



## Managing Gifts, Making Markets

Here are three stories from the world of exchange in organs, blood, and tissue. In the autumn of 1999, Britain's Health Secretary launched an official inquiry into revelations that a number of children's hospitals had been removing organs from dead infants without the informed consent of their parents. As the inquiry progressed, other facts came to light. For a number of years, hospitals had routinely sold the thymus glands of live children to biotechnology companies (these glands are often removed during pediatric heart surgery). In cases where children died, their organs or other body parts had been removed. The organs were ostensibly collected for scientific research, but in fact they were simply bottled and stored. One of the largest such collections in the United Kingdom was at Alder Hey, a children's hospital in Liverpool. The inquiry's final report found that between 1995 and 1998 doctors at Alder Hey had systematically harvested all the organs of all the children who died at the hospital and underwent postmortem examinations there. The report blamed a hospital pathologist, Dick van Velzen, who failed to obtain consent from parents and lied to them about what was happening to their children's bodies. His colleagues and superiors at the hospital gradually became aware of his actions but failed to stop him.<sup>1</sup>

Although van Velzen was at the center of the scandal, the report made clear that he was continuing a tradition of organ and tissue collection at the hospital—and around the country—going back to the late 1940s. As of February 2000, Alder

Hey's collection included 2,124 hearts, 1,564 fetuses and stillbirths, 198 fetal eyes, 147 infant cerebella, and 22 major body parts from 15 children, including the head of an eleven-year-old boy. A Department of Health census of organ holdings in the whole of the United Kingdom counted more than fifty-four thousand organs and body parts being stored in hospitals around the country.<sup>2</sup> These findings provoked a national scandal. One effect has been a drop in the number of postmortems carried out. Doctors also feared that the number of organs being donated for transplant would decline.<sup>3</sup>

In the mid-1990s in Ireland, around a thousand Rh-negative women discovered that they had been infected with hepatitis C fifteen to twenty years before, when they had received contaminated anti-D immunoglobulin from the National Blood Transfusion Services Board while they were pregnant. The Irish government was very slow to respond to demands for an investigation, and it was only after protracted lobbying, and the death of one of the main activists, that a tribunal was convened to investigate the matter. Public confidence in the Irish blood supply was further damaged in the following years as official investigations into both hepatitis C and HIV contamination of the blood supply revealed a badly run and poorly managed service.<sup>4</sup>

Finally, in March 2004, the *New York Times* reported that the director of UCLA medical school's Willard Body Program had been arrested for illegally selling body parts from donated cadavers to medical research companies.<sup>5</sup> The program had previously been investigated in 1996 when it was sued by family members who alleged that the cremated remains of donated bodies had been mixed with medical waste and dumped at sea, rather than given a burial service as promised.<sup>6</sup> This was not the first time that stories like this had made the news. During the spring and summer of 2000, the *Orange County Register* and the *Chicago Tribune* each ran a series of stories on the market for human goods in the United States.<sup>7</sup> The articles focused on the trade in human tissue, a very broad category that includes everything that might be procured from a donor except the major organs. When donor families sign an organ donor consent form, they often agree to tissue procurement as well. Journalistic evidence suggests that families are sometimes unaware of the difference between the two. In particular, they do not realize that human tissue is traded in a secondary market made up of biotechnology, medical supply, and drug companies. One recent estimate suggested that the sale or trade of human goods from a fully processed donor could yield more than \$222,000, though the average market value is closer to \$80,000.<sup>8</sup> Some of the consumer markets for products derived from cadaver donors are not well known. For instance, skin

taken from donors is used to make Alloderm, a commercial product originally used to treat burn victims but increasingly in demand from cosmetic surgeons, who use it in operations to remove facial wrinkles, reshape lips, and enlarge penises. Partly in response to these stories, the federal Department of Health and Human Services investigated the tissue banking industry and found that it was not well regulated. More than 20 percent of tissue banks had not been inspected in the previous five years.<sup>9</sup>

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Alder Hey, anti-D, and Alloderm have all provoked strongly negative publicity: outrage on the part of the public, embarrassment on the part of the authorities. Each case illuminates an aspect of the argument I have been making. The response of the British public to the revelations about Alder Hey shows that support for organ donation, and people's comfort with the idea of organ harvesting, is fragile. Or rather, the public does not think about these matters in the same way as the medical profession and the human-goods industry. Most people living in Britain and the United States have never seen a corpse. They support organ donation in the abstract, but the bureaucratized management of human tissue can easily horrify them. This is to be expected when, as is alleged in the UCLA case, organizations break their promises to donors. The Alder Hey inquiry exposed tissue recovery and retention practices that were routine (and often accompanied by signed consent forms) but which nevertheless appalled the public. The recent scandals in Ireland show how trust in the blood collection and supply system can also easily be lost. As with HIV infection in many other countries, the very ideals that blood suppliers depended upon to keep donors rolling up their sleeves were well adapted to articulate the outrage and betrayal felt by victims. The gift of life, the dignity of donation, and the rhetoric of community sit uneasily with the bureaucratic administration of procurement.<sup>10</sup>

