

**Czech University of Life Sciences Prague**

**Faculty of Economics and Management**

**Department of Humanities**



**Master's Thesis**

**Public and Professional Attitudes Towards the Ethics of  
Commodification of Human Organs**

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## DIPLOMA THESIS ASSIGNMENT

Bc. John Gaston Schwarz

Global Information Security Management

Thesis title

**Public and Professional Attitudes Towards the Ethics of Commodification of Human Organs**

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### Objectives of thesis

The objective of this thesis is to critically examine the ethical dimensions and implications of the commodification of human organs. This study aims to explore the key concerns related to organ commodification, assess its potential impact on various stakeholders, propose alternative solutions, provide informed recommendations, and gather insights from medical professionals and the public regarding their opinions on the topic.

The thesis will identify and analyze the primary ethical concerns associated with organ commodification, including the implications for human dignity, autonomy, exploitation, inequality, commercialization of healthcare, allocation and fairness, organ trafficking, and health and safety risks. Furthermore, this study will assess the potential impact of organ commodification on different stakeholders, such as organ donors, recipients, healthcare systems, and society as a whole. It will explore both the immediate and long-term consequences of adopting a market-based approach to organ transplantation, considering the ethical and practical implications.

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The thesis will conduct a comprehensive review of existing literature, academic sources, and ethical frameworks related to the commodification of human organs. It will identify and analyze the primary ethical concerns associated with organ commodification, such as human dignity, autonomy, exploitation, inequality, commercialization of healthcare, allocation and fairness, organ trafficking, and health and safety risks.

It will investigate attitudes towards these issues through interviews with medical professionals and doctors involved in organ transplantation, focusing on Seek their perspectives and opinions on the ethical considerations, challenges, and potential implications of organ commodification. It will also carry out an attitudes survey in order to compare professional attitudes with those of the general public. It will analyze and synthesise the results of the interviews, survey and literature review in order to gain a deeper understanding of the potential impacts of organ commodification, and consider appropriate policy approaches to it.

## The proposed extent of the thesis

50-60 pages

## Keywords

Commodification, Ethical concerns, Healthcare, Organ Donor, Society

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- PHILLIPS, Anne. (2013), Our Bodies Whose Property?. Princeton University Press.
- SATZ, Deborah. (2010), Why Some Things Should Not Be For Sale: The Moral Limits of Markets. Oxford University Press.
- SCHWEDA, Mark, and SCHICKTANZ, Silke. (2009). 'The "spare parts person"? Conceptions of the human body and their implications for public attitudes towards organ donation and organ sale'. Philosophy, Ethics, and Humanities in Medicine volume 4, 4. <https://doi.org/10.1186/1747-5341-4-4>

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## **Declaration**

I declare that I have worked on my master's thesis titled "Public and Professional Attitudes Towards the Ethics of Commodification of Human Organs" by myself and I have used only the sources mentioned at the end of the thesis. As the author of the master's thesis, I declare that the thesis does not break any copyrights.

In Prague on 31.3.2024

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# Public and Professional Attitudes Towards the Ethics of Commodification of Human Organs

## Abstract

This thesis critically examines the ethical dimensions and implications of the commodification of human organs, delving into the core ethical concerns such as human dignity, autonomy, exploitation, inequality, and the broader impacts on healthcare commercialization, organ allocation fairness, trafficking, and health and safety risks. By conducting a comprehensive review of literature, ethical frameworks, and through interviews with medical professionals, alongside a public attitudes survey, this study aims to explore and compare diverse perspectives on organ commodification. The research seeks to assess the immediate and long-term consequences of a market-based approach to organ transplantation on various stakeholders, including donors, recipients, healthcare systems, and society at large. The findings aim to provide informed recommendations and propose alternative solutions to address the ethical challenges posed by organ commodification, contributing to the development of more equitable and ethical policies in organ transplantation.

**Keywords:** Organ commodification, Ethical dimensions, Human dignity, Autonomy, Exploitation, Healthcare commercialization, Organ allocation fairness, Organ trafficking, Stakeholder impact, Policy recommendations

# Názory veřejnosti a odborníků na etiku komodifikace lidských orgánů

## Abstrakt

Tato práce kriticky zkoumá etické rozměry a důsledky komodifikace lidských orgánů a zabývá se základními etickými otázkami, jako je lidská důstojnost, autonomie, vykořisťování, nerovnost, a širšími dopady na komercializaci zdravotní péče, spravedlivé přidělování orgánů, obchodování s nimi a zdravotní a bezpečnostní rizika. Cílem této studie je na základě komplexního přehledu literatury, etických rámců a prostřednictvím rozhovorů se zdravotnickými pracovníky spolu s průzkumem postojů veřejnosti prozkoumat a porovnat různé pohledy na komodifikaci orgánů. Výzkum se snaží posoudit bezprostřední a dlouhodobé důsledky tržního přístupu k transplantacím orgánů pro různé zúčastněné strany, včetně dárců, příjemců, zdravotnických systémů a společnosti jako celku. Cílem zjištění je poskytnout informovaná doporučení a navrhnout alternativní řešení k řešení etických problémů, které komodifikace orgánů přináší, a přispět tak k rozvoji spravedlivější a etičtější politiky v oblasti transplantací orgánů.

**Klíčová slova:** Komodifikace orgánů, Etické aspekty, Lidská důstojnost, Autonomie, Využívání, Komercializace zdravotní péče, Spravedlivé přidělování orgánů, Obchodování s orgány, Dopad na zúčastněné strany, Politická doporučení

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## **Introduction**

The commodification of human organs represents one of the most ethically challenging and contentious issues at the intersection of medicine, ethics, and social justice. As the demand for organ transplants significantly outpaces supply, the discussion around potential solutions has intensified, with the idea of organ sales sparking debate. This thesis takes on a critical examination of the multifaceted ethical implications of organ commodification, aiming to address the complex concerns surrounding this issue.

At the heart of this thesis lies a fundamental question: Can the sale of human organs be ethically reconciled with the principles of healthcare equity, human dignity, and medical integrity? To explore this question, this thesis draws upon a comprehensive analysis of public sentiment and professional perspectives, comparing the views of the general public with those of medical practitioners directly involved in organ transplantation.

The urgency underpinning this inquiry is driven by the reality faced by thousands worldwide who are on transplant waiting lists. The dire need for organs has propelled a search for solutions, yet the proposition of commodification introduces profound ethical dilemmas. How do we navigate the tension between increasing organ availability and maintaining the ethical sanctity of healthcare? Can a system that allows for the buying and selling of organs ever be fair, or does it inherently risk exploiting the most vulnerable among us?

This thesis aims to shed light on these critical questions by delving into the depths of the organ commodification debate. Through an examination of survey data and professional perspectives, it seeks to provide a nuanced understanding of the ethical, cultural, and societal ramifications of organ sales.

# **Objectives and Methodology**

## **Objectives**

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## **Methodology**

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understanding of the potential impacts of organ commodification, and consider appropriate policy approaches to it.



# Literature Review

## Ethical Foundations of Organ Commodification

### 1.1.1 Definition and Scope

The ethical debate surrounding organ commodification touches on questions about the nature of the human body, autonomy, and the moral limits of markets. The definition and scope of organ commodification involve considering the body not merely as an entity of personal identity and autonomy but also as a potential source of economic value. This notion challenges traditional ethical frameworks and societal norms regarding the treatment and perception of human organs.

The concept of organ commodification extends beyond the mere transactional exchange of organs for financial compensation. It encompasses a broader spectrum of ethical, legal, and social considerations, including the motives behind organ donation, the impact of financial incentives on altruistic donation, and the potential for exploitation and inequality. The scope of this debate is thus not limited to the act of buying and selling organs but also includes the systemic implications of such practices on societal values, healthcare equity, and the integrity of the human body.

Historically, the commodification of organs has been fraught with ethical dilemmas and controversies. The Universal Declaration of Human Rights, interpreted by the World Health Organization, implicitly prohibits the sale of organs, reflecting a global consensus on the inviolability of the human body (Satz, 2010). This stance is reinforced by legal bans in most countries, underscoring a collective ethical intuition against treating human body parts as commodities. Yet, the persistent shortage of available organs for transplantation and the consequent loss of lives have led to a re-examination of this ethical stance, prompting discussions on whether a regulated market for organs could be morally and ethically defensible (Erin, 2003); (Radcliffe Richards, 2003).

Key ethical theories that inform the debate on organ commodification include deontological ethics, which emphasizes the intrinsic dignity of the human body and the

moral imperative to respect autonomy and not treat individuals as mere means to an end. Conversely, utilitarian perspectives focus on the outcomes of organ markets, arguing that if such markets can save lives without causing undue harm, they may be ethically justifiable. The principle of justice, particularly distributive justice, raises concerns about the potential for organ markets to exacerbate inequalities and exploit vulnerable populations, an issue highlighted in discussions about the motivations behind organ donation and the ethical implications of financial incentives (Satz, 2010).

The ethical foundations of organ commodification are deeply complex, situated at a point of autonomy, dignity, justice, and the utilitarian imperative to save lives. The definition and scope of this issue necessitate a careful consideration of historical context, ethical theories, and the broader societal implications of treating human organs as commodities.

### **1.1.2 Historical context**

The historical context of organ commodification is connected with the evolution of medical ethics, legal frameworks, and societal perceptions of the human body. Historically, the practice of organ donation was rooted in altruistic motives, primarily driven by the desire to save lives without any expectation of financial reward. This ethos was reflective of broader societal values that regarded human body parts as inalienable and not subject to market transactions.

The legal and ethical landscape began to shift significantly with advances in medical science, particularly in transplant technology, during the 20th century. The success of organ transplantation presented new possibilities for saving lives, but it also introduced complex ethical dilemmas regarding the procurement and distribution of organs. The establishment of the Uniform Anatomical Gift Act in 1968 in the United States marked a pivotal moment, legally formalizing the process of organ donation and establishing the principle of voluntary donation without compensation (Caplan, 1984).

Despite these advances, the increasing demand for organs quickly outstripped the supply, leading to long waiting lists for transplantation and a rise in preventable deaths. This disparity prompted debates within the medical and ethical communities about alternative

approaches to increase the organ supply. The idea of compensating organ donors, which had been largely taboo, began to gain traction as a potential solution to the organ shortage crisis.

The ethical debate was further complicated by the emergence of black markets for organs, highlighting the stark realities of desperation and exploitation associated with unregulated organ trade. Reports of vulnerable individuals in impoverished regions being coerced or duped into selling their organs underscored the moral and ethical quagmires of organ commodification (Scheper-Hughes, 2000).

In response to these challenges, the Declaration of Istanbul on Organ Trafficking and Transplant Tourism was formulated in 2008, aiming to combat organ trafficking and promote ethical practices in organ transplantation globally. This declaration, while reiterating the prohibition of organ sales, also recognized the need for innovative approaches to address the organ shortage, thereby shaping the contemporary discourse on organ commodification (Shimazono, 2007).

The historical context of organ commodification thus reflects a complex interplay of medical innovation, ethical principles, and legal regulations. The ongoing debate on organ markets is situated within this historical narrative, grappling with the fundamental tensions between the imperative to save lives, the sanctity of the human body, and the principles of equity and justice.

### **1.1.3 Key ethical theories**

Key ethical theories play a pivotal role in framing the discourse on organ transplantation and commodification, offering diverse perspectives on the moral implications of these practices. The debate is primarily grounded in three major ethical frameworks: deontological ethics, utilitarianism, and justice theory, each providing unique insights into the ethical considerations surrounding organ donation and the potential for commodification.

### 1.1.3.1 Deontological Ethics

Deontological theories, particularly Kantian ethics, emphasize the intrinsic worth of individuals and the moral duty to treat persons as ends in themselves, not merely as means to an end. This perspective is critical in the context of organ transplantation, as it underscores the importance of respecting the autonomy and dignity of donors and recipients alike. The principle of autonomy is central to ethical discussions on informed consent in organ donation, ensuring that individuals are fully aware of and freely consent to the donation process. Deontological ethics raises concerns about organ commodification, arguing that it could lead to the instrumentalization of the human body, reducing individuals to mere sources of biological material (Alexander, 2024).

### 1.1.3.2 Utilitarianism

Utilitarian ethics focuses on the consequences of actions, advocating for choices that maximize overall happiness and minimize suffering. From a utilitarian perspective, the ethical justification for organ transplantation lies in its potential to save lives and improve the quality of life for recipients. The utilitarian argument for organ commodification hinges on the notion that creating a regulated market for organs could increase the supply, thereby saving more lives and reducing suffering for those awaiting transplantation. However, utilitarians must also grapple with the potential negative consequences of such markets, including exploitation, inequality, and the erosion of altruistic donation (Driver, 2024).

### 1.1.3.3 Justice Theory

Theories of justice, particularly those concerning distributive justice, address the fair allocation of resources and opportunities within society. In the context of organ transplantation, justice theory challenges us to consider how organs are allocated among patients, ensuring that the process is equitable and does not favor individuals based on wealth, social status, or other irrelevant criteria. The commodification of organs raises significant justice concerns, with critics arguing that it could lead to a system where access to life-saving transplants is determined by one's ability to pay, exacerbating social inequalities and disadvantaging the most vulnerable populations (Rawls, 2024).

