privileges and obligations go along with it? How is its meaning for you shaped by your own ethnic or cultural background?

Writing Workshop

1. Do you support birthright citizenship? Why or why not? Write an argumentative essay that takes a position on the issue.
2. **Working with Sources.** George Will cites law professor Lino Graglia, who (in Will's view) interprets the Fourteenth Amendment in "conformity with what the authors of its text intended, and with common sense" (1). Read the amendment yourself, and then do some research to find a legal expert with an opinion that is different from Graglia's. Write an essay in which you compare and contrast the two different interpretations of the Fourteenth Amendment. Which interpretation of the amendment do you find more convincing, and why? Be sure to document all material that you borrow from your sources, and include a works-cited page. (See Chapter 18 for information on MLA documentation.)
3. According to Will, almost 10 percent of recent U.S. births have been to mothers who are in the United States illegally. What is your reaction to this statistic? Do you think illegal immigration is a major problem in America? Write an essay that explains your view of the immigration debate.

Combining the Patterns

Find an example of **classification and division** in Will's essay. How does this pattern strengthen his argument?

Thematic Connections

- "Indian Education" (page 142)
- "Two Ways to Belong in America" (page 404)
- "U.S. Census 2010 Form" (page 501)

★ CASEBOOK

How Can We Address the Shortage of Organ Donors?

The first human allotransplant — a transfer of an organ or tissue between two individuals of the same species — took place in 1905, when Austrian ophthalmologist Eduard Zirm attached sections from a donor's cornea to the damaged eyes of a patient suffering from glaucoma. The procedure was a success, but transplantation of other organs proved more difficult because of the human immune system's tendency to reject foreign tissue. In 1954, doctors at Peter Bent Brigham Hospital in Boston sidestepped this problem by transplanting a kidney from one living twin brother to another — the first truly successful operation of its kind. Eventually, the development of immunosuppressants such as cortisone, azathioprine, and later, cyclosporine, made transplantations more feasible and thus more widely available. The first successful heart transplant took place in Johannesburg, South Africa, in 1967. By the 1980s, such procedures were common. The one-year survival rate for heart, liver, pancreas, and kidney recipients is now between 75 and 95 percent.

However, as transplantation has become safe and widely practiced, another problem has arisen: a chronic shortage of organ and tissue donors. Most states allow residents to register as donors on their driver's licenses, and according to Donate Life America, over 86 million Americans have done so. Still, more than 100,000 candidates are currently waiting for organs, and several thousand will die each year while waiting for a transplant. This shortage has led to a black market — even in the United States — and some Americans have engaged in so-called transplant tourism by seeking organs abroad that they cannot find at home.

The persistent shortage of organs has led some to reevaluate the U.S. organ-donation system. America has an "opt-in" policy: that is, individuals must actively choose to become donors. If the potential donor dies, however, the decision to donate organs rests with the family — even if the deceased has checked the donor box on his or her driver's license. In contrast, many other countries, including Israel, Austria, and Spain, now assume "presumed consent": everyone is a potential donor at the time of death unless a person opts out of the program. Advocates of this "opt-out" policy argue that it would significantly increase donation rates in the United States, where thousands of viable organs now go to waste every year. In addition, although United States law forbids the sale of organs, other countries are experimenting with legal organ markets.

The four essays in this casebook highlight the many complex issues involved in formulating organ-donor policies. In "The Meat Market," economist Alex Tabarrok examines America's shortage of donors and the global market for organs. He sees major changes in U.S. policy — whether

toward presumed consent or even payment for organs — as inevitable, given that "pressure is mounting for innovation." In "The Case for Mandatory Organ Donation," Scott Carney highlights the inefficiencies of an American system where "more than half the population of the United States [is] willing to donate organs after death," but too many transplant organs "get lost in a bureaucratic shuffle." His essay also addresses issues of privacy and social class. In "Yes, Let's Pay for Organs," Charles Krauthammer writes in support of a 1999 Pennsylvania state legislative initiative that would have allowed the relatives of deceased donors to receive financial compensation to be put toward funeral expenses. Although it was never enacted, the proposal is used to support Krauthammer's argument that we should permit incentive payments even as the state must work to preserve "that little thing called human dignity." Finally, Virginia Postrel's "The Surgery Was Simple; the Process Is Another Story" recounts her experience donating a kidney to someone she barely knew. In addressing misperceptions about living donors, she focuses on the personal, emotional reactions to living donations that shape public policy, pointing out, "Most people have a visceral reaction against the whole idea."

ALEX TABARROK

The Meat Market

Economist Alex Tabarrok (b. 1966) is an associate professor at George Mason University, where he earned his Ph.D. in 1994. He also serves as the Bartley J. Madden Chair in Economics at the Mercatus Center, a research institute at George Mason University focused on market-driven ideas. In addition, he is research director of the Independent Institute, an organization that studies social and economic issues. The author, coauthor, and editor of several books, including *Modern Principles: Microeconomics* (2009), Tabarrok has published widely in the field of economics. Additionally, he blogs at the economics Web site marginalrevolution.com. "The Meat Market" was originally published in the *Wall Street Journal* in 2010.

Background on organ donation and shortages of donor organs Currently, most donor organs come from patients officially pronounced brain dead. Shortages of donors — and the thousands of people who die each year waiting for transplants — have led many in the medical community and the federal government to advocate a more aggressive practice: donation after cardiac death (DCD) rather than after brain death. Some question the ethics of such "organ harvesting," particularly if done in the high-pressure, fast-paced environment of hospital intensive care units and emergency rooms. The fact remains, however, that more than 100,000 people are now waiting for transplant surgeries. According to official government statistics, this number is rising faster than the number of available donors. The overwhelming majority of these patients need kidneys (86,142), followed by livers (16,022), and hearts (3,149). In the United States, the individual states enact their own donation laws; many allow people to become prospective donors by consenting on their driver's licenses. According to Donate Life America, as of 2010, 86.3 million Americans were enrolled in these state donor registries.