These cases are also reminiscent of past scandals and disputes over human goods. The outcry at tissue collection by hospitals and research facilities is similar to much older fears from the early days of transplantation about out-of-control medical researchers. The hepatitis C infections were, in many respects, a tragic recapitulation of the HIV disaster. Reports of the burgeoning secondary market for human tissue read like the exposés of blood selling in the early 1970s. Those stories provoked the last round of serious debate about institutional design in this area, as public outrage gave way to studies of how the system worked. Since then, the for-profit use of donated body parts and products has increased dramatically, but

a sociology of the procurement system has not grown up alongside it. Anthropologists have examined the rapidly growing sphere of illegal or “gray” exchange, documenting the globalization of sales in kidneys and other organs, a market that depends on poor sellers in desperate circumstances.<sup>11</sup> In the United States, bioethicists and economists dominate public discussion of organ exchange in the formal economy. They have done important work on the ethics of informed consent and, more recently, the prospect of financial incentives for donation. But this has been accompanied by a narrowing of focus. Bioethicists, for instance, are attuned to questions of individual moral choice in medicine, and are less concerned with broader issues of social organization and institutional design.<sup>12</sup> Titmuss’s work in *The Gift Relationship* should have led to the development of a systematic comparative sociology of exchange in blood and organs. But because of the book’s immediate success in transforming American blood policy, its findings became a kind of “stylized fact,” used anecdotally and in passing, but not subjected to further empirical testing or theoretical development. Titmuss was taken as saying that altruism is better than self-interest. His deeper argument about the relationship between social organization and individual action faded from view.

This book has challenged the image of the individual altruist who simply chooses, in the absence of organizationally managed opportunities or culturally sustained exchange relations, to come forward and do good. We have looked in detail at two paradigmatic cases of anonymous, altruistic giving and found that, in fact, they are moral economies sustained by procurement organizations. To reiterate: organizations produce donations by providing opportunities to give and sustain them by generating accounts of what giving means. Doing so entails a great deal of logistical and cultural work. It is variation in the degree and kind of this work that explains variability in collection rates. Collection regimes with different procurement strategies will produce distinctive donor populations with particular conceptions of what they are doing. Procurement organizations try to manage their suppliers, carefully but with varying degrees of success. This might suggest that organizations manage donors as ants tend to aphids, farming them assiduously and stroking them for nectar as needed. But individual expectations and organizational capacities have coevolved. Collection organizations become committed to their own public accounts of donation and think about their interests and obligations in ways that reflect the content of the relationship they have with suppliers and recipients. As was the case with HIV, this does not necessarily lead them to act in ways that benefit themselves or those they serve.

With these findings in mind, I want to conclude by discussing three

broader questions. First, are our theories of the gift able to cope with exchange in human goods as we know it, given that body parts do not circulate like ordinary gifts and cannot in general be reciprocated? Second, will the gift exchange of human goods itself be caught between an increasingly industrialized procurement process and an inequalitarian, profit-driven medical system? And third, what are the prospects for market exchange in blood or organs? I will argue that established theories of gift exchange do not deal well with human goods; that the robustness of voluntary donation is an open question; and that the rationalization of procurement systems, together with the rise of lucrative markets in processed tissue, has prepared the way for commodification—but of a particular kind.

### Self-Interest and Solidarity in Gift Exchange

In gift exchanges, people tend to avoid explicitly accounting for or discussing the economic value of their gifts, and yet they may also ensure that their gifts are reciprocated over a sequence of exchanges. This unacknowledged mutual monitoring can appear inordinately convoluted, especially if we admit the possibility that it is not just left publicly unacknowledged but is somehow not even admitted to oneself. It is difficult enough to give a good account of it for societies where gifts are the principal mode of exchange. The presence of markets makes the problem more complex. Pierre Bourdieu's approach is characteristic of the difficulties encountered when dealing with the enigmatic question of gift-based reciprocity across a whole society. Bourdieu does not want to reduce the act of gift giving to a simple exercise in accounting for one-to-one exchanges: that would make gifts too much like markets, and the gift giver too much like *Homo economicus*. But some sort of reckoning may take place, even if it is not acknowledged. So he argues that "practices always have double truths, which are difficult to hold together. Analysis must take note of this duality," which "is rendered possible, and viable, through a sort of *self-deception*, a veritable *collective misrecognition* inscribed in objective structures and in mental structures, excluding the possibility of thinking or acting otherwise."<sup>13</sup> How does this collective repression happen?

If agents can be at the same time mystifiers, of themselves and others, and mystified, it is because they have been immersed from childhood in a universe where gift exchange is socially *instituted* in dispositions and beliefs. Such exchange thus shares none of the paradoxes which emerge artificially when . . . one relies on the logic of consciousness and the free choice of an isolated individual.<sup>14</sup>

Bourdieu tries to smother the paradox by embracing it. The individual and collective repression of the purposive aspects of gifts is possible because it is part of the habitus, and so is a near-natural disposition of the body rather than a cognitive problem.<sup>15</sup> These dispositions are acquired through socialization. Individuals are “immersed from childhood” in the kind of society that exchanges gifts, so they come to act this way themselves.

This is an attractive but unsatisfactory view. Bourdieu explains the origin of the “collective misrecognition” by saying it is imparted through socialization and explains its persistence by saying that it is a noncognitive way of acting. But this cannot be the whole story because, as Bourdieu mentions himself, even strongly gift-based societies—like the Kabyle he studied in Algeria—have “numerous proverbs” pointing out that gifts can be demands in disguise. If they can articulate this paradox of gift giving, how can the society as a whole be collectively repressing it? We might say that there is a strong taboo, enforced in some way, on drawing attention to the calculating aspect of gift giving. Bourdieu acknowledges a “taboo of making things explicit” and a “taboo of calculation.” This goes a little way toward a solution. We know that people are reluctant to be seen as too calculating in their actions, just as they are unwilling to be seen as too selfless. But Bourdieu does not simply want to say that people shy away from acknowledging the calculative aspect of gifts, but rather that people are in fact unaware that this aspect even exists. This also makes a second response unavailable to Bourdieu, the idea that individuals can draw on psychological tricks to ignore or repress something they really know. So he rejects the notion that “people deliberately close their eyes to this reality.”<sup>16</sup> Intentionality has no place in his account, so none of the clever mechanisms for self-deception discussed by the likes of Jon Elster can apply.<sup>17</sup> Bourdieu finds this approach, which relies on the idea that the mind can be divided against itself, to be absurd. In the end, he provides no explanation for how this collective and individual self-deception is sustained.<sup>18</sup>

