1.5.7 – L'exercise, en effet, d'un contrôle des conditions de conservation et d'utilisation des embryons surnuméraires par une autorité compétente.

1.5.8 – L'adaptation des règles légales de filiation et de succession aux problèmes posès par le statut de ces embryons.
Article "suspendu" dont l'examen est soumis à la décision de l'assemblée plénière:

1.4 bis – Les techniques de procréation artificielle sont appliquées, en principe, aux couples mariés, en vue d'assurer à l'enfant à naître le maximum de sécurité. Dans les autres cas, il est recommandé au médecin de consulter, avant d'intervenir, l'organisation professionnelle compétente en matière d'éthique médicale.

2.11 Trade in organ transplantation

Adopted in Madrid, 1991;
revised in Cascais, 1993
(CP 91/182 Rev.)

Motion on trade in organ transplant

The Standing Committee of Doctors of the EC (CP), meeting in Madrid on 2-5 October 1991, considered the topic of trade in organ transplantation and its ethical implications.

The CP notes with satisfaction the technical progress made in the field of organ transplant and its benefits for the patients.

However, The CP wishes to express its great concern about the tendency seen for commercial exploitation of this benefit via a trade in human organs.

The CP unanimously agrees that such commerce in human organs is ethically indefensible and that the donation of organs may only be done anonymously (with certain exceptions) and without any commercial aspects for donor, recipient or their relatives.

Furthermore, the CP unanimously agrees that no prisoner or detainee shall be subjected to organ removal under duress or promise of reduction of sentence or other advantages. Nor should the organs of persons who have been executed be used for the purpose of transplant due, namely, to the extreme difficulty of verifyring the presence of informed consent in such cases.

2.12 Living wills/advance directives

(CP 93/83 Final)

Statement of the standing committee of doctors of the EC on living wills/advance directives adopted during the Plenary Meeting held in Cascais on 12-13 November 1993

Introduction

The Standing Committee is opposed to any legislation giving living wills/advance directives the force of law, because if that were the case, it would constrain the ability of the doctor to treat the patient to the highest professional and ethical standards.

Such a document can only be a written expression of the wish and intention of the patient, made at the time when the patient was fully "compos mentis", which can later be of use as a basic framework of care.

The Standing Committee recognises that approaches to this issue are determinated by a range of social, cultural and religious factors, which mean that there are wide variations in legal provision and professional attitudes from one country to another. While respecting these national differences, the Standing Committee has identified basic principles.

Recommendations

1. This form of expression of wish and intention is not intended to promote active euthanasia.
2. Doctors should not be obliged to act contrary to their consciences. The doctor should inform the patient at the outset of any objections which she/he may have to the content of an individual expression of wish and intention and, if necessary, assist the patient in transferring to the care of another colleague.
3. Doctors should at all times seek to act in the best interests of their patients and to recommend the treatments which they consider most appropriate.
4. The doctor/patient relationship is based on mutual respect, trust and good communication. Doctors should explain treatment options to patients and ensure that they have sufficient information on which to base decisions.
   In the absence of contrary evidence, a valid statement of wish and intention is of value in representing a patient's settled wish when the patient may no longer be competent to express a view. The patient is responsible for ensuring that the existence of his/her advance directive is known to those who may be asked to comply with its provisions.
   Those who interpret it must take account of the possibility that the patient's views about treatment may change as his or her clinical condition changes.
5. Patients may wish that every possible treatment should be provided to the point of death. They also have the right to refuse treatment at all times.