Harvesting human organs for sale! The idea suggests the lurid world 1
of horror movies and nineteenth-century graverobbers. Yet right now, Singapore is preparing to pay donors as much as 50,000 Singapore dollars (almost US$36,000) for their organs. Iran has eliminated waiting lists for kidneys entirely by paying its citizens to donate. Israel is implementing a "no give, no take" system that puts people who opt out of the donor system at the bottom of the transplant waiting list should they ever need an organ.

Millions of people suffer from kidney disease, but in 2007 there were 2
just 64,606 kidney-transplant operations in the entire world. In the U.S. alone, 83,000 people wait on the official kidney-transplant list. But just 16,500 people received a kidney transplant in 2008, while almost 5,000 died waiting for one.

To combat yet another shortfall, some American doctors are routinely removing pieces of tissue from deceased patients for transplant without their, or their families', prior consent. And the practice is perfectly legal. In a number of U.S. states, medical examiners conducting autopsies may and do harvest corneas with little or no family notification. (By the time of autopsy, it is too late to harvest organs such as kidneys.) Few people know about routine removal statutes and perhaps because of this, these laws have effectively increased cornea transplants. 3

Routine removal is perhaps the most extreme response to the devastating shortage of organs worldwide. That shortage is leading some countries to try unusual new methods to increase donation. Innovation has occurred in the U.S. as well, but progress has been slow and not without cost or controversy. 4

Organs can be taken from deceased donors only after they have been declared dead, but where is the line between life and death? Philosophers have been debating the dividing line between baldness and nonbaldness for over 2,000 years, so there is little hope that the dividing line between life and death will ever be agreed upon. Indeed, the great paradox of deceased donation is that we must draw the line between life and death precisely where we cannot be sure of the answer, because the line must lie where the donor is dead but the donor's organs are not. 5

In 1968 the *Journal of the American Medical Association* published its criteria for brain death. But reduced crime and better automobile safety have led to fewer potential brain-dead donors than in the past. Now, greater attention is being given to donation after cardiac death: no heartbeat for two to five minutes (protocols differ) after the heart stops beating spontaneously. Both standards are controversial — the surgeon who performed the first heart transplant from a brain-dead donor in 1968 was threatened with prosecution, as have been some surgeons using donation after cardiac death. Despite the controversy, donation after cardiac death more than tripled between 2002 and 2006, when it accounted for about 8 percent of all deceased donors nationwide. In some regions, that figure is up to 20 percent. 6

The shortage of organs has increased the use of so-called expanded-criteria organs, or organs that used to be considered unsuitable for transplant. Kidneys donated from people over the age of 60 or from people who had various medical problems are more likely to fail than organs from younger, healthier donors, but they are now being used under the pressure. At the University of Maryland's School of Medicine five patients recently received transplants of kidneys that had either cancerous or benign tumors removed from them. Why would anyone risk cancer? Head surgeon Dr. Michael Phelan explained, "the ongoing shortage of organs from deceased donors, and the high risk of dying while waiting for a transplant, prompted five donors and recipients to push ahead with surgery." Expanded-criteria organs are a useful response to the shortage, but their use also means that the shortage is even worse than it appears because as the waiting list lengthens, the quality of transplants is falling. 7

Routine removal has been used for corneas but is unlikely to ever become standard for kidneys, livers, or lungs. Nevertheless more countries are moving toward presumed consent. Under that standard, everyone is considered to be a potential organ donor unless they have affirmatively opted out, say, by signing a non-organ-donor card. Presumed consent is common in Europe and appears to raise donation rates modestly, especially when combined, as it is in Spain, with readily available transplant coordinators, trained organ-procurement specialists, round-the-clock laboratory facilities, and other investments in transplant infrastructure. 8

The British Medical Association has called for a presumed consent system in the U.K., and Wales plans to move to such a system this year. India is also beginning a presumed consent program that will start this year with corneas and later expand to other organs. Presumed consent has less support in the U.S. but experiments at the state level would make for a useful test. 9

Rabbis selling organs in New Jersey? Organ sales from poor Indian, Thai, and Philippine donors? Transplant tourism? It's all part of the growing black market in transplants. Already, the black market may account for 5 percent to 10 percent of transplants worldwide. If organ sales are voluntary, it's hard to fault either the buyer or the seller. But as long as the market remains underground the donors may not receive adequate post-operative care, and that puts a black mark on all proposals to legalize financial compensation. 10

Only one country, Iran, has eliminated the shortage of transplant organs — and only Iran has a working and legal payment system for organ donation. In this system, organs are not bought and sold at the bazaar. Patients who cannot be assigned a kidney from a deceased donor and who cannot find a related living donor may apply to the nonprofit, volunteer-run Dialysis and Transplant Patients Association (Datpa). Datpa identifies potential donors from a pool of applicants. Those donors are medically evaluated by transplant physicians, who have no connection to Datpa, in just the same way as are uncompensated donors. The government pays donors $1,200 and provides one year of limited health-insurance coverage. In addition, working through Datpa, kidney recipients pay donors between $2,300 and $4,500. Charitable organizations provide remuneration to donors for recipients who cannot afford to pay, thus demonstrating that Iran has something to teach the world about charity as well as about markets. 11

The Iranian system and the black market demonstrate one important fact: The organ shortage can be solved by paying living donors. The Iranian system began in 1988 and eliminated the shortage of kidneys by 1999. Writing in the *Journal of Economic Perspectives* in 2007, Nobel Laureate economist Gary Becker and Julio Elias estimated that a payment of $15,000 for living donors would alleviate the shortage of kidneys in the U.S. Payment could be made by the federal government to avoid any hint of inequality in kidney allocation. Moreover, this proposal would save the government money since even with a significant payment, transplant is cheaper than 12

the dialysis that is now paid for by Medicare's End Stage Renal Disease program.

