature agrees that any direct practice on the dead body cannot be substituted and that anatomy dissection has a fundamental importance in the training of students and post-graduates and in refresher courses for consultants. Anatomy dissection therefore is not only the main instrument whereby to directly know the human body but it makes it possible to learn basic and advanced surgery, to experiment new techniques and to streamline other increasingly complex ones. It is not by chance that in the syllabuses of doctors coming from more advanced countries at the scientific research and didactic organisation level, anatomy dissection is still foreseen as basic key teaching. This is also true for Italy, where however in practice there is considerable difficulty in carrying out practical exercises of this type; such difficulty is due to the lack of availability of bodies on which to carry out practical teaching, a lack which in turn derives from the scarcity of donation programmes for study and research<sup>1</sup>.

Therefore, even though foreseen by the syllabus, anatomy dissections have in fact become very rare in most Italian universities. This is a situation that may seem even paradoxical: in Italy of all places, the cradle of anatomy studies in the sixteenth century, to the point of attracting students of medicine and professors from all over Europe to its universities, it is in fact extremely difficult to take part in practical lectures for medical-surgical training on bodies and anatomical parts. And, unlike what happened in the sixteenth century, it is often the Italian surgeons who have to go abroad to attend training and practical courses, with all the inevitable costs and understandable personal hardship entailed.

In Italy too the promotion of a culture that is in favour of body donation for study and research and the adoption of suitable measures to legislate such donation would thus make it possible to significantly improve medical-surgical training. Furthermore, the great disparity would disappear between our medical-surgical community and that of other countries, not only European ones, which on the contrary can rely on the considerable availability of bodies donated for scientific and teaching purposes. This is a need that has been felt unanimously by the surgeons of the various specialist branches, and expressed repeatedly

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<sup>1</sup> This Opinion is dedicated, as in the title, to body donation for medical-surgical training, study and research. It also considers other aspects, which would also deserve an evaluation of a bioethical nature, such as body plastination and their exhibition in public places or the safety *crash test*.

in the publications of national congresses of the various scientific societies belonging to the Italian Association of Surgeons.

## 2. Historical references

With regard to the subject of medical training by practice on dead bodies, some historical outlines might be of use in more clearly identifying the ethical issues involved in this. As already mentioned, during the sixteenth century under and post graduates in medicine of various European countries came to Italy, in order to specialise in anatomy and body dissection, especially at the Universities of Padua, Bologna and Ferrara<sup>2</sup>. Renown scientists also came, like Andrea Vesalio the famous Flemish specialist, who upon completing his studies in Paris and Leuven and before being appointed as personal doctor to the Emperor Charles V, spent a number of years (1537-1542) in Padua teaching surgery with the use of anatomy and body dissection lectures. One of reasons that attracted students and lecturers from different European nations was the possibility to practice on dead bodies in a continuous way. Dissections could be carried out in the very homes of the lecturers or in public places, both religious and laical, in the student colleges, at the grocers'. The importance assumed by practice in dissection in the training and specialisation of doctors led to the construction of provisional anatomical theatres, set up for the duration of the lessons (for obvious reasons these took place during the winter) to be dismantled afterwards. The construction of the first permanent anatomical theatre was completed in Padua in 1594, after the architectural style of the amphitheatre; it was designed to allow students, seated high up on steps surrounding the dissection table, to carefully observe the operations and techniques of the professor. The same architectural design was then to be replicated in other anatomical theatres built in Europe, starting from the one in Leiden.

The question of finding bodies for dissection will be dealt with separately, as expressly regulated by the Venetian Republic, which every year had to supply the bodies of two people that had been put to death, one man and one woman, who had to be neither from Padua nor Venice. However the bodies were not always available or sufficient to satisfy the didactic needs of the anatomists; it was then that the "massari", very capable students chosen by their classmates, had the job of procuring bodies otherwise<sup>3</sup>. The modalities left a great deal to be desired as they could foresee the purchase of the body of a deceased relative from families in miserable conditions and in some cases even the forceful theft of bodies of persons belonging to minority groups, such as Jews. Sometimes the families that were chosen, despite their poverty, refused to "sell" the body of their relative and the resorting to violence to take away the cadavers understandably caused tension and terrible clashes in the university and city environment. It is interesting to see that in the attempt to avoid any kind of abuse, it was soon decided to celebrate public funerals for those whose bodies had been destined to autopsies in accordance with the

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<sup>2</sup> See G. Cosmacini, *Storia della medicina e della sanità in Italia*, Laterza, Roma-Bari 2010, pp. 82 et seq.