These ethical frameworks provide a multifaceted lens through which to examine the complex moral landscape of organ transplantation and commodification. By balancing considerations of individual rights and autonomy, the collective good, and the equitable distribution of medical resources, we can navigate the ethical challenges posed by these life-saving medical practices.

## **Primary Ethical Concerns**

### **1.1.4 Human dignity and Autonomy**

#### 1.1.4.1 Theoretical understanding

Human dignity, a core principle in bioethics and human rights, refers to the intrinsic worth that warrants respect for every individual regardless of their circumstances. Historically, the concept has roots in various philosophical and religious traditions, which have collectively emphasized the sanctity and inviolability of human life (Sulmasy, 2007). In the medical context, human dignity plays a crucial role in ensuring that individuals are treated with respect and care, acknowledging their inherent value beyond their biological or utilitarian functions.

The principle of human dignity underpins major international human rights documents, such as the Universal Declaration of Human Rights of 1948 which states that the recognition of the inherent dignity of all members of the human family is the foundation of freedom, justice, and peace in the world. In the realm of medical ethics, dignity is a guiding principle that informs consent procedures, patient care, and, importantly, debates surrounding organ donation and transplantation (Beauchamp, 2013). Ensuring human dignity implies that all medical practices, including those involving organ donation, must respect the personhood and worth of individuals, making it a critical consideration in discussions about organ commodification.

Autonomy, derived from the Greek words 'auto' (self) and 'nomos' (law), refers to the right of individuals to make independent choices and govern their own lives. In healthcare, autonomy is paramount, particularly in ensuring that patients have the right to make

informed decisions about their treatment options (O'Neill, 2002). These principal mandates that medical practitioners must respect the decisions of competent adults, even when those decisions contradict medical advice, underscoring the respect for individual self-governance.

The principle of autonomy often stands in contrast to paternalism, where healthcare providers make decisions on behalf of patients, presuming to know what is in their best interest. While paternalism might be justified in certain cases, such as in the care of individuals who lack decision-making capacity, the ethical preference in modern medicine is to uphold patient autonomy. This is especially pertinent in the context of organ donation, where the decision to donate or not donate an organ must be voluntary and free from coercion or undue influence (Veatch, 1981).

#### 1.1.4.2 Human dignity in organ commodification

##### 1.1.4.2.1 Dignity and the Integrity of the Body

The commodification of human organs challenges the very notion of human dignity by potentially reducing the human body to a mere collection of parts for sale. The integrity of the body, a concept deeply rooted in various philosophical, ethical, and religious traditions, underscores the sanctity and inviolability of the human person. The commercialization of organs risks violating this sanctity, leading to a devaluation of the human body and, by extension, the individual. This is not merely a theoretical concern but a practical one, as evidenced by debates around the world regarding the ethics of organ sales (Satz, 2010).

In discussions surrounding organ commodification, the integrity of the body is often comparing against the pressing need for organs. The ethical tension arises from the question of whether it is justifiable to breach this inviolability in the pursuit of saving lives. The legal and ethical frameworks in most countries, as informed by declarations such as the Universal Declaration of Human Rights, uphold the dignity and integrity of the human body by prohibiting the sale of organs. This prohibition reflects a societal consensus that the human body should not be commodified, even in the face of organ shortages (Satz, 2010).

##### 1.1.4.2.2 Dignity in Donation and Transplantation Processes

The process of organ donation and transplantation is imbued with ethical considerations, central among them being the respect for human dignity. This respect is manifested in the adherence to stringent consent processes that ensure donors are fully aware of and agree to the donation, free from coercion or undue influence. The current reliance on altruistic donation in many countries is underpinned by the belief that such donations affirm the dignity of both donor and recipient by framing the act as one of generosity and solidarity rather than a commercial transaction (Querido, 2019).

In the context of living donations, the challenge is to maintain the donor's dignity by ensuring that the decision to donate is truly voluntary and informed, free from external pressures that might arise from financial incentives. The ethical concerns related to "undue inducement" and "unjust inducement" reflect the apprehension that financial compensation for organ donation could undermine the voluntary nature of the decision, thereby compromising the donor's autonomy and dignity (Querido, 2019).

#### 1.1.4.3 Autonomy and Decision-Making in Organ Donation

##### 1.1.4.3.1 Informed Consent

The principle of autonomy is paramount in the realm of organ donation, emphasizing the right of individuals to make informed decisions regarding their own bodies. This autonomy is operationalized through the process of informed consent, a foundational aspect of ethical medical practice. Informed consent ensures that individuals understand the implications, risks, and benefits associated with organ donation, allowing them to make decisions that align with their values and beliefs.

However, the introduction of financial incentives for organ donation complicates the notion of informed consent. The concern arises that such incentives might exert undue influence on potential donors, particularly those in financially vulnerable positions, thus clouding their ability to make truly autonomous decisions. The ethical challenge lies in distinguishing between genuine autonomy and decisions driven by external pressures, ensuring that consent remains informed and voluntary even in the context of incentivized donation (Erin, 2003).

#### 1.1.4.3.2 Autonomy and Financial Incentives

The debate around financial incentives for organ donation centers on the tension between respecting individual autonomy and protecting individuals from potential exploitation. Proponents argue that allowing individuals to sell their organs is an extension of their autonomy, giving them control over their own bodies. Critics, however, raise concerns that financial incentives might exploit the economically disadvantaged, coercing them into making decisions they would not otherwise consider (Satz, 2010); (Radcliffe Richards, 2003).

This ethical dilemma is further complicated by the diverse motivations that drive individuals to consider donating organs. While some may be motivated by altruism or the desire to help a loved one, the introduction of financial incentives introduces an economic motive that could potentially crowd out altruistic motivations. The challenge lies in creating a system that respects autonomy while safeguarding against the risks of coercion and commodification (Satz, 2010); (Erin, 2003).

#### 1.1.4.4 Ethical Dilemmas and Debates in Organ Commodification

##### 1.1.4.4.1 Commodification and Ethical Concerns

The concept of organ commodification stirs significant ethical debate, primarily centered on the moral repercussions of treating human body parts as marketable commodities. Opponents argue that commodification could dehumanize individuals by reducing parts of their bodies to items with monetary value, thus undermining the intrinsic worth and dignity of human life. This concern is not merely theoretical but is grounded in ethical principles that emphasize the sanctity of the human body and the potential devaluation that could occur within a market-driven framework for organ donation. The ethical discomfort with commodification is further compounded by fears of a societal shift where altruistic motivations for organ donation are overshadowed by financial considerations, potentially leading to a culture where economic incentives dominate decisions of profound personal and moral significance (Satz, 2010).

##### 1.1.4.4.2 Autonomy Within the Market Framework



While the market model for organ donation might appear to champion personal autonomy by providing individuals with more choices regarding their bodies, it raises substantial ethical questions about the nature and limits of this autonomy. The crux of the issue lies in determining whether an individual's decision to sell an organ is truly autonomous or is unduly influenced by external factors, particularly economic hardship. Critics of the market model express concerns that financial incentives could exploit vulnerable populations, coercing individuals into making decisions that they might not have considered under different circumstances. This potential for exploitation challenges the ethical validity of the market model, prompting a reevaluation of how autonomy is understood and protected within the context of organ donation. The ethical imperative, then, is to devise a system that respects individual autonomy while instituting safeguards to prevent coercion, exploitation, and the erosion of altruistic values in organ donation (Erin, 2003).

#### 1.1.4.5 Balancing Dignity and Autonomy

##### 1.1.4.5.1 Safeguarding Dignity and Autonomy

The regulation of organ donation must strike a delicate balance between safeguarding human dignity and respecting individual autonomy. Legal frameworks, such as those outlined in the Universal Declaration of Human Rights and the practices of various national health services, underscore the necessity of maintaining the human body's inviolability while allowing individuals to make autonomous decisions regarding organ donation. The challenge lies in crafting policies that prevent the potential exploitation inherent in financial incentives for organ donation while ensuring that consent processes remain robust, informed, and voluntary. This necessitates a multifaceted approach that includes stringent regulatory oversight, transparent processes, and comprehensive support for donors, addressing both the ethical and practical concerns raised by organ commodification (WHO, 2010).

##### 1.1.4.5.2 Cultural and Global Considerations

Organ donation policies must also navigate the complex terrain of cultural and global diversity. Cultural beliefs and practices significantly influence perceptions of organ donation, necessitating policies that are sensitive to these differences while promoting ethical standards universally. The global nature of organ demand and the potential for international organ markets demand coordinated efforts to establish policies that transcend national boundaries, preventing exploitation and ensuring equity in organ donation and

transplantation practices. This includes addressing the ethical concerns associated with "transplant tourism" and the exploitation of vulnerable populations in low-income countries. An international consensus, as reflected in declarations and guidelines by global organizations like the World Health Organization, can provide a foundation for ethical organ donation practices worldwide, promoting solidarity and respect for diverse cultural values in the face of global organ shortages (Satz, 2010); (Erin, 2003).

### **1.1.5 Exploitation and Inequality in Organ Markets**

#### 1.1.5.1 Ethical Dilemma

The commodification of human organs for transplantation is a global issue that intersects with various ethical, medical, and economic considerations. Organ commodification refers to the process of buying and selling human organs, often for transplantation purposes, turning them into commodities in a market-driven system. This practice is met with widespread controversy and is illegal in most countries, with notable exceptions where regulated or black markets exist.

Globally, there is a dire need for organs due to the high prevalence of conditions requiring transplantation, such as end-stage renal disease. This need far outstrips the available supply obtained through altruistic donation, leading to prolonged waiting lists and significant morbidity and mortality among those waiting for transplants. The scarcity of organs has prompted discussions about alternative methods to increase supply, including the possibility of establishing regulated organ markets.

The central ethical dilemma in organ commodification lies in the tension between increasing the organ supply to save lives and adhering to ethical principles that respect human dignity and equality. On one hand, proponents argue that creating a market could potentially alleviate organ shortage, thereby saving countless lives. They suggest that individuals should have the autonomy to decide what to do with their own bodies, including selling their organs if they choose.

On the other hand, critics raise significant ethical concerns about commodification, including the potential for exploitation of vulnerable populations who might feel compelled

to sell their organs out of financial desperation. There are also concerns about inequality, as organ markets could lead to a situation where only the wealthy can afford lifesaving transplants, further marginalizing disadvantaged groups. Moreover, there is a moral objection to treating the human body and its parts as commercial goods, which many argue devalues human life and undermines the altruism that underpins organ donation.

#### 1.1.5.2 Exploitation and Inequality definition

In the context of organ markets, exploitation refers to a situation where individuals, often in vulnerable positions, are taken advantage of for the benefit of others. This can occur when individuals, due to economic desperation or lack of alternatives, feel compelled to sell their organs, thus subjecting themselves to potential harm and ethical violation for the financial gain of others or even for the perceived 'greater good' of society's health needs. Exploitation is characterized by an imbalance of power and an unfair exchange, where the seller's consent is undermined by their circumstances rather than being a true reflection of their autonomy and free will (Wilkinson, 2003).

Inequality, within the framework of organ commodification, pertains to the disproportionate access to and distribution of organs based on socio-economic status, geography, race, or other societal divisions. It encapsulates a scenario where the wealthy have better access to life-saving organs, while the poor are either excluded from the benefits of transplantation or are disproportionately represented among organ sellers, exacerbating existing societal disparities. This aspect of inequality highlights concerns about justice and fairness in access to healthcare resources, suggesting that market-based solutions may privilege the ability to pay over medical need (Satz, 2010).

Margaret Jane Radin's exploration of "Contested Commodities" delves into the moral and ethical dilemmas presented by the commodification of certain goods and services, including human organs (Radin, 1996). Radin introduces the notion of "incomplete commodification," where the market logic applied to certain domains, such as the human body, clashes with deeply held societal values and personal identity. She posits that treating human organs as mere commodities for trade can erode social norms, exacerbate power imbalances, and lead to the exploitation of vulnerable individuals.

Radin's analysis is especially relevant to the debate on organ commodification, as it highlights the intrinsic conflict between market principles and the preservation of human integrity. She argues that the market's reach into areas traditionally governed by non-market norms raises critical ethical questions about consent, autonomy, and the potential dehumanization of individuals. Her work underscores the necessity of a nuanced approach to organ donation that respects the unique value of human life and body integrity, advocating for a system that safeguards against the risks of commodification while addressing the pressing need for organs.

### 1.1.5.3 Exploitation Risks in Organ Markets

#### 1.1.5.3.1 Exploitation in Organ Markets

Organ markets, particularly when unregulated, pose a significant risk of exploitation, especially for poor and vulnerable populations. The promise of financial gain in exchange for organs can exploit individuals in desperate circumstances, transforming a decision that should be made freely and with full consent into one driven by necessity. This exploitation is not merely transactional but also ethical, as it leverages individuals' misfortunes for the benefit of others, often without adequate protection for the seller's health and well-being (Moniruzzaman, 2012).

Instances of exploitation within the organ trade are well-documented, particularly in countries where regulatory oversight is minimal or non-existent. For example, research in countries like India and the Philippines has uncovered networks that prey on the poor, often misleading them about the consequences of organ donation and leaving them with lasting health issues and insufficient compensation (Goyal, 2002). These cases highlight not only the direct exploitation involved in the transaction but also the systemic exploitation that stems from global inequalities and the demand for organs in wealthier nations.

