

Czech University of Life Sciences Prague

Faculty of Economics and Management

Department of Humanities



Diploma Thesis

**Ethics and Commodification: Attitudes towards a market
in human organs in the Czech Republic**

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CZECH UNIVERSITY OF LIFE SCIENCES PRAGUE

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DIPLOMA THESIS ASSIGNMENT

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Thesis title

Ethics and Commodification: Attitudes towards a market in human organs in the Czech Republic

Objectives of thesis

The thesis will investigate attitudes towards the idea of a market in human organs among people in the Czech Republic. In response to a shortage of organs for transplant, many people have argued that allowing a market in organs would save many lives, allowing supply to meet demand. Others argue that the right to sell one's own organs is a matter of individual freedom and self-ownership. Opponents, on the other hand, warn of the risk of exploitation and deepening inequalities connected with such a market, or see them violating moral values such as dignity or equality. Although most countries in the world outlaw the sale of organs, there is a notorious black market, and Iran has also recently experimented with a legalised system.

The thesis will consider the different arguments and motivations for and against an organ market, and present the various proposals for how it might function, with special attention to the example of an actually existing market in Iran. It will then investigate attitudes to these questions among the general public in the Czech Republic.

Methodology

Develop a literature review focused on the ethical and practical debates concerning an organ market and the existing proposals. Present the existing legal frameworks and systems that limit (or permit) the sale of organs. Carry out research into attitudes towards a potential organ market in the Czech Republic through the use of a quantitative survey.

The proposed extent of the thesis

50-60 pages

Keywords

Commodification, Organ Market, Attitudes, Ethics,

Recommended information sources

- BRENNAN, Jason and JAWORSKI, Peter. (2016). *Markets Without Limits: Moral Virtues and Commercial Interests*. Routledge.
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- SATZ, Deborah. (2010), *Why Some Things Should Not Be For Sale: The Moral Limits of Markets*. Oxford University Press.

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Declaration

I declare that I have worked on my diploma thesis titled "Ethics and Commodification: Attitudes towards a market in human organs in the Czech Republic" by myself and I have used only the sources mentioned at the end of the thesis. As the author of the diploma thesis, I declare that the thesis does not break copyrights of any their person.

In Prague on 6. 4. 2020

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Ethics and Commodification: Attitudes towards a market in human organs in the Czech Republic

Abstract

The thesis investigates attitudes towards the idea of a market in human organs among people in the Czech Republic. In response to a shortage of organs for transplant, many people have argued that allowing a market in organs would save many lives, allowing supply to meet demand. Others argue that the right to sell one's own organs is a matter of individual freedom and self-ownership. Opponents, on the other hand, warn of the risk of exploitation and deepening inequalities connected with such a market, or see them violating moral values such as dignity or equality. Although most countries in the world outlaw the sale of organs, there is a notorious black market, and Iran that has a legal system of organ market.

The thesis considers the different arguments and motivations for and against an organ market and present the various proposals for how it might function, with special attention to the example of an actually existing market in Iran. Then it investigates attitudes to these questions among the questioned people in the Czech Republic.

Keywords: Commodification, Organ Market, Attitudes, Ethics

Etika a komodifikace: postoje k obchodu s lidskými orgány v České republice

Abstrakt

Tato práce zkoumá postoje k myšlence trhu s lidskými orgány u lidí v České republice. V reakci na nedostatek transplantačních orgánů mnoho lidí argumentovalo, že umožnění trhu s orgány by zachránilo mnoho životů a umožnilo by uspokojit poptávku po orgánech. Jiní tvrdí, že právo na prodej vlastních orgánů je věcí osobní svobody a sebe vlastnictví. Oponenti naproti tomu varují před rizikem vykořisťování a prohlubování nerovnoprávností spojených s takovým trhem, nebo namítají, jak se porušují morální hodnoty jako je důstojnost nebo rovnost. Ačkoli většina zemí na světě zakazuje prodej orgánů, existuje notoricky známý černý trh a Írán, který jako jediná země na světě disponuje systémem, kde funguje trh s lidskými orgány.

Práce zkoumá různé argumenty a motivace pro a proti trhu s orgány a představí různé návrhy, jak by mohl fungovat, se zvláštním důrazem na příklad existujícího trhu v Íránu. Poté zkoumá postoje k těmto otázkám u dotázaných osob z České republiky.

Klíčová slova: komodifikace, obchod s orgány, postoje, etika

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1 Introduction

This thesis provides comprehensive literature review on ethical issues with commodification. Commodification is a term used to describe the process of making a non-commodity into commodity, in this case it is about human organs and market that would involve legal trade with such assets. This whole issue faces many ethical questions such as whether my body is my property or if the market would be a right thing to do. This concern is brought up due to a reason of scarcity of human organs. The problem with not having enough organs to be transplanted to those, who need it the most all around the world. Nowadays, there is no chance to fulfil all the required organs by people on the waiting lists in each country. As for the Czech Republic, the scarcity is vast, and many people die every year because of being on the waiting list for too long and eventually could not make it. This is, why this subject is so important to discuss.

Many respected authors in the field of ethics, philosophy and medicine mention many great points, why this market should and should not be legalized. All the ethical issues connected to it and what would the market mean to citizens of a country. There are mentioned its biggest risks and advantages. Furthermore, how the market would work and what would it take, what actions would be needed to be done before settling such market.

Important to know is the position of some Czech citizens towards some crucial questions and statements that would show this sample's general opinion and their position towards this problem and feeling about the market in general.

2 Objectives and Methodology

2.1 Objectives

The main objective in the theoretical part is to provide comprehensive information on the subject of commodification. This part shows ideas and a broad theoretical background on the whole issue from different sources and authors. It should be sufficient for the reader to understand the questions currently going on about the ownership of one's own body - most importantly human organs, whether people should be able to sell legally organs on a regular market and why or why not this privilege should be given to everyone or no one.

Other objectives are to point out special cases of commodification being legal and partially functional. This could help one to decide whether it is a possible scenario to allow such idea to enter other countries than Iran, since commercialization of human organs is legal only there.

A different perspective shown is from the side of the black market where the sale of human organs is happening. This type is briefly mentioned as a fact that should not be omitted, even though there is a great lack of information.

The main goal of the practical part is to show actual hard data from surveys and questionnaires on people's perspective and opinions towards the whole issue. It points out the differences in various groups of people (gender, reached education). Overall, it is anticipated to get a conclusion that would provide information on whether commodification is taken positively in the Czech Republic or meets an absolute opposition.

2.2 Methodology

Theoretical part is done by describing certain areas of the topic and showing different perspectives of different authors to get more insights and ideas that would lead to finally deciding, whose idea is the one most suitable for anyone interested in this problem. To fully understand the whole issue, it is important to grasp every aspect and every different concept even if it is contrary to what one believes in.

Practical part is done by questioning and inquiring information from a sample of population from the Czech Republic. The groups are divided according to gender and reached education and lastly one overall group of age. This part talks about their opinions and stances towards the dilemmas and ethical issues related to commodification. The methods used are surveys and questionnaires to get the idea of others' opinions that are furthermore concluded

into viable information that helps with understanding the general insight in this particular topic of the chosen group of respondents.

3 Literature Review

This part is focused on a theoretical comprehensive background on commodification. With this topic comes a few more subordinate terms and ideas that are explained for better understanding of the whole issue. Furthermore, there are pointed out the most relevant and revealing ideas of famous authors that might help to develop wider insight into problems that come hand in hand regarding possibility of selling organs within targeted culture where it is prohibited so far.

3.1 Commodification

What is it? What area does it cover and how is it perceived by ethics and more specifically bioethics? Those are just a few of the most important questions that are explained to detail in this thesis. The most important part is to describe different opinions and positions of famous authors who are discussing this topic, as it has become quite an important part of current philosophy questions, which is a market with human organs. Whether it should or should not be legal for public and where is the ethical conflict.

However, this is just one part of the whole issue. Commodification covers way wider area of investigation than just the human organs market. Herjeet Marway and others (Herjeet Marway, 2014) describe commodification in general as: *“Commodification is an important topic in ethics generally and in bioethics in particular. In ethics, it is prominent in debates about the self, prostitution, slavery, and labor conditions and practices in the global market (such as child labor and sweatshops).”* The topic is all about humans in general and usage of them in order to make profits in various ways. Prostitution, slavery, bad conditions of labour workplace even child labour are important segments of commodification in general.

Commodification can be essentially divided into two groups describing the direction of that matter. It is important to understand the two types in order to make a clarification on what is discussed and how it can be perceived.

Herjeet Marway and others (Marway, et al., 2014) define the two types of commodification as: *“First that it transforms “persons” into “things”; and second that it changes “relationships” into “contracts.”*

Transformation of persons into things is most relevant for the case of the human organs market. It defines the free will of people’s bodies to be used as an asset that can be freely sold or operated with in such manners that apply to any other asset on any market.

On the other hand, the change of relationships into contracts describes the connection between people and how it is transferred that it can be interchangeable taking away the very uniqueness it had.

3.1.1 Persons into things

With the transformation of persons into things there is the largest part of the thesis and that is human organs market. Herjeet Marway, and others (Herjeet Marway, 2014) say: *“Instead of taking human beings to be ends in themselves that ought to be respected as such (a broadly Kantian position), it takes persons and their parts to be objects and commercializes them – or, as Marx puts it, it attributes a “use” and “exchange” value to them.”* In this part it is vital to understand that human body is described as an asset that should be freely traded on the market, commercialized, as anything else. Changing the aspects of human parts into objects the human owns and can voluntarily do anything with.

3.1.2 Relationships into contracts

“The second feature of commodification is that it reduces bonds with other human beings to formal covenants; it moves “relationships” into the territory of “contracts,” in a parallel way to which “persons” become “things” and are for sale relationships between people enter the market place.” Harjeet Marway and others (Herjeet Marway, 2014) mention. This particular type changes the actual relationship people have into something tradable and usable on a market. This type takes away the uniqueness of the relationship to eliminate the impossibility to use the relations in the market. What makes a contract different than a relationship is the fact that it is set with some rules that have to be followed in order for the contract to be fulfilled. It does takes into account any emotional and spiritual connection between those two individuals such as teacher – student relationship, where the emotions can be felt rather than it be taken as a contract with no feelings.

Very famous author and philosopher Karl Marx (Marx, 1959) describes, in his manuscripts from 1844 that were published post mortem in 1959, how the relationship is differentiated when pointing out an example of workers in a mere economic relationship towards the owner - *“...that the relationship between proprietor and worker be reduced to the economic relationship...”*. This case of connection between people proves that the commodification of relationships into contracts is based on a simple and pure course of actions in order to maximize profit. Simultaneously, it covers the idea of this relationship being sellable with different owners since the contract can be transferred to a new proprietor

to increase revenue. For example, relationship between a student and a teacher. This relationship is not seen from the economic point of view and it perfectly shows the part, where this relationship would be exchanged with an external individual and worked as before with previous student.

3.2 Commodification of human organs

This is the most important part of this thesis. It focuses on the human organs market, the ethical conflicts that drive this whole debate. It also shows other topics that are directly correlated such as the system of organ donation, situation in Iran, as the only representative possessing legal framework which approves human organs market. Furthermore, there is described the position of the World Health Organization since this topic is related to its responsibilities. An important, yet quite grey area is the black market where it is possible to buy and sell organs as a commodity, but it is quite difficult to assess actual data for its confidentiality and lack of information in general. Smaller segment is dedicated to transplant tourism as a form of gaining advantages of people and legal framework in different countries.

Julian J. Koplin (Koplin, 2017) states: *“Commodification (so understood) occurs whenever a good is valued or treated according to market norms, even if it is not bought and sold on a literal market.”* As a general definition that can be referred to in a real market or a theoretical market. In this case it talks about the real market, where commodification occurs. Commodification involves something, what is normally not sold on the market being commodified – transformed in an asset that can be legally sold and bought on an appropriate market. This applies to many areas related to human body such as: prostitution, surrogacy and human organs. This thesis is focused on commodification of human organs that can be surgically taken away from a healthy living human, i.e. a kidney, a part of a liver, a lung, pancreas or intestine because of its capability of regeneration. Nevertheless, kidney is the main subject of discussion. There are more possibilities post-mortem. (Health Resources and Services Administration, n. d.). If commodification of human organs was allowed, it would mean that anyone suitable for transplantation could sell those body parts for a financial compensation accordingly. This could lead to many moral and ethical issues that might make people think for it to be legal or stay forbidden.

3.2.1 Ethical issues

There are many authors, who define ethical issues of commodification of human organs from a lot of points of view. While none might be right, yet all of them could be

correct. This strictly depends on the reader's opinion and perception of such controversial issue.