In March 2009 Singapore legalized a government plan for paying organ donors. Although it's not clear yet when this will be implemented, the amounts being discussed for payment, around $50,000, suggest the possibility of a significant donor incentive. So far, the U.S. has lagged other countries in addressing the shortage, but last year, Sen. Arlen Specter circulated a draft bill that would allow U.S. government entities to test compensation programs for organ donation. These programs would only offer noncash compensation such as funeral expenses for deceased donors and health and life insurance or tax credits for living donors. 13

Worldwide we will soon harvest more kidneys from living donors than from deceased donors. In one sense, this is a great success — the body can function perfectly well with one kidney, so with proper care, kidney donation is a low-risk procedure. In another sense, it's an ugly failure. Why must we harvest kidneys from the living, when kidneys that could save lives are routinely being buried and burned? A payment of funeral expenses for the gift of life or a discount on driver's license fees for those who sign their organ donor card could increase the supply of organs from deceased donors, saving lives and also alleviating some of the necessity for living donors. 14

> "Why must we harvest kidneys from the living, when kidneys that could save lives are routinely being buried and burned?"

Two countries, Singapore and Israel, have pioneered nonmonetary incentives systems for potential organ donors. In Singapore anyone may opt out of its presumed consent system. However, those who opt out are assigned a lower priority on the transplant waiting list should they one day need an organ, a system I have called "no give, no take." 15

Many people find the idea of paying for organs repugnant but they do accept the ethical foundation of no give, no take — that those who are willing to give should be the first to receive. In addition to satisfying ethical constraints, no give, no take increases the incentive to sign one's organ donor card, thereby reducing the shortage. In the U.S., Lifesharers.org, a nonprofit network of potential organ donors (for which I am an adviser), is working to implement a similar system. 16

In Israel a more flexible version of no give, no take will be phased into place beginning this year. In the Israeli system, people who sign their organ donor cards are given points pushing them up the transplant list should they one day need a transplant. Points will also be given to transplant candidates whose first-degree relatives have signed their organ donor cards or whose first-degree relatives were organ donors. In the case of kidneys, for example, two points (on a 0- to 18-point scale) will be given if the candidate had three or more years previous to being listed signed their organ card. One point will be given if a first-degree relative has signed and 3.5 points if a first-degree relative has previously donated an organ. 17

The worldwide shortage of organs is going to get worse before it gets better, but we do have options. Presumed consent, financial compensation for living and deceased donors, and point systems would all increase the supply of transplant organs. Too many people have died already but pressure is mounting for innovation that will save lives. 18

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Comprehension

1. What, according to Tabarrok, is "the great paradox of deceased donation" (5)? Why is this paradox significant?
2. What positive developments in the last several decades have "led to fewer potential brain-dead donors than in the past" (6)?
3. Tabarrok uses definition in paragraph 7. What does he define, and how does this definition help him achieve his essay's purpose?
4. Tabarrok identifies one country that has eliminated shortages in transplant organs. Which country? How has this been accomplished?

Purpose and Audience

1. What is your reaction to Tabarrok's title? To his essay's opening sentence? Do you think these are the reactions he expected readers to have? Explain.
2. Tabarrok's introduction relies on certain assumptions regarding his readers' attitudes about organ harvesting. What are these assumptions? Do you find this introduction effective? Why or why not?
3. According to Tabarrok, presumed consent "has less support in the U.S." (9) than in other countries. What does he think might change that? Does he support "presumed consent"?
4. In paragraph 5, Tabarrok raises one of the most profound questions influencing the debate about organ donations: what is the dividing line between life and death? However, he avoids further discussion of this issue in his essay. Why? Would his essay have been stronger if he had elaborated on the subject? Why or why not?

Style and Structure

1. Tabarrok is an economist. Do you think he approaches the subject differently from the way a member of the clergy, a lawyer, or a physician would? What advantages does his perspective give him?
2. Tabarrok uses cause and effect several times in the essay. Identify two examples. How effective are they? How do they support his overall purpose?
3. In paragraph 12, Tabarrok uses inductive reasoning. Does his inference seem justified? Why or why not?

4. Tabarrok repeatedly writes in the passive voice — for example, in paragraphs 4 and 8. Would rewriting such sentences in the active voice make the sentences — and the writer's argument — stronger? Why or why not?
5. Evaluate Tabarrok's title. Given his purpose, audience, and subject matter, do you think it is appropriate? Explain.

Vocabulary Projects

1. Define each of the following words as it is used in this selection.

lurid (1)	protocols (6)
corneas (3)	alleviate (12)
paradox (5)	priority (15)
criteria (6)	repugnant (16)

2. In paragraph 10, Tabarrok refers to the "growing black market in transplants." What is a black market? What connotations does the term have? How does Tabarrok view this market for organs?

Journal Entry

Tabarrok writes, "Many people find the idea of paying for organs repugnant but they do accept the ethical foundation of no give, no take. . . ." (16). Do these generalizations apply to you? Explain.

Writing Workshop

1. According to Tabarrok, "some American doctors are routinely removing pieces of tissue from deceased patients for transplant without their, or their families', prior consent" (3). Do you think doctors should be allowed to do this? How would you react if such a procedure were performed on a member of your own family? Write an essay explaining your position.
2. **Working with Sources.** Tabarrok claims that the United States lags behind the rest of the world in addressing the transplant issue. In fact, he spends much of his essay describing the transplant policies of countries like Iran and Israel. Choose another significant issue or policy (for example, birthright citizenship, government-supported health care, or firearms laws) on which America differs from other countries. Research the issue, and then write an essay arguing either that the United States should change its policy or approach or that it should keep its current policy rather than emulating the policies of the other countries you discuss. Be sure to document all material you borrow from your sources, and include a works-cited page. (See Chapter 18 for information on MLA documentation.)
3. **Working with Sources.** In paragraph 10, Tabarrok writes, "Rabbis selling organs in New Jersey? Organ sales from poor Indian, Thai, and Philippine donors? Transplant tourism?" Choose one of these three examples to research. Then, write an essay that explains the significance of the example in the larger context of the organ-donation debate. Be sure to document all material you borrow from your sources, and include a works-cited page. (See Chapter 18 for information on MLA documentation.)

Combining the Patterns

How does Tabarrok use **exemplification** in this essay? Does he give examples to clarify, explain, add interest, or persuade? How do his examples support the points he wants to get across?