The decision to sell an organ is often influenced by a complex interplay of psychological and social pressures. Individuals facing extreme poverty, debt, or the responsibility to provide for their families may view organ sale as their only option, a decision made under duress rather than genuine consent. The psychological impact of this

decision can be profound, leading to regret, social stigma, and long-term mental health issues. The social pressures exerted by community expectations, familial obligations, and the immediate need for financial relief can coerce individuals into making choices against their better judgment and interest (Cohen, 2003).

#### 1.1.5.4 Inequality and Organ Commodification

##### 1.1.5.4.1 Reinforcing Social and Economic Inequalities

The introduction of organ markets introduces a multifaceted ethical dilemma, particularly accentuating social and economic disparities. In such markets, the ability to procure life-saving transplants is predicated on financial capability, effectively commodifying health and making it a privilege of the affluent. This shift not only entrenches existing healthcare access barriers for those in lower socio-economic brackets but also broadens the health disparity. Individuals already disadvantaged by their economic status find the competitive landscape of organ acquisition insurmountable, highlighting a stark commodification of health that favors wealth over medical necessity (Satz, 2010).

This economic grouping extends to the control and distribution of organs, where wealth not only buys health but also exerts a disproportionate influence over the organ supply. Fundamentally, could dictate the terms of organ availability, sidelining those without the means to participate in this market. This wealth dominance raises profound ethical questions regarding the integrity of the body and the justice of leveraging one's desperation for the health benefits of another. The foundational principle of equitable healthcare access is thus severely undermined in a landscape where financial wherewithal becomes the gatekeeper to health and survival (Malmqvist, 2015).

Further complicating this issue are the global implications of organ markets, which risk perpetuating a form of neo-colonial exploitation. Wealthier nations, driven by demand and bolstered by economic power, may turn to less developed countries as sources for organs, treating the bodies of the less fortunate as mere repositories for the health needs of the rich. This dynamic not only exacerbates global inequalities but also introduces a troubling ethical dimension regarding consent, autonomy, and the exploitation inherent in such cross-border organ transactions. The resultant scenario is one where international

disparities are not merely maintained but actively deepened, challenging the global community to reckon with the ethical ramifications of such practices (Scheper-Hughes, 2000).

#### 1.1.5.5 Regulatory Considerations and Safeguards

##### 1.1.5.5.1 Navigating the ethical complexities

Navigating the ethical complexities of organ commodification necessitates a robust regulatory framework designed to mitigate exploitation and inequality. Potential regulatory measures include stringent oversight mechanisms, transparent organ donation processes, and rigorous enforcement of ethical standards to ensure that the dignity and autonomy of all individuals are respected. The effectiveness of current legal frameworks, such as the Declaration of Istanbul on Organ Trafficking and Transplant Tourism, lies in their ability to set international norms against exploitative practices. However, the variability in enforcement and adherence across different jurisdictions underscores the need for a more unified global stance on organ trade regulation (Ambagtsheer, 2012).

International agreements and legal frameworks aim to curb organ trade exploitation by criminalizing the sale of organs and promoting ethical practices in organ donation and transplantation. Despite these efforts, challenges persist, including the existence of illicit organ trade networks and the lack of comprehensive legal protections in certain regions. This highlights the necessity for continuous evaluation and enhancement of legal frameworks to adapt to evolving challenges in the organ trade landscape (Capron, 2013).

To address these issues, proposals for ethical organ donation systems emphasize the need to balance the urgency of addressing organ shortages with the imperative to uphold ethical principles. Innovations such as presumed consent policies, paired donation programs, and the promotion of altruistic organ donation aim to increase organ availability without resorting to commodification. These systems strive to honor the principles of justice and equity, ensuring that organ donation remains an act of altruism rather than a commercial transaction, thereby respecting the inherent dignity and autonomy of donors and recipients alike (Malmqvist, 2015).

In creating these ethical organ donation systems, the focus must remain on safeguarding human rights, preventing exploitation, and ensuring equitable access to transplantation for all individuals, regardless of socio-economic status. Through collaborative international efforts and the implementation of thoughtful, ethical policies, it is possible to address the critical need for organs while upholding the highest standards of respect for human dignity and autonomy.

## **1.1.6 Commercialization of Healthcare**

### **1.1.6.1 Organ Commodification's Impact**

The concept of healthcare commercialization, characterized by the integration of market-driven mechanisms into the provision and management of healthcare services, has increasingly become a focal point of ethical, economic, and medical debate. Within this broad discourse, the specific issue of organ commodification — the practice of buying and selling human organs for transplantation — emerges as a particularly contentious topic, challenging traditional norms and practices within healthcare systems.

The genesis of organ commodification can be traced back to the critical and growing demand for transplantable organs, comparing against the scarce supply primarily sourced through altruistic donation. This gap has prompted discussions around alternative models to enhance organ availability, including market-based approaches. However, the transition towards the commodification of organs raises profound questions about the impact on healthcare systems, potentially altering foundational principles of medical practice and patient care.

### **1.1.6.2 The Shift Towards Commercialized Healthcare**

The movement towards healthcare commercialization represents a significant shift from a model traditionally rooted in service and altruism to one increasingly influenced by market principles. Historically, healthcare systems in many societies were structured around the premise of providing care based on medical need rather than the ability to pay. Over time, the escalating costs of healthcare services, advancements in medical technology, and changing societal expectations have propelled a gradual but definite integration of market

mechanisms into healthcare delivery. This shift has been marked by the growing involvement of private entities in healthcare provision and the adoption of market-based approaches in the management of public health services.

Organ commodification stands as a stark indicator of the extent to which market principles have permeated healthcare. Driven by the acute disparity between the demand for organ transplants and the limited supply through voluntary donation, the idea of a market for organs has gained traction as a potential solution to this imbalance. The transition from a donation-based system to one that entertains the possibility of organ trade represents a profound shift in the perception of organs from gifts of life to commodities with monetary value. This commodification not only challenges ethical norms but also raises questions about the impact on the broader healthcare system.

#### 1.1.6.3 Implications for Healthcare Systems

The integration of market dynamics into organ donation and transplantation has several implications for healthcare systems:

- **Resource Allocation:** The commodification of organs might lead to an allocation of healthcare resources that prioritizes transplant procedures for those who can afford to pay, potentially diverting attention and resources from other equally critical areas of healthcare.
- **Access to Services:** The commercialization of organs risks creating a two-tiered healthcare system, where access to life-saving transplants is contingent upon financial capability, exacerbating inequalities in healthcare access.
- **Medical Practice:** The shift towards a commercial model in organ transplantation may influence medical practice, with healthcare professionals navigating the complex interplay between market forces and the traditional ethos of medical care centered on patient welfare and ethical principles.



#### 1.1.6.4 Impact on Healthcare Systems

The commodification of organs within healthcare systems reshapes priorities and reallocates resources, often favoring transplant services that are market responsive. This shift can channel significant healthcare resources, including specialized staff and infrastructure, towards transplant-related services, potentially at the expense of broader healthcare needs such as preventive care and primary health services. The resultant reorientation underscores a critical challenge in commercialized healthcare environments: the balancing act between fulfilling market-driven demands and maintaining equitable, comprehensive healthcare provision (Hippen, 2008).

In tandem with these systemic shifts, access to healthcare services, particularly organ transplants, becomes increasingly stratified. In a commodified system, financial capability becomes a key determinant of access, creating a division where the wealthy can secure essential health services, while those less financially stable face barriers. This stratification is not merely theoretical but manifests in tangible disparities in healthcare access, particularly in regions with pronounced socio-economic divides (Sharp, 2000).

Illustrative case studies from around the globe provide concrete examples of these dynamics. In India, the exploitation within the organ trade, especially in less regulated environments, highlights the grim realities of commodification, where the poor are often coerced into selling organs, compromising their health and well-being for financial necessity. This scenario starkly contrasts with systems like that of the United States, where a highly commercialized healthcare framework offers cutting-edge medical services, including organ transplants, albeit at costs that can be prohibitive for many, reflecting the wider issue of healthcare accessibility in commercialized settings (Satz, 2010).

Iran presents an intriguing case with its regulated kidney market, an attempt to reconcile the organ shortage within a controlled market environment. While this approach has increased transplant numbers, it also raises ethical concerns about the long-term impacts on donors and the potential for economic pressures to unduly influence the decision to donate (Zargooshi, 2001).

#### 1.1.6.5 Ethical Considerations in Medical Practice

In a healthcare landscape increasingly influenced by market dynamics, particularly with the commodification of organs, healthcare professionals are confronted with complex ethical dilemmas. These dilemmas arise from the tension between adhering to long-standing medical ethics principles, such as beneficence, non-maleficence, autonomy, and justice, and navigating the realities of market-driven practices that may prioritize efficiency and profitability, especially in organ transplantation scenarios.

##### 1.1.6.5.1 Navigating Ethical Dilemmas in a Commodified Environment

Healthcare professionals, including physicians, surgeons, and transplant coordinators, face ethical challenges in determining how best to advocate for their patients within a system that might commodify life-saving treatments. For instance, the pressure to increase organ availability might conflict with the imperative to ensure that every organ donor makes a fully informed, voluntary decision free from financial coercion. The potential for donors to be motivated by financial desperation rather than altruism introduces an ethical conundrum for medical practitioners committed to patient welfare (Freeman RB, 2012).

##### 1.1.6.5.2 Balancing Medical Ethics with Market Dynamics

The intersection of medical ethics and market-driven practices in organ transplantation necessitates a delicate balance. On one side, the healthcare system's marketization introduces efficiency and innovation, potentially benefiting patients by increasing organ availability and improving transplantation outcomes. On the other, it risks undermining the ethical foundations of medical practice by commodifying human organs, potentially leading to inequitable treatment based on patients' financial resources rather than medical need.

Healthcare professionals are tasked with upholding ethical standards in patient care, ensuring that decisions are made in the patient's best interest, while also contending with the realities of a healthcare system that may prioritize market considerations. This balance requires critical engagement with ethical principles, continuous professional education on

emerging ethical issues, and a commitment to advocacy for policies that protect patient welfare and equity in access to transplantation services (Caplan, 2014).

#### 1.1.6.6 Quality of Care and Patient Outcomes

The commodification of organs and its influence on healthcare systems inevitably extends to the quality of medical care, patient safety, and treatment outcomes. In a healthcare environment where organ transactions are influenced by market dynamics, concerns arise regarding whether the imperative for profit might compromise the quality and safety of medical care. This scenario could lead to situations where the most advanced and effective treatments, including organ transplants, are reserved for those who can afford them, potentially leading to a two-tiered system of care that undermines the principle of equity in healthcare.

The quality of care in a commodified setting might be affected by the prioritization of procedures that are more profitable, such as organ transplants, over other equally necessary medical interventions. This focus could strain healthcare resources, diverting attention from comprehensive patient care and leading to disparities in treatment outcomes. Additionally, in a system driven by financial incentives, the rush to increase organ availability might lead to compromised donor screening processes, affecting the safety and success rates of transplant procedures (Danovitch, 2013).

Compounding these concerns is the effect of organ commodification on the foundational trust between patients and healthcare providers. The introduction of financial transactions into the organ procurement process can instill doubt in patients regarding the motivations behind medical recommendations. This skepticism towards healthcare providers' intentions—whether they are driven by patient welfare or financial gain—can undermine the trust that underpins the doctor-patient relationship. As this relationship erodes, potential repercussions include diminished patient engagement, hesitancy to seek necessary care, and a decrease in adherence to prescribed medical treatments, all of which are crucial for effective healthcare outcomes.

## **1.1.7 Allocation and Fairness**

### 1.1.7.1 Overview of organ allocation challenges in healthcare

The allocation of organs for transplantation presents a complex challenge that straddles the realms of medical urgency, ethical principles, and logistical efficiency. In the face of organ shortages, healthcare systems worldwide grapple with devising fair and effective methods to distribute available organs to those in need. The introduction of market mechanisms into this equation adds a layer of complexity, promising increased efficiency in organ allocation but also raising significant ethical concerns about fairness and equity.

Market mechanisms, by their nature, introduce the dynamics of supply and demand into organ allocation, potentially enhancing the system's responsiveness to the needs of patients. However, this approach also harbors the risk of prioritizing those with the financial means over those with the greatest medical need, thereby challenging the foundational ethical principle of fairness in healthcare. This introduction sets the stage for an exploration of how market influences might intersect with the critical task of organ allocation, aiming to balance the goals of increasing organ availability with ensuring equitable access to life-saving transplants for all individuals, regardless of socio-economic status.

### 1.1.7.2 Market Mechanisms and Allocation Efficiency

The introduction of market-based approaches to organ allocation presents a paradigm that could potentially enhance the availability of organs for transplantation. By applying principles of supply and demand, such approaches suggest that financial incentives might encourage more individuals to consider donating organs, thereby increasing the overall supply. The fundamental premise is that monetary compensation can serve as a powerful motivator, leading to a higher number of transplants and a reduction in waiting times for recipients.