3.2.1.1 Karl Marx

Karl Marx (Marx, 1844) describes the issue as, essentially, every time someone would consider sale of organs, that motivation originates from the people's need to do so, not just a will to do so. This is called exploitation, in this case, the need to sell one's own organs in order to get some advantage, for example financial advantage regarding the organ market using commercialization of such product. For further understanding, this could be compared with capitalism and people's need to sell labour to companies or governments. The whole issue with exploitation is that there might be some people who would be more vulnerable to the case of last monetary resort to survive and to get the last chance of improving their lifestyle.

This would be one of the biggest issues if commodification of human organs was to be legalized. For example, who should and should not be eligible to sell organs regarding their financial situation, assuming their health state is suitable for transplantation. In further state, it would bring up discussions on how people should be divided into groups regarding their possibility to sell organs and who would be the judge of that. There is a lot of opinions on this particular matter that should be sufficient to deepen the knowledge about this whole ethical issue and to clarify more aspects on this topic. In further use of the term exploitation, the term is taken as a simple description of the issue rather than linking this word into the very deep meaning Karl Marx meant it to be.

3.2.1.2 Anne Phillips

Anne Phillips (Phillips, 2013) points out that: *“No one thinks it a good idea to treat people as if they were objects. We do not defend this even when we distrust notions of personal autonomy, or tolerate blatantly hierarchical relationships, for on any understanding of what it is to be human, people are not things.”* She mentions that whatever happens, people are not things. Then of course, a human can love thing as much as possible but still a human being is different, and it should be treated differently. Furthermore, she mentions that this is casually mentioned in the concept of feminism regarding, prostitution, pornography and beauty industry, where women are very often accounted as a sellable and prospering commodity, yet they are doing so willingly. In this spirit is her definition of that everyone owns their body, yet talking about self-ownership, it should not be possible to sell parts of own’s body because then a new question appears and that is what remains of the “self” when parts of it are taken away.

On the other hand, she mentions that it should remain forbidden for lower class citizens, since it might be the last resort, last chance of earning something. This said, the idea is that the market in general should be forbidden due to higher vulnerability of certain groups to be involved. And it is not acceptable to withdraw the right to a certain group due to their economic situation. It is applicable from both sides – the seller and the buyer. It describes the ethical question, where those people would lose the last humane aspect they have left in their life and ultimately becoming not capable of any communal contribution to the society. This picks up a question if it would be morally acceptable to put people of this class into such a dilemma and ultimately making them unable to do otherwise in order to survive.

3.2.1.3 Debra Satz

Debra Satz (Satz, 2010) describes the whole ethical issue of selling human organs. She mentions one case that happened, which proves the reality of the issue: *“Given the shortages in available kidneys and the strong interests at stake, it is not surprising that when a kidney was offered for sale on eBay the bidding reached \$5.8 million before being shut down by the administrators of the site because the sale would violate U.S. law.”* She points out only the possibility of donation of a organ while alive out of altruism. Meaning that one cannot sell an organ in the vision of money compensation or direct revenue. All developed countries prevented such a market from happening. It is so written in the Universal Declaration of Human Rights. Furthermore, the article presents the information on donation after death and

the fact that in most of the states of the United States of America people have to legally request to not be a donor after death, this applies in the Czech Republic either. Of course, with the right of not to donate organs after death leads to an ethical issue of people dying on the waiting list. One of the problem is a massive scarcity of human organs, which leads to many questions of how to solve the problem.

When someone is in need of an organ and has the resources he/she will pay anything to survive and continue his/her life, only had not it been in violation of the constitution. Furthermore, she compares the British and American system of blood donation. In Great Britain it is legal to sell blood rather than donate it. This case can be simply transferred into the organ market. She points out that if it is possible to sell one's own blood, why should there be the option of donating it. This brings up a question of their motivation, the question what it does with people's incentive when an aspect like money is introduced instead of own's belief to do so for the greater good, to help. From the economic point of view, a monetary motivation would make people be more into doing so and, ultimately, helping the problem of organ deficiency.

One of the most important dilemmas Debra Satz (Satz, 2010) mentions are: *“For some a kidney sale is objectionable because it is a paradigmatic desperate exchange , an exchange no one would ever make unless faced with no reasonable alternative. A kidney is, in the words of one organ market critic, the “organ of last resort.”* This issue is a reflection to Karl Marx's exploitation that describes the vulnerability of people, who have no other option than selling a kidney. Essentially, leaving poor and desperate people end up with no other choice. For those, who are for this specific market, it is solveable by setting regulations and making it legal only for those, who are not in an absolute need to do so.

Debra Satz also mentions some questions, if the human's body parts market was to happen. The possibility of the commodity (organs) getting into different spheres of economy such as a collateral for a loan or in order to be eligible for state's support. This may come up as a big ethical issue, hence the market transforming into something that does not question the scarce of human organs anymore, but change more into something that is used for a regular transaction as a standard commodity. With all these aspects, she mentions that those desperate times from both sellers and buyers points of view, this problematic topic is not soon to be solved once and for all. Meanwhile, there should be an increased focus on donations out of good will, from peoples belief to help, not for money.

3.2.1.4 Charles A Erin, John Harris

Charles A Erin, John Harris (Erin, et al., 2003) react to the issue of scarce amount of organs to be transplanted for those, who need it. They point out the possibility of settling an official and legal market that could help with improvement of this issue. There has to be some safety to prevent exploitation. They offer a real scheme that should be suitable for this market. The nation or the European union would be in charge of the market as a leading power. Citizenship would be required in order to contribute with an organ donation, furthermore this action would not withdraw the donors and their families from eligibility for a new organ, if needed. There would be an organization, whose job would be to buy and then sell acquired organs according to medical priority to make sure the market is fair to everyone, who is involved. There would be abolished possibility of buying or selling an organ directly to anyone in order for the market to be equally distributed in the country. To prevent exploitation of the lower class they would not be able to sell an organ. Further, there would be tests made for any health disease to avoid any larger issues with the sale of organs and just passing on diseases. Prices for an organ would be high enough to compensate the seller for the troubles with transplantation and leave him with something extra, and to pay the doctors conducting the surgery.

They also talk about the possibilities and researches that had been done in order to find out whether the organ market could be possible to establish. There had been opinions on what regulations and restrictions would have to be provided to prevent negative usage of those, who are more vulnerable to such matter. Important part that may lead to positive inclination towards the ethical issue are the numbers according to Charles A Erin and John Harris (Erin, et al., 2003): *“The approximate risks to the donor . . . are a short term morbidity of 20% and mortality, of 0.03% The long term risks of developing renal failure are less well documented but appear to be no greater than for the normal population.”* The statistics of the issue point out that there is less to the problem than what people think. The highest percentage is a 20% danger of being exposed to short term complications – nothing that would last for the rest of donor’s life. Furthermore, there is only 0.03% likelihood of dying after the procedure. One might be afraid of this percentage, although, this data cannot possibly cover the percentage of dying for those people, if there was not transplantation performed.

3.2.1.5 Julian Savulescu

Julian Savulescu (Savulescu, 2002) mentions a few of the biggest reasons why the market is not mentioned that much and why the problem is not being that much discussed on higher levels: *“Discussion of the sale of organs is overshadowed by cases of exploitation,*

murder, and corruption.” Those are the issues that are more covered in previous paragraphs and it only deepens the reality of the concern. Nevertheless, his article comments on the sense of pros and cons from different perspectives. Those in favour, of course, say that this way would help a lot with contribution towards the scarcity of human organs in general. He arguments with data that points out the fact that only 15% of US population that needs a kidney, gets a kidney, the rest is not as fortunate. The amount of organ donors that donate after death could never match the number of organs needed.

Important message is that while people do what makes them happy – hobbies, sports, even smoking and drinking, the things that could do harm to their own body, why not monetarize own’s organs to gain other qualities in life as they do so far, furthermore it raises the question whether everyone should be able to anything with their body. Ultimately saying, people risk their lives, when they have to at work for example, why not let them choose a simpler way to earn money to possibly avoid such exposure. This opens up a few more questions such as whether taking the risk is reasonable and whether the one is fully informed about the possible outcomes that come with selling organs. Julian Savulescu partially opposes Karl Marx’s exploitation, since he mentions that poverty should not be a reason, why those less secured should not have the right to sell organs. This would only deepen the problem of inequality and widen the gap between poor and wealthy. No one should have the right taken away. At the same level are people voluntarily going to war for only seeing the goal of profit. Those people are taking risks on everyday basis just to improve the quality of lifestyle for them and their family. Why this should be differentiated form the organ market for everyone while helping the whole issue of human organs scarcity.

3.2.2 Conclusion of authors

There are many bright ideas and thoughts on the whole issue. To summarize this part, there are written some of the main points made in the section below:

One of the most crucial issues connected to commodification is exploitation. In other words, one’s vulnerability to a certain action. In this case, higher vulnerability to a sale of organs of a certain group of people than other. This applies, for example, for a lower-class population being more exposed to such actions then higher classes. There is a massive scarce of organs world-wide and that is an issue. It may be solved by setting a legal market with human organs. This system would need to have some regulations that would prevent exploitation and expose of such market, it is suggested how the market may work and what it

would need to include. Further, it talks about the sale of organs being the last resort and whether a human should be able to do so in such situation, where this is the only way out.

3.2.3 Iran situation

Rupert Major is a doctor, who specializes in kidney diseases and ways to solve the current issues. Due to such problems, he also wrote a paper on a very important topic for this thesis and that is the situation in Iran as the only one country where organ market is happening. Furthermore, he tries to clarify the whole problem and the potentially positive impact, if organ commercialization was to be legal in more developed countries to prevent scarcity of human organs for those, whose lives are at stake. (Major, 2008)

Iran as the only country in which there is a legalized organ market. As most of the new concepts, even Iran struggled in the beginning. At first not many people really trusted the system, which is of course meaningful opinion given the techniques and safety regulations back at the end of twentieth century. Ever since then a lot has changed. The whole medical situation and methods used are more advanced and a lot of people trust the system with their own organs.

The system is under a specific government organization that collects sellers and then distribute the organs to those, who need it. If the individual is in a bad financial situation it is then discussed with other non-profit organization that sometimes financially help in such cases. The government says it is efficient way to eliminate the waiting list and help with the issue of scarce organs and a way to eliminate the black market due to the fact that the whole process is handled by non-profit organizations. Nevertheless, compensation for an organ can be higher by seller's incentive to cope with illegal brokers that offer higher price. The fact that sale of organs is legal in Iran it is easier for the black market to take place even more than if it was prohibited. (Bengali, et al., 2017)

Very important, some would say vital, information regarding Iranian situation is that Karl Marx's exploitation does not take place as Rupert Major (Major, 2008) states: *"Further, there are "no significant differences" in groups of donors and recipients when compared in terms of socioeconomic background (wealth and education level). Thus significant social exploitation is not occurring."* This fact is crucial in this discussion, as there is no difference among donors talking about socioeconomic background. One of the highest points in this ethical dilemma talks about the risk of poor people being more vulnerable towards selling their own organs, therefore making this not a chance to decrease the number of people on the

waiting list, but one for improvement of donor's lifestyle and a second chance to get back to the society.

Of course, there is a lot of opponents to this dilemma whether it actually helps or not. A few biggest arguments work with the fact that Iran has not made the number of people on the wait list get to zero. Even though this system works in Iran, the question is whether it would work in western, more developed, countries. In the bad sight of this system is also not well known "Transplant Tourism" which has been taking place since the founding of the system and is a solution for rich population to get around their country's waiting list straight to the transplant and with using capital, gain the possibility to immediately get a new organ to save his/her life. This is specifically a problem due to the system's easier access to organs and easier involvement of black market.

As for more opinions, most people of the questioned groups such as doctors or regular people not knowing much about the issue, opinions against are more common than the ones for allowing of the market. *"The role of commercial transplantation surgeons has cheekily been described in an article in the British Medical Journal as "Rotten Jobs" that consist of "harm[ing] a poor person and sav[ing] a rich one."* (Major, 2008). This describes quite simply the stance of surgeons that would have to deal with such surgeries and it is an absolutely negative point of view on this ethical issue. It gets back to socioeconomic groups and vulnerability of those less fortunate, while giving a simple solution for problems of those in higher classes of the society. Rupert Major says this issue could be solved by setting regulations proposed by Charles A Erin, John Harris and improving the well settled Iranian system.

Iranian system works and has flaws but this could be a great foundation, where it is possible to learn from the mistakes. Only to amend and improve the system could lead to solving one of the largest health issues these days and this could lead to better future with organ sufficiency.