<sup>3</sup> For the above mentioned information, see the essays in the volume *Il Teatro Anatomico. Storia e restauri*, edited by C. Semenzato, with the collaboration of V. Dal Piaz and M. Ripa Bonati, Università degli Studi di Padova, Limena - Padova 1994.

regulations in force<sup>4</sup>. It is even more interesting to recall the account of a famous student, Francesco di Sales, who decided to donate his own body to study and research. When he was a student of law and theology at the University of Padua in the first days of 1591, at the age of 23, he fell seriously ill following an epidemic. Francesco expressed his desire to his tutor, a priest, who had come to give him his last rites, for his body to be taken to the school of anatomy, so that “as I was not able to be of any use to this world during my life, I can at least be of some use after my death”. His intention was also to “prevent the arguments and the murders” between the medical students and the relatives of the dead<sup>5</sup>.

These brief historical references show how during the course of the sixteenth century the awareness was established of the absolute need for anatomy dissection practice for the progress of research and the training of future doctors. The availability of bodies could satisfy different principles. Without considering the extreme and morally more serious possibility of body snatching, such principles can thus be summarised: 1) the primacy of the collectivity over whoever is sentenced with the charge of having been a threat to its security (hence the decision to use the bodies of those put to death for autopsies); 2) the reification of the corpse when it is considered that it can be sold or purchased, or even to give some kind of economic benefit to the relatives; 3) donation, the outcome of a conscious decision, like in the case of Francesco di Sales. Coming back to the present, the NBC’s opinion sets out to highlight the importance of adopting the principle of donation both with respect to that of the primacy of collectivity, of which there are still some traces in our legislation, and with respect to the principle of an economic nature, which represents a form of instrumentalisation of the dead person’s body, and as can clearly be seen of the relatives and their state of poverty. The principle of donation in turn is associated with that of the respect of the person, even when that person is dead.

### 3. The legislation in Italy

In Italy body donation for study, research and training can find an indirect foundation in the constitutional principle of the development of culture and research (Art. 9), especially when this is functional in the protection of health as a basic right of the individual and in the interest of the collectivity (Art. 32).

The specifically regulated authorisation can be found in Art. 32 of "Royal Decree" No. 1592 of 31 August 1933, (*Approval of the single text of the laws on higher education*) that sets down that: “dead bodies [...] whose transport is not covered at the expense of the relatives included in the family group to the sixth degree or by confraternities or associations able to take upon themselves the commitment for funeral transportation of the associates and those coming from medical-forensic ascertainment (suicides excluded) that are not requested by

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<sup>4</sup> See M. Rippa Bonati, *Le tradizioni relative al Teatro Anatomico dell’Università di Padova con particolare riguardo al progetto attribuito a Fra’ Paolo Sarpi*, in “Acta Medicae Historiae Patavina”, 35-36 (1989-1990), pp. 145-168, pp. 147 et seq.

<sup>5</sup> See with regard to this *Histoire du bien-heureux François de Sales... Composée premièrement en latin, par son neveu Charles Auguste de Sales... et mise en François par le mesme Autheur. Divisée en dix livres* A Lyon, chez François La Bottiere & Jean Juillard, 1634, p. 31. When there seemed to be no more hope, Francesco slowly began to recover. After some weeks he was able to go back to his studies. He died in 1622 at the age of 55.

the relatives included in the above mentioned family nucleus, shall be reserved for teaching and scientific investigation". The limit of such normative disposition lies in the fact that it establishes a sort of logic of exploitation by the collectivity towards the cadaver of totally unknown persons or of persons whose relatives and friends cannot be found.

A further legislative reference is given in the Mortuary Police Regulations (DPR 285/1990): "the giving to university anatomy lectures of bodies destined [...] to teaching and scientific research shall take place following the prescribed period of observation [...]" (Art. 40), which is 24 hours from the death (Art. 8). Furthermore, "the taking and conservation of bodies or anatomical parts, including foetal products, shall be carried out each time with the authorisation of the local healthcare authority" (Art. 41).