Market mechanisms, known for their efficiency in various sectors, propose an intriguing solution to the mismatch between the high demand for organs and the limited supply. In theory, a market-driven system could dynamically adjust to fluctuations in demand and supply, ensuring a more responsive and efficient allocation process. By

providing incentives, whether financial or in other forms like healthcare benefits, the market could stimulate an increase in organ donations, potentially saving more lives.

However, the application of market mechanisms to organ allocation is not without its ethical and logistical challenges. The efficiency of matching supply with demand must be balanced with considerations of equity, consent, and the risk of exploitation. While the prospect of increased organ availability is compelling, it necessitates a careful examination of how these market approaches are structured and regulated to ensure that they serve the broader goals of fairness and patient welfare in the healthcare system.

#### 1.1.7.3 Fairness Concerns in Market-Based Allocation

Market-based approaches to organ allocation, particularly in the context of kidneys, introduce a paradigm where the dynamics of supply and demand are expected to enhance organ availability. This perspective suggests that financial incentives for donors might stimulate an increase in the organ supply, potentially alleviating the chronic shortages faced by transplantation programs. By aligning organ donation with market mechanisms, the efficiency of matching available organs with those in need could theoretically improve, reducing waiting times and possibly saving more lives (Satz, 2010).

However, this transition toward a market-driven system raises profound ethical concerns, particularly regarding fairness in organ allocation. The fundamental worry is that market mechanisms might prioritize the ability to pay over medical necessity, thereby undermining the principle of equitable access to healthcare. In such a scenario, the wealthy could have disproportionate access to life-saving transplants, exacerbating existing social and economic inequalities. This concern is not unfounded, as evidenced by the thriving black market for organs in regions with lax regulatory environments, where financial desperation drives individuals to sell their organs, often compromising their health and dignity (Scheper-Hughes, 2000).

The debate on ethical markets in human organs, as discussed by Erin and Harris (2003), and further critiques by Radcliffe Richards (2003), underscores the complex

interplay between enhancing organ supply and maintaining ethical integrity in organ allocation. The proposition of a regulated market, with safeguards against exploitation and a focus on equitable distribution, aims to mitigate these ethical dilemmas. However, the challenge lies in implementing a system that genuinely balances efficiency with fairness, ensuring that organ allocation remains guided by medical need and not financial capability.

#### 1.1.7.4 Equity in Access to Transplants

Introducing market mechanisms into the allocation of organ transplants raises significant concerns about equity in access, especially across diverse socio-economic groups. The principle of equity demands that individuals have equal opportunities to receive organ transplants based on medical need rather than financial capacity. However, market-driven approaches, with their inherent emphasis on supply and demand, risk creating a system where access to transplants is disproportionately available to those with greater financial resources, sidelining those from lower socio-economic backgrounds.

The potential for market mechanisms to skew access in favor of the wealthy is a pressing ethical concern, as it fundamentally contradicts the ethos of healthcare as a service oriented towards equity and justice. This disparity not only undermines the fairness of organ allocation but also exacerbates existing social and economic inequalities, creating a two-tiered healthcare system where the rich can buy life-saving treatments while the poor are left waiting.

To address these challenges and ensure fair access to transplants, several measures can be considered:

1. **Regulated Compensation Models:** Implementing systems where donors receive non-monetary benefits, such as health insurance or tax incentives, could encourage donation without directly linking organ provision to financial exchange. This approach could increase the organ supply while minimizing the risk of commodification.
2. **Needs-Based Allocation Systems:** Strengthening and strictly enforcing allocation policies that prioritize medical urgency and compatibility over the ability to pay

ensures that transplants are distributed based on patient needs rather than financial means.

3. **Public Awareness and Altruistic Donation:** Enhancing public education campaigns to promote altruistic organ donation can help maintain a high supply of organs without resorting to market transactions, preserving the principle of donation as a gift.
4. **International Collaboration and Oversight:** Establishing international standards and oversight mechanisms can help prevent transplant tourism and the exploitation of vulnerable populations, ensuring that global disparities do not influence local access to transplants.

By implementing these measures within a framework that emphasizes ethical considerations and equitable access, it is possible to mitigate the risks associated with market mechanisms in organ allocation. Ensuring that every individual, regardless of socio-economic status, has equitable access to life-saving transplants is essential to maintaining the integrity and fairness of healthcare systems.

### **1.1.8 Organ Trafficking**

#### **1.1.8.1 Introduction to Organ Trafficking and Commodification**

The idea between organ commodification and trafficking presents a complex ethical landscape, mixing the dire need for organs with the moral integrity of healthcare systems. As organ shortages persist globally, the allure of market-based solutions to augment organ supply intensifies, potentially paving the way for increased organ availability. The economic perspective posits that incentivizing donors through monetary compensation could effectively mitigate organ scarcity, presumably aligning with a libertarian view that champions personal autonomy over one's body parts (Satz, 2010).

However, this commodification of organs carries the risk of exacerbating organ trafficking, a shadowy counterpart to legitimate organ donation. The legal and ethical frameworks across most nations, underpinned by guidelines from global bodies like the United Nations and the World Health Organization, staunchly oppose organ sales, emphasizing altruistic donation as the cornerstone of organ procurement systems. Despite these prohibitions, a clandestine market thrives, particularly in regions where enforcement

is lax, underscoring a persistent gap between the ideal of altruistic donation and the reality of supply-demand imbalances (Querido, 2019).

The ethical conundrum deepens when considering the impact of commodification on the fairness and integrity of organ allocation. Market mechanisms, while potentially efficient in bridging supply gaps, may inadvertently prioritize financial capability over medical necessity, thereby undermining the equitable access to healthcare. This concern is not unfounded, as evidenced by the thriving black market for organs, where financial desperation compels individuals to part with their organs, often at the expense of their health and dignity (Goyal, 2002); (Scheper-Hughes, 2000).

#### 1.1.8.2 Organ Commodification as a Catalyst

Exploring market-based approaches to organ donation reveals a potential inadvertent catalyst for the illegal organ trade. While the intention behind these approaches is to alleviate the critical shortage of organs for transplantation by incentivizing donors, the underlying market mechanisms could inadvertently lower barriers for organ trafficking operations. This connection raises significant ethical and legal concerns, highlighting the complex interplay between increasing organ availability and safeguarding ethical standards in organ donation and transplantation practices.

The ethical concerns surrounding a market-driven organ allocation system primarily revolve around the fairness of such an approach. The potential for market mechanisms to prioritize individuals based on their ability to pay, rather than their medical need, challenges the foundational principles of equity in healthcare. This prioritization not only contradicts the ethos of medical care but also risks exacerbating existing inequalities within healthcare systems, creating a division where wealth dictates access to life-saving treatments (Moniruzzaman, 2012).

Furthermore, the commodification of organs through market mechanisms could unintentionally facilitate organ trafficking by legitimizing financial transactions for organs. This legitimization might blur the lines between ethical organ donation and illicit organ



trade, making it challenging to regulate and monitor organ transactions effectively. The existence of a regulated market for organs could serve as a cover for illegal activities, complicating efforts to combat organ trafficking and protect vulnerable populations from exploitation (Scheper-Hughes, 2003).

Addressing these challenges necessitates a careful examination of market-based approaches to organ donation within a robust ethical and regulatory framework. Proposals for mitigating the risks associated with organ commodification include implementing stringent oversight mechanisms, enhancing public awareness campaigns to promote altruistic organ donation, and fostering international collaboration to establish and uphold ethical standards in organ donation and transplantation. By navigating these ethical complexities, it is possible to develop solutions that increase organ availability while maintaining the integrity of healthcare systems and protecting individuals from exploitation.

#### 1.1.8.3 Ethical and Legal Implications

The ethical landscape surrounding organ commodification is fraught with dilemmas, especially when considering its potential to facilitate organ trafficking. Ethically, the commodification of organs raises significant concerns about the potential exploitation of vulnerable individuals, who, driven by financial distress, may be coerced into parting with their organs. This scenario starkly contrasts with the principles of voluntary and informed consent, foundational to the ethical practice of organ donation. Moreover, commodification risks eroding the altruistic basis of organ donation, a principle that has historically underpinned organ donation programs globally, by introducing financial incentives into the equation (Sharp, 2000).

The intersection of organ commodification and trafficking blurs the ethical boundaries between lawful, consensual organ donation and the illicit organ trade, posing challenges to maintaining the moral integrity of organ procurement systems. The advent of market-driven organ donation models could inadvertently lend legitimacy to the practices associated with organ trafficking, particularly in regions where regulatory frameworks may be less robust (Scheper-Hughes, 2000).

In response to these challenges, a variety of legal frameworks and international agreements have been established, such as the Declaration of Istanbul on Organ Trafficking and Transplant Tourism, alongside national legislations aimed at curbing the sale of organs and criminalizing organ trafficking. These legal measures seek to safeguard individuals from exploitation and uphold the ethical standards governing organ donation and transplantation. Nonetheless, the efficacy of these frameworks in counteracting the implications of organ commodification hinges on stringent enforcement and global collaboration, underscoring the need for vigilance in monitoring and combating organ trafficking networks that operate across national boundaries (Budiani-Saberi, 2008).

Addressing the ethical and legal challenges necessitates a comprehensive strategy that reinforces legal prohibitions against organ trafficking, enhances international cooperation for enforcement, and cultivates an ethical culture of organ donation predicated on altruism. Such a multifaceted approach ensures the protection of individual rights and dignity in organ donation practices, preserving the life-saving potential of organ transplantation within an ethical framework.

#### 1.1.8.4 Proposals for regulatory and ethical frameworks

To mitigate the risks associated with organ commodification and its potential to exacerbate organ trafficking, comprehensive regulatory and ethical frameworks are essential. These frameworks should aim not only to regulate organ donation and transplantation practices but also to uphold the highest ethical standards, ensuring that the dignity and rights of all individuals are respected.

##### 1.1.8.4.1 Regulatory and Ethical Frameworks

1. **Enhanced Oversight and Transparency:** Implementing robust oversight mechanisms that ensure transparency in organ donation and transplantation processes is crucial. This includes stringent monitoring of organ procurement organizations and healthcare facilities involved in transplantation to prevent any form of commercialization or unethical practices.

2. **Strengthening Informed Consent:** Reinforcing the process of informed consent is paramount. Potential donors must be fully informed about the risks and implications of organ donation, free from any form of coercion or financial inducement. Ethical guidelines should emphasize the voluntariness and altruism of organ donation, safeguarding against any practices that might commodify human organs (Capron, 2013).
3. **Prohibition of Financial Incentives:** Clear legal statutes that prohibit financial incentives for organ donation can help curtail the commodification of organs. While compensation for direct expenses related to the donation process is permissible, laws should strictly forbid any form of profit or financial gain from organ donation (Budiani-Saberi, 2008).

#### 1.1.8.4.2 International Cooperation and Enforcement

1. **Harmonization of Legal Frameworks:** International cooperation is key in harmonizing legal frameworks across countries to prevent organ trafficking. This includes adopting and enforcing international conventions and guidelines, such as the Declaration of Istanbul, which set out principles for ethical organ donation and transplantation (Budiani-Saberi, 2008).
2. **Cross-Border Enforcement Mechanisms:** Establishing cross-border enforcement mechanisms can enhance the capacity to combat organ trafficking networks that operate internationally. This requires collaboration between law enforcement agencies, healthcare regulators, and international organizations to ensure effective monitoring and prosecution of trafficking activities (Ambagtsheer, 2016).
3. **Public Awareness and Education:** Global campaigns aimed at raising public awareness about the ethical implications of organ trafficking and the importance of altruistic organ donation can help reduce demand for trafficked organs. Educating the public about the risks and ethical concerns associated with organ trafficking is crucial in fostering a culture of ethical organ donation.

By implementing these proposals within a framework of international cooperation and robust ethical oversight, it is possible to address the challenges posed by organ commodification while safeguarding against the risks of increased organ trafficking. Ensuring the integrity

and fairness of organ donation and transplantation practices requires a concerted effort from all stakeholders, underpinned by a commitment to ethical principles and human rights.

### **1.1.9 Health and Safety Risks**

#### 1.1.9.1 Overview of organ commodification and its prevalence.

The commodification of human organs, where organ donation and transplantation are driven by market mechanisms and financial incentives, presents a paradigm shift from traditional altruistic models. This shift, while potentially addressing the critical shortage of available organs for transplantation, introduces a myriad of health and safety risks that warrant thorough examination. The crux of these concerns lies not only in the physical well-being of both donors and recipients but also in the psychological and ethical realms, where the implications of commodification extend beyond the operating room.

For donors, the allure of financial compensation might overshadow the inherent risks associated with organ donation, leading to decisions made under economic duress rather than informed medical consent. This scenario raises questions about the voluntariness of consent and the potential for exploitation, particularly among economically vulnerable populations. The health and safety risks for donors in a commodified system are multifaceted, encompassing immediate surgical risks, long-term health implications, and psychological impacts.

Recipients, on the other hand, face a different set of risks. While the primary concern remains the health and compatibility of the transplanted organ, commodification introduces additional layers of risk. These include the potential for compromised organ quality due to rushed or unethical procurement processes and the psychological burden of participating in a system that may prioritize financial transactions over ethical medical practices.