3.2.4 Black market

In this part, the whole focus is on the black market that was mentioned above. Nevertheless, this part is about the market in general and shows the unethical point of view presented by Nancy Scheper-Hughes.

"Here I will focus on the networks of organized crime (and so called 'body mafia') that are putting into circulation ambulatory organ buyers, itinerant kidney hunters, outlaw surgeons, medical technicians, makeshift transplant units and clandestine laboratories in

what economist Jagdish Bhagwati (2002) refers to as 'rotten trade'." (Scheper-Hughes, 2010). In this article, it is possible to see that the black market with organs is well known to those, who seek it. Referring to a "rotten trade", it presents the way the market works with connections to mafias in all over the world, which use a lot of instruments to provide potential buyers with all the bad things imaginable – arms, baby trafficking, slave labour and human body parts.

This type of body parts market is, obviously, illegal. It, of course, does not stop the whole criminal population in doing so, since there is a lot of money at stake. This article describes a few people, who had been involved in such surgeries, where their kidney was taken away and sold to the highest bidder. Interesting point of view that is taken from different countries and their perception of doing so. For example, in Philippines it is natural and not against any human codex or belief to sell their organs while in the Romania and Moldova, this act is taken as an unnatural and against everything, mostly performed as a last resort for people in need of money. All this might seem a little bit off according to a lot of more traditional people around the world, it is simply described as a matter of different people's lifestyle and beliefs. This is the actual question of bioethics and the proper question for everyone to make by themselves. That it might seem way off standards for most of the people does not mean it is that way for everyone. As for the question of religion, which should be against sale of organs, a Philippine doctor, who does organ transplants mentions: *"When asked why cadaver kidneys were not generally used, Dr Clemente replied that the Philippines was a very Catholic country in which a great many people still had strong feelings about 'the proper disposal of the dead'. As for the living? They were free to dispose of themselves as they saw fit, the good doctor replied."* (Scheper-Hughes, 2010) It is slightly confusing, how so strongly Catholic country deals with living transplant compared to the dead. Matter of fact, for many, it is a part of family's income. They take it as some kind of need to contribute to the revenues and this "tradition" goes from generation to generation.

To conclude this part, it can be seen that there are set different standards in different countries. They think it is ethically normal and a regular thing to do for their families. This only proves the ethical disparity in the world and how different nations perceive moral and ethical standards.

3.2.5 WHO's statement

World Health Organization (WHO) is a part of United Nations as a special group to improve world health issues and help everyone, who needs it in health aspects, as it states: “*Better health for everyone, everywhere*”. It was founded for a difficult task to help prevent health risks all over the world. As a sub-group of United Nations, WHO is also responsible for dividing monetary help to those, who need it. Furthermore, it usually states what is, medically in the health point of view, right and what is wrong. Relating to the issue of organ market and similar ethical issues. Of course, every decision on what is right or wrong was passed through votes by the representatives of WHO, and it is to be respected. (World Health Organization, n. d.)

Organ transplantation is an important part of WHO's framework, mostly the issue of scarcity of organs. This article shows ways of people getting to organs and reasons to prevent such acts, as they are illegal by the law. For example: the Human Organ Transplantation Act of 1994 in India. Nevertheless, people still find their ways to save own's lives. This, of course, works both ways – people who need money are capable of finding way to sell their kidneys and those who need to inquire an organ to survive. Specifically said, in 2004 WHO pushed member states to help and prevent the most vulnerable from being exploited to this phenomenon. It is crucial to do so, not only because it is illegal, but to keep the system from collapsing by increasing the scarcity of organs in member states where it is getting to be more and more important. It is crucial to understand the situation, where there is a massive lack of data and information concerning organ trade, which is another issue, why people do not get the real perspective on the reasons, why the market should be allowed or not. Lack of information brings up many questions that simply cannot be answered without making the market happen and that makes it difficult to clarify whether it would have a positive or negative impact on the whole country's, regional's, even world society. (World Health Organization, n. d.)

3.2.5.1 Transplant Tourism

Transplant tourism is a way to obtain an organ from a different country. The recipient travels to a country, where selling of organs is not as controlled, in this case looser black-market opportunities, and there get the organ. This, of course is also illegal. It is used to avoid the law of the country of origin where it is usually prohibited to do such transaction and using a different country where it is easier to do such action. This way one can get a new organ without being on the waiting list of his/her country for years and possibly not getting the

required organ, which tends to lead to death. The definition of tourism is in place regarding this issue, it is very often set by a middleman, who arranges all the things needed, a donor included. *“The Internet has often been used to attract foreign patients. Several web sites offer all-inclusive “transplant packages” – the price of a renal transplant package ranges from US\$ 70 000 to 160 000.”* (Shimazono, n. d.)

Figure 1: Organ transplant tourism

Name of organization, web site	Location of transplantation	Transplant package
BEK-transplant(http://www.bek-transplant.com/joomla/index.php)	China	Kidney (US\$ 70 000)Liver (US\$ 120 000)Pancreas (US\$ 110 000)Kidney and pancreas (US\$ 160 000)
China International Transplantation Network Assistance Center(http://en.zoukiishoku.com/)	China	Kidney (US\$ 65 000)Liver (US\$ 130 000)Lung (US\$ 150 000)Heart (US\$ 130 000)
Yeson Healthcare Service Network(http://yeson.com/index.htm)	China	Kidney, liver, heart and lung
Aadil Hospital(http://www.aadilhospital.com/index.html)	Pakistan	Kidney
Masood Hospital(http://www.masoodhospital.com/services/surgery/ktp/kidney_transplant.htm)	Pakistan	Kidney (US\$ 14 000)
Renal Transplant Associates(http://www.renaltransplantsurgery.com/index.html)	Pakistan	Kidney [Euro 16 000 (US\$ 20 500)]
Kidney Transplant Associates(http://www.kidney.com.pk)	Pakistan	–
Liver4You(http://www.liver4you.org/)	Philippines	Kidney (US\$ 85 000)

Source: World Health Organization (<https://www.who.int/bulletin/volumes/85/12/06-039370-table-T1.html>)

Figure above shows how transplant tourism is offered to the public. Note that this is mere estimated illustration based on the data collected from illegal resources and it is just to show approximate amounts how the transplant tourism works.

3.2.5.2 Organ exporting countries

Different, regularly used method of illegal organ market is exporting from a country to another. The perfect example of this case is India that is commonly known for such transactions, where approximately 2000 kidneys are sold by its citizens and then shipped to whomever ordered the kidney. WHO says that the number of organs sold had been even higher before the 1994 act that prohibits such actions in all member states. Other countries,

well known for such connections is Pakistan and Philippines, where similar numbers are estimated based on local departments responsible for transplantation.

China makes a big part in this controversy with inability to properly allocate organs from people after death and further existence of brokers, who are willing to sell organs to someone, who is paying the most that happens to be quite often to foreigners from around 19 countries. Of course, those are not the only countries entangled in mentioned illegal actions. There is evidence of many other countries, yet the question is whether it is not happening everywhere? See, the black market is a tough environment to get accurate information and it can be hardly said that everything is presented to the public. (Shimazono, n. d.)

3.2.5.3 Organ importing countries

Same as there are countries that export organs, there are countries that have the highest share on importing organs. This is, again, only an estimation of what countries acquire the most organs compared to the world-wide market. As Yosuke Shimazono (Shimazono, n. d.) mentions: *“A report by Organs Watch, an organization based at the University of California, USA, identified Australia, Canada, Israel, Japan, Oman, Saudi Arabia and the USA as major organ-importing countries.”* The idea is that those countries purchase most organs on the black market. As it can be seen, mostly well developed and rich countries do most of the transactions, this is mainly due to high afford capital needed to do so. Of course, this market works generally in most countries, but there are some that have a higher tendency to get more involved.

There was a research done in certain areas that get more involved than others. As much as the world is connected these days, those areas are based in Asia. This research is presented in the following figure.

Figure 2: The annual number of patients going overseas for transplants

Country (year)	Numbers of transplants
Malaysia (2004)	• 132 renal transplants outside the country (China, India)• 42 renal transplants in Malaysia ²³
Oman (2003)	• 83 living nonrelated renal transplants outside the country (Iran, Pakistan)• 8 renal transplants inside the country ²⁴
The Republic of Korea (2004)	• 73 overseas transplants in China in 2003; 124 as of the end of August in 2004 ²²
Saudi Arabia (2006)	• 646 renal transplants outside the country• 351 renal transplants inside the country ²⁵
Taiwan, China (2005)	• 450 transplants in other Chinese areas; 300 for renal transplants, the rest for liver, heart, lung transplants ³

Source: <https://www.who.int/bulletin/volumes/85/12/06-039370-table-T2.html>

Figure above shows the numbers and data about the amount of transplantations happening in different countries of Asia. This research was made by health authorities in particular country. For example, for year 2004 Malaysia was of the top nation with 132 transplants made. Mostly, they were conducted in China and India. Moreover, on the list it can be seen that Oman, The Republic of Korea, Saudi Arabia and Taiwan, China contributed highly to this market.

3.2.5.4 Consequences

There had been a lot of problems with people dying after undergoing a transplantation in a different country using the infamous transplant tourism. This information does not really support the question of ethical issue for this matter. There was a study made that shows information about deaths after transplant in local country and compared to the percentage of abroad after-transplant deaths. (Shimazono, 2007) Unfortunately, this study was biased after all, due to lack of information and resources that could officially support one or the other view on this issue. Nevertheless, those studies usually report that abroad transplant tend to come with more complications, some got diagnosed with HIV or hepatitis B or C. This differs from normally donated organs in a local country. This can be caused by lower medical standards. However, in those cases this is taken as negligible from the people due to their situation that requires radical solutions. This is a typical sign of exploitation, in this concern it is from the side of those, who need the organs.

As a proof of how the data and information is incomplete, is the fact that there is no intelligence on the donors who provided the organs.

Anyways, there was a study concluded in three different countries – Egypt, India and Iran. This study was made to evaluate the need and the typical type of people that would donate an organ for a financial compensation. Important to say, these results only reflect a few people that did such action and that this data cannot be taken as an absolute evidence. (Shimazono, n. d.)

The investigation points out that people that donated organs are mostly those, who are in a financial crisis or below poverty line. In Egypt 78% and in India 86% of examined subjects said that their health worsened after the transplant, meaning they cannot provide as efficiently anymore, which could lead to even worse financial situation than before. In Iran 58% answered that their health also worsened and 60% got worse in their physical condition. Talking about economic aspects, around 70% in all countries got into even worse financial situation after some time as they cannot perform as before. In India for example, 96% of donors sold their organ to get out of debts, yet 75% remained in the debt. (Shimazono, 2007).

Reflecting back to Iranian example, poor people sell their organs, therefore legal and illegal markets can be compared and show that there is almost no difference talking about vulnerability to exploitation of the sellers.

3.2.5.5 Conclusion

The whole evaluation of the black market in Asian countries with respect to Iranian legal system of organ market. It is proposed that generally people, who are involved are forced to do so by their financial state. This suggests that both markets – Iranian and black market are not in a perfect state and have tendency to actually worsen the whole situation. Nevertheless, the market is not perfectly recorded, and the statistics may be biased in many aspects. The reality of the issue is a big question.

3.2.6 Organ donation

In this part, there are some hard data to support the reason why this is an issue to be discussed even nowadays. Generally speaking, there is a massive scarcity in organ donations suitable for transplantation for those who need it the most. Talking about Czech Republic, the situation is not as bad as in different countries all over the world, yet it is still dreadful and again picks up the question whether commodification should be allowed to decrease the scarcity as much as possible.

