



// MISSED THE LAST ISSUE?

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The Slippery Slope

Should people be paid to donate their organs? Reading Amy Friedman's argument in favor ("Kidneys for Sale," Winter 2007), I was reminded of President Kennedy's remark: "There is always inequity in life. Some men are killed in a war and some men are wounded, and some men never leave the country...Life is unfair." That inequity is why we try to avoid war and why some of us call for income tax credits, Medicare and free public school education.

So I was disappointed when, in response to a question about "creat[ing] a system in which the poor sell their organs and shoulder most of the risk," Friedman replied, "Our society has already accepted that idea," implying it's an ethically acceptable one.

Whatever the merits or shortcomings of "kidneys for sale," surely the argument in favor should not rest on the thesis that because life is unfair in some respects, it's acceptable to add unfairness in others. Some of us want to reduce, not compound, the risk heaped upon the poor.

Rashi Fein // Professor emeritus of the economics of medicine, Harvard Medical School

That we already commodify the body in some ways (e.g., payments for sperm) is no argument for expanding the ways we do so. That there are already illegal markets in organs is no argument for government taking over the trade; immoral behavior is not cleansed by regulation. Organ transplantation's moral capital depends on the public's positive estimation of altruistic donation. It would be catastrophic to allow the market logic of supply and demand to replace this moral foundation with an approach that transforms donors into merchants.

Would it not be better to reduce the need for organs by focusing efforts on early detection and prevention of conditions that lead to organ failure? To improve outcomes for organ replacements so as to avoid retransplantation? To fund research on alternatives to transplantation? To strengthen the sense of community that encourages us to share life-

sustaining organs? It is the last of these that Friedman's proposal most seriously threatens.

Donald Joralemon // Professor of medical anthropology, Smith College, Northampton, Mass.

There are profound reasons why legislators have rejected proposals to create an organ market.

First, Friedman argues that the price of a kidney could be fixed by regulation, but what market principle necessitates a fixed price? Would the kidney of a 25-year-old male (with blue eyes) not bring the highest price? In Iran, perhaps the only country that has legalized cash payments for kidney vendors, under-the-table payments are a natural outcome of market forces. A recipient might find the lowest price in Pakistan or the Philippines, whereas a vendor might fetch the best price in the United States.

Friedman also seems to overlook the fundamental ethical objection to organ markets. It is only the poor that sell because they are compelled to. There is no free choice if one has no other way to feed one's family. What's more, studies in India have shown that selling a kidney does not solve the destitution and desperation.

Meanwhile, how does the recipient know that the vendor is as healthy as advertised? A vendor risks losing payment if he or she reveals a social encounter that could expose the recipient to hepatitis, tuberculosis or HIV/AIDS.

Finally, would a legalized market even solve the inadequate supply? Markets affect altruism. In Hong Kong, family members have not donated kidneys when kidneys are available from executed prisoners from the mainland.

The idea of regulating the sale of kidneys is neither realistically nor ethically attainable.

Francis Delmonico // Director of medical affairs, the Transplantation Society; director of renal transplantation, the Massachusetts General Hospital

→ HAVE SOMETHING TO SAY?

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