theories of distributive justice—that is, theories regarding the fair distribution of society's benefits and burdens. Libertarian theories of justice say that the benefits and burdens of society should be distributed through the fair workings of a free market and the exercise of liberty rights of noninterference. The role of government is to protect the rights of individuals to freely pursue their own interests in the economic marketplace without violations of their liberty through coercion, manipulation, or fraud. On this view, no one has a right to health care. In utilitarian theories of justice, a just distribution of benefits and burdens is one that maximizes the net utility for society. Depending on calculations of net benefits, a utilitarian might endorse a system of universal health care insurance, or a qualified right to health care, or a two-tiered plan. Egalitarian theories of justice say that important benefits and burdens of society should be distributed equally. To achieve greater equality, the egalitarian would not be averse to mandating changes to the distribution of society's goods or to interfering in the workings of a free market. Egalitarian theorists could consistently endorse several schemes for allocating health care, including systems that give equal access to all legitimate forms of health care, that offer a guaranteed minimal level of health care for everyone, or that provide care only to those most in need.

Some theorists assert the strong claim that people have a positive moral right to health care. Libertarians would reject this view, utilitarians could endorse a derivative right to health care, and egalitarians could favor a bona fide entitlement to a share of society's health care resources. Some of the latter argue for a right to a decent minimum of health care.

Because people's health care needs are virtually limitless and the supply of resources is always bounded, rationing of health care in some form is ever with us. The dilemmas of rationing arise most visibly and acutely on the level of individual patients and providers who must contend with scarce life-saving resources such as organ transplants. The central moral issue in these cases is what criteria should be used to decide which patients get transplants and who should make the decisions.

Cases for Evaluation

CASE 1

Black Market in Organ Transplants

(*San Francisco Chronicle*)—Tears well up in P. Guna's eyes as he stares at a long scar running down his side. A year ago, he attempted to stave off mounting debt by swapping one of his healthy kidneys for quick cash.

"Humans don't need two kidneys, I was made to believe," he said. "I can sell my extra kidney and become rich, I thought."

At the time, an organ trader promised Guna, 38, a motorized-rickshaw driver with a fourth-grade education, $2,500 for the kidney, of which he eventually received only half. Since then, he has experienced excruciating pain in his hip that has kept him from working full time and pushed him deeper in debt.

In recent years, many Indian cities—like Chennai in southern India—have become hubs of a murky business in kidney transplants, despite a 1994 nationwide ban on human organ sales (the Transplant of Human Organ Act states only relatives of patients can donate kidneys).

An influx of patients, mainly foreigners, seeking the transplants has made the illicit market a lucrative business. Some analysts say the business thrives for the same reasons that have made India a top destination for medical tourism: low cost and qualified doctors. In fact, medical tourism is expected to reach $2.2 billion by 2012, according to government estimates.

Not surprisingly, an organized group of organ traders in cahoots with unscrupulous doctors is constantly on the prowl for donors like Guna.

In Gurgaon, a posh New Delhi suburb, police last month busted an illegal organ racket, which included doctors, nurses, pathology clinics, and

hospitals. In the past 14 years, the participants allegedly removed kidneys from about 500 day laborers, the majority of them abducted or conned, before selling the organs to wealthy clients.

Police say the doctor believed to be the mastermind behind the operation, Amit Kumar, searched for donors by cruising in luxury cars outfitted with medical testing machines, and kept sophisticated surgical equipment in a residential apartment. In his office, police found letters and e-mail messages from 48 people from nine countries inquiring about transplants.

On Thursday, police arrested Kumar in Chitwan, a Nepalese jungle resort. Local news reports said he was identified by a hotel employee who recognized him from Indian television broadcasts seen in Nepal. "I have not duped anybody," Kumar later told reporters in Kathmandu, according to the Associated Press.

Nepalese authorities say they won't extradite Kumar until they finish an investigation on whether he violated currency laws by not declaring $230,000 in cash and a check for $24,000 that he was carrying when arrested. He is scheduled to appear in a Nepalese court Sunday.

In another high-profile arrest, a renowned Chennai surgeon, Palani Ravichandran, was arrested in October in Mumbai for involvement in a kidney racket. He admitted to arranging organ transplants for wealthy foreigners—mainly from Persian Gulf states and Malaysia, whom he charged up to $25,000. Mumbai police say Ravichandran had performed between 40 and 100 illegal transplants since 2002.

Police say kidney donors can earn between $1,250 and $2,500, while recipients pay as much as $25,000, according to ActionAid India, an anti-poverty organization that has worked with kidney trade victims in the southern state of Tamil Nadu.

The same procedure can cost as much as $70,000 in China and $85,000 in the United States.

"These middlemen act more like cut-and-grab men whose only interest is to hack out the organ," said Annie Thomas, a field co-coordinator for ActionAid in Chennai, formerly known as Madras. "This is a reprehensible abuse of the poor, and this practice needs to be curbed."

Thomas says many middlemen typically masquerade the donors as relatives to circumvent the law while many foreigners in need of a kidney arrive on tourist visas rather than the required medical visas; some resort to false documents.*

Is it morally permissible to sell your own organs? Is it morally permissible to buy organs from consenting adult donors? Should organ selling be illegal in all cases? Are the Indian organ donors described in this article being exploited? How? Give reasons for your answers.

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*Anuj Chopra, "Organ-Transplant Black Market Thrives in India," *SFGate*, 9 February 2008, http://www.sfgate.com (11 April 2008).

CASE 2

Expensive Health Care for a Killer

(*Statesman Journal*)—Oregon taxpayers are shelling out more than $120,000 a year to provide life-saving dialysis for a condemned killer.

Horacio Alberto Reyes-Camarena was sent to death row six years ago for stabbing to death an 18-year-old girl and dumping her body near the Oregon Coast.

At the Two Rivers Correctional Institution in Eastern Oregon, Reyes-Camarena, 47, gets hooked up to a dialysis machine for four hours three times a week to remove toxins from his blood.

Without dialysis, he would die because his kidneys are failing.

Each dialysis session costs $775.80 for treatment and medication, according to Corrections Department figures. At that rate, his dialysis costs $121,025 a year.

As the state keeps Reyes-Camarena alive, thousands of older, poor, sick and disabled Oregonians are trying to survive without medications and care that vanished amid state budget cuts.

Some Oregon hospitals are considering closing dialysis units because of Medicaid-related reductions.

Reyes-Camarena said he wants to sever his ties to the dialysis machine. The convicted killer wants