#### 1.1.9.2 Risks to Donors

In the context of commodified organ donation systems, the introduction of financial incentives for living kidney donors presents significant ethical and medical dilemmas, particularly concerning the health and autonomy of donors. The World Health Organization

(WHO) emphasizes the importance of informed and voluntary consent, alongside professional care and comprehensive follow-up for living donors, underscoring the critical need for maintaining high ethical standards in the donation process (WHO, 2010). However, financial incentives risk introducing coercion and commodification into the organ donation process, challenging the ethical foundation rooted in altruism and informed consent (Sharp, 2000).

The proposition of a regulated market for human organs, as debated by Erin and Harris (2003), suggests that such a market could address some ethical concerns related to commodification, particularly the risk of exploitation. They advocate for a confined marketplace with a single purchaser system, presenting a potential framework to ethically navigate the complexities of organ commodification while ensuring donor protection (Erin, 2003).

However, the commodification of organs raises fundamental ethical issues that could undermine the intrinsic value of human life and dignity. Current legal and ethical prohibitions against organ sales, supported by both international guidelines and national laws, aim to prevent vulnerable individuals' exploitation and uphold the moral integrity of organ donation systems (Capron, 2013). These regulations highlight the global consensus on the importance of altruistic organ donation and the ethical principles that should govern organ procurement and (Scheper-Hughes, 2000).

While commodification may offer a potential avenue to increase organ supply, the associated ethical and health risks to donors warrant meticulous scrutiny. The preservation of the donation process's integrity, anchored in informed consent and donor welfare protection, is paramount. Ethical frameworks and legal standards are essential in safeguarding these values, ensuring that organ donation remains a practice characterized by altruism, equity, and respect for human dignity

### 1.1.9.3 Risks to Recipients

The potential health risks faced by recipients obtaining organs through commodified channels necessitate a thorough analysis, particularly concerning issues of organ

compatibility and quality. In commodified systems where financial transactions dictate organ allocation, the imperative to maximize profit may compromise the stringent medical standards typically upheld in altruistic donation systems. This could result in suboptimal matching of donors and recipients, increasing the risk of transplant rejection and other complications (Budiani-Saberi, 2008). Moreover, the quality of organs procured in such a system might be questionable, as the pressure to meet market demand could lead to shortcuts in donor screening and organ preservation processes, potentially endangering recipient health.

Beyond the physical health implications, the psychological impact on recipients aware that their organs were procured through commercial transactions warrants consideration. The knowledge that a life-saving organ was obtained in exchange for financial compensation can engender complex emotions, including guilt, ethical conflict, and concerns about the exploitation of the donor. These psychological factors can significantly affect recipients' post-transplant well-being and their perception of the transplant process (Sharp, 2000).

In this context, it is crucial to maintain rigorous ethical and medical standards in organ transplantation to protect recipients from both physical and psychological harm. Policies and practices must prioritize organ compatibility and quality, irrespective of the procurement method, to ensure optimal transplant outcomes. Additionally, supporting recipients through transparent communication and psychological counseling can help mitigate the potential emotional distress associated with commodified organ transplants (Danovitch, 2013).

## **1.1.10 Stakeholder Perspectives in Organ Commodification**

### 1.1.10.1 Donors

Exploring the perspectives of donors within commodified organ donation systems reveals a complex tapestry of ethical considerations, motivations, and concerns. At the heart of this discourse is the tension between the pragmatic drive to increase the organ supply and the imperative to maintain the dignity and autonomy of donors. The commodification of organs, characterized by the introduction of financial incentives for donation, poses significant ethical dilemmas that warrant careful scrutiny.

Shaw and Bell (2015) delve into the intricacies of living kidney donors' attitudes towards compensation, shedding light on the nuanced considerations that accompany the decision to donate. Their research suggests that while financial incentives might ostensibly serve to encourage donation, they introduce a commodification element that blurs the lines between altruistic giving and commercial transactions. This commodification raises profound ethical questions about the nature of donation, potentially transforming it from an act of generosity into a market-driven exchange. The implications of this shift are broad, challenging the foundational principles of organ donation and raising concerns about the potential exploitation and commodification of donors' bodies (Shaw, 2015).

Further complicating this landscape, Schweda and Schicktanz (2009) explore the broader societal and ethical implications of organ commodification. Their work suggests that the commercialization of organs challenges deeply held intuitions about the altruistic nature of organ donation. This commodification not only impacts individual donors but also resonates at a societal level, altering the collective perception of organ donation from a communal act of solidarity to a transactional relationship. This shift poses ethical challenges that extend beyond individual transactions, affecting societal values and norms surrounding the concept of bodily autonomy and the sanctity of human life (Schweda, 2009).

Koplin (2017) addresses the ethical landscape surrounding kidney sales and advanced donation programs, highlighting the nuanced ethical challenges inherent in commodified donation models. While such models may share superficial similarities with

traditional altruistic donation programs, the introduction of financial incentives introduces a complex web of ethical considerations, including the risk of donor exploitation and coercion. Koplin's analysis underscores the importance of safeguarding donor autonomy and ensuring that the decision to donate, even within a compensated framework, remains free from undue influence and coercion (Koplin, 2017).

It becomes evident that the commodification of organ donation is fraught with ethical complexities that demand a careful and nuanced response. While the potential to increase the organ supply through financial incentives is compelling, the ethical implications for donors cannot be overlooked. The challenge lies in navigating this ethical terrain, ensuring that any move towards commodification is underpinned by robust safeguards that protect donors' dignity, autonomy, and well-being. The pursuit of increased organ availability must not come at the cost of compromising the foundational ethical principles that underpin the practice of organ donation. As such, the discourse on commodification must remain attuned to the voices of donors, ensuring that their perspectives and concerns guide the development of ethical and policy frameworks in organ donation.

#### 1.1.10.2 Recipients

Recipients' attitudes towards receiving organs through commodified channels present a complex interplay of gratitude, ethical dilemmas, and health concerns. The knowledge that an organ has been obtained via a commercial transaction introduces a series of ethical considerations that recipients must grapple with, alongside the standard concerns associated with organ transplantation.

Campbell (2016) in "Why a market in organs is inevitably unethical" argues that organ trading inherently contradicts ethical principles due to the commodification it entails. For recipients, this commodification can evoke a moral quandary, as the life-saving organs they receive are entangled in transactions that may exploit the vulnerability of donors. The survival of recipients and the transplanted organs depend not only on medical compatibility and post-operative care but also on the ethical integrity of the organ procurement process. The awareness that an organ was acquired through market mechanisms can burden recipients



with ethical concerns about participating in a system that commodifies human body parts (Campbell, 2016)

Ikels (2013), in "The anthropology of organ transplantation," delves into transplant tourism and the commodification of organs, shedding light on recipients' views about the nature of the organ they receive. Recipients' perceptions of the organ, including how it is incorporated into their sense of self, are influenced by the context of the organ's procurement. The commodification of organs can complicate recipients' emotional and psychological integration of the transplant, as they navigate the implications of receiving an organ that has been bought and sold (Ikels, 2013).

Berzon (2018) discusses Israel's 2008 Organ Transplant Law and the ethical challenges associated with the priority points model. This legislation offers insights into the complexity of creating ethical frameworks that balance the need to increase organ donation rates while avoiding commodification. Recipients in systems where organ allocation is influenced by contributions to the organ pool may face unique psychological impacts, particularly if they perceive the system as commodifying organs. The balance between incentivizing donation and maintaining ethical standards poses significant challenges for recipients, who must reconcile their need for an organ with their values and beliefs about organ commodification (Berzon, 2018).

#### 1.1.10.3 Healthcare professionals

Healthcare professionals find themselves at the crossroads of medical ethics and the practicalities of saving lives when it comes to organ commodification. Their perspectives are shaped by the dual mandate of adhering to ethical principles while also addressing the pressing need for organs to save patients' lives.

Wilkinson (2000), in "Commodification arguments for the legal prohibition of organ sale," explores the ethical concerns surrounding the commodification of the human body through organ sales. Healthcare professionals often grapple with the implications of commodification, which might involve treating organs as mere commodities rather than parts of a human being deserving of respect and dignity. This commodification can challenge

the foundational ethical principles of medicine, such as beneficence, non-maleficence, and respect for autonomy, placing healthcare professionals in an ethically challenging position (Wilkinson, 2000).

Schweda and Schicktanz (2009), in their examination of public and professional attitudes towards organ donation and sale, highlight the ethical dilemmas faced by healthcare professionals. The commodification of organs can lead to conflicts between the desire to increase organ availability and the need to maintain ethical standards in medical practice. Healthcare professionals must navigate these complex ethical landscapes, balancing the benefits of potentially saving more lives with the risks of undermining the ethical integrity of the organ donation process (Schweda, 2009)

De Castro (2003) discusses the ethical implications of compensated organ donation, shedding light on healthcare professionals' concerns regarding exploitation and the ethical commodification of organs. The possibility of financial incentives leading to coercion or undue influence raises significant ethical concerns for healthcare professionals, who are tasked with ensuring that organ donation decisions are made freely and informedly, without any external pressures that could compromise donor autonomy (De Castro, 2003).

These perspectives underscore the challenges healthcare professionals face in the context of organ commodification. Balancing the urgent need for organs with the imperative to uphold ethical standards in medical practice requires careful consideration, robust ethical frameworks, and ongoing dialogue among all stakeholders involved in organ donation and transplantation.

#### 1.1.10.4 Society

Societal attitudes towards organ commodification are deeply influenced by a tapestry of cultural, ethical, and legal considerations, reflecting the complexity of integrating market mechanisms into the domain of organ donation and transplantation.

Culturally, the perception of organ commodification varies significantly across societies, influenced by historical, religious, and social norms. In some cultures, the body

and its parts are considered inviolable, with organ donation viewed as an altruistic act. The introduction of commodification can clash with these deeply held beliefs, leading to societal resistance and ethical concerns about the sanctity of the human body.

Ethically, the commodification of organs raises questions about the principles of equity, justice, and autonomy. Society grapples with the moral implications of assigning monetary value to human organs, debating whether such practices undermine the altruistic foundation of organ donation or represent a pragmatic solution to organ shortages. The potential for exploitation and coercion, particularly of vulnerable populations, adds layers of ethical complexity to the discourse on organ commodification (Capron, 2013).

Legally, societal attitudes are reflected in the frameworks governing organ donation and transplantation. Many jurisdictions prohibit the sale of organs, emphasizing voluntary, unpaid donations to preserve ethical standards and prevent exploitation. However, the persistent shortage of available organs for transplantation prompts ongoing debates about the efficacy and morality of these legal prohibitions, with some advocating for regulated markets as a means to increase organ supply while safeguarding donors' and recipients' rights (Delmonico, 2002).

Societal attitudes towards organ commodification are shaped by a confluence of cultural, ethical, and legal factors, reflecting the broader values and principles of each society. Understanding these attitudes is crucial for developing organ donation policies that are both effective in addressing organ shortages and respectful of the diverse cultural and ethical landscapes in which they operate.

## **Practical Part**

### **Research methods**

The literature review looked into the deep and varied debates around turning human organs into items for trade. It discussed how this idea challenges our views on individual rights, respect, fairness, and its wider effects on healthcare systems. Building on this groundwork, we're now moving to the practical part. We'll be looking at what people and healthcare workers actually think about buying and selling organs. To do this, I conducted a survey with the public and spoke directly with doctors and nurses. This next step will help connect the discussions from academic papers to what people in society and the medical field really believe, giving us a fuller picture of the issue.

In conducting the research, it was crucial to ensure that all survey participants, regardless of their prior knowledge or familiarity with the topic, had a clear understanding of the subject matter. To achieve this, the survey began with a concise yet informative introduction to the concept of organ commodification. This introductory segment aimed to provide a foundational understanding of the ethical, medical, and societal implications of trading human organs for transplantation purposes. By equipping participants with this essential background information, the survey sought to enable informed and thoughtful responses, ensuring that the findings reflected a genuine and well-considered perspective on the complex issues at hand, even from those who might not have previously engaged with the topic.

For the practical research component of this thesis, which focuses on "Public and Professional Attitudes Towards the Ethics of Commodification of Human Organs," a dual-method approach was employed. This involved conducting two distinct surveys tailored to two key demographic groups within the Czech Republic: the general public and medical professionals. The objective was to gather nuanced insights that could show the ethical considerations and attitudes surrounding the topic of organ commodification from both a societal and medical perspective.

The survey designed for the general public comprised 7 questions, structured as a Likert scale to gauge the intensity of respondents' opinions on various aspects of organ commodification. This format was chosen to facilitate a quantitative analysis of public sentiment, allowing for a clear depiction of trends and general attitudes within the broader population. In contrast, the medical professionals were engaged through a set of 6 open-ended questions, aimed at eliciting detailed, qualitative insights into their professional judgments and ethical stances on organ commodification. This approach was intended to capture the depth and complexity of medical professionals' perspectives, recognizing the intricacies involved in their roles and the ethical dilemmas they face.

Both surveys were distributed using Google Forms, a decision driven by the platform's accessibility and ease of use. This choice ensured a straightforward participation process for respondents and streamlined data collection and analysis. The rationale behind the structure of these surveys was closely aligned with the thesis's objectives—to dissect and compare the ethical viewpoints and concerns of the public and professionals regarding organ commodification. By tailoring the surveys to elicit specific types of responses—quantitative from the public and qualitative from professionals—the research aimed to construct a comprehensive understanding of the ethical landscape that surrounds the commodification of human organs.