Thematic Connections

- "Get It Right: Privatize Executions" (page 298)
- "The Embalming of Mr. Jones" (page 303)
- "Why Vampires Never Die" (page 361)

SCOTT CARNEY

The Case for Mandatory Organ Donation

Investigative journalist Scott Carney (b. 1978) is a contributing editor at *Wired* magazine. His work has also appeared in *Mother Jones, GQ, Discover,* and many other publications. A graduate of Kenyon College, Carney has a master's degree in anthropology from the University of Wisconsin–Madison. He won the 2010 Payne Award for Ethics in Journalism for his *Mother Jones* article "Meet the Parents," a story about the international market for kidnapped children. Carney has also written about the illicit global market for human organs. "The Case for Mandatory Organ Donation" was published in *Wired* in 2007.

Background on "opt-in" and "opt-out" organ-donation policies The United States has an "opt-in" policy for organ donation: donors must give explicit consent (usually, on a state driver's license). In the United States, which has the highest donation rate of any country with an opt-in policy, about 38 percent of registered adult drivers are organ donors. However, many other countries have moved to a model of "opting out" or "presumed consent." This policy allows organ and tissue removal for transplant unless a deceased person, while still alive, explicitly opposed becoming a donor. France, Austria, Belgium, and Australia are among the two dozen countries that practice presumed consent. Some countries have experimented with other inducements. In Israel, citizens who register to become donors earn an advantage if they ever need organs themselves; also, the Israeli families of deceased donors are permitted to accept money from nonprofit groups to "memorialize" their relatives. The government of Singapore covers lifetime health insurance costs for any citizen who donates an organ while alive. Iran's policy is more direct: the government pays living donors about $1,200 for an organ.

Curbing the illegal trade in human organs just might mean scrapping 1
the way we think about the rights of brain-dead organ donors.

Organ brokers have already proven that they are savvy enough to skirt 2
legal roadblocks, and their businesses will continue as the supply of available donor organs remains small and the profits high.

Increasing the supply of cadaver organs is an obvious solution, but vol- 3
unteer programs have not produced enough organs to make a difference. Now some leading ethicists and doctors are re-examining the principle of informed consent in government organ-donor programs, arguing that harvesting from cadavers should be a routine procedure just like autopsies in murder investigations.

"Routine recovery would be much simpler and cheaper to implement 4
than proposals designed to stimulate consent because there would be

no need for donor registries, no need to train requestors, no need for stringent government regulation, no need to consider paying for organs, and no need for permanent public education campaigns," wrote Aaron Spital, a clinical professor at Mount Sinai School of Medicine, and James Stacey Taylor, an assistant professor of philosophy at the College of New Jersey, in a controversial article published this year by the American Society of Nephrology.

This approach faces obvious and enormous obstacles, challenging as it 5
does widely and deeply held beliefs about the sanctity of the body, even in death. But it could be the only solution that works.

Roughly half a million people around the world suffer from kidney 6
failure and many are willing to pay any price for a donor organ. They have two options: wait on impossibly long donation lists or pay someone for a live donor transplant.

The United Network for Organ Sharing, which runs the current sys- 7
tem of cadaver donation in the United States, maintains lists of brain-dead patients around the country and actively tries to match up prospective donors. At present there are more than 90,000 people waiting for kidneys but only about 14,000 donors enter the system each year.

The shortage of donors isn't based on a shortage of brain-dead people 8
in hospitals, but on the shortage of people whose organs — even after they have opted into a convoluted and difficult organ-donation program — ever find their way to a viable patient. A 2005 Gallup poll revealed that more than half the population of the United States was willing to donate organs after death, but inefficiencies in the current system mean that even willing donors often end up not donating because families raise objections or there is a question about consent.

Fewer than two out of 10 families opt to donate organs of relatives 9
after death. Hospitals often are unwilling to share organs from donors on their rolls and waste organs while waiting to set up their own in-house transplants. Often, perfectly good transplant organs get lost in a bureaucratic shuffle.

Routine organ donations would dramatically increase the supply of 10
donor organs; with a little effort it would be possible to set up a system to transport donation-worthy organs anywhere in the world.

Once removed from a body, a kidney has a 72-hour window before it 11
needs to be transplanted into a patient. If we use FedEx as our yardstick, with the right transportation infrastructure, that kidney can travel to any point on the globe in less than 24 hours — giving surgeons on either end of the transplant team two days to find a viable donor and perform the necessary surgery. And once regulations for transporting human organs cut though red tape, the cost of transportation would be less than a first-class plane ticket.

"Bold proposals like those posited by [Spital and Taylor] are necessary 12
to fuel spirited debate and influence public policy. From an ethical view, much of what they have written can be supported and resonates well with some who contemplate such issues," wrote Ron Gimbel, assistant professor

in the preventive medicine and biometrics department at the Uniformed Services University of the Health Sciences in Bethesda, Maryland, in an email conversation with Wired News.

13 Setting up a mandatory system of organ donation would undoubtedly stir protests from around the country. Americans are used to the idea of having a choice over the state of our bodies after death and many people would be irked that the government would be meddling into some of the most sensitive and private moments of a family's life.

> "Setting up a mandatory system of organ donation would undoubtedly stir protests from around the country."

14 In fact, that concept is an illusion. In cases where the cause of death is ambiguous, the government routinely conducts autopsies where large pieces of the person's viscera are removed for scientific analysis — often later to be used in a criminal investigation. In addition, as Spital and Taylor argue, the government reserves the right to draft young men against their will into war and risk their lives in combat operations.

15 Nancy Scheper-Hughes, a medical anthropologist at the University of California at Berkeley who has made her career writing about violence caused by poverty, stresses that the current system of organ donation breeds inequalities — but she is equally wary of a system that doesn't allow people to opt out of becoming organ donors after death.

16 "Why make everyone pay a body tax?" she asks. "We have 60 million people who are uninsured in this country; why should we force the people who we denied health care in their life to offer up their bodies after they die? The history of transplants has been replete with doctors who have put themselves above the law and [think] that they are ahead of the morality of the time and that society has to catch up with them," she said.