Undoubtedly, in the present state of things the possibility is not excluded that the bodies of people are available who before dying consciously expressed such will in a signed document handed to a university facility, as demonstrated by significant experiences<sup>6</sup>. Nonetheless these are episodic events which find no follow up elsewhere, also owing to the "along general lines" legislation which does not deal with the many problems arising from body donation to university hospitals: modalities of the donor's living consent, the binding nature of this, the prevalence or not of the privatistic concept over the publicistic one, the importance of the will of the relatives, the guarantee of an efficient facility in the treatment of bodies and their conservation, in the preparation of didactic activity, the recomposition of the corpse and its successive return to the family, obligations concerning the procedures to be followed, identification of authorised regional research centres, etc. It is a question of identifying complex rules and procedures which on the one hand make it possible to realise a structured research programme on body organs, but on the other are accompanied by measures and proper arrangements that might ensure profound respect for the dead body. These are the reasons that over recent years have led to various bills of law<sup>7</sup> on body donation for scientific research and professional training.

It must moreover be remembered that from the medical and study point of view all bodies can be donated to teaching activity and in very many cases also to research, independently of the age of the dead person and their past state of health. Even the bodies of elderly people can in fact contribute to the study of senile pathologies. And an integrative source of anatomical material could come from the organs or body parts that are taken away surgically and donated by patients for a temporary use in teaching and research, before being finally destroyed. It must lastly be remembered that the donation of one's body for study and research does not exclude the donation of organs for transplant; even though clearly having priority, this second form of donation is not therefore an impediment to the first.

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<sup>6</sup> Such as the Body and anatomical parts donation programme, promoted by Raffaele De Caro, professor of Human anatomy at the University of Padua; the Centre for body donation for study and research (referee Lucia Manzoli, Professor of Human anatomy at the University of Bologna); the Laboratory for the study of the body, directed by Sarah Gino, Professor of Forensic Medicine at the University of Turin.

<sup>7</sup> These are bills of law C. 746 Grassi; C. 3491 Miglioli; C. 2690 Brigandi; C. 4273 Di Virgilio; C. 4251 Testa; all unified in 2012 in the text being debated in the last legislature (XVI) A.C. 746 Grassi and others.



## 4. Observations

**4.1.** The choice to donate one's body for research and teaching takes on a combination of symbolic meanings, such that it becomes a difficult one both for the subject and his or her family. To imagine that one's own body can be "objectivated", cut and sectioned can raise a certain amount of psychological resistance, which can only be overcome by stressing the importance of donation and the good offered to others in the fostering of knowledge and scientific research. This special form of donation could be interpreted as one of the possible and original results of that ancient, existential and spiritual exercise, encouraged by Seneca, consisting in the "*meditatio mortis*", an exercise that somehow indirectly manages to spread to the members of the family too.

At the basis of the decision to donate, which has psychological, emotional and affective reasons, deeply involving the cultural and symbolic level, there lies the really crucial issue of *corporeity*. What does the body mean to us that exist? How can we imagine our body when we are no more, after our death? For a person that is alive, to think of his or her own dead body as a 'corpse' is an idea that is hard to accept. Here we pay for the inadequacy of our lexicon, even the juridical one, which is hinged on the person-thing distinction. On the one side the dead body is not a person; on the other it is not even a thing, since it refers back to the living body of a person who was such. The respect that we show towards the dead body is therefore respect for the dignity of the person, which comes from that corpse. The criterion of the continuity between living human being and inanimate human body should guide us in our ethical and juridical considerations; such criterion can also be traced back to the primitive forms of human and social organisation and is expressed by means of the cult of the dead, the respect that is due to them, the duty to give them a burial, which can also take on different modalities (entombment, interment and cremation). On the contrary, if the criterion of discontinuity is valid, the dead body very soon becomes a thing, *res nullius*, detached from the bond with the personal being of the living body.

Donating creates bonds between the donor and the receiver: the person who donates recognises the existence of the other. But if it challenges the logic of calculation and if it represents a victory of the symbolic over the biological, donation in the bioethical field raises some new questions, as whoever has analysed the difficult and significant interweaving of the gift, beyond the act of pure generosity well knows. It suffices to think of how in the ethics of organ donation there is the sense and acceptance of a tragic unavoidable destiny, of death, but together the will to overcome it, to react to it with a promise, a hope for life. It is what is realistically stated in the motto that highlights how, "This is the place where death delights to help the living" (*Hic est locus ubi mors gaudet succurrere vitae* was moreover the phrase that was to be seen at the entrance of many anatomy rooms). In the ethics of donation – real *ethics of hope* – I give something to another person that is not irrelevant but a precious good, to which I attribute *value* (otherwise one would not speak of 'donation', like the anthropologists teach us with regard to the social meaning of the gift).