Having said that gift exchange is made possible via collective misrecognition supported by the habitus, and having denied that intentional action, individual strategy, and cognitive effort play any part in it, Bourdieu immediately makes an incisive observation about the role of euphemisms in gift exchange that does not sit well with his main argument. He describes one of the ways people deal with the calculative aspect of gift giving without fully expressing it:

Euphemisms permit the naming of the unnameable, that is, in an economy of symbolic goods, the economic, in the ordinary sense of the term, the exchange of exact equiv-

alents. . . . There is no society that does not render homage to those who render homage to it in seeming to refuse the law of selfish interest. What is required is not that one do absolutely everything that one should, but rather that one at least give indications of trying to do so. Social agents are not expected to be perfectly in order, but rather to give visible signs that, if they can, they will respect the rules.<sup>19</sup>

This seems right. People use the “practical euphemisms” he describes in a way that produces the paradoxes associated with gift exchange. From Bourdieu’s own description of this process, it is clear that it cannot help but be intentional to some degree, and understood by those who participate in the round of giving.

Gifts of blood and organs are a world away from kula rings and potlatch gatherings. Even if there were pure gifts in these systems, given freely with no expectation of return, there were no *anonymous* gifts. Anonymity would have undermined the particular social relationship affirmed by the exchange. But as we have repeatedly seen, despite the anonymity of exchange in human goods there is usually a strong concern that these gifts be treated in a manner appropriate to both giver and recipient. Cases where donor families feel their gift has been defiled bring this out very sharply, but it is also readily apparent in less controversial circumstances. Titmuss made this clear also. He knew that blood donors were not idealized altruists and also saw that they were not wholly anonymous. “None of the donors’ answers was purely altruistic,” he noted. “No donor type can be depicted in terms of complete, disinterested, spontaneous altruism. There must be some sense of obligation, approval and interest; some feeling of ‘inclusion’ in society; some awareness of need and the purposes of the gift.”<sup>20</sup> It was the collection organization (in this case, the British National Health Service) that provided the link to the wider society and allowed donors to connect their personal reasons for giving with the general need for blood.

We saw in chapter 2 that organ donor families often think about the recipient of their gift.<sup>21</sup> They may imagine an idealized recipient, often one resembling the loved one they have lost. Similarly, the donors Titmuss surveyed often thought of specific people from their own pasts when they donated, or particular incidents they remembered as crystallizing the obligation to help. As a social practice, then, anonymous gift giving may incorporate personal elements that will be invisible in the exchange itself yet essential to its meaning. In her ethnographic study of volunteers at a charity that cooked meals for people with AIDS, Courtney Bender found these elements in the routine work of preparing food for anonymous recipients.<sup>22</sup> Like blood donors, the kitchen workers never saw the beneficiaries

of their kindness, but—perhaps for this very reason—the volunteers often had some very specific ideas about them. These images of the recipients were often not shared by others at work in the kitchen, though many assumed they were. For Mauss, the reproduction of social solidarity through generosity, obligation, and repayment was accomplished through gifts circulating among specific, known individuals. Gift giving in modern societies often works this way within kin groups and small social networks. But there are many instances of anonymous gifts.<sup>23</sup> Blood and organ donors give of themselves with fictive recipients in mind. This imagined exchange is operationally managed and culturally elaborated by the procurement organization. It helps produce the social identities that make the exchange plausible.

### How Robust Is the Gift Relationship?

Throughout this book, I have emphasized the vital role that organizations play in reproducing the gift exchange of blood and organs. As a matter of routine, they produce contexts in which people have the opportunity to give. Over the longer term, they also produce and institutionalize cultural resources—sets of ideas and stories, meant for public consumption, about the nature and meaning of what they are doing. This is what I have been calling the “cultural account of donation.” These efforts are a severely neglected side of the gift relationship. Theories of the gift almost always center on the relationship between individual giver and individual recipient, with any mediating social organization either assumed away or underanalyzed. This flows from the anthropological origins of theories of the gift. The societies where gift exchange was first studied in detail required no organization to monitor compliance with the rules of giving or to intervene between givers and recipients to complete the transaction.

As we saw in chapter 2, the cultural account of donation is partly a set of principles, reasons, and examples meant to encourage support for donation. The arguments and principles are backed up (interwoven, rather) with examples and stories. Some of these are aimed at people who might want to sign a donor card; others describe the ideal set of feelings and reactions that people should have if they ever have to make the difficult decision to give up their next of kin’s organs. These reasons, examples, and stories form a cohesive account that is prescriptive rather than descriptive and that presents a narrow set of ideal “feeling rules” rather than simply reflecting the varied emotional reactions people have to donation.<sup>24</sup>

In the United States, there are now almost ninety thousand people



waiting for a transplant of some kind. Some of those will be given kidneys by living donors, and a tiny percentage will be given the lobe of a live donor's liver. But most will have to rely on a cadaveric donor being found. Fewer than seven thousand cadaver donors are procured each year. This structural pressure on the system has been building since the early 1990s and is now very severe. In the face of this constantly increasing demand, how robust can we expect the existing gift relationship to be? Is it just a flexible bit of marketing talk or is it more like an institutional logic that has been built in to the procurement system?<sup>25</sup> Public discourse about donation has already shifted as waiting lists have grown, with "market talk" about organs increasing rapidly since the late 1980s. Within the transplant industry, views about paying donors or donor families vary: surgeons are often bluntly in favor of any incentive system that increases the supply of organs and enables them to save people's lives. They are oriented downstream, toward the source of the demand. By contrast, procurement coordinators and OPO staff tend to be oriented upstream, toward the supply. They are more aware of the fluid nature of the consent process and more suspicious of financial incentives. In particular, they have long been wary of any proposal that might turn public opinion against organ donation in general.