17 "This proposal doesn't seem to be any different," she added.

18 If mandatory donation is politically unfeasible now, the United States could consider an opt-out rather than the opt-in organ-donation policy, known as "presumed consent" and adopted in various guises in France, Spain, Australia, Belgium, and Portugal. (At present, no country mandates that organs must be relinquished at death.)

19 These laws vary in their details but in general assume that someone would want to be an organ donor unless they explicitly make their objections known by registering in a national online database. Organ-donation rates in all of these countries outstrip the U.S. rates. Powerhouse transplant organizations in the Unites States like the American Kidney Fund have lobbied for this system since 2004, but have yet to make headway in national policy.

20 "Research shows that there would be an increase of between 16 percent to 50 percent in the availability of organs, and others have speculated that this would eliminate the shortage of organs in some categories," said Eric Johnson, professor of business at Columbia University and a proponent of presumed-consent policy.

• • •

Comprehension

1. What argument do some ethicists and doctors make about "informed consent" (3)? Does Carney agree with their argument?
2. What specific advantages does Aaron Spital and James Stacey Taylor's proposal have over plans designed to "stimulate consent" (4)?
3. According to Carney, "routine recovery" faces "obvious and enormous obstacles" (5). What are these obstacles?
4. Carney claims that the idea of death as "private" is an "illusion" (14). What does he mean by this? How does he support his claim?
5. In paragraph 14, Carney refers to "cases where the cause of death is ambiguous." What does he mean?
6. According to Carney, what do "opt-out" laws in other countries assume?

Purpose and Audience

1. Carney cites a professor who claims that bold proposals are "necessary to fuel spirited debate and influence public policy" (12). Do you think Carney himself is making a bold proposal?
2. According to Carney, making organ donation mandatory "would undoubtedly stir protests from around the country" (13). Does he think his readers would likely be among the protesters?
3. This essay originally appeared in *Wired*, which focuses on technology's effect on culture and society. How would you expect the magazine's readers to react to Carney's proposals?
4. Where in the essay does Carney address an opposing point of view? How does including this position strengthen his own argument? How does it weaken it?

Style and Structure

1. Would you characterize Carney's first two paragraphs as general or specific? Do you find this opening strategy effective? How else could Carney have begun his essay?
2. What experts does Carney cite? Do you find them credible and persuasive? Why or why not?
3. What point does Carney make in paragraphs 8 and 9? Why is this point essential to his thesis?

4. In paragraph 6, Carney says that patients in need of kidneys have "two options: wait on impossibly long donation lists or pay someone for a live donor transplant." Do you think this is a **false dilemma**, or do patients waiting for transplants really have just two options? Explain.

Vocabulary Projects

1. Define each of the following words as it is used in this selection.

savvy (2)
skirt (2)
ethicists (3)
harvesting (3)
cadavers (3)
implement (4)
stringent (4)
prospective (7)
convoluted (8)
viable (8)
infrastructure (11)
posited (12)
resonates (12)
biometrics (12)
mandatory (13)
irked (13)
ambiguous (14)
viscera (14)
replete (16)
explicitly (19)
lobbied (19)

2. Carney writes, "Often, perfectly good transplant organs get lost in a bureaucratic shuffle" (9). What does he mean? What connotations does the word *bureaucratic* have, and how are these connotations important to the point Carney is making here?
3. A **euphemism** is a mild, vague, or indirect term used in place of a word or phrase that might be offensive, harsh, or blunt. Can you identify any euphemisms in this essay? Why might the topic of organ donation call for the use of euphemisms?

Journal Entry

How do you balance personal beliefs about personal choice and about the "sanctity of the body" (5) with the wider need for organs to save lives? Do you think an individual has a duty to donate organs?

Writing Workshop

1. One opponent of mandatory organ donation quoted by Carney argues that the "history of transplants has been replete with doctors who have put themselves above the law and [think] that they are ahead of the morality of the time and that society has to catch up with them" (16). Do you think individuals are ever "above the law"? Write an argumentative essay in which you answer this question.
2. **Working with Sources.** Would you support an "opt-out" organ donation policy in the United States? Referring to essays in this casebook, write an argumentative essay that takes a position on this issue. Be sure to document all material that you borrow from your sources, and include a works-cited page. (See Chapter 18 for information on MLA documentation.)

3. **Working with Sources.** What role, if any, should the federal government play in regulating, encouraging, prohibiting, or requiring the donation of organs? For example, do you think the federal government has a legitimate right to prevent "perfectly good transplant organs" from going to waste when there are long lists of patients in need? Does the federal government have a right to prevent people from buying or selling organs? On what grounds? Does it have a *responsibility* to do so? Write an essay that takes a position on this issue. Be sure to document all material that you borrow from Carney's essay or from other essays in this casebook, and include a works-cited page. (See Chapter 18 for information on MLA documentation.)

Combining the Patterns

Where in the essay does Carney use **definition**? Why does he do so, and how does his use of definition support his overall purpose?

Thematic Connections

- "The Lottery" (page 311)
- "Why Vampires Never Die" (page 361)
- "Thanks to Modern Science" (page 551)
- "Does This Tax Make Me Look Fat?" (page 647)

CHARLES KRAUTHAMMER

Yes, Let's Pay for Organs

Born in New York City in 1950, syndicated political columnist Charles Krauthammer received his undergraduate degree from McGill University in Montreal and then earned an M.D. from Harvard Medical School. After serving as Chief Resident in Psychiatry at Massachusetts General Hospital in Boston, he joined the administration of President Jimmy Carter and began writing about politics for the *New Republic* magazine. Krauthammer has won both a Pulitzer Prize and a National Magazine Award for his writing. He is a contributing editor at both the *New Republic* and the *Weekly Standard*.

