

CASE 2.3

Blood for Sale

Sol Levin was a successful stockbroker in Tampa, Florida, when he recognized the potentially profitable market for safe and uncontaminated blood and, with some colleagues, founded Plasma International. Not everybody is willing to make money by selling his or her own blood, and in the beginning Plasma International bought blood from people addicted to drugs and alcohol. Although innovative marketing increased Plasma International's sales dramatically, several cases of hepatitis were reported in recipients. The company then began looking for new sources of blood.²⁰

Plasma International searched worldwide and, with the advice of a qualified team of medical consultants, did extensive testing. Eventually they found that the blood profiles of several rural West African tribes made them ideal prospective donors. After negotiations with the local government, Plasma International signed an agreement with several tribal chieftains to purchase blood.

Business went smoothly and profitably for Plasma International until a Tampa paper charged that Plasma was purchasing blood for as little as fifteen cents a pint and then reselling it to hospitals in the United States and South America for \$25 per pint. In one recent disaster, the newspaper alleged, Plasma International had sold 10,000 pints, netting nearly a quarter of a million dollars.

The newspaper story stirred up controversy in Tampa, but the existence of commercialized blood marketing systems in the United States is nothing new. Approximately half the blood and plasma obtained in the United States is bought and sold like any other commodity. About 40 percent is given to avoid having to pay for blood received or to build up credit so blood will be available without charge if the donor needs it. By contrast, the National Health Service in Great Britain relies entirely on a voluntary system of blood donation. Blood is neither bought nor sold. It is available to anyone who needs it without charge or obligation, and donors gain no preference over nondonors.

In an important study, economist Richard Titmuss showed that the British system works better than the American one in terms of economic and administrative efficiency, price, and blood quality. The commercialized blood market, Titmuss argued, is wasteful of blood and plagued by shortages. In the United States, bureaucratization, paperwork, and administrative overhead result in a cost per unit of blood that is five to fifteen times higher than in Great Britain. Hemophiliacs, in particular, are disadvantaged by the U.S. system and have enormous bills to pay. In addition, commercial markets are much more likely to distribute contaminated blood.

Titmuss also argued that the existence of a commercialized system discourages voluntary donors. People are less apt to give blood if they know that others are selling it. Philosopher Peter Singer has elaborated on this point:

If blood is a commodity with a price, to give blood means merely to save someone money. Blood has a cash value of a certain number of dollars, and the importance of the gift will vary with the wealth of the recipient. If blood cannot be bought, however, the gift's value depends upon the need of the recipient. Often, it will be worth life itself. Under these circumstances 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's 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 commercialized 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.²¹

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 commercialization of our lives and makes similar changes in attitude, motive, and relationships more likely in other fields.

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. What are the contrasting ideals of the British and U.S. blood systems? Which system, in your opinion, best promotes human freedom and respect for people?
3. Examine the pros and cons of commercial transactions in blood from the egoistic, the utilitarian, and the Kantian perspectives.
4. Are Titmuss and Singer right 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? Do we have a right to give blood that cannot be bought?
5. Many believe that commercialization is increasing in all areas of modern life. If this is so, is it something to be applauded or condemned? Is it wrong to treat certain things—such as human organs—as commodities?
6. 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.
7. Do you believe that we have a moral duty to donate blood? If so, why and under what circumstances? If not, why not?

Notes to Chapter 2

1. Bernard Williams, *Ethics and the Limits of Philosophy* (Cambridge, Mass.: Harvard University Press, 1985), 16.
2. Richard B. Brandt, “Toward a Credible Form of Utilitarianism,” in Hector-Neri Castañeda and George Nakhnikian, eds., *Morality and the Language of Conduct* (Detroit: Wayne State University Press, 1963), 109–110.
3. A. C. Ewing, *Ethics* (New York: Free Press, 1965), 40.
4. Molly Moore, “Did the Experts Really Approve the ‘Brown Lung’ Experiment?” *Washington Post National Weekly Edition*, June 4, 1984, 31.
5. Adam Smith, *The Wealth of Nations* (New York: Modern Library, 1985), 223–225.
6. Tom L. Beauchamp and Norman E. Bowie, eds., *Ethical Theory and Business*, 6th ed. (Upper Saddle River, N.J.: Prentice Hall, 2001), 16.
7. Immanuel Kant, *Grounding for the Metaphysics of Morals* (Indianapolis: Hackett, 1988), 30–31 (translation modified).
8. Kurt Eichenwald, “Commissions Are Many, Profits Few,” *New York Times*, May 24, 1993, C1.
9. See, in particular, W. D. Ross, *The Right and the Good* (London: Oxford University Press, 1930).
10. Immanuel Kant, *Practical Philosophy*, ed. M. J. Gregor (Cambridge: Cambridge University Press, 1996), 611–615.
11. Ross, *The Right and the Good*, 21.
12. *Ibid.*, 30.