## **Choice of participants**

The public survey aimed to capture a broad spectrum of opinions on the commodification of human organs, drawing participants from a diverse cross-section of the Czech population. Respondents included individuals of all ages and genders, providing a rich and varied perspective that mirrors the demographic complexity of the nation. This inclusivity was pivotal in ensuring that the survey results reflected a wide range of societal viewpoints, thereby enhancing the robustness and relevance of the findings.

The selection process for the public survey employed a random sampling technique, albeit with a personalized approach. Participants were chosen through a network-based random selection from my circle of friends, family, and extended connections. This method

allowed for a degree of randomness within a familiar and accessible pool of potential respondents, ensuring a comfortable and trusting environment for participants to share their views. While this approach leverages existing social networks, it aimed to minimize selection bias by randomly inviting individuals from various segments of my network, thus striving for a representative cross-section of the public.

On the professional side, the survey engaged a specialized group of medical practitioners, including doctors, nurses, surgeons, and medical philosophers, with the notable inclusion of a Czech Knight of Medicine. This selection was intended to encompass a wide range of expertise and experiences within the medical field, from frontline clinical practice to ethical and philosophical deliberation on medical issues. The diversity in professional backgrounds among the participants was crucial in capturing a comprehensive and nuanced understanding of the professional stance on organ commodification.

The recruitment of medical professionals was facilitated through my personal and professional networks, leveraging connections with friends and family to identify potential participants. This approach not only ensured access to a diverse group of medical experts but also fostered a sense of trust and openness in the interview process. The selection was based on the participants' occupational roles and experience in the medical field, with an emphasis on obtaining a balanced representation of various specialties and perspectives. Despite reaching out to 17 professionals, 9 agreed to participate, reflecting a range of attitudes towards discussing such a sensitive and complex topic. This response rate highlights the varied levels of comfort and willingness among medical professionals to engage in discussions on the ethical dimensions of organ commodification.

## **Results and Discussion**

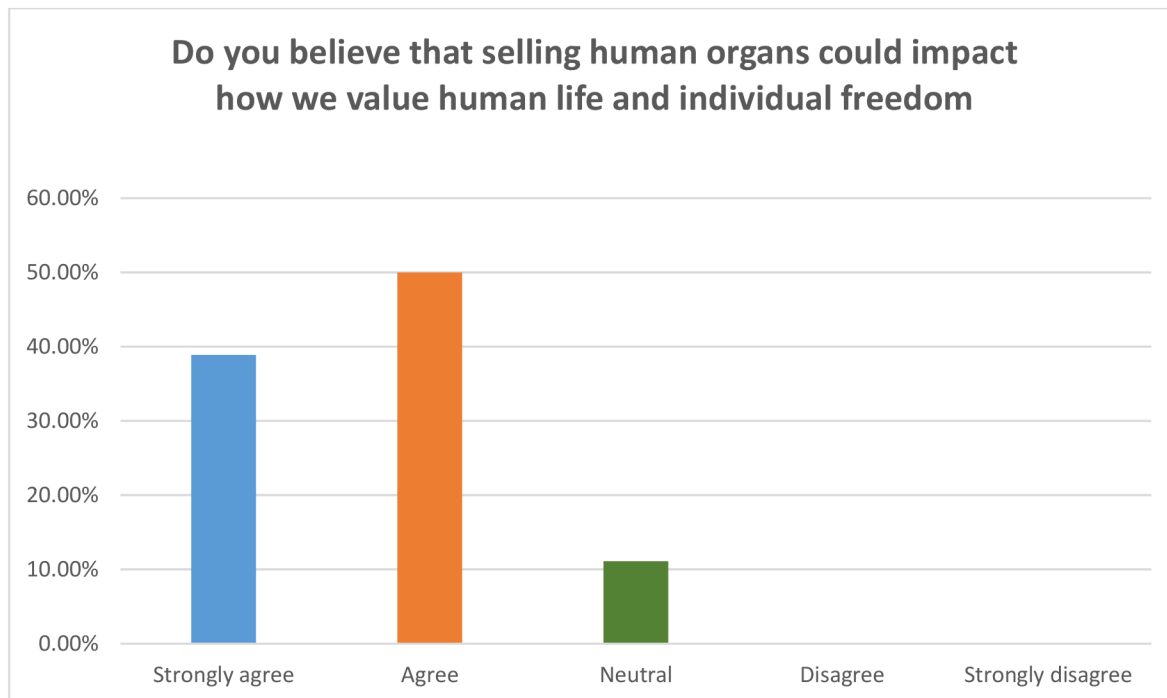
### **Overview of Response Rates**

The practical component of this thesis garnered significant participation, with a total of 286 individuals responding to the public survey, offering a broad spectrum of perspectives on the commodification of human organs. On the professional front, out of 17 medical professionals approached for in-depth interviews, 9 agreed to participate, providing valuable insights into the ethical and practical dimensions of the topic from a healthcare standpoint.

The reasons for non-participation among the eight medical professionals who declined to be interviewed varied, reflecting a range of concerns and priorities. Some expressed that they felt there were more pressing issues within the medical field that required their attention, suggesting a prioritization of immediate healthcare challenges over ethical debates on organ commodification. Others indicated a discomfort with the topic itself, citing personal or professional ethical convictions that made them hesitant to engage in discussions about the commodification of human organs. A few mentioned time constraints as a significant barrier, given the demanding nature of their roles in healthcare settings, which limited their availability to participate in additional research activities.

## Public Survey Findings

Figure 1 - Public understanding survey question 1



Source: Own processing

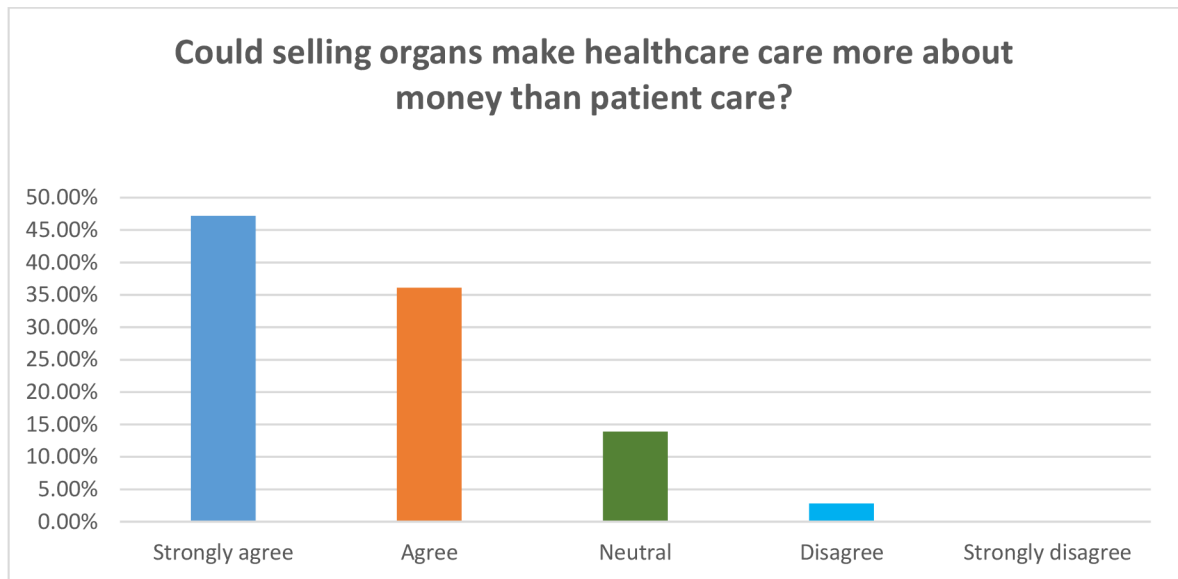
The distribution of responses to Figure 1, asking participants on whether the sale of human organs impacts societal valuations of human life and individual freedom, reveals a pronounced leaning toward agreement with the proposition. A combined total of 88.9% of respondents either 'agree' or 'strongly agree,' signifying a prevalent apprehension regarding the commodification of organs. This response pattern may be interpreted as a reflective acknowledgment of the potential for commodification to alter fundamental ethical perceptions and societal values.

The absence of any respondents selecting 'disagree' or 'strongly disagree' is particularly telling. This unanimity could suggest a widely shared ethical stance among the surveyed group or perhaps indicate a societal norm that dissuades the outright rejection of the idea that commodifying organs could have detrimental implications. Alternatively, it might reflect a resistance to openly endorse organ commodification due to prevailing cultural or moral viewpoints.



Moreover, the 11.1% of respondents who chose 'neutral' present an interesting subset. This neutrality might indicate ambivalence or a lack of informed opinion on the matter, suggesting a potential area for further education and discussion. It could also point to an internal conflict between the practical desire to solve organ shortages and the discomfort with the concept of commodification.

Figure 2 - Public understanding survey question 2



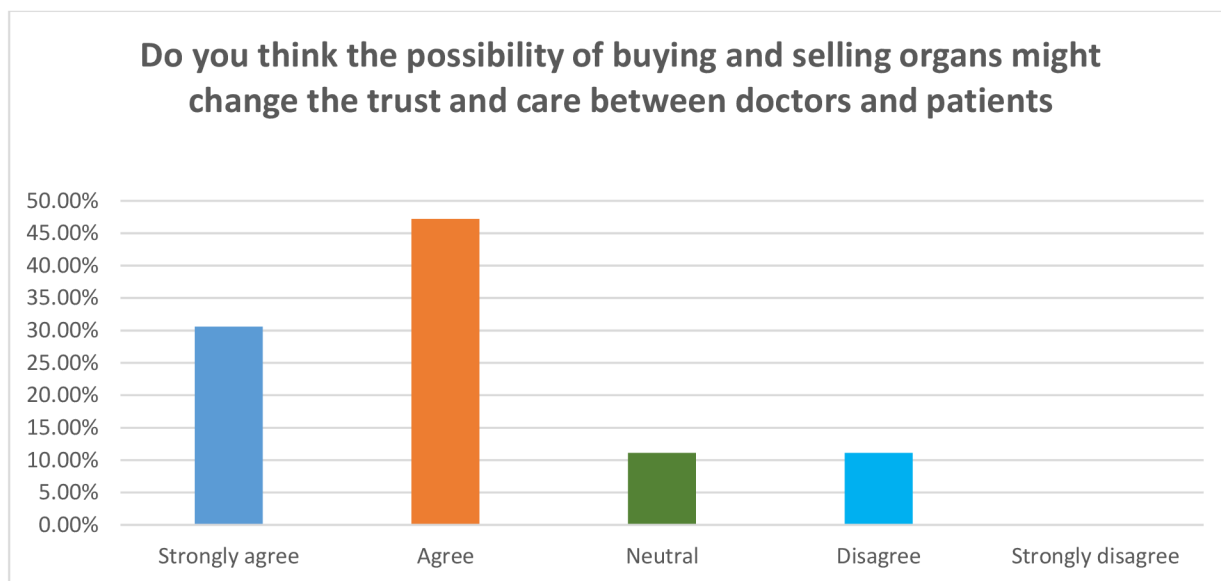
Source: Own processing

The response distribution for the question "Could selling organs make healthcare care more about money than patient care?" illustrates an overarching concern among the survey participants about the potential for financial incentives to skew healthcare priorities. With 47.2% 'strongly agreeing' and 36.1% 'agreeing,' there is a dominant sentiment—amounting to 83.3%—that suggests a fear that the commodification of organs could lead to a healthcare system that prioritizes profitability over patient welfare.

The presence of 13.9% of respondents in the 'neutral' category may indicate a segment of the population that either remains undecided on the issue or lacks sufficient information to form a definitive opinion. This could also represent a cautious stance, possibly reflecting an awareness of the complexities involved in integrating financial models into healthcare.

Notably, a small percentage, 3%, chose 'disagree,' which, while minimal, introduces a counter-narrative to the prevailing trend. This dissenting minority might include individuals who believe that financial transactions can coexist with ethical patient care or that a regulated market could enhance healthcare efficiency without undermining care quality. The fact that there were no respondents who 'strongly disagreed' could suggest that the concerns about monetizing organ donation are significant enough that outright dismissal of these worries is rare among the surveyed group.