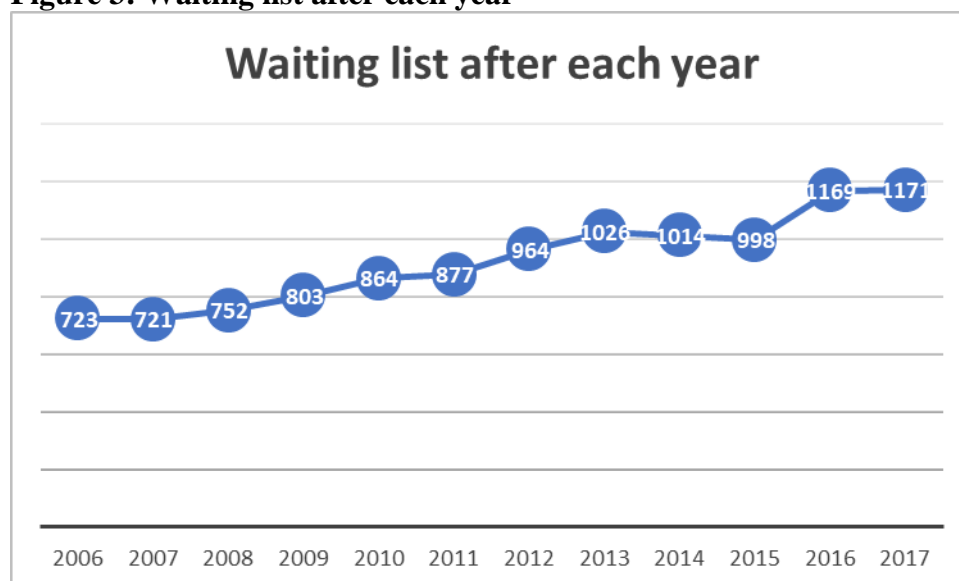
These statistics include all donatable organs, some of them after death, some of them while still alive. This had to be done because there is no data regarding the waiting list related to particular organs. While this statistics include even heart and lung transplantation, it is a small part of the whole issue – the biggest segment is previously mentioned liver and kidney section. For clarification, alive donors are not paid for the organs and are able to contribute with only those two human body parts. The waiting list offers the number of people still waiting for their new organs after the one-year period. Important to mention that the Czech Republic is one of the most efficient country regarding organ donations and its usage. For further comparison, there is a number of people who died while being on the waiting list. This number is one of the most important reason why question of commodification is at stake. Important to say that deceased donors typically have pair organs both suitable to transplant, therefore the number is higher, talking about number of organs. On the other hand, alive donors can only donate one of the pair organs, so this number for alive donors is the actual number of organs donated.

Table 1: Donors statistics

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Deceased donors	195	217	198	200	206	185	216	218	263	246	262	269
Alive donors	34	34	29	27	17	40	72	83	65	53	49	54
Waiting list after each year	723	721	752	803	864	877	964	1026	1014	998	1169	1171
Died while on the waiting list	60	69	45	68	67	70	65	85	75	69	63	93

Source: Coordination centre of transplantation (<https://kst.cz/statistiky/>)

Figure 3: Waiting list after each year



Source: Coordination centre of transplantation (<https://kst.cz/statistiky/>)

As it can be seen, the numbers, the narrow number of organs donated cannot cover the requirements that are set by the people in need of transplantation more than anyone. This table shows how very few people in the Czech Republic donate their organs, mostly kidney, and how small the contribution is to the whole problematic situation. Waiting list after the year is a presentation of how many people still did not get needed organ and are waiting to get to the highest stage of the waiting list in order to have their life saved. This number, unfortunately, has a tendency to rise during last years, which deepens even more the actual problem of organ shortage for transplantation. The last alarming part of people who died while being on the waiting list, is the actual outcome, where the actual point of need to improve is obvious. Unfortunately, those numbers also have the tendency to increase and worsen the reality of those data.

4 Practical Part

This part of the thesis is mostly about opinions of Czech citizens based on gender, reached education and summarized in age group. Those people were not provided with any information about commodification or the human organs' market at all. The only ideas they could get are from their own minds to actually make a point about the situation and people's thoughts on this matter. It was crucial to write the questions as general as possible to make them understand what the whole issue is about. Since with zero background, this topic is quite difficult to understand.

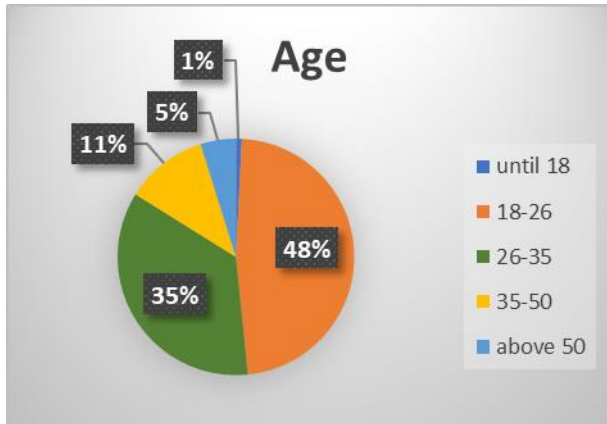
4.1 Survey

The survey was answered by 124 people from the Czech Republic. The investigation is aimed to gain broader opinion spectrum related to the ethical issues of commodification and questions their opinions in certain situations. It starts off with a few demographical information about the respondents to realize where the opinions come from and how different the demographic representatives are. It is divided into groups that can be compared and the result summarized to get an actual data that may be somehow generalized.

4.1.1 Demographic spectre

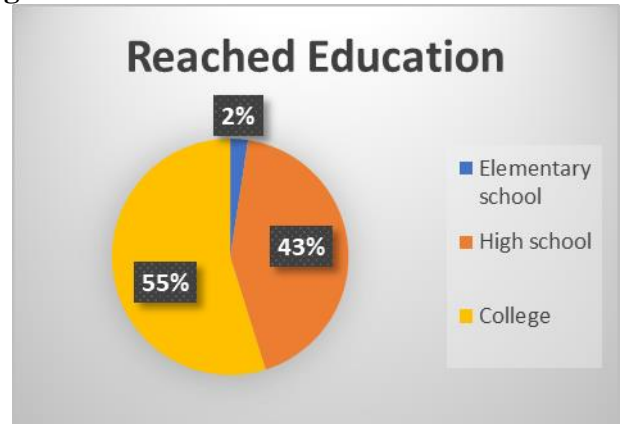
This part consists of general description of people who underwent this survey. It is mainly just to provide some idea about the representatives who answered those ethical questions. This information might be found unimportant for some people, others might find it as a reason of biased data, while it was supposed to be as unbiased as possible – anonymous, people did not know ahead about the topic and it was requested for them not to use any help of books or internet at all. Of course, it is a question whether it happened the way it was desired to be. Nevertheless, as this data could affect somehow further questioning on this topic, it has to be included in the survey results.

Figure 5: Age



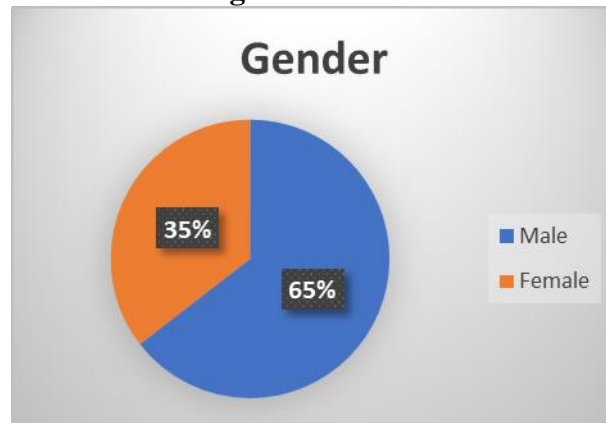
Source: author's own work

Figure 4: Reached Education



Source: author's own work

Figure 6: Gender



Source: author's own work

These three figures (Figure 4, Figure 5, Figure 6) show that the representatives were mostly younger people with a college degree. This information could be helpful in such case, where people in Czech colleges usually have at least an introduction to any kinds of ethics, meaning that they could have a small insight on some philosophical questions that are common these days. Yet hardly it was an issue with commodification, but something that may be remotely connected. As for gender, this data is probably just for a general, not crucial, differentiation. It is vital to say that those data might or might not have any actual correlation with discussed problems and should be taken just as an interesting findings.

4.1.2 Ethical questions regarding commodification of human organs

This part is focus on real life scenarios that the respondents had to think about and had to try to come up with answers using the likelihood method, which consists of five answers that they would evaluate according to the likeliness of the phenomenon happening.

The answers are:

- Yes – as for a certain answer with very high probability of happening to them or in general, based on what is the question related to.

- Rather yes – stands for higher probability of happening, yet not sure that it would be that way.

- I do not know – this answer appeared quite often. It is understandable as the topic and the questions are, sometimes, hard to understand or hard to find an actual answer to the problem.

- Rather no – ideas, whose answer is not definite no, meaning that it actually might happen but the odds are low, yet not zero.

- No – the likelihood of this event occurring is absolutely zero. This is an answer to show complete disagreement with the situation and its possibility to take effect in real world.

Important to mention, those answers are purely subjective and results show general opinions of those respondents. Furthermore, all of the questions were set to be optional. Although, most of the respondents answered all of the questions, there were a few results missing from some of them. Nonetheless, those numbers are really low and did not affect the whole survey's result. Consequently, the survey was provided in Czech language, so all the information written in this part is translated to English. It was done so, in order to actually get the opinions of people from the Czech Republic, hence the survey is not affected by people from different countries.

The next parts consist of questions that were given in the survey. Firstly, there is a list of asked questions and statements with a brief descriptions. Further parts are always divided into certain demographic groups. Lastly there are a few interesting answer to open question, where anyone could have written anything they thought about the survey and their ideas.

4.1.3 List of Questions and Statements

In this part, there are listed all questions and statements asked with a brief description.

4.1.3.1 Question 1

Should be the human organs market legal? (Under condition that the distribution is controlled, so everyone gets his/her chance, not only the wealthiest.)

This question asks about opinion on a organ market and their position towards the idea of having such market. It is taken under assumption that the market would not be all free. It would be regulated by the government and non-profit organizations that would ensure fairness and proper distribution of organs.

4.1.3.2 Question 2

Would you sell your organ? (Under assumption that the money is not needed to survive, only to improve your life standard, to invest etc.)

This one asks about personal feeling about sale of organs. Specifically asked whether those asked would do it in order to increase their revenue. It is only to make some extra money, even though it is not needed to survive or to get out of a financial crisis. The money were were suggested to be used for extra investments or to temporarily increase life standart.

4.1.3.3 Question 3

Would you sell your organ from a good will? (Even though for money.)

Good will is meant in a way, where the seller would only take the money as a monetary compensation for their sacrifice, since the whole preperation for the surgery and after convalescence takes quite a long time. This talks about people's motivation to sell organs, in this case not for the money, but for the help providing others, who really need it. This question was asked as a similar case with donation of blood in the Czech Republic, where the individual gets some compensation money for the transport costs and time spent during the procedure.

4.1.3.4 Question 4

Would you sell your organ to save your family? (Purely for the money.)

This qeustion asks about the position whether they would go that far to save their family. Purely for the money is meant in the way, where the money can help with family's

medical requirements or prevent getting into a deeper financial crisis, eventually losing all and ending without home.

4.1.3.5 Question 5

Would you donate your organ to anyone from your family or a person close to you?

Simple as that, would the interviewed individual sacrifice his/her own organ and go through the risks included with a surgery to save someone really close to them. In this case, it is talking about donation without any monetary compensation.

4.1.3.6 Question 6

Selling of own body. Would you assume that prostitution is more tolerated than sale of organs?

Is prostitution taken differently than sale of organs in the society of Czech citizens? That is the foreseen result this question asks about. It is important to mention that prostitution is sometimes connected to sale of organs under the same commodification issues. That is why this this question is interesting to ask.

4.1.3.7 Question 7

Without “googling”, do you think that your life would radically change after kidney transplantation?

Important part of the whole survey is asking about the ethics of sale of organs and whether people would support or deny such case happening in the Czech Republic. Included is the actual fact whether they would do it. Those results can be very affected by the fear of losing some kind of life quality due to worse health state after transplantation.

Next part of the question is put under an assumption, where they are told it is not dangerous to health except for a few minor problems (tendency to have a higher blood pressure).

4.1.3.8 Statement 1

My body, my property. People should do as they wish with their body – commodify it for example.

The first statement is one of the most important content of the whole thesis. Whether people think that my body is my property. Answers to this question could widely answer some of the ethical questions related to commodification of human organs.

4.1.3.9 Statement 2

Lower class population would be more vulnerable towards selling organs.

This is another crucial part the whole thesis. This statement talks whether there is a risk of the lower class being more vulnerable to exploitation. The answer could radically show, how the respondents feel about the risk of exploitation.

4.1.3.10 Statement 3

Organ sale could lower criminality connected to financial crisis (debts, medical needs). They would sell their organs and stop illegal activities.

One important part that could prove or deny whether sale of organs would be a last resort way to earn money to get out of debts or in need of money for medical needs. Whether people in desperate times would choose sale of organs rather than illegal actions to obtain needed money.

Furthermore, there are open answers related to this statement that could provide with some deeper reason, why people would think as they answered.

4.1.3.11 Statement 4

Due to sale of my own organ I would not be able to work and function as before.

This statement is a reaction to Question 7 about health situation after the surgery. It is asked to see whether there is a difference in the answers after a while with the mid-question that states the assumption of no harm to health after the transplantation.