Background on the gray/black market for organs in the United States In the United States, it is illegal to buy or sell organs (although the international black market for transplant organs thrives in parts of Asia, Africa, the Middle East, and other regions). However, a chronic shortage of organs leads some Americans to defy the laws. The situation has even led to the practice of "transplant tourism," in which wealthy patients travel to countries like China and Pakistan to undergo clandestine transplants with black-market organs. That illicit market operates inside the United States as well: in 2009, the FBI arrested a Brooklyn rabbi who authorities claim was buying kidneys from financially desperate Israelis for $10,000 and selling them in the United States for $160,000. Often, however, those who sell their organs on the black market are paid much less. For some physicians and policymakers in the United States, the existence of this illegal market suggests the need for a *legal* organ market so that donors could receive legitimate financial compensation.

Pennsylvania plans to begin paying the relatives of organ donors $300 1
toward funeral expenses. It would be the first jurisdiction in the country to reward organ donation. Indeed, it might even be violating a 1984 federal law that declares organs a national resource not subject to compensation. Already there are voices opposing the very idea of pricing a kidney.

It is odd that with 62,000 Americans desperately awaiting organ trans- 2
plantation to save their life, no authority had yet dared offer money for the organs of the dead in order to increase the supply for the living. If we can do anything to alleviate the catastrophic shortage of donated organs, should we not?

One objection is that Pennsylvania's idea will disproportionately affect the poor. The rich, it is argued, will not be moved by a $300 reward; it will be the poor who will succumb to the incentive and provide organs.

> "What is wrong with rewarding people, poor or not, for a dead relative's organ?"

So what? Where is the harm? What is wrong with rewarding people, poor 4
or not, for a dead relative's organ? True, auctioning off organs in the market so that the poor could not afford to get them would be offensive. But this program does not restrict supply to the rich. It seeks to increase supply for all.

Moreover, everything in life that is dangerous, risky or bad dispropor- 5
tionately affects the poor: slum housing, street crime, small cars, hazardous jobs. By this logic, coal mining should be outlawed because the misery and risk and diseases of coal mining disproportionately fall on people who need the money. The sons of investment bankers do not go to West Virginia to mine. (They go there to run for the Senate.)

No, the real objection to the Pennsylvania program is this: it crosses a 6
fateful ethical line regarding human beings and their parts. Until now we have upheld the principle that one must not pay for human organs because doing so turns the human body — and human life — into a commodity. Violating this principle, it is said, puts us on the slippery slope to establishing a market for body parts. Auto parts, yes. Body parts, no. Start by paying people for their dead parents' kidneys, and soon we will be paying people for the spare kidneys of the living.

Well, what's wrong with that? the libertarians ask. Why should a desti- 7
tute person not be allowed to give away a kidney that he may never need so he can live a better life? Why can't a struggling mother give her kidney so her kids can go to college?

The answer is that little thing called human dignity. According to the 8
libertarians' markets-for-everything logic, a poor mother ought equally to be allowed to sell herself into slavery — or any other kind of degradation — to send her kids through college. Our society, however, draws the line and says no. We have a free society, but freedom stops at the point where you violate the very integrity of the self (which is why prostitution is illegal).

We cannot allow live kidneys to be sold at market. It would produce a 9
society in which the lower orders are literally cut up to serve as spare parts for the upper. No decent society can permit that.

But kidneys from the dead are another matter entirely. There is a dis- 10
tinction between strip-mining a live person and strip-mining a dead one. To be crude about it, whereas a person is not a commodity, a dead body can be. Yes, it is treated with respect (which is why humans bury their dead). But it is not inviolable. It does not warrant the same reverence as that accorded a living soul.

The Pennsylvania program is not just justified, it is too timid. It seeks 11
clean hands by paying third parties — the funeral homes — rather than giving cash directly to the relatives. Why not pay them directly? And why not $3,000 instead of $300? That might even address the rich/poor concern: after all, $3,000 is real money, even for bankers and lawyers.

The Pennsylvania program does cross a line. But not all slopes are slip- 12
pery. There is a new line to be drawn, a very logical one: rewards for organs, yes — but not from the living.

The Talmud* speaks of establishing a "fence" around the law, making 13
restrictions that may not make sense in and of themselves but that serve to keep one away from more serious violations. (For example, because one is not allowed to transact with money on the Sabbath, one is not allowed even to touch money on the Sabbath.) The prohibition we have today — no selling of any organs, from the living or the dead — is a fence against the commoditization of human parts. Laudable, but a fence too far. We need to move the fence in and permit incentive payments for organs from the dead.

Why? Because there are 62,000 people desperately clinging to life, some 14
of whom will die if we don't have the courage to move the moral line — and hold it.

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Comprehension

1. According to Krauthammer, what is "odd" about organ-donation policy in the United States (2)?
2. What is the "real objection" to the planned Pennsylvania program allowing the relatives of donors to receive financial compensation for organs (6)?
3. Krauthammer believes that the relatives of deceased donors should be able to receive financial compensation. However, he objects to allowing living donors to sell the organs on the market. How does he explain his distinction?
4. Krauthammer generally approves of the Pennsylvania program, but he qualifies his support. What problem does he have with the program?
5. In paragraph 13, Krauthammer refers to the Talmud and its notion of a "'fence' around the law." How does he use this notion to advance his argument?

Purpose and Audience

1. What is Krauthammer's overall purpose in this essay? Restate his thesis in your own words.
2. Where in the essay does Krauthammer discuss opposing arguments? Does he refute them persuasively? How could his refutation be strengthened?
3. Krauthammer accuses his opponents of using a logical fallacy in their arguments. What is the fallacy? Is he correct?

* Eds. note — A collection of writings that is the basis for Jewish ceremonial and religious law.

4. Would you characterize Krauthammer's approach as **Rogerian argument**? Why or why not?
5. The writer cites the Talmud to support his argument. What does this reference suggest about how he sees his readers and how he characterizes their ethical standards?

Style and Structure

1. Krauthammer repeatedly asks **rhetorical questions**. Identify them. Does he answer these questions in his essay?
2. Where does Krauthammer use analogies? How do these analogies help to support his argument?
3. In paragraph 8, Krauthammer mentions "that little thing called human dignity." How would you characterize his tone in this sentence?
4. How does Krauthammer use **cause and effect** to support his argument? Is the causal connection he identifies convincing? Why or why not?

