

Ethical issues in umbilical cord blood banking – Part II

by **Pierre Mallia** MD MPhil PhD FRCGP
Lecturer in Biomedical and Clinical Ethics

In the first part of the article we considered some legal issues and ethical concerns of the European Group on Ethics on for-profit umbilical cord blood sampling. In this second part we continue to analyse the ethical conclusions of collecting such samples during delivery, in order to help the practitioner in his advice to patients who inquire about such technologies.

Clearly it was found that there is no evidence that the Autologous use of cord blood (storing one's own cord blood) has any benefit over using cord blood from other sources.¹ The EU therefore is strongly of the opinion that in order for people to have equal access, if anything, it is public banks that should be looked into. Moreover such public banks will then network together in order to have immediate access should the need arise. However it stresses that couples should be free to make a choice based on sound information which should stress that they are still very much in the experimental stage. Two other concerns of equal importance are:

1. The values of freedom and free enterprise come into conflict and may indeed damage the reputation of the medical profession and the principles of solidarity and justice, according to which access to health care should 'be on an equitable basis and based on realistic needs'. One has to consider therefore, within the concept of allocation of resources, whether it is worth investing in this field and sacrifice other areas that need funding.

2. Secondly, concerns are raised with the protection of vulnerable groups.

On this second point it is worth dwelling a little. The report states that, '*Citizens (referring to people wanting to set up private cord blood banking) may be tempted to take advantage of all possibilities proposed for health even if they are not validated. Furthermore, time of pregnancy and of birth represents a period when women/parents might be vulnerable. This vulnerability and the sense of guilt in the parents who wish to do everything possible for their child's good, induced by providing misleading or over optimistic information may lead people to invest money for something that they cannot really afford, and that may not be worth the money invested.*'¹

Within the hospital setting, the pressure by the parents to perform the collection may be heavier than when a systematic procedure in the context of donation is set up; it might obviously detract the attention of the practitioners from the care of the mother and child.

Clearly it is more ethically viable to have public banks than private ones; the latter potentially depriving the former from potential donors. Moreover there are no guarantees what will happen to the sample should the private company go bankrupt. Clearly there should be a form of insurance and security that the sample will be transferred to another bank. Nothing of the sort is being shared with parents locally. Public banks need a great diversity and quantity in order to represent the many HLA types existing.

In conclusion, donation of cord blood falls under the same category as organ donation and body tissues. Private banking



alone poses serious risks to equity in health care and certainly local governments are discouraged by the EU to allow them. Private banks can only fairly exist within the context of public banking which form networks with other banks. This way immediate and equal access is guaranteed and the process of obtaining samples becomes routine by people dedicated to this job; hence there would be no interfering in the normal process of delivery. Clearly a midwife being interrupted in the process of delivery by someone waiting to take a sample is a hazard in the delivery context, when the mother needs considerable support.

The likelihood that the sample obtained may be used to treat one's child is highly unlikely and future therapeutic possibilities are highly hypothetical. Encouraging such private enterprises interferes with the ethos of health care and certainly should arouse the suspicions of all the professionals involved with pregnancy and delivery. Such enterprises risk damaging the reputation of the medical profession and promote an image of trying to obtain financial advantage from a medical situation. This certainly goes beyond the spirit, enshrined since the dawn of the Hippocratic Oath, that professionals may charge a fee for their services. It is an exploitation of vulnerable groups and of governments which are not yet in a position to provide public banking. ☐

Reference

1. Gunning, J., "A Worldwide study of umbilical cord cell banking", given with the EU report, June 2003