4.1.3.12 Statement 5

If organ market was to happen, there would an issue occur that a partner or family member would force someone to sell their organ to gain more money.

Reflecting the issue in organ black market countries, where it is proven by a study that wives are usually forced by their husbands to sell a kidney for the revenue. Furthermore, it could show an aspect that may deny the possible market in the Czech market based on those opinions due to higher vulnerability of certain people in family circles.

4.1.3.13 Statement 6

People would not be eligible for state financial support before selling their organs.

People, who did not sell their kidney would end up without a financial support from the state due to their choice of not using the last possible resort. If they still have a chance to

make some money, why the state should take of them? That is the question of ethics in this issue.

4.1.3.14 Extra question

What is the lowest price that would motivate you to sell a kidney?

Informative question that relates to the lowest monetary compensation for a kidney that responders would have to get in order to at least think about doing so. This question offers a different outcome, therefore it could not be included in overall graph among other questions. They were given a choice range from 20 000 CZK up to more than 750 000 CZK.

4.1.3.15 Extra statement

Women would be more vulnerable towards selling organs.

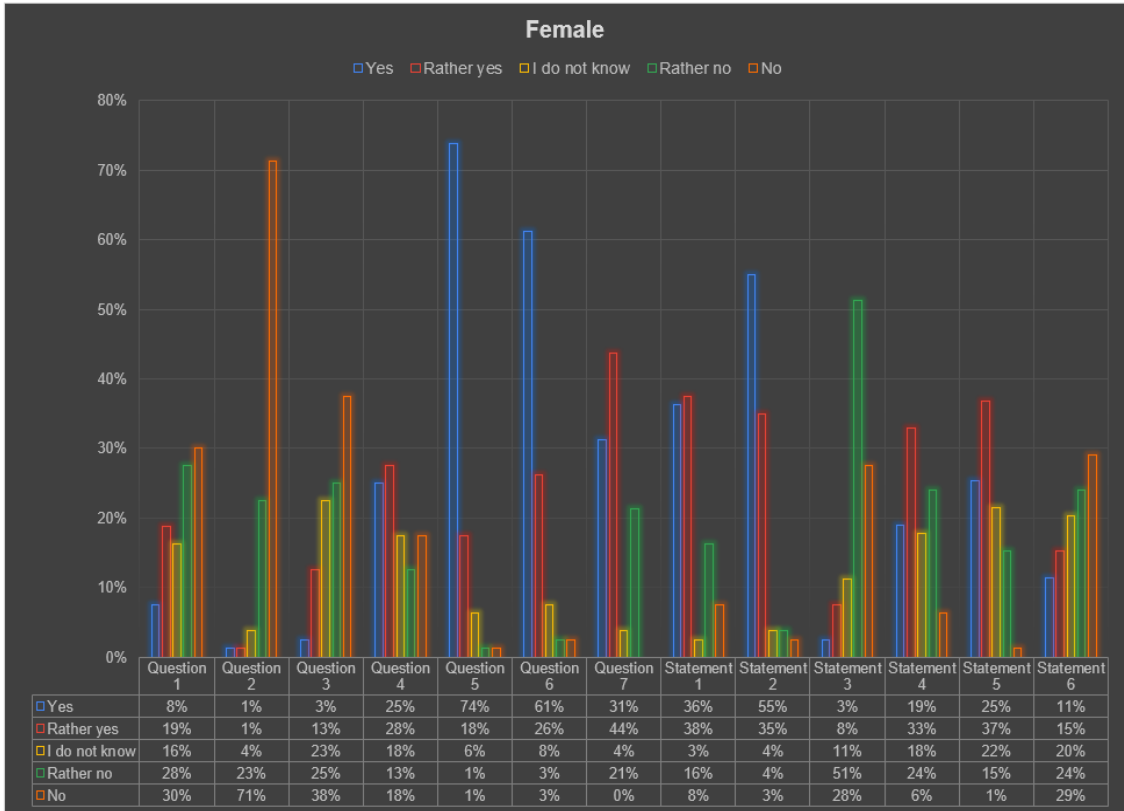
This statement is strictly informative on what people think about women being more vulnerable to the possibility of sale of organs. It reflects how the respondents actually think think what gender is easier and harder to get involved. This statement is in a different part than other statements, because the answers differ a little bit and could not be put to the graph with others.

4.1.4 Gender

The first part is conducted by the gender to generalize answers received from both genders and their point of view on those ethical questions. The goal is to come to some consensus that can be taken from the survey regarding the gender differences.

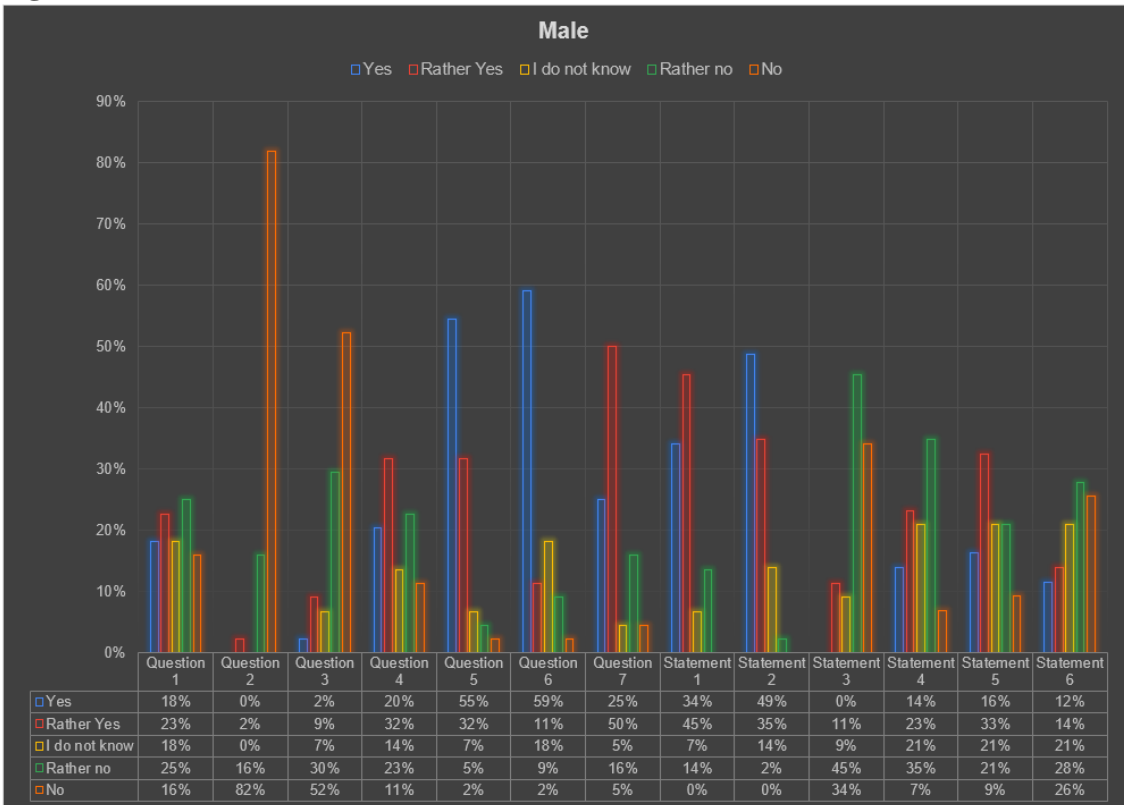
Firstly, there are two graphs for both genders that show answers and the percentage for each question and statement. Secondly, each question and statement is described and explained with the probable motivation that led people to those answers.

Figure 7: Female



Source: author's own work

Figure 8: Male



Source: author's own work

Comparing answers according to gender is one of ways, how to find differences, if any, in the demographic groups provided.

Question 1 shows that there can be seen a slight difference in both genders answers. Generally male part of respondents are more in favor of settling such market and further work with it under some controlled regulations that would prevent incorrect distribution. Quite interesting data shows that both groups have a high percentage of “*I do not know*” the the answer to that. That can be explained by the lack of information about the topic or the reality that it is really difficult to actually think about how the market could work in real life scenario.

Question 2 shows the fact that both genders mostly agreed on a negative answer to a sale of an organ for the money only, without the need to actually do so to survive. For obvious reasons respondents would not like to sell a part of their body to just improve their life style temporarily. It is certainly a risky way to acquire some extra money, it involves a surgery, which is never hundred percent safe and the preparation with convalescence also take some time.

Question 3 talks about people’s incentive to sell an organ to help the scarcity of organs in general. The money is only to compensate the seller for the trouble he has to go through. The opinions differ for the negative answers. Men are more against it than women. That said, are women more vulnerable to this issue? This question brings up the ethical issue whether the market would be appropriate when some groups are more vulnerable than others. High on percentage is not knowing the answer for women part of surveyed population. It is a tough challenge to get into the position, when this was possible.

Question 4 again shows similar results about people’s intention to sell an organ to save their family using the money from it. In this case, the question is whether someone would sell their organ to get the money that would consequently save their family. The term “save” can mean anything – to pay their debts, to provide needed, paid medical care, or to even prevent themselves with their family to get into some crisis that could lead to any kind of troubles including being homeless or getting into bigger issues with the law and illegal activities that would be used to get some money to survive.

On the other hand, there are a lot of answers on both sides having rather negative position to this problem. There is an answer from the statement about lower criminality written by a respondent saying: *“To have my body touched is the very last thing to do.”* This may explain the answers as people would do anything else to save their family, even reach to the illegal actions before selling organs. The real moral question is whether it should ever come this. Should a family be ever so desperate to think about selling organs? This type of scenario is a perfect example of Karl Marx’s exploitation and the vulnerability to do specific actions due to current situation. It reflects the needs to do so in order to solve specific problems.

Answers to this questions are the real ethical issues discussed in the thesis. Such case of moral dilemma is a at stake the most talking about commodification or commercialization of human organs market. However, also many answers from both genders are about not knowing the answer. It can be cause by the difficulty to actually think about this scenario to happen and its consequences.

Question 5 again shows quite the same results for both genders. Most of all people would donate an organ to their family, if needed. Although, as for the men, there is a way lower percentage for a certain *“Yes”* answer. Women showed way higher certainty in such scenario. Nonetheless, morally correctly, most of the people answered that they would save them using donation of organ. This can be easil affiliated to the definition of the ultimate love – parent to a child. A connection so strong that a parent would immediately sacrifice their lives for lives of their children. A common opinion in developed world stands behind this statement. Therefore, the application in ethical world of donation to the loved ones is the same.

Question 6 considers facts that commodifiaction as an ethical issue in philosophy is generally talking about selling own body. Prostitution, surrogacy, organs – all these fall under the same topic of ethics. Therefore it is natural to correlate for example prostitution with selling organs. It gets wider with one of the most important question – *“my body, my property?”*. Next to organ market, could be put, for comparison, a crucial topic nowadays and that is abortion.

Back to the topic, most of the respondents of both genders answered definite *“Yes”*. From this research it can be seen that people take prostitution and organ market as two absolutely separate problems, hence people would say that is taken differently from the

society. Nevertheless, it could be affected by the fact that prostitution has been here for centuries and is taken, by many, as a regular profession like any other job, even though in most countries it is illegal to perform such actions. One respondent in further comments says: *“Prostitution is not the same, since it is only about renting the body with no lifelong aftermath.”* This opinion occurred more than once and only proves how wide and broad the topic of commodification is. That is a fact that has to be considered when comparing those two subjects. Indeed, prostitution is more of a renting own’s body than selling its part forever. It shows that people have different, possibly opposite, attitudes towards issues that talk about lifelong commitment or for some just for a while.

Question 7 is quite hard to answer, many sources say something different, yet the risks of kidney transplant are not that high. It is said that people after kidney transplant have a tendency to be more vulnerable to having higher blood pressure. If the surgery is conducted correctly, in safe and clean environment it is not risky that much. It is only as risky as any other surgery, where can occur some unwanted complications. Furthermore, after a full convalescence, the subject is able to function as before with no special limitations. (National Kidney Foundation, n. d.) One of the biggest issues with current state of organ market in developing countries is the fact that the surgeries does not as hygienically and clean, that is the reason why so many people suffer after going through transplant.

In this case women and men stand behind the same opinion saying their health would radically worsen after their surgery. This fear is an obvious reason why many people would not sell an organ.

To previous question. If I say no it would not, would it change your opinion about organ transplant and sale?

Connected to Question 7, there was an assumption made that it is not harmful in any way. Respecting the assumption, there were twelve people in total that would change their answer from negative to positive point of view on this issue. This is the case of unknowingness of the actual problem, and how people actually would change their stance towards the dilemma if they knew more. Of course, twelve people is not a representative part of surveyed sample that could prove some hypothesis.

