The Selling of Body Parts Exploits the Poor

Is Selling Body Parts Ethical?, 2010

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Rich patients in need of organs take advantage of the world’s poor. Promises of cash rewards for donations are sometimes not kept and when they are kept, they can be far less than agreed upon. Given these disparities, legal organ trade will always lead to the exploitation of impoverished donors. A better solution to the global shortage of organs might be to adopt a policy of “informed presumed consent” so that when people die their organs can be used unless the deceased had requested otherwise.

In a world where the wealthy set the rules of trade, it was only a matter of time until parts of the human body became a hot cash crop. Not only can the rich afford to buy organs from the desperately poor, they also can use “free market” logic to defend the purchases as ethical. From this perspective, it’s a win-win situation in which allegedly equal participants come together. The buyer gets a healthy organ, the seller some needed cash. The roles of the organ brokers and the surgeons are defined as benign, if not downright humane.

The real dynamic is very different. As the trade in organs burgeons, concerned medical anthropologists have set up an independent research and medical human rights project, Organs Watch, which does fieldwork in many countries around the world. Its investigations reveal that while buyers and sellers may be about equal in their desperation, they are dramatically unequal in all other respects. The buyers are obviously well-off; the sellers, most economically marginal, include the hungry and homeless, debtors, refugees, undocumented workers, and prisoners. The buyers have access to the best modern medical technology; the sellers usually have no access to medical treatment or follow-up care.

The trade in organs has opened up medical and financial connections, creating a new movement of human beings that is part transplant tourism, part traffic in slaves. In one well-traveled route, small groups of Israeli transplant patients take a charter plane to Turkey, where they are matched with kidney sellers from rural Moldova or Romania. The transplants are handled by a pair of surgeons, one Israeli, one Turkish. Another network unites European and North American patients with Philippine kidney sellers in a private Episcopal hospital in Manila, arranged through an independent internet broker who advertises on the web. Meanwhile, a Nigerian doctor/broker facilitates transplants in South Africa or Boston, with a ready supply of poor Nigerian kidney sellers, most of them single women. The purchases are notarized by a distinguished law firm in Lagos.

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As a commodity, the kidney has emerged as the gold standard in this new trade, representing the ultimate collateral against hunger, poverty, and debt. In general, the circulation of kidneys follows the routes of traditional colonialism: from South to North, East to West, poorer to more affluent bodies, black and brown bodies to white ones, female to male, or poor, low-status men to more affluent men. Women are almost never the recipients of purchased organs.
Theft and Complications

Most people are aware that the practice of obtaining organs from cadavers doesn't work very well. The list of patients needing transplants is growing much faster than the number of people who have arranged to give up one or more organs upon death. This imbalance, combined with two relatively recent medical developments, has converted the organs of the Third World poor into a new, if ghoulish, commodity. First, the rate of successful transplants is much higher with organs harvested from living donors. Second, the development of more powerful anti-rejection drugs further improves the success of such transplants.

The donor usually doesn't get much out of the sale, and sometimes there is no payment at all. Nancy Scheper-Hughes, professor of anthropology at UC [University of California] Berkeley and director of Organs Watch, describes the harrowing experience of a young mother and office clerk in São Paolo, Brazil. Laudiceia Da Silva entered a large public hospital there for a routine operation to remove an ovarian cyst. She emerged from the anesthesia in great pain with a 17-inch scar across her side. Her left kidney had been removed.

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When Da Silva tried to sue, hospital officials responded that her "missing kidney" was embedded in the tissue around the cyst. But the explanation was highly improbable. They claimed that the diseased ovary had been "discarded" and furthermore, that crucial medical records had been "misplaced." Yet, the state Medical Ethics Board refused to review the case.

Da Silva and her physician were convinced that her kidney had been stolen for transplant to another, wealthier patient in the hospital. "When rich people look at poor people like us," Da Silva said angrily, "all they can see is a bag of parts."

While outright theft occurs throughout the Third World, the "legitimate" selling of body parts is more widespread and just about as exploitative. The sellers are often tricked or coerced by brokers, they don't always get the promised payment, and even when they are paid, that rarely solves whatever problem prompted them to sell the organ. In fact, the "solution" usually makes matters much worse. After giving up an organ under conditions that may be reminiscent of a back-alley abortion, the seller frequently experiences complications including pain, depression, weakness, and the inability to work, usually with no hope of treatment.