Figure 3 - Public understanding survey question 3



Source: Own processing

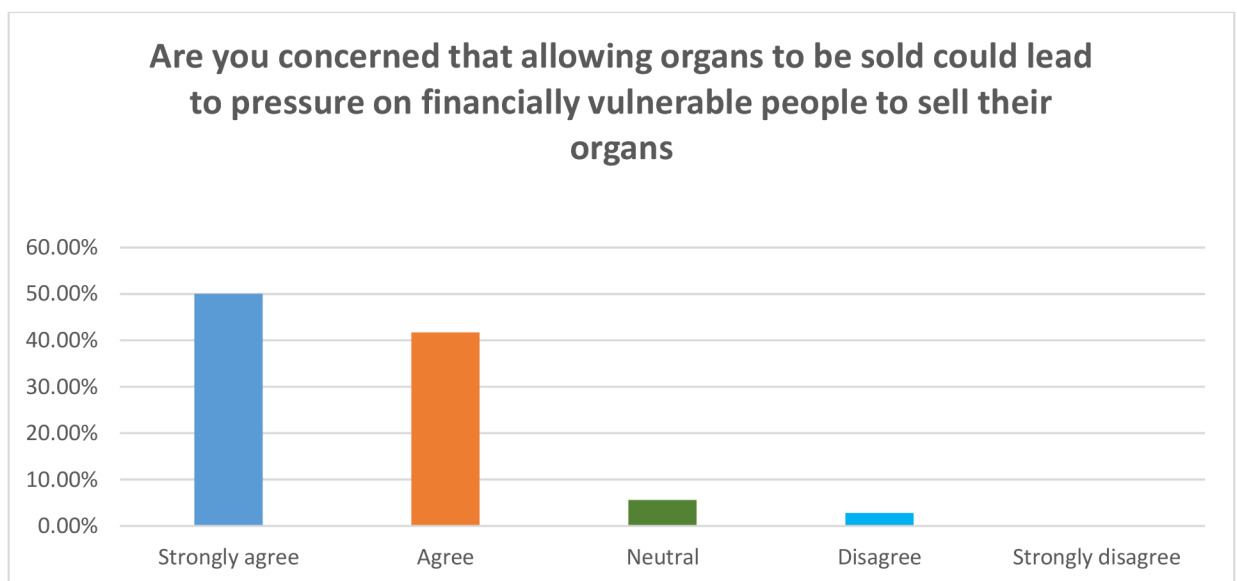
The survey responses to the question "Do you think the possibility of buying and selling organs might change the trust and care between doctors and patients?" indicate a predominant belief that the commodification of organs could indeed impact the doctor-patient relationship. A notable 77.8% of participants—comprising 30.6% who 'strongly agree' and 47.2% who 'agree'—suggest that introducing market dynamics into organ donation might erode the trust and alter the nature of care provided by healthcare professionals.

The data reflects a potential concern among the majority of the respondents that financial transactions for organs could shift the perception of medical practice from a service based on care and trust to one influenced by financial considerations. This shift could be viewed as detrimental to the foundational trust necessary for effective healthcare delivery and patient welfare.

A portion of the survey population, 11.1%, remains 'neutral' on the issue, possibly indicating uncertainty or ambivalence about the impact of organ commodification on the doctor-patient relationship. This neutrality could stem from a recognition of the complexity of the issue or an acknowledgment of the potential for both positive and negative outcomes.

Meanwhile, 11% of respondents 'disagree' with the statement, offering a contrasting viewpoint that suggests confidence in the ability of healthcare professionals to maintain trust and care regardless of the commodification aspect. This could reflect a belief in the professionalism and ethical standards of doctors that would withstand the pressures of a market-based organ donation system. The absence of any respondents who 'strongly disagree' seems to underscore the general concern about the issue, albeit with some room for differing opinions on its magnitude.

Figure 4 - Public understanding survey question 4



Source: Own processing

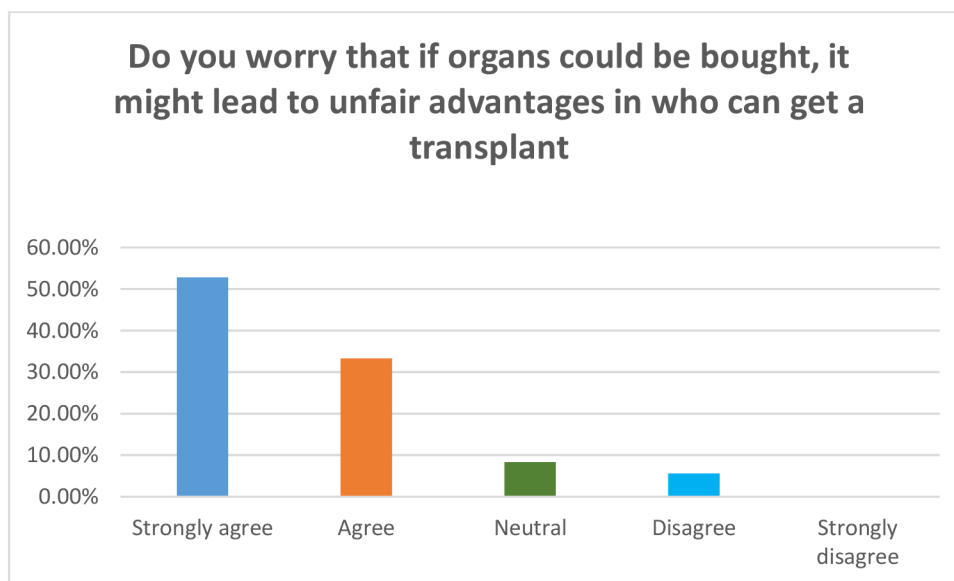
The survey question "Are you concerned that allowing organs to be sold could lead to pressure on financially vulnerable people to sell their organs?" elicited a strikingly unified response, with a vast majority of participants expressing concern. Half of the respondents 'strongly agree' and an additional 41.7% 'agree' with the sentiment that the legalization of organ sales might result in undue pressure on those in financial need to sell their organs.

This substantial consensus, accounting for 91.7% of participants, could be interpreted as a reflection of the public's ethical stance on protecting vulnerable populations. It suggests a widespread recognition of the risks associated with commodification, particularly the ethical ramifications of exploiting economic disparities in organ donation.

A small segment of respondents, 5.6%, remain 'neutral.' This could indicate a segment that either lacks a strong opinion on the matter or sees the complexity of the issue as requiring more nuanced consideration. Meanwhile, the 3% who 'disagree' may hold the view that regulatory safeguards could prevent such exploitation, or they may believe that the autonomy of individuals to make decisions regarding their bodies supersedes other concerns.

No respondents chose 'strongly disagree,' which reinforces the concern implied by the other answers; there is little to no outright opposition to the notion that financial vulnerability could be exploited in a system where organ sales are permitted.

Figure 5 - Public understanding survey question 5



Source: Own processing

Survey participants were asked to consider the potential implications of a market where organs could be purchased, specifically regarding the fairness of transplant allocation. The question posed was "Do you worry that if organs could be bought, it might lead to unfair advantages in who can get a transplant?" The response distribution indicates significant

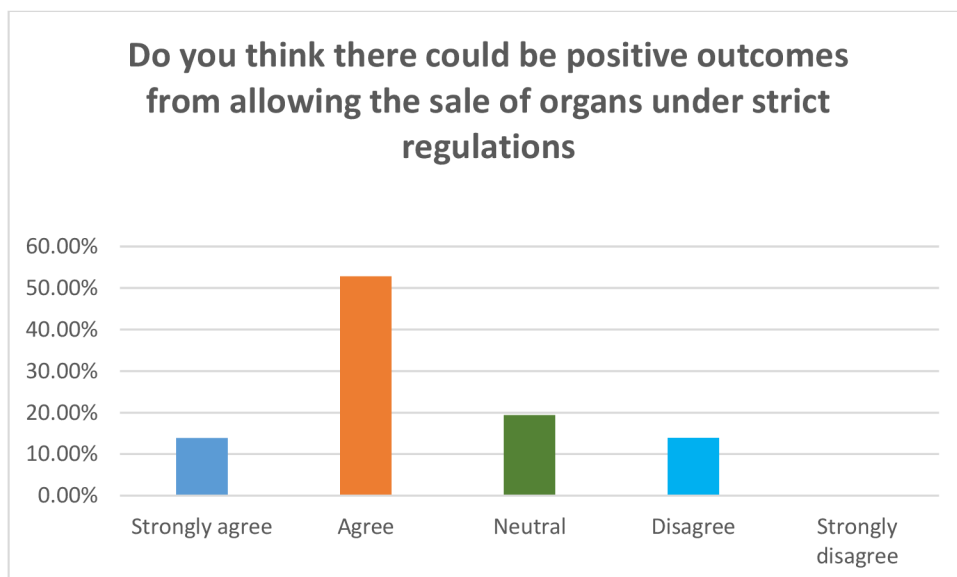
apprehension among the survey participants about the potential for inequality in such a system.

A majority of respondents, with 52.8% 'strongly agreeing' and 33.3% 'agreeing,' convey a clear worry that the ability to purchase organs may create a system where transplant accessibility is determined by financial means rather than medical need. This overwhelming majority—86.1% in total—highlights a widespread concern that financial disparity could lead to inequitable healthcare outcomes.

Only a small portion of respondents, 8.3%, remained 'neutral,' suggesting that a minority of participants either did not hold a strong opinion or felt uncertain about the potential consequences of commodification on transplant fairness.

Meanwhile, 6% of the respondents indicated 'disagree,' suggesting that there is a segment of the population that is either less concerned about the risk of inequality or believes that a regulated system could prevent such disparities. The fact that no respondents chose 'strongly disagree' suggests that outright dismissal of concerns about fairness is rare or non-existent within this surveyed group.

Figure 6 - Public understanding survey question 6



Source: Own processing

The survey presented participants with the question: "Do you think there could be positive outcomes from allowing the sale of organs under strict regulations?" This question

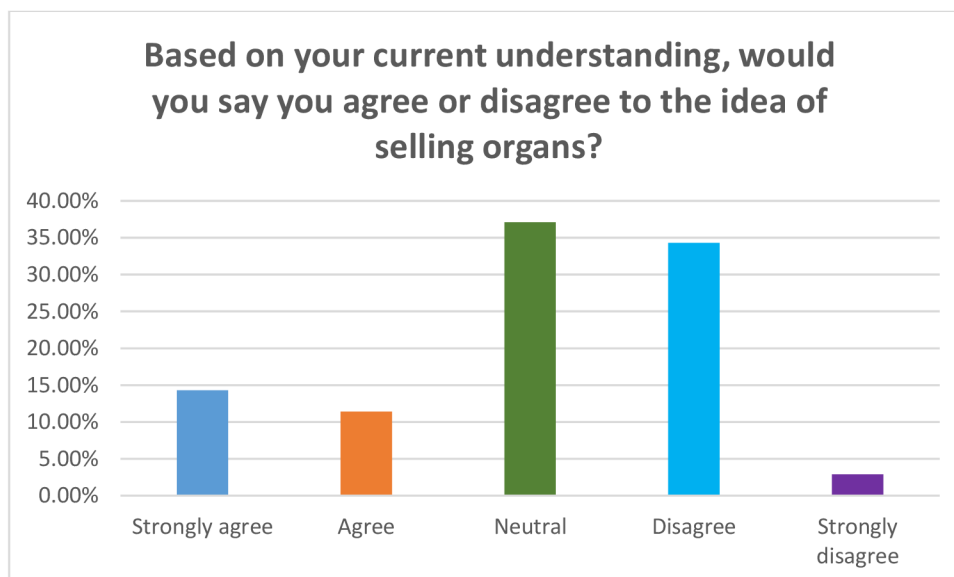
probes the possibility of beneficial consequences if the organ market were regulated stringently. The responses exhibit a spread of perspectives, with a substantial proportion seeing potential positives under certain conditions.

The combined majority of respondents expressing optimism, including 13.9% who 'strongly agree' and 52.8% who 'agree,' amounts to 66.7%. This suggests that over half of the participants can envision a scenario where regulated organ sales might yield advantages, such as increasing organ availability or shortening wait times for transplants.

However, a notable 19.4% of respondents are 'neutral,' indicating a significant portion of the population is either undecided on the issue or believes the outcomes would depend heavily on the specifics of the regulations in place.

Meanwhile, 14% of participants 'disagree' with the proposition, highlighting skepticism or concern that even strict regulations may not offset the potential ethical and practical issues tied to commodifying human organs. The absence of any 'strongly disagree' responses could imply that outright rejection of any possible benefits is not a commonly held view, though reservations remain significant.

Figure 7 - Public understanding survey question 7



Source: Own processing

The question "Based on your current understanding, would you say you agree or disagree to the idea of selling organs?" presents a direct inquiry into the participants' personal

stance on the commodification of organs. The response distribution reflects a spectrum of opinions, indicating a divided perspective among the survey participants.

A total of 25.7% of respondents indicate agreement to some extent, with 14.3% 'strongly agreeing' and 11.4% 'agreeing.' This segment of the population appears to be open to the idea of organ sales, potentially viewing it as a pragmatic solution to organ shortages or as an exercise of personal autonomy.

In contrast, a substantial portion of the survey participants, 37%, express a 'neutral' stance, suggesting a significant degree of uncertainty or ambivalence towards the issue. This neutrality might reflect a lack of sufficient information to make an informed decision, a wait-and-see attitude regarding potential regulatory developments, or internal conflicts between the practical and ethical aspects of organ sales.

Meanwhile, those opposing the idea constitute 37% of respondents, with 34% 'disagreeing' and 3% 'strongly disagreeing.' These participants may have ethical concerns about commodification, fear potential exploitation, or simply disagree with the principle of placing monetary value on human body parts.

## **Professional Perspectives**

**Question 1 - Understanding ethical concerns:** how do you feel about the idea of buying and selling human organs? Do you think it affects the way we value human life or personal choices around organ donation?

The medical professionals interviewed expressed a range of ethical viewpoints on the commodification of human organs, revealing a predominantly negative stance towards the idea of buying and selling human organs.