Statement 1 brings up one of the most vital questions in ethics of organ market. *“Is my body my property?”* This matter is superior to many ideas about humans in general. Talking about prostitution, surrogacy, abortion or organ market. The results show that genders agree

with one each other. They are rather supportive of this statement and think that people should be able to do anything to their bodies, at least to have the possibility. Overall 75% of women and 79% of men reinforce the statement, which is a high share in total percentage. This may be affected by the democratic country Czech Republic is, it is based on basic freedoms that can be taken by many people with the inclusion of human's body and the freedom to do anything with it. Nevertheless, there are also some people that do not agree with the statement, that can be caused by the abortion issue, where are many that are strictly against getting rid of an unborn child. This information is a possibility, why the outcome shows so. As it was in previous questions and statements, there is a part of respondents that do not know the actual answer about their feelings about the statement. Again, it shows the difficulty of the topic to many people and their lack of understanding.

Statement 2 talks about an important topic in this issue. Getting back to exploitation and Karl Marx's idea of vulnerability of those, who are in desperate situations that require desperate actions. Organ market may be the last resort before going illegal, poor people with not much to lose may have the tendency to sell more than people with stable income and consistent lives. This is a question of ethics at its foundation.

Most of the respondents from both genders answered that this would happen – 90% of females and 84% of males. Talking about legalization of the market, this would have to be taken care of before jumping to conclusions and let the market flow freely. It is crucial to state the priorities before thinking about something so controversial. Also, the difficulty of the task with no actual, real and applicable precedens – excluding not perfect market in Iran and illegal market in all over Asia, where the situation is not quite positive.

Statement 3

Whether the criminality would be lower after legalization of organ market? There are reasons to think yes and no. For the positive point of view, it is important to realize that the possible revenue from selling an organ would be quite high. It could lead to people getting out of crises and solving their financial problems, hence they would not have the need to act on the other side of the law and quite often only deepen the obstacles that were put in front of them. As negative aspects, the one-time income from sale of an organ would not solve the problems indefinitely. This would only cover a few of their problems and later on they would anyways be led to illegal activities.

In this case gender does not matter, both groups agreed on the same outcome that the organ market would not lower the criminality.

Related to this statement there was an open description of respondents' reasons, why the criminality would not get lower. It is divided as + for those, who think it would lower criminality and – who think otherwise. Here are some of the most resonating comments:

- - Theft is easier.
- - Theft is very often safer than transplant.
- - Organ sale is a one-timer, later he/she would reach to criminality.
- - Poor people are not capable of managing money, hence the high revenue would be gone in a while.
- - Legal market would be a way to simplify illegal market, hence poor people would aim for that due to higher revenue.
- + People would not risk getting to jail and would get out of the crisis.
- + Emergency solution to a tough situation.
- - Sale of an organ is much more radical resolve, it would be the very last thing to do, way after illegal actions.
- - To touch my body is the very, very last thing I would do.
- - Faster solution than selling an organ.
- - Those two do not correlate.

Those are the most interesting opinions on the relation between criminality and organ sale. This outcome is directly translated from the survey from the people answering it. There are some really good ideas, while a few are more common than others. For example, the idea that theft is way easier and the fact sale of an organ is just a one-time revenue, so even if they would sell an organ, they would need more money soon and would transfer to illegal activities. Only two positive feedbacks were recorded mentioning people's fear of getting to jail, so dodging this risk by sale of organs is at stake. The other one is about the fact, where people are in an emergency and have to go with radical, at this time controversial solutions.

Statement 4 is a reaction to Question 7 asking about the change of life after transplantation. Because this statement and question are quite the same but after finding out there are no incredible risks. The data changed a little bit as men tend to change their opinion quite a bit to think that it is relatively safe to undergo such surgery as it was said in the further question related to Question 7. On the other hand, women mostly did not change their

opinion. Important data shows that both genders changed a lot the answers to “I do not know”. This answer rose from 4% to 18% for the women and from 5% to 21% for the man. This occurrence works under the impression of people getting a little bit lost in the questions due to their difficulty. It also can be caused by respondents’ realization they thought something that was contradicted in this survey and do not trust one of the sources – the survey or their intelligence acquired before the survey was taken.

Statement 5 is a direct reflection to a research India made on organ market and the tendency of men forcing their wives to sell organ for a revenue. This is a real life situation that happens on a regular basis. It is a problem of inequality in developing countries (Satz, 2010, p. 196-197). So this statement is proven to be truth and that corresponds with the outcome from the survey.

In this case more women think this behaviour might happen if the market was to happen. As much as 62% of female group answered closer to “Yes”. While men mostly agreed, there is a higher percentage in the opposite for the men, the force behind that may be the reality of Czech Republic as a developed country with much higher gender equality than India in this case. Meaning Czech citizens would not follow the example of India behaviour and would not let this obstacle come to their way if the market was situated in the country.

Interesting data shows that 22% of women and 21% of men, who answered that they do not have an opinion or maybe feel like it is something far too complex to understand without any study resources that were not provided to them.

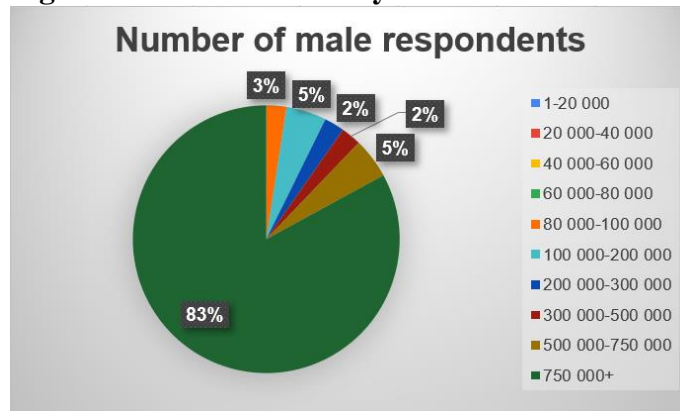
Statement 6 shows that gender does not matter in this case. Both groups agreed on the outcome and think that this case would not happen. Even though, the percentage in the affirmative position to this statement is quite high on both sides.

Organ sale as a last resort is a debatable concern that would have to be defined before the legalization of of organ market. This statement reacts to the possibility of organs becoming a way to earn money (if medically possible, of course). Would a person have to reach to this solution before being marked as eligible for state’s support? As both genders mostly think not, it could be motivated by the the reality of selling own body parts is taken differently than selling a car. Talking about commodifying a subject that was not taken as such before. Specification on what would the new commodity be as compared to other subjects that can be sold, if demant allows it, or would be an absolutely new commodity that could not be campared to any other thing? This may be the problem, why so many respondents

answered that they do not know. The complexity of the whole issue is vast and hard to imagine the working system including organ market without any knowledge background and legal possibilities.

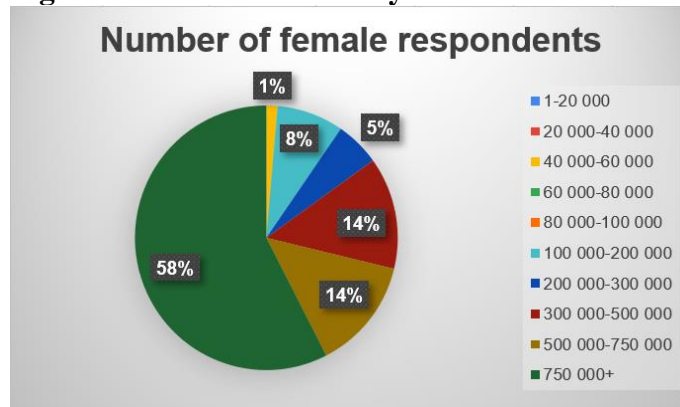
Extra Question about the price men and women would be willing to earn talking about sale of a kidney.

Figure 9: Price for a kidney - female



Source: author's own work

Figure 10: Price for a kidney - male



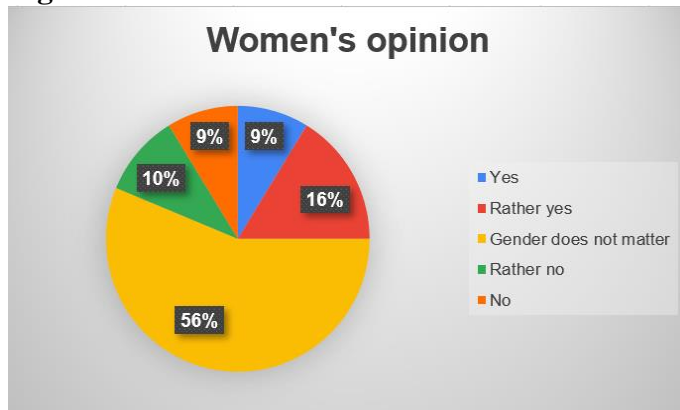
Source: author's own work

This question was taken as an interesting fact for how much would people be willing to sell a kidney. An actual case from Pakistan for comparison, where a mother had to sell a kidney to save her family for 1 500 USD, which is around 38 000 CZK, for comparison – the average salary in the Czech Republic is around 35 000 CZK/month, which makes 420 000 CZK/year in 2019 according to Czech Statistical Office (Český statistický úřad, 2020). The kidney was then sold in the United States for 40 000 USD, approximately a million CZK (Garwood, 2007). For comparison, in 2019 in the United States the average salary was approximately 48 700 USD/year, which is 4 060 USD/month.

It was expected that the majority would choose the highest possible option, this works under the assumption of respondent's lack of information in this subject as it is not a common topic to discuss anywhere. It can be seen that women chose the price lower in general than men, where 58% of women chose the highest value while as much as 83% of men answered 750 000 CZK or more.

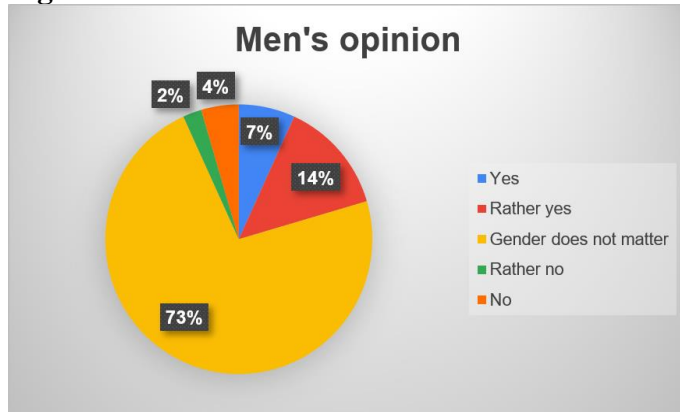
Extra statement is about the likelihood of women being more vulnerable to selling own's organs.

Figure 11: Are women more vulnerable to a sale of a kidney? (Women's opinion)



Source: author's own work

Figure 12: Are women more vulnerable to a sale of a kidney? (Men's opinion)



Source: author's own work

This statement is a subject to opinion. Majority of both groups think that it is not about gender. Yet some differences can be spotted. For example, men in general incline to the gender equality opinion with 73% while women say so from only 56%. The data shows that the percentage for both genders saying that women would be more vulnerable are quite the same. The distinctive part comes with answers closer to “No”, there is a higher presence of women saying so. It could be a result due to two reasons. First, they think men would be more vulnerable, or second they do not agree that women would be more vulnerable. It can be explained both ways.

In the modern world of gender equality, it is important to look at all ethical issues from the point of view as a human, not divide. Opinions are that some would still think women would be more vulnerable. This can be connected to actual issues going on in Asia, where women are very often pushed by their partners/husbands or family to sell their organ for simple and fast revenue, while the other side would not do so. Morally unethical problem that

just supports how the inequality of gender works in some countries, where women are meant to be less worthy than men, and tend to be men's property in certain aspects. (Satz, 2010, p. 196-197)

To conclude this part it is visible that gender does not drastically affect the results and the whole outcome. Except for the fact that a tendency for women to be more vulnerable to possible organ market occurs. This, however, is not sufficiently proven and cannot be taken as a fact. Overall outcome shows how balanced the gender propensity is among the surveyed population of this survey. Respondents in general prove gender equality even in such ethical questions related to commodification of human organs.