The resilience of the cultural account of donation depends on whether—and to what degree—the staff of procurement organizations really subscribe to it. If they do, then it will be hard to dislodge it without damaging the procurement system, because these are the people who work directly to obtain consent from families. If their attitude is more ambivalent, then a relatively rapid reconfiguration of some sort may be more likely. The actual views of procurement staff in this respect is an open empirical question. At present, the "gift of life" account remains the dominant way that organ donation is publicly argued for. The transplant industry successfully overcame a queasy public's fears about transplantation by accounting for organ donation as a moral choice that created a special kind of relationship between donors and recipients. In a sense they are now victims of their own success: the public understanding of donation they created stands in the way of the introduction of financial incentives for organ procurement.

In addition to its internal strength, the future of gift exchange in human goods also depends on the likely effect of a market approach on the procurement rate. Commentators have tended to assume that the "give or sell" choice determines the ethical basis of a procurement system, usually through the effects of the transaction on the psychology of donors. This is typically how the options are presented in media coverage. But as we have

seen, institutional and organizational differences both large and small can decisively affect procurement rates, independent of the general form of the exchange. On a large scale, all-volunteer systems of blood donation show substantial variation in the size and composition of their donor pools. On a smaller but no less important level, quite fine-grained organizational differences can have large effects on the organ procurement rate.

For example, our analysis of U.S. organ procurement organizations found that while a general willingness to pursue donors in difficult (but hypothetical) circumstances was not associated with increased procurement rates, key changes to procurement procedures did bring about significant increases in the procurement rate. The particulars mattered a great deal. Cases like that of South Carolina's LifePoint show that OPOs have the ability to change their logistical methods in order to increase consent rates.<sup>26</sup> LifePoint was restructured in a way that separated distinct procurement tasks into separate occupational roles. The position of family support counselor was created to help donor families cope with their time in the hospital and to inform them about brain death, while an aftercare coordinator arranged follow-up counseling and other support. Crucially, neither of these was responsible for requesting the consent of the donor family. Indeed, from the family's point of view, the support counselor who helped and informed them and the LifePoint coordinator who requested consent might not have been from the same organization at all.

They *were* from the same organization, of course. Organ procurement organizations must make sure that the next of kin give their informed consent, and this requires in part that the donor family not be deceived. Does the OPO's careful management of the procurement process meet this standard? The process is not that different from the practice of "cooling the mark out" described in a famous paper by Erving Goffman.<sup>27</sup> Here, a con artist and an associate carefully manage an interaction with their victim, or mark. Once the con has been concluded and the mark relieved of his money, the con artist sends in an associate who explains what has happened, commiserates with the mark, and reconciles him to his fate—perhaps even making him think it was his own fault. This "cooling out" period helps ensure that the mark doesn't report the crime to the police.

Now, organ procurement is not a con, but bioethicists worry that managing the consent process in an equally calculating way might make us unsure whether the consent of donor families is properly informed. Sociologically, however, this aspect of successful procurement is crucial. Effective OPOs must manage the consent process by breaking it up into its component elements, controlling the way in which the donor family gets information. Goffman's study is relevant because it emphasizes the way

the fine structure of the interaction shapes the outcome and the feelings of the participants about what is happening, both during the procedure and especially afterward. Donor families are grieving, often in shock and sometimes confused. It is a mistake to think that, in such volatile circumstances, a decision is made after the pros and cons of the decision are dispassionately weighed in the light of one's preferences. It is in just such a case that clear information and guidance from a reliable source is needed, so that any choice is more than a reflex response one way or the other.

The relationship established by the OPO, and the time and personnel it invests in this relationship, is vital to both the needs of the families and the goal of the organization. The way the OPO manages the process is therefore inevitably strategic, but this does not make it immoral. A commitment to the principle of informed consent cannot by itself answer detailed questions about how the consent process should be managed: How much information does the donor family need to be given about the uses to which donated tissues might be put? Ought it be given all at once? What sort of language should it be presented in? As Onora O'Neill comments, a process that detailed everything would "bring the consent procedure into disrepute by reducing it to ticking boxes or signing paragraphs of unread fine print" and would "actually diminish trust by the very ways in which it seeks to demonstrate trustworthiness."<sup>28</sup> What separates procurement from Goffman's case, of course, is that donor families ought to be able to trust the OPOs to do the right thing, given that organ procurement is a routine event for them and they have far more knowledge about it than the donor family. However, there is nothing in either gift exchange or market exchange as such that can be relied on to automatically solve these problems of trust. Both forms of exchange have the potential to betray donors and recipients.

### Commodification and Industrialization

Much of the work in economic sociology over the past twenty years has been devoted to challenging the paradigm of anonymous market exchange. The main target of this project has been neoclassical economics with its vision of disembodied, perfectly rational agents reaching stable equilibria under ideal conditions. Since the 1970s, economists have enriched the neoclassical model in an effort to incorporate imperfections in information, differences in institutional context, and asymmetries in power. But the dominant theme in that field remains the effort to reconcile these pervasive features of social life with the possibility of equilibrium

states brought about by rational choices. Economic sociologists typically reject this picture, and with good reason. They often fail to see, however, that basic critiques of commodification are also undermined by their insistence on the embeddedness of economic action. The idea that markets inevitably corrupt is not tenable precisely *because* they are embedded within social relations, cultural categories, and institutional routines. It has taken some time for a view of markets to emerge that both develops Polanyi's idea that the economy is an "instituted process" and relaxes the claim that money and markets inevitably corrupt and undermine human relationships. The two ideas were often bound together by political conviction or moral intuition, as well as by evidence. The sharpest analyses of the social foundations of market institutions were often also the most powerful indictments of their effects.