Desperate Choices

Conditions in Moldova, one of the countries monitored by Organs Watch, make it an excellent source of body parts. With the demise of the Soviet Union, the agricultural economy collapsed, compelling much of the population to seek work abroad. Vladimir was typical. A slim young man, his age made him the target of a local kidney hunter named Nina. She baited him with the promise of a good job at a Turkish dry cleaning plant, and arranged for his transport to Istanbul, where he stayed in the basement
of a run-down hotel, sharing space with other Moldovan villagers.

Once there, Vladimir learned that he had been recruited for more than pressing pants. Step one was to provide a few pints of blood. As soon as a match was found, he'd be taken to a private hospital to give up his "best" kidney for $3000—less the cost of travel, room and board, and fees for his "handlers." A match was soon found—an elderly man from Israel who came to Istanbul with his own surgeon. The buyer, his surgeon, and hospital officials seemed uninterested in the donor, and how he got there.

When Vladimir protested the plan to remove his kidney, Nina showed up with her pistol-carrying boyfriend. "If I had refused to go along with them," Vladimir said ruefully, "my body, minus both kidneys and who knows what else, could be floating somewhere in the Bosporus Strait." Back in Moldova, he has become both unemployable and unmarriageable in a country where kidney selling is viewed as a form of prostitution.

Selling kidneys doesn't carry the same stigma in the Philippines. Some males lie about their age, and boast about selling a kidney when they are as young as 16. "No one at the hospital asks us for any documents," they told a monitor from Organs Watch. They also admitted to lying about other things, including their medical histories and exposure to tuberculosis, AIDS, dengue, and hepatitis.

Willie, a stevedore [dockworker] in Manila, is older, and his wife fumes at him for not being wiser. But he was desperate, and sold his kidney to a foreigner at a local hospital in the hope of saving two of his children, both very sick. They died anyway, and he used most of the $1200 he was paid for his kidney on their funerals. Like Vladimir, he's no longer able to do hard work because, as he explains, "no one wants a kidney-seller on his work team."

Rationalizing Exploitation

Embracing a supply and demand perspective, transplant specialists and health agencies increasingly view the buying and selling as a satisfying solution to the global scarcity of human organs. They are simply treated as commodities, and the traditional barriers against their trade are being replaced by "regulation." Unfortunately, this doesn't protect the sellers from brutal exploitation.

When Dr. Scheper-Hughes visited the secretary of health for the Philippines, Manuel Dayrit, he was leaning toward two regulatory programs. One allowed the poor to sell a kidney to an organ bank, which would make organs available to any Philippine citizen who needed one. Dayrit was understandably reluctant to discuss just how the government would set a price. The circulation of kidneys goes beyond borders, so any national regulatory program has to compete with a thriving international black market. No matter how benign the regulatory effort, it is doomed to fail under the present barbarous conditions.

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Dayrit's second program gives a new twist to repealing the death penalty. The government would grant
death row prisoners a reprieve, converting their execution to life imprisonment in exchange for the donation of a kidney. In effect, this substitutes mutilation for capital punishment. Supporters of this program take an interesting position: It's not that the death penalty is morally wrong, but rather a terrible waste of human body parts.

This approach does remove money from the equation. But exchanging mutilation for capital punishment isn't much of a victory for human rights. China apparently carries this abuse a step further, reportedly relying almost entirely on capital punishment as a source of organs. Although the official numbers are secret, human rights groups have estimated that China harvests organs from at least 2,000 prisoners a year.

A Humane System Is Needed

In the last few years, steady improvement of transplant technology has made it possible to genuinely improve the quality of a life inhibited or endangered by a failing organ. Due to a shortfall in replacement organs, however, a complete solution may never be possible. One mark of a decent society would be a serious effort to find a compassionate and just solution to the problem. A possible way to reduce, if not completely eliminate, this limitation is "informed presumed consent." This means that all citizens would be considered organ donors at brain death, unless they stipulated their refusal beforehand. This preserves the value of transplantation as a social good, with no one included or excluded on the basis of financial status.

Instead of searching for the best way to assure that the benefits of organ transplantation are shared equitably, however, it's business as usual. Organs needed for the well-being of the rich are harvested from the poor, just as, under traditional colonialism, commodities like sugar, coffee, ivory, and diamonds are harvested in Third World countries and exported to developed nations. The organ trade is the "logical" 21st-century extension of hundreds of years of colonial exploitation. First appropriate labor and its fruits, then the body itself.

Further Readings

Books


**Periodicals**


• Cameron Ainsworth-Vincze "Were Kosovo Patients Slain for Organs?" *Maclean's*, December 1, 2008.

• Tarif Bakdash and Nancy Scheper-Hughes "Is It Ethical for Patients with Renal Disease to Purchase Kidneys from the World's Poor?" *PLoS Medicine* 3, no. 10, October 2006.


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