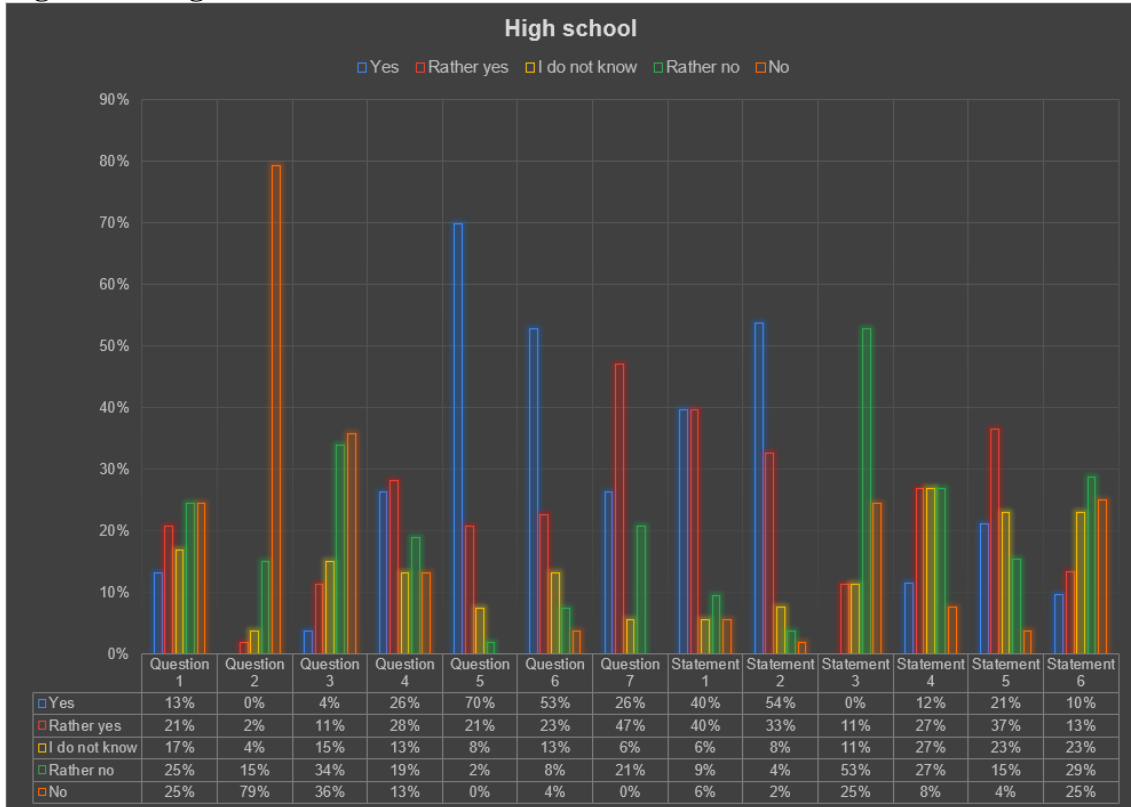
4.1.5 Reached education

This part divides surveyed population into two groups according to reached education. Elementary school is excluded from this part since there are just three people in this segment making only 2,4% of the whole sample. This part is conducted using a table and graphs pointing out only those answers that differ from group to group. It is done this way because the reasons why people probably answer the way they do is written in the gender part. It is to not overwhelm the work with information that is repetitive.

It is important to mention that college teaches its students in deeper certain areas, which could affect the result. It is common for college students to participate in philisophy and psychology classes, where they can learn a lot more abou similar issues like is ethics of commodification. While in high school, those topics are hardly ever mentioned, but questions as general as are those in the survey might not be affected that much by education since they are more broadly asked and possible to answer with no background whatsoever.

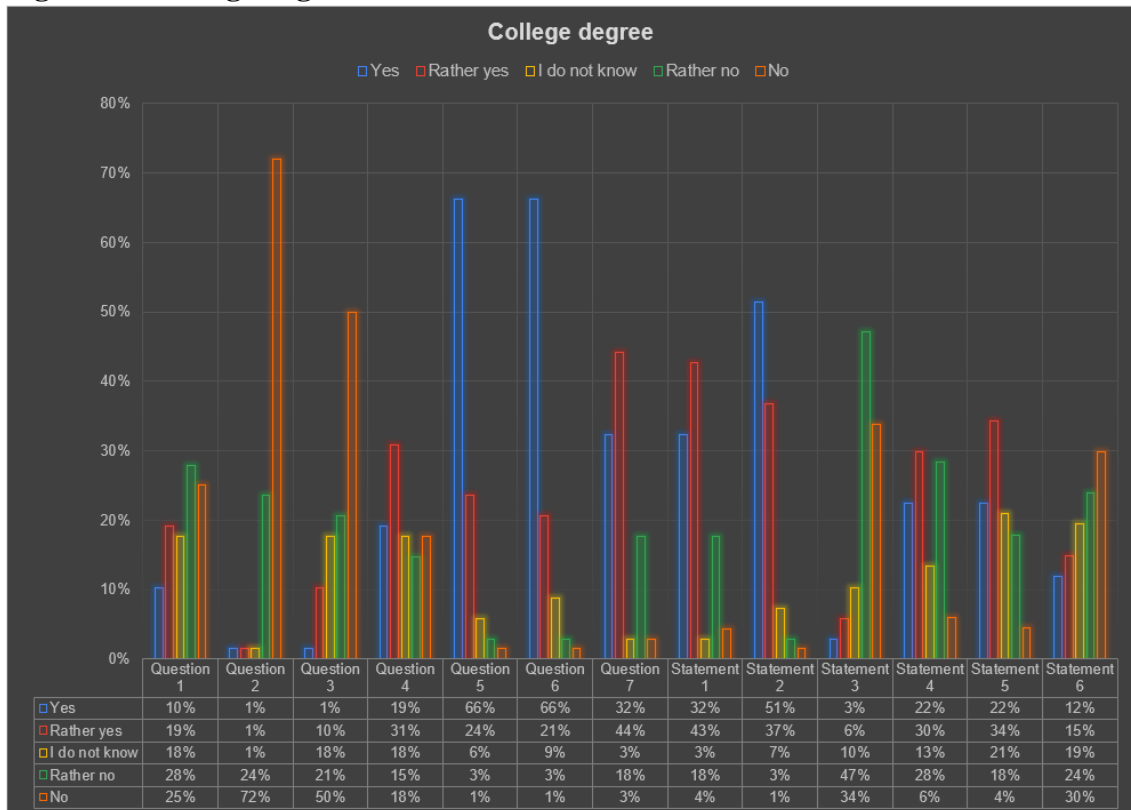
This sample consists of 53 high school graduates and 68 representatives with a college graduates.

Figure 13: High school



Source: author's own work

Figure 14: College degree



Source: author's own work

Generally speaking almost all the answers correlate with the hypothesis of gender and that is the fact that the answers do not differ between high school and college graduates. However, there can be spotted some differences in certain areas of questions or statements. Those, where the difference is significant enough are mentioned below.

Question 3 shows a large difference in the percentage in answers closer to “No”. This question talks about whether respondents would sell their organ to help with the scarcity of organs and take the money only as a compensation for the sacrifice. While the high school respondents put more focus on rather no, for the college graduates it is a definite no. It shows a higher certainty of the college group in the answers while the other group is not so sure about it.

Question 4 about sale of an organ to save family. This question is quite the contrary to previous question and show higher certainty of the high school group with 26% of answer “Yes” when the college segment has only 19% of respondents. As mentioned before, the motivation and reasoning, why it is so can be various, is included in gender part.

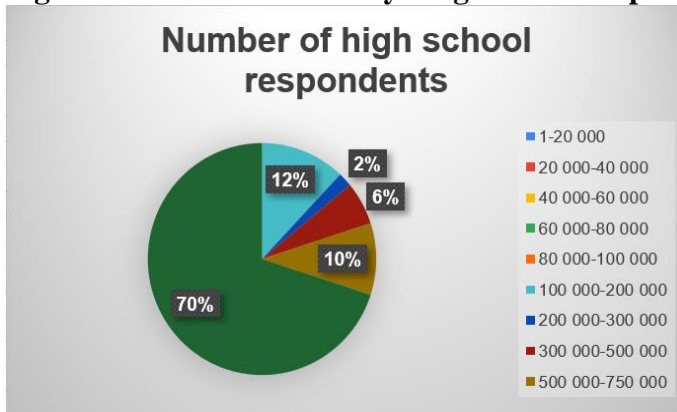
Question 6 shows a high difference in an affirmative answers by 11%. While 87% of the college group respondents say there is a difference, only 76% agreed on that from the high school segment.

Statement 1 – “*my body, my property*”, it is important to mention that a higher percentage of college graduates do not agree with the statement with the difference of 7%. As high as 22% do not agree, when only 15% do not agree from the high school group.

Statement 4 about whether the health issues would restrict the person from functioning as before. There can be spotted a difference in positive position. While 50% of the college graduates agree with the statement, only 39% of the high school group agree, However, this is compensated in the percentage of “*I do not know*”, where the difference is balanced.

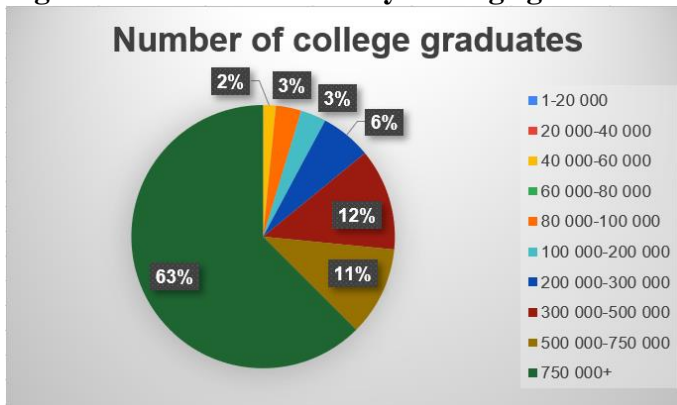
Extra Question about the price high school respondents and college graduates would be willing to earn talking about sale of a kidney.

Figure 15: Price for a kidney - high school respondents



Source: author's own work

Figure 16: Price for a kidney - college graduates

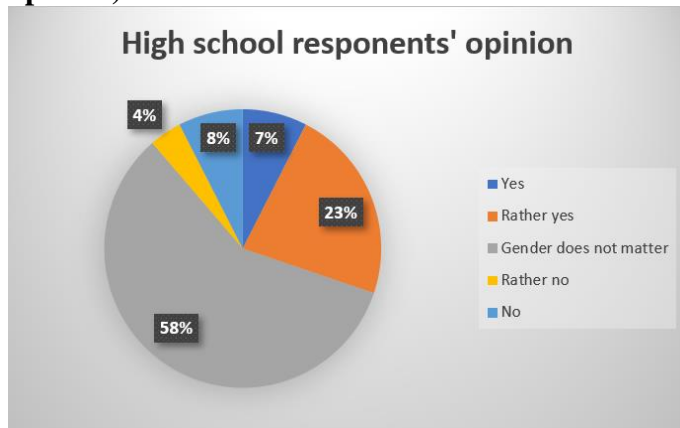


Source: author's own work

This shows that answers are generally the same. Only that the college graduates more often would go with a lower price for a kidney than the high school group. Nevertheless, most respondents would think about this idea, when offered the highest value of more than 750 000 CZK.

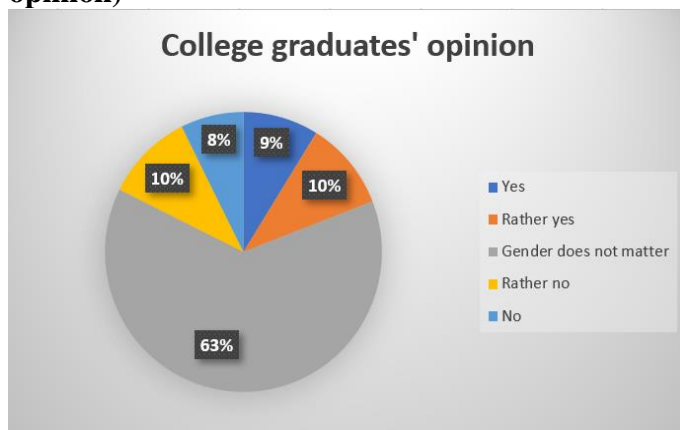
Extra statement is about the likelihood of women being more vulnerable to selling own's organs.