We need to recast debates about commodification and altruism with this in mind. Rather than thinking of the willingness to give solely as a virtue found in some individuals and not in others, I have argued that it can be investigated in terms of its institutional underpinnings. Markets are no different, and the shared roots of our ideas about selfishness and altruism are underappreciated. To take a long view, the growth of commercial society in the seventeenth and eighteenth centuries brought the market and its potential effects to the forefront of social thought.<sup>29</sup> The growth and spread of market relations implied that there was a corresponding sphere of disinterested social association with no connection to commerce, and this gave birth to the modern concept of friendship for its own sake.<sup>30</sup> Experimental evidence bears out the link. In "ultimatum games," a person is given the opportunity to share a sum of money—say ten dollars, in units of one dollar—with someone else. The prospective recipient has to take or leave the offer that is made. If both parties acted purely as economic agents, the offerer would keep nine dollars for herself and the recipient would take the one dollar. After all, the offerer should rationally keep as much as possible and the recipient should see that a dollar is better than nothing. In fact, research repeatedly finds that offerers consistently make much fairer offers than this (perhaps keeping a small amount extra for themselves) and that recipients will reject lowball offers with contempt.<sup>31</sup> It is particularly striking, however, to learn that when these experiments have been performed in small nonmarket societies the results have generally not been replicated. The less experience the participants had with market exchange, the less likely they were to make generous offers. It appears that the prevalence of the market and a willingness to cooperate may go together: "The more frequently people experience market transactions, the more they will also experience abstract sharing principles concerning

behaviors toward strangers. . . . The degree of cooperation, sharing and punishment exhibited . . . closely corresponds to templates for these behaviors in the subjects' daily lives."<sup>32</sup>

In contemporary societies, the complement of the idealized market transaction of commodities between two self-interested individuals is the notion of the present given freely and without any expectation of return—what Jonathan Parry has called “the elaborated ideology of the ‘pure gift’.”<sup>33</sup> Although useful markers of the ends of a continuum of exchange, neither of these ideals accurately reflects how market or gift exchanges typically take place. Either the gift or the sale of blood or organs establishes a particular social relation. As with many other exchanges, the parties need to be able to trust that the transaction will go as both intend. Usually it will be the donors who are most concerned about this, as the exchange may not be routine for them. Both gift-based and market-based forms have the capacity to secure the transaction to the satisfaction of all those involved. Both also have the potential to fail. The pitfalls of the market are perhaps easier to see: the seller may not get a good price or, worse, may feel that the attachment of a price to the transaction is an insult. The right form of payment may go a long way to securing confidence in the exchange: payment in kind or compensation for funeral expenses will be preferable to being handed an envelope of twenties in the hospital waiting room. Conversely, if donors are promised that their “gift of life” will be treated *as a gift*, then the discovery that it has been dumped, left unused, or sold at a large profit is likely to outrage them.

Regardless of whether they rely on financial incentives or goodwill, modern systems of procurement and exchange of human goods depend on complex organizations, which set the context for the exchange and establish the relationship with their suppliers. In most important respects, big, modern nonprofit corporations are closer kin to big, modern for-profit corporations than they are to small charitable groups run by volunteers. Whether exchange is commodified may matter less than whether it is *industrialized*, which is to say administered by rationalized organizations. Industrialized democracies and industrialized dictatorships look much the same to a society of hunter-gatherers. Rationalized organizational systems may look ruthless to people, and it is often their impersonal quality that provokes outrage. Both supporters of the market and critics of commodification miss this point when they think in terms of a sharp contrast between volunteers and profiteers.

For simple commodities, a sale means that the seller no longer has any claim to what is sold or say over what the buyer does with it. Similarly, under the elaborated ideology of the pure gift, it might seem strange or even

hypocritical that people complain about the use to which their gifts are put. After all, they gave them freely, as presents. But on a Maussian view of exchange, it is not surprising that gifts can produce this reaction:

[It is not] that the giver always has the right to reclaim the object or that such a right could be exercised in practice. Nor does it mean that the recipient never has the right to dispose of the object. The existence of the ability to recover a gift and of other possible rights and typical practices are empirical questions. What is important is that people think of the object as bearing the identity of the giver and of the relationship between the giver and the recipient.<sup>34</sup>

A failure to recognize this fact about freely given blood, organs, or other tissues is what leads to scandals like Alder Hey. It is not sufficient to keep market relations away from human goods if the rationalizing tendencies of formal organizations do just as good a job of taking distinct, particular, incommensurable gifts and processing them into general, homogeneous, comparable items.<sup>35</sup>

There are two moments of exchange in human goods. The tissues are first procured from donors or sellers. They are then passed to other organizations to be processed and distributed—according to some fixed system of distribution (as with solid organs), through a secondary market (as with some other tissues), or pursuant to some other set of rules. Very few human goods are nowadays passed directly from giver to recipient. A unit of blood is more likely than not to be fractionated and processed into many separate products that are more easily stored and more precisely targeted than whole blood. This processing tends to increase the distance between the giver and the gift, which comes to take on the quality of a generic item in the inventory of medical supplies. Outside of illegal markets or transnational trade in body parts, scandals involving human goods have generally arisen when primary gifts are thought to be defiled in secondary exchanges. Sometimes just the fact of this reprocessing is sufficient to make uninformed donors feel they have been betrayed.