In organ and body donation *I take care of* another person, in a caring altruistic sense. The *principle of solidarity* has thus exercised its great influence in directing the passage of legal systems from an idea of body-corpse linked to the affirmation of the principle of self-determination of the individual (and the

consent of their family) to a so-called publicistic conception of the social value of organ donation, which valorises the moment of collective health. This approach expresses not only a way of rethinking the concept of the human body after death, but above all a different consideration of the person/society relationship. A good example of this is the *silence-assent* mechanism endorsed by various legislations, together with the Italian one (insofar as not entirely applied), which subjects anyone to the possibility of an *ex mortuo* explant, except in the case of the manifestation of an explicitly expressed will to the contrary. Such solution however shows a worrying obliteration of the now established principle of informed consent, of the consciousness of the gesture that is made and the value of what is being donated. The fact must not be underestimated that the legislations that adopt such system, and Italy is certainly one of these, come across considerable difficulties in foreseeing and realising streamlining and ascertainment procedures of such *silence-assent*, procedures that are aimed on the one hand at guaranteeing greater awareness by the citizen with regard to the meaning and consequences of their choices and on the other at making the will of the subjects more comprehensible.

For these reasons the Committee considers that the principle of information and the consent of the subject to the donation of his or her organs and body must be considered as having priority and that this cannot be substituted with a model of collective and generalised information, anchored to the silence-assent principle. If this latter model were adopted, the legislator's predicament would be even more difficult, as he would want to establish a sort of duty of solidarity, without declaring it explicitly and taking advantage of the ambiguous rule of the individual's *presumed* consent. The NBC therefore retains that in this context the private and public dimensions must be considered as complementary rather than in opposition. Together with the privatistic discipline, functional in fostering the principle of respect of the person and his/her autonomy with regard to the possible donation of the body for study and research, a publicistic discipline should concur; the function of the latter should be that of guaranteeing the due controls to give support to the same autonomy, to avoid possible abuse and to ensure the necessary protection so that the respect for the continuity of the person is effective also after death, especially when it is a question of the body of a person without close family or friends with authorised persons acting on behalf of their safeguard.

**4.2.** Unlike the donation of organs (Act 91/1999), the regulation of body donation for study and research does not involve complex procedures; besides the obvious ascertainment of death and the absence of legal reasons for withholding the corpse, it must foresee the express will of the donor through written provision of his/her will to this effect or by the signing of a special register even in electronic format. Such will should always be considered revocable and renewable in time. The act of donation could foresee the giving of the body for study or research and for teaching or both, as well as the definition of the time for its return to the family. It could also foresee the consent to the taking of anatomical parts, such as the encephala which is of great interest for the study of a number of pathologies (for example, Parkinson's and Alzheimer's disease) or the request to limit the research and dissection only to some parts of the body. With regard to this last point the fact must not be underestimated that there could be some amount of reluctance to donate one's body to research, owing to the psychological resistance in imagining that some parts, for example

the face, considered as being particularly significant for the symbolic, identity and relational importance that these represent for the subject, can become the object of dissection and considerably alter the appearance of the corpse. Therefore to deny the possibility to limit the research and dissection to some parts of the body could appear as little respectful of the will of some potential donors, besides considerably affecting the number of the donations.

As far as concerns the question of anonymity, this is quite different with respect to donation aimed at organ transplant, in which it is rightly foreseen as being compulsory; in the case of donation for study and research, the possibility to remain anonymous should lie with the donor's will, even if failing to do so could have a positive effect of clearly indicating to specialists, doctors and the media a possible gesture of solidarity to be imitated, should it be made known to the public.

The donor's will could be also included in advance directives (or living will), should these be recognised as a legally valid document by the Italian legislator. The involvement of the family is opportune. It is in fact fundamental that the donor is aware of the repercussions at emotional and psychological level that their choice can have on those nearest and dearest to them and that they do all that is possible so that the latter accept and hopefully appreciate such choice, it being understood that the respect for their will cannot be subordinate to consent or to the non opposition of the family members. The role of the family can be important also to make the donor's will executive. The appointment of a trustee may then be opportune, capable of interacting with the medical facility and becoming the obligatory referee for the beginning, duration and cessation of the study of the body, above all bearing in mind the donor's *desiderata*. Even before this, at the moment of the donor's death, it is opportune that the trustee or, should they still not be appointed, a relative notifies the healthcare facility that is to receive the body. After the funeral the body will be transported to the same facility; when the time allocated for the study and anatomy lectures has expired, the carefully recomposed corpse will be returned to the family in a reasonably short space of time. Transport services should be charged to the healthcare facilities that received the body; should there be no relatives or friends to whom to return the donor's body, burial will anyway be guaranteed by the state.

