

blood becomes a very special kind of gift, and giving it means providing for strangers, without hope of reward, something they cannot buy and without which they may die. The gift relates strangers in a manner that is not possible when blood is a commodity.

This may sound like a philosopher's abstraction, far removed from the thoughts of ordinary people. On the contrary, it is an idea spontaneously expressed by British donors in response to Titmuss' questionnaire. As one woman, a machine operator, wrote in reply to the question why she first decided to become a blood donor: 'You can't get blood from supermarkets and chain stores. People themselves must come forward; sick people can't get out of bed to ask you for a pint to save their life, so I came forward in hopes to help somebody who needs blood.'

The implication of this answer, and others like it, is that even if the formal right to give blood can coexist with commercialised blood banks, the respondent's action would have lost much of its significance to her, and the blood would probably not have been given at all. When blood is a commodity, and can be purchased if it is not given, altruism becomes unnecessary, and so loosens the bonds that can otherwise exist between strangers in a community. The existence of a market in blood does not threaten the formal right to give blood, but it does away with the right to give blood which cannot be bought, has no cash value and must be given freely if it is to be obtained at all. If there is such a right, it is incompatible with the right to sell blood, and we cannot avoid violating one of these rights when we grant the other.³

Both Titmuss and Singer believe that the weakening of the spirit of altruism in this sphere has important repercussions. It marks, they think, the increasing commercialisation of our lives and makes similar changes in attitude, motive and relationships more likely in other fields.

Update

Dr Arthur Matas, a prominent kidney-transplant surgeon, is pushing for one change that it's doubtful either Titmuss or Singer would like. Lately, he's been travelling the United States making the case for lifting the legal ban on kidney sales. That ban was imposed in 1984 by an outraged Congress after a Virginia physician had proposed buying kidneys from poor people and selling them to the highest bidder. By contrast, Dr Matas isn't trying to make money. He would like the government to handle kidney sales, and the kidneys to go to whoever is at the top of the current waiting list, whether the patient is rich or poor. And that list grows longer every year as the gap continues to widen – it's now nearly five to one – between patients in need and the number of kidneys available from either living or deceased donors.

With eligible patients often waiting for five or six years, more and more people are taking Dr Matas seriously, but many experts still balk at the idea of organ sales. One of them is Dr Francis Delmonico, a professor at Harvard University and president of the network that runs the nation's organ-distribution system. He worries that Dr Matas' plan would exploit the poor and vulnerable, that it would cause altruistic kidney donations to wither and that wealthy patients would manage to find a way around a regulated market to get a kidney faster.⁴

REFERENCES

- 1 This and the following three paragraphs are based on a case created by T. W. Zimmerer and P. L. Preston in R. D. Hay, E. R. Gray & J. E. Gates (eds), *Business*

and Society (Cincinnati: South-Western, 1976). The remainder of the case draws on Peter Singer, 'Rights and the Market', in John Arthur & William H. Shaw (eds), *Justice and Economic Distribution*, 2nd edn (Englewood Cliffs, NJ: Prentice-Hall, 1991); and Richard M. Titmuss, *The Gift Relationship* (London: Allen & Unwin, 1972).

- 2 Barry Schwartz, 'The Dark Side of Incentives', *Business Week*, 23 November 2009, 84.
- 3 Singer, 'Rights and the Market'. Reprinted by permission of the author. See also 'Blood Donation – Altruism or Profit?', *British Medical Journal*, 4 May 1996, 1114; 'Economics Focus: Looking Good by Doing Good', *Economist*, 17 January 2009, 76.
- 4 'Kidney Shortage Inspires a Radical Idea: Organ Sales', *Wall Street Journal*, 13 November 2007, A1. See also 'Why We Need a Market for Human Organs', *Wall Street Journal*, 16 May 2008, A11; 'Unique Model', *Wilson Quarterly* (Winter 2007): 89.

DISCUSSION QUESTIONS

- 1 Is Sol Levin running a business 'just like any other business', or is his company open to moral criticism? Defend your answer by appeal to moral principle.
- 2 Did Plasma International strike a fair bargain with the West Africans who supplied their blood to the company? Or

is Plasma guilty of exploiting them in some way? Explain your answer.

- 3 What are the contrasting ideals of the British and US blood systems? Which system, in your opinion, better promotes human freedom and respect for people? Which system better promotes the supply of blood?
- 4 Examine the pros and cons of commercial transactions in blood from the egoistic, utilitarian and Kantian perspectives.
- 5 Are Titmuss and Singer correct to suggest that the buying and selling of blood reduces altruism? Does knowing that you can sell your blood (and that others are selling theirs) make you less inclined to donate your blood?
- 6 Singer suggests that although the right to sell blood does not threaten the formal right to give blood, it is incompatible with 'the right to give blood, which cannot be bought, which has no cash value, and must be given freely if it is to be obtained at all'. Assess that idea. Is there such a right?
- 7 Many believe that commercialisation is increasing in all areas of modern life. If so, is it something to be applauded or condemned? Is it wrong to treat certain things – such as human organs – as commodities?
- 8 Do you believe that we have a moral duty to donate blood? If so, why and under what circumstances? If not, why not?