The key interface is not the individual-to-individual transaction (largely a myth anyway) but the transition into the secondary exchange of human goods—the world where donated hearts go, where donated skin is rendered, and where knee joints and heart valves and tendons are processed. This organizational layer does not have the (even fictively) particularized quality that individual decisions to donate or sell may possess. It is concerned with maintaining a reliable supply of homogenous products to cope with demand. Though not inevitable, it should not be wholly surprising that a willed-body program would get into trouble for mixing

donated bodies with medical waste and animal remains and dumping them in a landfill. That sort of tendency is built into complex organizations, and it persists whether or not the raw materials are obtained via markets or gifts. It is a consequence of the industrialization of exchange in human goods, not its commodification.

This means that, while we should worry about exploitation in the exchange of human goods, it is a mistake to think that commodification as such is the reason exploitation happens. Commodified exchanges may well be exploitative, but market exchange does not automatically make it so. Both gift and market systems depend on their specific institutional realization for their effects. The choice is not between morally worthwhile gift giving and morally evil markets. We can see this if we look at anthropological studies of illegal sales. The gray market for kidneys and corneas has properly been held up as a prime case of exploitation and abuse. But desperate organ sellers are not exploited simply because they contract a sale. Rather, it is the wider social context in which they find themselves—their dominated class position, long-term disadvantage, and poor life chances—that puts them in a situation that invites their exploitation by “transplant tourists.” There is no contradiction in saying that people in such desperate circumstances may choose—and even be eager—to be exploited. In fact it is exactly in the cases where people’s needs are greatest that they will be most prepared to voluntarily enter into a contract that exploits them. It is not the contract that is the source of the exploitation, however, but the willingness of the buyer to take advantage of another’s vulnerability.<sup>36</sup> It is for the same reason, incidentally, that we are puzzled or even suspicious of relatively well off people who say they want to give a kidney to a stranger. When the need is much greater on the part of the potential recipient, the potential donor has nothing to gain materially from the transaction, and there is no social tie between them, then all of the vulnerability is on the recipient’s side. Why then, we wonder, would the donor want to put herself at risk?

Systematic vulnerability on the donor side is of course much more common, and this is part of what makes a market in organs a worrying prospect. There are enough people who would consider selling one of their kidneys only because they are poor and desperate. There are two ways to prevent this kind of exploitation from happening. The first is to ban commercial exchange in human goods (and vigorously pursue violators), so that people will not have the opportunity to enter into exploitative contracts. The second is to redistribute bargaining power in such a way that any exchanges that do happen will not be exploitative. The problem with

the first solution is that, as Allen Wood points out, it risks “consigning the vulnerable person to an even worse fate than being exploited.”<sup>37</sup> The problem with the second solution is that it may be difficult to implement in practice, because it will generally involve questions of social justice that go well beyond any particular sale of blood or organs. Supporters of markets in human goods point to the first problem, arguing that nothing is gained by banning organ sales except a warm glow of moral satisfaction for those who will neither benefit nor suffer from such a ban. Opponents point to the second problem, arguing that in practice such markets would reinforce existing inequalities rather than ameliorating them.

The situation with cadaveric organs is, as always, more complex. The economic logic of organ sales is straightforward: there is a dollar price for organs at present—it is zero. If we forced people to *pay* to become organ donors, then we would expect the supply to drop. Therefore, there is no reason to believe that the supply would not rise if we gave families a small payment instead. But there are two complications, one arising from theory and one from empirical facts about procurement. The theoretical objection is that it is not clear the supply curve for cadaveric organs is linear around zero. Many people are prepared to carry out an action like organ donation for free, and there are perhaps also many people (maybe the same individuals) who would agree to a sale for a very large amount of money. But what if there are hardly any people who would agree to sell for a *small* amount of money? There is an analogy to bribery: We do not think that people who ask for modestly sized bribes are only a little bit more corrupt than people who do not ask for bribes at all. Instead, there is a sharp discontinuity. The intuition here is similar to the idea, discussed in chapter 1, that the market can “crowd out” voluntary action, that volunteers will leave the scene once financial incentives are introduced.<sup>38</sup> This objection, different but related, suggests that when the altruists are crowded out as suppliers, there may be no one available to take their place until prices are driven very high.

The empirical complication is that, at bottom, the supply of cadaveric donors is not responsive to financial incentives. People become potential donors when they die suddenly, in particular sorts of circumstances. None of the logistical problems discussed in chapter 3 go away when financial incentives are introduced. While payment might help lower the refusal rate, it cannot (absent some very perverse incentives) boost the raw supply. For cadaveric organs, all of the potential effect of market incentives is focused on those families who refuse consent. While money might make a difference at this stage, this is also the point where crowding out and sim-



ilar effects are most likely to happen. And unlike other exchanges that have suffered from crowding out, there is no prospect of new suppliers moving into the market to replace those who leave.

For other kinds of human goods, avoiding exploitation means organizing the exchange in a way that prevents the recipient from being able to take advantage of weakness or vulnerability on the part of the supplier. Can the Maussian concept of the gift relationship offer any help with this problem? Rituals of gift giving can encourage people to think of exchange in blood and organs as establishing social ties between givers and recipients, despite the complex organizational intervention needed to make the transaction happen. To that extent, they link the demand for human goods to social relations more generally. They remind us that these goods are being exchanged between human beings, rather than coming from some abstract source that can simply be treated as a means to an end. As Titmuss argued, "Voluntary blood donor systems . . . represent one practical and concrete demonstration of fellowship relationships institutionally based in Britain in the National Health Service and the National Blood Transfusion Service."<sup>39</sup>

Yet just as a market relationship does not automatically make for exploitation, neither does a gift relationship automatically create solidarity. The structural relationships between suppliers, distributors, and recipients will affect how plausible the gift relationship is, in the same way that systematic social inequalities determine whether the pro forma equality of market transactions has any substantive basis. As we saw in chapter 5, the commercial plasma market globalized in the 1970s and 1980s in spite of a public commitment to voluntary donation on the part of blood collection agencies. Indeed, this very commitment was one of the forces behind that transformation. European blood collection agencies found that they could not find enough volunteer plasma donors to meet demand but were unwilling or unable to modify their gift-based systems. Instead, they began to purchase their plasma from commercial sources in the United States.<sup>40</sup> The subsequent AIDS disaster should remind us that social solidarity is not the goal of exchange in human goods: the system only exists in order that illness can be cured and lives saved. Solidarity is a by-product. It would be a bitter irony if a commitment to the gift relationship as public policy made people more rather than less likely to forget this fact.