It goes without saying that the facilities for accepting donations must give suitable guarantees with regard to the conservation of bodies, their didactic and research use and their treatment, always based on the full respect of the person, the deadlines for their return and the absence of any form of profit whatsoever; this implies that the combination of such activities and the complex procedures that they involve can be developed only in highly specialised university and hospital facilities, which the Health Ministry will undertake to define as centres of reference. It is fundamental also to start suitable information and awareness campaigns not only among citizens, but also in the medical profession itself. Such measures, or rather the restriction of the activities to highly specialised reference centres, with the guarantee of the due respect of certain qualitative and ethical standards, on the one hand and an information campaign on the other should foster the strengthening of the donation culture over time, which in the case in point finds examples in the values of solidarity and the promotion of research and science. As has

movingly been said, it is “the last possible gift”<sup>8</sup> that one person can offer to others.

## Recommendations

1. Body donation for teaching and science purposes is the expression of the values of solidarity and the promotion of culture and research aimed in turn at the safeguard of health (Const., arts. 9, 32). It must be stressed that the donation of the body is important both to increase research and knowledge and to improve medical-surgical training, objectives that allow both to guarantee a more efficient safeguard of the patient's health.

2. The *post mortem* body, by reason of its bond with the person and its symbolic and affective value always and anyhow deserves respect; the various organisational procedures and any normative solutions must always draw from such principle, fostering donation for study and research purposes.

3. The principle of the donor's conscious and informed consent must be considered fundamental, and cannot be substituted by the silence-assent principle.

4. What is foreseen in art. 32 of “Royal Decree” No. 1592 of 31 August 1933, must be considered ethically unacceptable, or that is the destination to teaching and study activities of the dead bodies of persons who are completely unknown or with no relatives and friends, unless these same people have expressed their consent to donation.

5. Donation cannot be subordinate to the consent or the non-opposition of the family at the moment of the donor's death. It is nonetheless to be hoped that the choice to donate is shared by the family and that it is suitably involved in the different phases, starting from reaching of the donor's decision. The role of the family can be important also in the execution of the donor's will. The nomination of a trustee could then appear opportune, capable of interacting with the medical facility and becoming the obligatory referee for the start, the duration and the cessation of the study activity of the body, above all bearing in mind the donor's *desiderata*.

6. The act of donation can foresee the limitation of research and dissection only to some parts of the body. It can furthermore foresee the destination of the study of the body either to research or didactic purposes or to both, as well as the definition of the deadline for the return of the body to the family. The research institute receiving the body has to give suitable guarantees with regard to the date for the return of the body and the absence of any form of profit.

7. It is important to start awareness campaigns to foster body donation for research and teaching, stressing its relevance for the improvement of medical-surgical training.

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<sup>8</sup> G. Mattutino, *L'ultimo dono possibile*, in ‘Socrem News’, No. 3, Sept. 2008.

**ATTACHMENT I: Query by Hon. Roccella**

Rome 16 April 2012

Prof. Francesco Paolo Casavola  
President of the National Bioethics Committee

Dear President,

I would be grateful if you could consider the query that I would like to put to the National Bioethics Committee on the issue of body donation for study and research and on the possible critical points and problems for its regulation.

Thank you for your kind attention.

Yours faithfully,

Hon. Eugenia Roccella

*Member of the Social Affairs Committee in the Chamber of Deputies,  
Member of the Parliamentary Intergroup for the value of life.*

Rome 16 April 2012

The possibility to use human bodies for study and scientific research represents a precious opportunity for all whether they be specialists, experts or students, and consequently for the whole society, which can benefit from the results of research. The modality whereby each citizen can donate their body to scientific research needs to be regulated very carefully nevertheless, like the ones whereby researchers can use available human cadavers and the results obtained from their studies, so as to first of all avoid any forms of commercialisation of the human body or parts of it, and more generally, to avoid treatment and procedures that do not respect the dignity that our culture recognises the dead body.

At present a bill is being debated in Parliament that could regulate the matter in question: it would be useful for the National Bioethics Committee to express its standpoint with regard to the issue of body donation for study and research too, so as to identify and clarify possible areas of major concern and problems of legislation from an ethical point of view.

*Hon. Eugenia Roccella*