Reviewer’s report

Title: Taking Tissue Seriously Means Taking Communities Seriously

Version: 1 Date: 6 September 2007

Reviewer: Evert van Veen

Reviewer’s report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
In general none, though more recent and decisive publications on the ownership issue of tissue by the participant (or patient) could be mentioned. To my opinion the issue has been resolved. See the camargan case. In general about ownership of tissue and the kind of 'anti-commons'to which this would lead see the publications of Bovenberg (J.).

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Footnote 7 refers to an older publication. But the text says that 'an emerging perspective ..etc.' I agree with that perspective (and some European countries even opt out would be sufficient) but then a more recent publication, like from Knoppers should be mentioned.

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Discretionary Revisions (which the author can choose to ignore)
You raised an important issue. Two problems are mentioned at first, namely global justice in access to health care and respecting specific community values. later you only deal with the latter. I was somewhat disappointed that as 'solution' that old devil of more precise informed consent popped up again (together with a form of community consultation). Such an approach could also be detrimental to research for underdeveloped countries, as it might lead to no tissue being made available for research or making a sham out of this consent system, leading to worse effects when such consent is really necessary (like when something is really happening to the participant, like in a trial). of course, the results should in someway be benificial to the participants. The reasoning for less stringent consent systems in Western countries (if sufficient privacy safeguards are met, so it does not affect them personally) is to my opinion that participants profit from earlier research in the health care they receive and will profit (or their offspring) from present tissue research. If these conditions are not met you get a completely different picture indeed. However, the solution to me seems then to change these conditions. Thugh admittedly that is far more ambitious, but you do not address that issue at all, except at the start. Not having read Emmanuel two basic principles could be mentioned:
the tissue research is aimed at a disease which afflicts this population and cannot be done in western countries;

the results of the research will be made available to the health care of the population in an affordable way.

these conditions seem to me far more important this this extended consent which is again a liberal stance instead of stressing solidarity (North South in this case)

another comment is that you mention at p. 8 (in my print) in the middle that fully stripping tissue of identifiers decreases the scientific value. Fully agree in the western world where you have health care records, disease registries etc, which you want to link with the analyses of the tissue. But where there are not, like in the countries you describe, fully anonymous tissue can be scientifically valid.

It will not be answer to your questions, but again an example that in spite of your efforts to give due credit to the countries you describe, the western world is your point of reference.

and the sentence next to that 'the potential of benifit sharing....lost' is complete nonsense in this context. You share the benefits with community, fully anonymous tissue will still point at the community.

What next?: Accept after discretionary revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

i declare that i have no competing interests.