Figure 17: Are women more vulnerable to a sale of a kidney? (High school respondents' opinion)



Source: author's own work

Figure 18: Are women more vulnerable to a sale of a kidney? (College graduates' opinion)



Source: author's own work

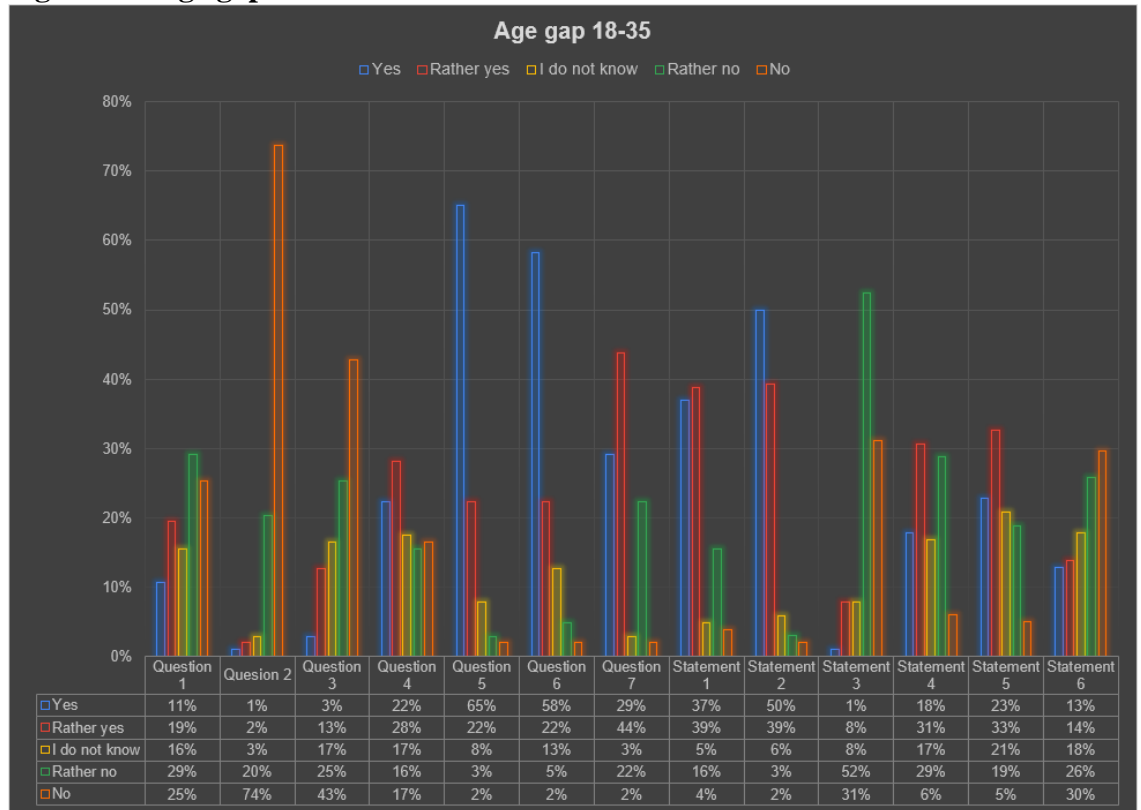
All respondents in general agreed that gender does not matter talking about vulnerability of women to a sale of a kidney. Although, the college group would think is less likely to happen. This, again, can mean that men would be more vulnerable or that women would not be vulnerable at all compared to the other gender.

Conclusion from this part is that not even education is a distinctive factor regarding ethical issues of organ market. Only in a few points it can be seen that one group is more certain about some answers than the other. It shows, how people from different educational backgrounds think.

4.1.6 Age group

The second segment is with respect to age, since the highest percentage appears in the age groups 18-26 and 26-35. Those two groups are connected to find out the position of those people in certain ethical issues presented in the survey.

Figure 19: Age gap 18-30



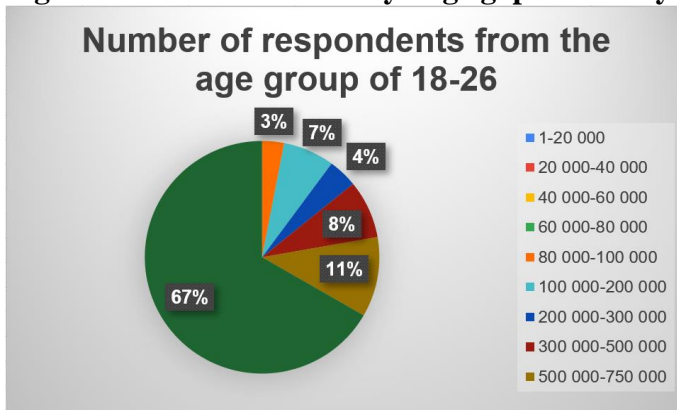
Source: author's own work

This part reflects opinions of respondents in the age gap from 18 to 35 years old. It was chosen due to its highest proportion of people answering. This consists only of opinions and description of them. Further idea of the questions or the motivation that drives the opinions is included in gender part. It is rather informative than to actually compare this part with others, just so the reader can see the ideas of this group.

It can be seen that most respondents from the age group agreed with each other in all the questions and statements. This only proves that the representative age group correlates with the differences that are mentioned in gender and reached education answers. This sample, therefore can be taken as representative regarding this survey.

Extra Question about the price high school respondents and college graduates would be willing to earn talking about the sale of a kidney.

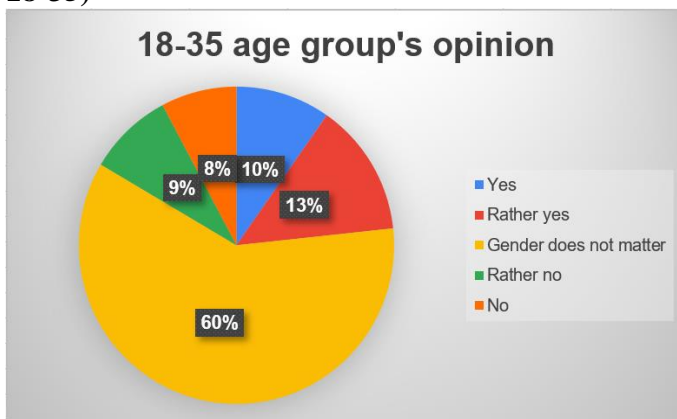
Figure 20: Price for a kidney - age gap of 18-35 years



Source: author's own work

Extra statement talking about women's higher vulnerability to sale of organs

Figure 21: Are women more vulnerable to a sale of a kidney? (Opinion of the age gap 18-35)



Source: author's own work

Those two graphs show that opinions for this group are very similar to opinions provided according to gender and reacher education.

4.1.7 Conclusion

The conclusion to this part is that genders, reached education respondents agree to each other. There are no significant differences within the two groups of each criterion. It is important to mention the fact that people actually agree with each other even with different background. It happens very often that people of different education, for example, think differently as their whole spectrum of learned subjects tend to be wider in college. Also, this

proves that gender does not affect the results significantly. Even in questions or statements that may be controversial for women more than men. Quite the whole population agreed on one of the most important part of the survey, which is whether one's body his/her own property. The survey in general certainly showed some impressive points and positions of the respondents. While the sample was not representative for the whole population, it is interesting to see how this small group of people has the tendency to come to same conclusions, regardless of their gender, reached education or age.

5 Results and Discussion

This chapter concludes the findings in the thesis. It is to mention the most important points made in the thesis and evaluate their outcome from the ethical point of view that commodification covers.

5.1 Literature review

Very broad comprehensive literature review show some of the most important issues about the ethics of commodification of human organs. It shows overall impressive opinions from various philosophy as well as medical authors. It provides information on what commodification is and how it is divided into certain areas. The authors most commonly analyse the question of exploitation coming from Karl Marx and a very important question whether my body is my property or otherwise. For comparison, there can be seen the actual reason, why this topic is important for the society. It talks about scarcity of human organs in the Czech Republic and lack of alive donors, which cannot equalize the needs of people with kidney or liver issues.

Furthermore, Iran and its situation and system that allows people to sell their kidney legally. More questions made on this topic whether the system actually works and how may it be improved. Moreover, there are opinions from authors that suggest a system that may work in every country. They talk about the possibility of some groups being more vulnerable to the sale of organs and the way the whole system would have to be controlled.

All the authors take this issue from a different perspective and show very interesting points that could lead to a change of opinion for many people regarding the ethics of this issue.

World Health Organization is mentioned as one of the most important force in this problematic topic. It mostly points out the position of black market with statistical data included. How this whole issue is unhelpful to solving the world health issue with scarcity of organs. Furthermore, the organizations talks about the medical aspects of transplantation and that it tends to be affected a lot by the style of how the surgeries happen in worse conditions, than they should and that is the reason, why the data as it is.

5.1.1 Practical part

This part consists of a survey that was conducted on different people from the Czech Republic, from different backgrounds. Its main goal is to generalize the answers according to

gender and reached education, while connecting it to people from the highest populated group of age 18-35 years. The questions and statements were chosen to acquire a general opinion on certain issues related to commodification. It is important to mention that most of the crucial issues were answered quite the same way by all groups. It can be seen that the whole survey population got to the same ideas and opinions and did not differentiate too much.

More importantly, it can be assumed, according to the survey answers that the human organ market in the Czech Republic, the sample would be against creation of such market. This is mainly due to the possibility of certain groups being more vulnerable towards the sale of organs. Essentially, those groups that would be in a need of extra money to get out of a crisis. As statement 2 mentions whether a lower-class citizen would be more vulnerable, most of respondents answered that it would be a problem that would occur. Talking about ethics, this should never happen for the market to be ethically correct. Furthermore, the question about a sale of an organ for the money to save own's family. Within this question, it is important to ask whether this would happen in real life, but more importantly whether this ever should happen. Is it ethical to use anyone's bad situation to make them feel like they have to sell their organ to prevent their family from being able to pay for their living? This is the real question that is a matter of different morale issues.

5.1.2 Open answers from the survey

This part presents answers from the open part of the survey as it was shown during gender evaluation with the Statement 3 and open answers about the possibility of organ market lowering the criminality. There are some very interesting points that further elaborate on the whole survey and the issues it talks about.

- Deciding about sale/donation of an organ, a person should think about when in a good position, not in a crisis.
- I think, this legalization would only increase the number of forced sale (pressure, kidnap, ...)
- I agree with "*my body, my property*", yet I disagree with this market due to today's trend of saving people that are dying using artificial methods.
- The question is, who would pay for the transplantation and whether it would be taxable.
- It would make illegal market with organs way easier.
- Increase of forced sale of organs.

- I hope this market will never happen; the whole topic seems insane to me.
- Easy to abuse the market.
- It is not good to trade with health.

Those are the most impressive answers received in the survey. Many of them talk about the abuse by the black market. The fact that legalization would make it easy for the black market. Talking about exploitation, the first answer talks about the fact that people should decide about the sale in a good situation and not to face exploitation. That is a good point since one of the biggest issues that may occur and would negatively affect the ethics of the whole commodification issue. One respondent mentions that it is not good to artificially extend life of dying people.

People of the survey would not agree with the idea of an organ market from certain reasons. This topic would have to be very specifically adjusted and deeper desires and reasonings behind those answers would have to be found to actually come up with a real proposal of such market. It is obvious that the topic of organ sales is very sensitive and difficult to evaluate.

5.2 Author's opinion

The market as itself is not a very bad idea. It only would have to go through many, many stages that would identify the ideal way to do it. This market would have to include a lot of regulations to prevent exploitation of certain groups yet remain with the democratic system that Czech Republic has. There would also have to be many restrictions and supervision to absolutely prevent the abuse of black market and the possibility of someone being forced to sell an organ.

“My body, my property” certainly makes sense without harming or limit others' rights in any way. People should be able to do anything to their body; it should be taken as a personal property. According to questions and statements in the survey, it goes with mostly agreement towards the common opinion. The toughest part is, how the market would have to be regulated and controlled to prevent exploitation and the estimation whether the market would actually help the scarcity of human organs in general. Who would sell their organs if they had the possibility?

6 Conclusion

This topic was chosen due to its high perspective towards helping with the issue of scarcity of human organs to transplant. How the Czech sample reacts to certain dilemmas that are put in front of them and their overall position in this issue.

The first goal of the thesis was to provide comprehensive literature review on the ethical issues of commodification. That was given by reviewing many authors, whose work was to elaborate on the problem. More importantly to mention the basics of the whole subject and help with understanding, why it is morally correct and incorrect to talk about organs as a commodity – to commodify them.

The second part was done using a survey. The surveyed population was divided into groups according to their background and those groups were then compared based on their answers. It was found out that there are no significant differences between men and women and between high school graduates and college graduates. Nevertheless, their opinions mostly correlated, which shows a general idea about all the asked persons.

The answers showed that settling a market with human organs in the Czech Republic would not be a smart idea at the moment, when people do not have a wide and broad background on the issue and its ethical and moral standards.

To conclude this thesis, it is important to mention that the ethical questions about human organs commercialization is difficult task to evaluate in general. There are too many variables, such as how would it work and what regulations would have to be set. Local ethics is a major key determinant for this issue. The survey proved to be an efficient way to generalize the answers of Czech citizens according to groups of interest. It was certainly an interesting thesis with an impressive data regarding commodification of human organs.

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