When blood donation involved the transfer of whole blood from one person to another, and when the mediating organization was a National Health Service that aimed to serve everyone in the same way, then the sense of inclusion in society fostered by generalized exchange in blood was easier to feel. The whole circuit of exchange was visible to donors.

Things are now very different. There are many kinds of blood products and they have longer shelf lives. Collection organizations process their donations much more intensively, and secondary markets for the resulting products have proliferated. A parallel process is well under way for goods derived from cadaveric donors. These changes mean that supporters of gift-based exchange should be less worried about the prospect of reimbursing donors or donor families and more concerned with the effects of these rapidly expanding and highly profitable new markets. Particularly in the case of organ donation, donor families may be appalled to discover that the donation they have been strongly encouraged to think of as a unique, inalienable gift quickly became a commodity input to a production process. More broadly, inequalities in access to health care make it difficult to feel that there is a genuine process of generalized reciprocity at work, or some kind of broader social bargain that justifies donation.

### Possible Futures

What is the future of exchange in human goods? There are many possibilities, of course: in fact, the variety of viable institutional arrangements is one of the lessons of this book. But assuming that demand for organs continues to rise and secondary markets for tissues continue to expand, we can think of four main paths that the exchange of human blood, organs, and tissues might take. The first is a shift to a purely market-driven system, where the raw materials are routinely sold for profit, with no pretence of gift exchange and none of the language of donation. The plasma market in the United States comes closest to this model and has operated in this fashion for many years. Instituting a similar arrangement for organ procurement would require revisiting and remaking the cultural account of donation. Because the account seems well entrenched, a smooth shift to a market system is unlikely. It is not out of the question, however; the life insurance market of the nineteenth century shows that profane financial considerations can be incorporated into the sacred world of death, and the growing pressure of demand might trigger a rapid reorientation of the system. But the distinctive circumstances of organ procurement make this more difficult to achieve than in other areas, even the blood market. The legalization of live organ suppliers (selling kidneys) is somewhat more likely, as in this case there are no family members to complicate the decision process.

The second option lies at the other end of the scale. This would involve a return to something as close as possible to the arrangement Titmuss

described, where the gift exchange of blood and organs is relatively direct and, ideally, generates the kind of institutionally grounded social solidarity Titmuss argued for. In one sense this has happened already, as the U.S. blood supply moved away from paying suppliers of whole blood in the 1970s. Much like the child labor market in the nineteenth century, the de-commodification of the U.S. blood market is a strong counterexample to the thesis that markets always and everywhere expand once they have taken hold. Yet as we saw, this reorganization happened just prior to a time of great technological change in the blood and tissue industries. The ensuing changes make it difficult to see how Titmuss's vision of the blood supply could return as a real, working arrangement. Blood and tissue markets are by now too large and too differentiated to be serviced solely by a version of Titmuss's ideal.

This suggests a third and more pessimistic alternative. The cultural account of donation may become increasingly entrenched, buttressed by the emphasis on individual autonomy and informed consent that animates the field of bioethics. In this way, a particular vision of purely voluntary donation would become the *sine qua non* for procurement. The presence of any kind of financial reimbursement would be taken as evidence that the donor's decision had been coerced or otherwise negatively influenced. The purity of the decision to give would thus be the cornerstone of the public legitimization of the system. Now, we are used to the close association of markets and individualism, and indeed critics of market society commonly point to its atomizing and alienating effects. But in the late nineteenth century Émile Durkheim observed the rise of the cult of the individual and argued that its origins lay not in the market as such, but in the division of labor more generally. He argued that, in modern societies, while "other beliefs and practices assume less and less religious a character, the individual becomes the object of a sort of religion." So while market incentives and altruistic motives are typically opposed to one another, from a different point of view they are two sides of the same collective commitment to the sovereignty of individual choice. The difficulty with this distinctively modern religion, Durkheim worried, is that "it is indeed from society that it draws all its strength, but it is not to society that it binds us: it is to ourselves."<sup>41</sup>

This outcome would combine a highly elaborated rhetoric of altruistic giving, on the procurement side, and a rapidly industrializing and profitable sector, on the distribution side. The emphasis on the wholly free gift would not mesh with the underlying social organization of the human goods industry. The Maussian elements of gift exchange, which emphasize the importance of gifts in terms of the social relations they express and

sustain, would give way to the ideology of the pure gift, where what matters is that the gift is bestowed freely and with no strings attached. The result would be a kind of “gift fetishism” not all that different in substance from Marx’s idea of commodity fetishism. Divorced from the true conditions of their production and distribution, pure gifts mask the social relations that link givers and recipients, and become imbued with powers they do not really have—such as the power to guarantee the fairness of an exchange or produce solidarity in a community.

In such circumstances, the world of human goods would become most saturated with a sacred reverence for the gift of human goods just at the moment scientific and technological development seemed set to reduce our image of the body to a soulless repository for spare parts. In this future, it would be technological developments themselves that made room for the sacralization of hearts, lungs, or livers. This tendency is already present in the cultural account of donation, and we see something like it at work in the world of stem-cell research and genetic engineering. There, the scientific capacity to isolate and grow small clumps of embryonic stem cells has opened the way for these entities to be invested (by some) with the same rights and protections granted to individuals. To the extent that a system of this sort emphasized the moment of individual choice rather than the subsequent social life of the gift, however, it would be vulnerable to the presence of chronic inequality in the health system as a whole. The ideology of the pure gift would be difficult to sustain in the long run, because the gap between the procurement system’s rationale and its actual operation would allow public goodwill and support for donation to leach away. Given present trends, though, this may well be the most likely future for exchange in human goods.

