



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.²¹

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. 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 it is 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. Psychologists have found similar conflicts between financial incentives and moral or altruistic conduct in other areas.²² Philosopher Peter Singer has elaborated on this point in the case of blood:

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.²³

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. And, indeed, the introduction of money often changes relationships. Day-care centers, for example, sometimes have a problem with parents showing up late to collect their children, forcing teachers to stay after closing time. To solve the problem, economists recommend charging parents a fee for being tardy. However, when this solution was tested at ten day-care centers in Israel, the result was that the number of late pick-ups doubled.²⁴ Whereas before the parents had viewed themselves as having a responsibility to the hard-working staff to pick up their children on time and felt guilty about failing to do so, now they saw the matter in purely commercial terms, a service to be purchased for a fee.

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 traveling 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.²⁵

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 U.S. 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, the utilitarian, and the 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 commercialization 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?