Vocabulary Projects

1. Define each of the following words as it is used in this selection.

jurisdiction (1)	inviolable (10)
disproportionately (3)	warrant (10)
ethical (6)	reverence (10)
commodity (6)	timid (11)
destitute (7)	laudable (13)

2. In paragraphs 7 and 8, Krauthammer refers to "libertarians" and the "libertarians' markets-for-everything logic." What is a libertarian? Do you think Krauthammer fairly characterizes libertarian thinking?
3. In paragraph 10, Krauthammer uses the term *strip-mining*. What is the literal meaning of this term? What does it mean here? Is it a good metaphor in this context? Why or why not?

Journal Entry

Krauthammer writes, "To be crude about it, whereas a person is not a commodity, a dead body can be" (10). Do you agree with him?

Writing Workshop

1. **Working with Sources.** Krauthammer wrote this article in 1999. Although the Pennsylvania proposal was never implemented, some countries do have such programs. How have such programs affected organ donation rates? Using the essays in this casebook as well as outside sources — newspapers, magazines, or Web sites such as organdonor.gov — write an essay

in which you argue for or against the idea of paying families for the organs of their dead relatives. Be sure to document all material that you borrow from your sources, and include a works-cited page. (See Chapter 18 for information on MLA documentation.)

2. **Working with Sources.** Do you agree with Krauthammer's argument? Would you qualify it, or would you push it even further than Krauthammer does? Referring to Krauthammer's essay as well as to the other selections in this casebook, write an argumentative essay that takes a position on the issue of paying for organs. Be sure to document your sources, and include a works-cited page. (See Chapter 18 for information on MLA documentation.)
3. Krauthammer explains the Talmudic principle "of establishing a 'fence' around the law, making restrictions that may not make sense in and of themselves but that serve to keep one away from more serious violations" (13). He then argues that the fence around organ donation is too restrictive. Can you think of other examples where our society has established such legal or cultural "fences" — for example, regarding freedom of speech or the practice of euthanasia? Write an essay that argues for or against the establishment of one of these "fences." Do you believe that the restriction is justified and necessary or too limiting?

Combining the Patterns

Where in his essay does Krauthammer use **comparison and contrast**? Why is this pattern important to his argument?

Thematic Connections

- "Let Steroids into the Hall of Fame" (page 253)
- "Get It Right: Privatize Executions" (page 298)
- "The Embalming of Mr. Jones" (page 303)
- The Declaration of Independence (page 553)
- "On Dumpster Diving" (page 664)
- "A Modest Proposal" (page 692)

VIRGINIA POSTREL

The Surgery Was Simple; the Process Is Another Story

Virginia Postrel (b. 1960) writes a regular "Commerce and Culture" column for the *Atlantic Monthly* magazine. She has also been a reporter and columnist for *Inc.* magazine, the *Wall Street Journal*, and the *New York Times*. From 1989 to 2000, she was editor of *Reason*, a monthly magazine of libertarian thought and politics. In addition to her magazine and newspaper work, Postrel has written several books, including *The Substance of Style: How the Rise of Aesthetic Value Is Remaking Commerce, Culture, and Consciousness* (2003).

Background on racial and ethnic disparities and organ transplantation According to the National Kidney Foundation, over 100,000 U.S. patients are now waiting for a transplant; more than 4,000 new patients are added to the waiting list each month. These numbers are bleaker for racial and ethnic minorities. African Americans, in particular, have high rates of hypertension, diabetes, and other conditions that may lead to kidney failure. Although they make up only 13 percent of the American population, blacks make up 40 percent of those on dialysis and a third of those in need of kidney transplants — yet they are less likely than whites to receive transplants. A 2007 study by the University of Wisconsin, for example, found that African-American patients in Wisconsin were 75 percent less likely to receive a kidney than whites, and researchers have noted similar disparities throughout the country. Race and ethnicity play a part in organ compatibility — transplants are most likely to be successful within the same racial and ethnic groups — but the percentage of willing donors remains low among minorities. Some observers cite lack of awareness and religious objections for low donation rates. Others blame this reluctance on the profound distrust of the medical establishment in the black community. (That distrust comes, in part, from incidents like the Tuskegee Experiment, a study done from the 1930s to the 1970s in which doctors studied the effects of syphilis on a group of poor black men without treating the disease — or even alerting their subjects that they had it.) Organizations like the Center for Organ Recovery and Education and the national Health Resources and Services Administration are working to reduce this disparity, even instituting "National Minority Donor Awareness Day," which comes on the first of August each year.

Most people think of "organ donors" as dead people. Public campaigns 1
encourage this idea, urging Americans to sign donor cards and let their families know they want their organs to go to others when they die. In Dallas, there's a Texas Organ Donor Memorial Walkway, with bricks inscribed with donors' names.

I'm from Dallas, and I'm a kidney donor. But my name isn't on the walk because I'm very much alive. 2

You don't have to be dead to give someone a kidney. You just have to be healthy and willing. Your body can function perfectly well with one kidney rather than two. 3

Nor do you have to be a close genetic match. Thanks to anti-rejection drugs, nowadays a compatible blood type is generally enough. Until last fall, I had never thought about donating a kidney. I had never even given blood. Then a mutual friend told me that Sally Satel needed a transplant. Without one, she'd soon be on dialysis, tied at least three days a week to a machine to filter poisons from her blood. Dialysis isn't a cure for kidney disease. It's more like an iron lung, extending the patient's life but imposing a physically debilitating prison sentence. 4

> "You don't have to be dead to give someone a kidney. You just have to be healthy and willing."

