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Selling bodies, making profits

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BOOK REVIEWS

Selling bodies, making profits

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Annie Cheney. *Body brokers: inside America's underground trade in human remains*. 240 pages. Broadway Books, Random House Inc: 2006. ISBN 0-7679-1733-2

Annie Cheney writes about the highly profitable business of buying and selling cadavers and body parts in America today. The book begins with a shocking pricelist for body parts, fresh or frozen, varying from a high of $4000 for a torso to $300 to $350 for an arm or a hand or a foot. Transportation charges are extra.

The cadaver trade supplies bodies and body parts to scientists, surgical equipment corporations, tissue banks, pharmaceutical companies, medical schools and researchers. Suppliers sell bodies and their parts to brokers who then sell them to other clients. Brokers may be independent businessmen or employees of morgues, funeral homes, and pathology departments with easy access to cadavers in medical schools and hospitals. The demand for body parts far exceeds the supply and each body can be sold for anywhere from $10,000 to $100,000 or more, depending on the skill of the broker and the need of the moment. The American Uniform Anatomical Gift Act of 1968 and 1987 prohibits buying and selling of dead bodies. However, the act allows individuals and companies to recover the cost of storage, transportation, etc. The act makes it possible for these "legal" costs to be grossly inflated to generate massive profits.

Cheney points out that the trade in bodies is not new. In the past bodies of paupers or unclaimed persons were enough to meet the needs of science and education, but now the need surpasses the available supply. When people donate their bodies to science, the hospital or medical school that acquires the body may legally sell it to others. Bodies or body parts may also be acquired illegally from funeral homes, crematoria or morgues at hospitals. While organs donated specifically for transplant are tightly regulated, the same scrutiny does not extend to bodies donated for research and education.

In the not too distant past, most people died at home. When someone died in the hospital, the remains were brought back home, prepared for burial or cremation by family members themselves, who were present until the very end. Now, a funeral home handles the process. The dead body is taken to a funeral home directly from the hospital, embalmed and tastefully displayed in a room with flowers, where people come to pay their last respects, before being taken for burial or cremation. Embalming, so ubiquitous now, was perfected during the American civil war to allow soldiers' bodies to be sent home. Embalming involves removing the blood of the dead person and replacing it with a mixture of chemicals to retard decay. With high profits in mind, undertakers soon also began using the technique for civilians. Strangers and not family members currently handle the entire funeral, which allows surreptitious tampering with the body. The author relates ghastly tales of how relatives discovered that their loved ones had been dismembered and sold rather than cremated or buried as they had imagined.

Historical evidence dates the practice of dissection to understand how the human body worked to 200 BC. More recently, the body trade began to flourish in the early 1800s when surgeons needed bodies for education. Cheney describes the infamous Burke and Hare duo who murdered people to supply bodies for dissection. Their court trial in 1828 resulted in the passage of the Anatomy Act in Britain, which made it illegal to trade in body parts while also allowing surgeons to take the unclaimed bodies of the poor for dissection. America soon followed with a similar law, which allowed the wealthy to rest in peace knowing that they would be safe from grave robbers because the unclaimed would be fulfilling the need for bodies for dissection.

Medical schools began accepting donation of bodies for education in the 1950s. Although medical schools may donate bodies to each other, some of them have unfortunately contracted with brokers to sell the excess. Donors and their families do not want the recipients to financially profit from their donation. Health care institutions, the beneficiaries of these donations, rarely admit that such cadaver donations may be turned over to body brokers, who make a very good profit from trading body parts.

The American Association of Clinical Anatomists (AACA), alarmed by this growing trade, held a forum on the exploitation of body donor programmes, but few medical schools paid attention. The AACA came up with a system to identify each donated body and parts so that people would know where the part had come from. A school itself could sell the body to an educational conference and could charge just enough to recover costs. But this too was subverted by a crooked diener (a morgue staff person whose job is to cut the body and sew it up after the pathologist has finished his/her work) at Texas University. Unfortunately, medical schools have been more interested in keeping things out of the

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media than in cleaning up the mess. In 2004 an AACA meeting discussed the body trade and made several recommendations but without local, state, and federal regulation the trade cannot be stopped.

In the final chapters of the book Cheney touches on the expanding role of tissue banks. In the 1950s an orthopaedic surgeon developed a way to transplant bone. Soon tissue banks for all types of tissues came into being. These banks were poorly regulated and, in search of higher profits, some began cutting corners. The death of a recipient from a fulminating infection caused by an infected bone implant forced the Federal Drug Administration (FDA) to come up with regulations for tissue banks to screen donors, follow special safety procedures and report adverse events. But the trade is not adequately regulated and now medical device companies are moving in. The same company that sells equipment to use inside a body is also in the business of selling bodies. These companies convince donors that there is a pressing need for advancing research and education, play on their altruism and generosity while at the same time garnering huge profits. Donors assume that because they have donated the body/tissue for free, it will be passed on to the recipient for free, but they are not aware of the middlemen who make enormous profits. Tissue banks are secretive and say that they don't talk of the details of donations to avoid hurting the feelings of donor families. So far the FDA has supported the tissue companies, saying these are proprietary details of trade and thus private.

This book is unsettling for several reasons. It is sad that unscrupulous persons with a base profit motive should exploit the altruistic gesture of donating one's body for science. The appeal by the medical school or broker to a donor is made on false pretences of philanthropy. No one explains to the grieving relatives who are anxious to honour the last wishes of the deceased, that the body may not be used in the manner in which the donor expects it to be used. The relatives do not ask for nor get the information that would help them make an informed decision. Would the relatives have gifted the body if the profit motives of the school or broker were known? But what is more infuriating is that this deception is not even actionable under the current laws.

Some may say that this is a victimless crime. The person is already dead and has willed his/her body to science. The relatives should not quibble whether the body is used for a scientific purpose on the medical school's premises or miles away in the laboratory of a biotechnology firm. When the body or body parts are taken illegally, it is a criminal act, punishable under the law. But even when the body donation is legal, the courts have not decisively answered the question of who owns the donated tissue—the donor or her/his heirs or the recipient. It is this legal loophole that allows this unsavoury trade to flourish.

No one argues that people engaged in this profession should be able to make a decent living. However, the lack of regulation and secrecy surrounding the practice has created an unhealthy atmosphere attracting the wrong sorts of people to this endeavour. People who are in it only to make money have scant regard for the ethics of health care and science. One hopes that this book will awaken the public and put pressure on policy makers to bring about the necessary changes.