A fourth possibility would see the introduction of money into the gift exchange of organs in some way, but without moving over to a system characterized only by financial incentives. The idea would be to provide some monetary compensation while retaining the giftlike features of the transaction. This is partly a way to emphasize the special nature of the transaction, and partly to allow for the development and expression of norms of fairness in exchange: if there is profit at every other point in the process, the giver ought to be compensated as well. The market for human eggs, for example, deals in among the most commercialized of human goods, and yet it is carried on using much of the language and form of gift exchange. An emphasis on donation, even when it is accompanied by payment, can be an assertion of a social relationship with particular rights and obligations on both sides. It is easy to be cynical about this and (as we saw in chapter 2) to assume that the gift elements are sheer facade or empty

ritual. However, studies of egg donors suggest this is not the case. While the staff of donation agencies speak in openly economic terms about the quality of their donors (such as their attractiveness to buyers), they also emphasize that they are not brokering a simple commodity transaction. It is especially striking—and consistent with the growth of the cultural account of donation—that it is the agencies and not the donors who take the lead in emphasizing the giftlike elements in the exchange. Although the egg donors themselves often enter the process with only the payment in mind, the agency staff work to convince them that “they are not ‘manufacturing toothpaste’ or ‘selling pens.’ They also consistently refer to the women and men who produce genetic material as ‘donors’ who ‘help’ recipients by giving a very special ‘gift.’”<sup>42</sup> While giftlike relationships of this kind are more likely to frame the exchange of human goods than other commodities, they are not limited to parts of the economy dealing in exotic or obviously sacred items. They can be found even where the interests of the contracting parties are essentially in conflict with one another. In labor markets, participants often strive to embed their contractual exchanges in institutions that insulate them from exploitation and perhaps also yield a higher return than straightforward competition.<sup>43</sup>

Regardless of which arrangement comes to pass—one of those laid out here, or some other arrangement—it is worth emphasizing again that broader questions about the distribution of power and resources between suppliers, recipients, and procurement organizations will play a decisive role in determining the quality of the outcome. Exploitation will not be avoided—and supply problems will not be solved—simply by making the exchange take one form or another.

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In the next ten to twenty years, the scope of exchange in human goods will continue to expand. It is likely, though, that the supply of the most important raw material—cadaveric donors—will grow only slowly. Continuing technical advances in biotechnology and medical practice will put more and more pressure on the supply organizations to locate, procure, and process their products, absent a revolution in xenotransplantation or some other wholly novel technology.<sup>44</sup> Viewed historically, the long-term trend seems to be away from gift-based exchange, though the evidence that market incentives would outperform the current supply of cadaveric organs is weak. (Goods that can be supplied by live donors are a different matter.) Blood supply systems rely on volunteers for whole blood and its derivatives, but the plasma industry could not exist without

paid suppliers. Organ procurement agencies face much more severe demand pressure from patients and doctors and have begun to experiment with financial incentives. Markets for sperm, eggs, and children are already thoroughly commercialized, though they are shot through with the language and forms of gift giving. It remains to be seen how exchange in cell derivatives and other genetic material will be organized, but there have already been a string of important decisions to secure private property rights in these goods—though not for the individuals who carry them.<sup>45</sup>

Gift-based systems of blood and organ donation provide a well-institutionalized model of exchange in human goods when individual donors or their families are directly involved. Although the performance of particular organizations varies, good organizational management of voluntary donors has the capacity to deliver close to the maximum possible number of donors. The development of this potential, however, has gone hand in hand with the expansion of profitable secondary markets in human goods. The cultural scripts and accounts that blood and organ suppliers draw on to legitimate their work also provide the chief resource for critiquing what happens to these gifts after they are collected. In a strong sense, procurement organizations produce the donor populations they rely on.

Titmuss argued that “the ways in which society organizes and structures its social institutions . . . can encourage or discourage the altruistic in man.”<sup>46</sup> He thought that the introduction of market incentives drove out the disposition to be charitable, in a kind of Gresham’s law of motives. Following his lead, Peter Singer suggests that we think of a quality like altruism as being a capacity or skill that becomes more available with regular use.<sup>47</sup> As this book has shown, this skill can be exercised in different ways and with varying results. Other human capacities have this quality of being able to improve and grow with use, particularly those clustering around concepts like civic-mindedness, benevolence, public-spiritedness, and love. “My bounty is as boundless as the sea,” Juliet says to Romeo. “The more I give to thee, the more I have.”<sup>48</sup> But we should not be overly optimistic about the power of these capacities. They presuppose a wider moral economy in which gifts and voluntary action are not routinely taken advantage of, and where the terms of individual exchanges are at least plausibly fair. The ongoing interaction between the social organization of the human goods industry and the cultural legitimacy of blood and organ donation is more complex than the continued cultivation of the capacity to give. Albert Hirschman describes it better when he observes that altruism and charity “exhibit a complex, composite behavior:

they atrophy when not adequately practiced and appealed to . . . yet will once again make themselves scarce when preached on and relied on to excess.”<sup>49</sup> The aim of this book has not been to explain away the altruism of blood and organ donors by reducing it to some other psychological motive. Rather, I have argued that by analyzing the social basis of exchange in human goods, we can better understand how opportunities to give are successfully created by organizations in the short run. We can also learn how acts like this are culturally sustained and morally valued in the long run. The goal, in other words, has been to see which organizations make gifts best, and how institutions make gifts last.