After doing some research and getting my husband's reluctant OK, I told Sally I'd give her a kidney. After I passed all the necessary medical tests, we had our surgeries on March 4. 5

A kidney donation is a big deal to the recipient, but public perceptions exaggerate what's involved for the donor. Any kind of surgery — including common cosmetic procedures — is dangerous. But donating a kidney was not a life-changing event. 6

The laparoscopic surgery required only a few small incisions. The largest is about 3 inches long, just big enough to get the kidney out. I was in the hospital for three days and able to fly home from Washington after a week. It took about a month to recover fully. Except for a little skin sensitivity and a scar that sometimes itches, I'm back to normal. 7

Kidney patients desperately need many more living donors. In 2005, there were about seven times as many people waiting for kidneys as there were cadaver organs available, and the waiting list is growing. About every two hours, an American dies waiting for a kidney transplant. Even in a best-case scenario in which all transplantable cadaver kidneys are used, that rate could only be cut roughly in half. Deceased donors can't fill the gap. 8

But, as I discovered firsthand, you have to be incredibly pushy to make a live donation to anyone but a close relative. My doctor said, "You know you can change your mind." My parents were appalled. Many people couldn't understand why I didn't wait until Sally got sicker or had been on dialysis for a while. Most people have a visceral reaction against the whole idea. 9

This widespread attitude pressures donors to back out. It also shapes policies that deter living donors. Many hospitals and bioethicists seem to believe a demeaning set of assumptions: 10

- Normal people won't give up an organ except under coercion.
- Anything that encourages a decision to donate is coercion.
- To avoid coercion, living donors should be discouraged.

Some transplant centers require intrusive psychological probes that scare people off. Some bioethicists treat benevolence or religious conviction as a mental disorder. Even relatively supportive transplant centers like mine make it easier to quit than to go through with it. 11

The scrutiny is particularly nasty when people want to give to "strangers" — not truly unknown people but patients they've gotten to know through Internet sites or news coverage. Many centers flatly refuse "directed donations" to specific strangers, forcing donors to lie about how they met recipients. 12

And, of course, any hint of financial compensation is suspect. Federal law forbids any "valuable consideration" in exchange for an organ. 13

Even without changing the law, more could be done to encourage, support and respect kidney donors. Transplant centers could raise funds to cover donors' lost wages, which is legal but rarely done. Churches could adopt patients, solicit members to become living donors, and provide child care, meals, and transportation after surgery. If every Baptist congregation in the country found a donor for one kidney patient, the waiting list would vanish — and that's just the Baptists. 14

But if we really cared about the welfare of kidney patients, the law would allow organ volunteers to receive compensation from hospitals and insurers (government or private) — with full legal, medical, and financial protections. 15

Some donors would still happily help friends or relatives for free, as I did. Others would have mixed financial and humanitarian motives — just like surrogate mothers and egg donors, firefighters and soldiers, and, of course, transplant surgeons and foundation executives. 16

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Comprehension

1. What are the two primary requirements to be a live organ donor? According to Postrel, what other personal qualities make that process easier?
2. How does Postrel characterize her surgery? What effects did it have on her?
3. Postrel identifies several factors that discourage people from donating organs. What are they?
4. Postrel's essay considers a number of problems, from a shortage of living donors to public misperceptions about live organ donation. What solutions does she propose?

Purpose and Audience

1. How would you characterize Postrel's purpose? For example, is she writing to change people's minds? To change policy? To inspire action?

2. Postrel includes the reaction of her parents, who were "appalled" by her decision to become a living donor (9). Why does she include their reaction? How is this information related to her larger argument?
3. According to the writer, many hospitals and bioethicists "seem to believe a demeaning set of assumptions" (10). What are these assumptions? Why are they "demeaning"? How do you think Postrel expects her readers to react to these assumptions?
4. What is Postrel's attitude toward those with a view different from her own? How does her language reveal her attitude? Does she address these opposing views?

Style and Structure

1. Postrel tries to correct common misperceptions about live organ donation. Where does she do this, and how do her "corrections" help to structure her essay?
2. Where does Postrel use figurative language? How does such language support her argument?
3. In paragraphs 14 and 15, Postrel proposes possible solutions to the problem she identifies. Would her main proposal be more convincing if it appeared earlier in the essay? Why or why not?
4. Where in the essay does Postrel include statistical evidence? Does she present it clearly? How does it support her argument?

Vocabulary Projects

1. Define each of the following words as it is used in this selection.

debilitating (4)	demeaning (10)
laparoscopic (7)	coercion (10)
cadaver (8)	benevolence (11)
appalled (9)	surrogate (16)
deter (10)	

2. In paragraph 10, Postrel mentions "demeaning . . . assumptions" held by bioethicists. What is a bioethicist? What are the word's origins?
3. According to Postrel, "Most people have a visceral reaction against" live organ donation (9). What is a "visceral reaction"?

Journal Entry

Would you consider becoming a live donor? What factors would affect your decision? Do you see a difference between donating to a family member and donating to a friend or a stranger? How might the prospect of financial compensation influence your choice?

Writing Workshop

1. Postrel writes, "Most people have a visceral reaction against the whole idea" of using living organ donors. Is this true? Conduct your own informal survey of people's attitudes about this issue. Then, write an essay in which you use their responses to support or challenge Postrel's statement.
2. **Working with Sources.** Charles Krauthammer writes that people should not be able to sell their organs because of "that little thing called human dignity" (8). He goes on to say, "We cannot allow live kidneys to be sold at market. It would produce a society in which the lower orders are literally cut up to serve as spare parts for the upper. No decent society can permit that" (9). Do you think Postrel's proposal that donors be allowed to "receive compensation from hospitals and insurers" (15) could lead to the problems that Krauthammer describes? Do you agree with Postrel's argument? Write an essay that takes a position on this issue. Be sure to document all material that you borrow from your sources, and include a works-cited page. (See Chapter 18 for information on MLA documentation.)
3. According to Postrel, allowing living donors to have "mixed financial and humanitarian motives" would make them analogous to "surrogate mothers and egg donors, firefighters and soldiers, and, of course, transplant surgeons and foundation executives" (16). Do you think these analogies are persuasive? Write an essay that explains why you believe living organ donors are like (or unlike) these other groups.

Combining the Patterns

Where in the essay does Postrel explain a **process**? Is this process explanation necessary? Why or why not?

Thematic Connections

- "Shooting an Elephant" (page 133)
- "Getting Coffee Is Hard to Do" (page 286)
- "Get It Right: Privatize Executions" (page 298)