Doctors A, D, F, G, H, and I unequivocally oppose the commodification of organs, citing significant ethical concerns. Doctor A succinctly states their disagreement, while Doctor D elaborates, highlighting the ethical wrongness and potential impact on equity and the perception of human life value. Similarly, Doctor F emphasizes the risk of exploitation

and coercion, especially among vulnerable populations. Doctor G's brief response underlines a negative stance, pointing out the devaluation of human life, and Doctor H echoes this opposition. Doctor I specifically mentions the legal and moral issues, emphasizing the exploitation of socioeconomically vulnerable individuals and the resultant deepening of healthcare inequalities.

Doctor B presents a nuanced view, distinguishing between family donations and commercial transactions. They assert that organ donation within families, especially for tissue typing compatibility, stands in stark contrast to the commercial buying and selling of organs, which they deem unethical due to the health risks imposed on the donor and the moral complexities surrounding consent and post-mortem organ provision.

Doctor C and Doctor E express a preference for increasing awareness and support for voluntary organ donation post-mortem rather than commercializing the process. Doctor C favors raising awareness about voluntary donation as an alternative to commodification, and Doctor E draws parallels to blood donation, pointing out the ethical dilemmas and risks of abuse inherent in commodification, along with the potential for donors to conceal health issues.

The majority of the medical professionals (Doctors A, D, F, G, H, and I) are aligned in their opposition to organ commodification, highlighting ethical issues such as exploitation, coercion, and the impact on healthcare equity. Doctor B offers a more differentiated view, acknowledging the moral and compassionate aspects of familial organ donation while rejecting commercial transactions. Doctors C and E advocate for voluntary donation, emphasizing ethical concerns and the importance of altruism over financial transactions. This consensus reflects a strong ethical foundation in the medical community against the commodification of human organs, underpinned by concerns for human dignity, equity, and the sanctity of life.

**Question 2 - Impact on doctors and patients:** do you think that selling organs could change the way doctors and patients interact? Could it make health decisions more about money than health?



In response to the question regarding the potential impact of selling organs on the interaction between doctors and patients, and whether health decisions might become more financially driven, the medical professionals offered a range of insights that largely underscore concerns about the integrity of medical practice.

Doctor A acknowledges a preexisting concern, noting that financial considerations already influence decision-making in healthcare, hinting that commodification could exacerbate this issue. Doctor B speaks strongly against the commodification of organs, stressing the risk of corrupting both doctor and patient and the ethical obligation of doctors to reject participation in such transactions.

Doctors C, D, F, G, and H express agreement with the notion that selling organs would negatively impact the doctor-patient relationship. Doctor D, in particular, personalizes this concern, stating that such a system would conflict with their core values as a healthcare provider, suggesting that it could create a distressing moral dilemma for physicians. Doctor E anticipates a change in interactions and decision-making, implying a shift towards non-medical considerations.

Doctor I articulates a firm stance, predicting that the commodification of organs would indeed alter the dynamic between doctors and patients, potentially leading to unethical practices such as bribery and manipulation. This sentiment echoes a fear that the sanctity of the medical profession could be undermined by the influence of money, affecting trust and the ethical application of authority.

These responses collectively reflect apprehension among medical professionals about the implications of organ commodification on their practice and the relationship with patients. The consensus leans towards the view that introducing monetary transactions into organ transplantation could potentially prioritize financial incentives over patient health, challenging the ethical fabric of medical care. This perspective is critical to consider in any discussions about policy changes regarding organ commodification.

**Question 3 - Concerns about exploitation and inequality:** what safeguards do you think are necessary to protect vulnerable populations, including potential donors and recipients,

from coercion or undue influence, given the potential for exploitation and inequality in the organ market?

Regarding safeguards against exploitation and inequality in a potential organ market, medical professionals offer varied perspectives, many expressing deep-seated concerns over the viability of protecting vulnerable populations.

Doctor A conveys a rather pessimistic view, suggesting that true equality is unattainable, which may imply skepticism about the ability to safeguard against exploitation in the context of organ commodification. Doctor B advocates for a strong legal stance, recommending that the sale and purchase of organs be unequivocally outlawed to prevent exploitation.

Doctor C expresses doubt about the effectiveness of any safeguards in protecting socially vulnerable or excluded groups, indicating a belief that such populations might inherently be at a disadvantage in an organ market. This concern is echoed by Doctor E, who, while opposed to organ trading, proposes that if such a market were to exist, it would require oversight by an independent commission to ensure ethical practices.

Doctor F's response suggests that keeping the organ trade prohibitive and difficult may be the most effective form of protection, potentially advocating for maintaining strict regulations to deter exploitation. Doctor G reinforces this viewpoint by stating that current legislation should remain as it is, keeping the sale of organs illegal.

Doctor H endorses voluntary donation exclusively, aligning with the view that unpaid, altruistic organ donation is the best approach to avoid exploitation. Similarly, Doctor I, who is against the commodification of organs, finds it challenging to propose safeguards for a system they do not support but advocates for post-mortem organ donation as a more ethically sound alternative.

The absence of a response from Doctor D indicates that not all professionals may have a formulated opinion on the matter or prefer not to engage with the hypothetical scenario of a regulated organ market.

These medical professionals predominantly signal a strong inclination toward existing models of voluntary donation and against the creation of an organ market, emphasizing the challenges and potential futility of attempting to regulate a system where the risks of coercion and undue influence loom large. This consensus presents a crucial ethical consideration for policymakers and underscores the need for a careful approach to organ donation that prioritizes the well-being and autonomy of all individuals, especially the most vulnerable.

**Question 4 - Healthcare System and Organ Allocation Fairness:** How fair do you think our current system is for deciding who gets an organ transplant? Could selling organs make this system more unfair?

In discussing the fairness of the current system for organ allocation and the impact of potential organ sales, the medical professionals' responses suggest an underlying concern about the potential for increased unfairness if a market for organs were introduced.

Doctor A posits that the system cannot be inherently righteous, implying a fundamental flaw in any system of allocation. Doctor B provides a detailed analysis, acknowledging the limited availability of ethically sourced organs and the necessary prioritization based on factors such as age and potential for a productive life, while expressing concern about the ranking criteria for patients with life-shortening diseases after transplantation.

Doctor C points out the disparity between the number of patients waiting for an organ and available donors, expressing doubt that the advantages of an organ trade would outweigh the negatives. Similarly, Doctor D categorically states that organ sales would exacerbate unfairness in the system, which they currently regard as fair.

Doctor E concurs that the present system is equitable but warns that selling organs would introduce a bias towards wealthier patients. Echoing this sentiment, Doctor F believes the system is already prone to susceptibility and that introducing financial elements could worsen the situation.

Doctor G defends the fairness of the current system based on health criteria and a central register, questioning the assumption of inherent unfairness in the survey question itself and arguing that legalizing organ sales could undermine transplant programs.

Doctor H states that no system is entirely fair, suggesting an acceptance of the inevitable imperfections in any allocation system. Finally, Doctor I asserts that while the current system seems fair and primarily needs more donors, introducing organ sales would significantly tip the scales of fairness, as healthcare should be equally accessible to all, regardless of financial status.

These responses collectively indicate a prevailing view among the medical professionals that the current organ allocation system, despite its limitations, operates on a fair basis. However, there is a shared concern that commodifying organs could introduce a monetary bias that would disproportionately affect fewer wealthy patients, disrupting the perceived equity of the present system. This perspective emphasizes the need to consider the ethical implications of any changes to organ allocation policies, particularly regarding equity and access.

**Question 5 - Long-term Consequences and Policy Considerations:** What do you think could be the long-term effects of allowing organs to be sold, both good and bad? What kind of rules do you think we would need?

The medical professionals interviewed expressed predominantly negative viewpoints on the long-term effects of allowing the sale of human organs, with a consensus leaning toward keeping such practices illegal and focusing on the ethical implications and societal impact.

Doctor A's response is straightforward: the sale of organs should not be allowed, suggesting that any long-term consequences are overshadowed by the ethical breach such a market would represent.

Doctor B highlights the moral infeasibility of organ trade, emphasizing the potential harm to vulnerable social groups and dismissing the concept as unworkable and unethical.

Doctor C is unable to provide a detailed answer, implying either a lack of certainty about the potential outcomes or a reluctance to engage with the speculative nature of the question.

Doctor D did not provide an answer, which may suggest either non-engagement with hypotheticals or a preference for the current system.

Doctor E acknowledges the possibility of short-term financial relief for some as a potential good, but strongly opposes organ trade due to ethical concerns, potential for abuse, and hidden medical issues. They suggest that if such a system were to exist, it would require rigorous vetting by an independent committee.

Doctor F reiterates a fundamental opposition to the commodification of organs, reinforcing the sentiment that certain things, especially human organs, should never be subjected to trade.

Doctor G sees no positive long-term effects of organ sales and argues for maintaining the status quo, with existing laws that criminalize the sale of organs.

Doctor H raises a stark scenario where the commodification of organs could lead to extreme situations like parents selling their children's organs, hinting at a potential erosion of humanity itself.

Doctor I foresees a grim future with the commodification of organs, predicting the exploitation of socially vulnerable individuals, an increase in human trafficking, a loss of trust in medical personnel, and the rich unjustly advancing on organ waiting lists.

Overall, these medical professionals highlight the profound ethical, societal, and human risks associated with organ commodification, advocating for strict adherence to current legal frameworks that prohibit such practices. Their concerns underline the potential for

significant harm to society's moral fabric and the trust in healthcare systems, advocating for caution and a strong moral compass in policy considerations.

**Question 6 - Personal and Professional Stance on Organ Commodification:** Given the ethical complexities surrounding organ commodification, do you support or oppose the idea of selling organs, and why? How have your experiences influenced your view on this matter?

When asked about their personal and professional stance on organ commodification, all interviewed medical professionals voice opposition, each citing ethical concerns as the crux of their disagreement with the idea of selling organs.

Doctor A labels the practice as immoral and abusive, firmly stating their disapproval. This sentiment is underpinned by a belief in the sanctity of human dignity and a rejection of exploitation.

Doctor B opposes the commodification of organs on the grounds of ethical medical practice and the importance of preserving life. They suggest that until technological advancements allow for in vitro organ growth or the use of animal organs, transplants must be conducted under stringent ethical guidelines. Their view is that the role of the physician is to enhance life quality within the boundaries of natural life spans, not to commercialize organs.

Doctor C, while recognizing the need for organ transplants, fears the risks that commodification would pose to vulnerable populations and therefore stands against the sale of organs.

Doctor D's opposition is rooted in the belief that life-saving opportunities should be distributed equally, regardless of economic status. Their clinical experience has reinforced their conviction that human life and the chance for health should not be influenced by financial considerations.

Doctor E expresses a strong stance against the trade of organs, citing potential ethical violations, the risk of abuse, and the possibility of donors concealing diseases.

Doctor F is succinct in their response, indicating a clear opposition to organ trafficking, a term often associated with illegal and unethical practices.

Doctor G has a fundamental objection to selling organs, fearing the potential societal desensitization to such discussions and the dangerous precedent it might set.

Doctor H worries about the extreme consequences of organ commodification, raising the dystopian prospect of people being used as mere organ farms.

Doctor I reiterates their opposition, which is supported by the various issues previously discussed, including the potential for abuse and the undermining of healthcare equality.

The unanimous professional stance is against the commodification of organs, driven by a collective ethical framework that prioritizes patient welfare, equality, and the moral responsibilities of healthcare providers. Their experiences in the medical field have clearly influenced their perspectives, solidifying a consensus that the ethical complexities and potential for harm far outweigh any perceived benefits of selling organs.

## **Comparative Analysis**

The comparative analysis between public sentiment and the perspectives of medical professionals on organ commodification reveals a landscape marked by ethical concerns, apprehension about exploitation, and the potential for a profound impact on healthcare dynamics.

On the subject of buying and selling human organs, the majority of the public expresses opposition, driven by fears that it could undermine the intrinsic value of human life and limit personal autonomy in organ donation decisions. This stance is strikingly aligned with the viewpoint of medical professionals, who also stand against commodification, voicing concerns about ethical integrity, the risk of exploitation, and the health risks associated with such a market.

When considering the impact of organ sales on doctor-patient interactions, both the public and medical professionals express concerns that such transactions could make health decisions more financially motivated. There's a shared fear that the sale of organs could fundamentally change the nature of healthcare from a trust-based to a transaction-based system, leading to a prioritization of profit over patient care, a sentiment that resonates deeply with the ethical foundations of medical practice.

The potential for exploitation and inequality in an organ market is another area where public and professional opinions converge. The public demonstrates a significant worry about the vulnerability of financially disadvantaged individuals, anticipating that they might be coerced into selling their organs. Medical professionals echo this concern, with some suggesting that effective safeguards to protect vulnerable groups are unlikely to be viable, implying an inherent ethical flaw in the commodification model.

Regarding the fairness of organ allocation, both groups recognize that introducing organ sales into the equation could lead to a system biased toward those with financial means. The public worries that this could result in an unfair advantage for wealthier patients, while professionals point out that the current system, despite its imperfections, operates on a fairer basis than one that includes commodification, which they believe would exacerbate disparities.

As for the long-term consequences and policy considerations, the public exhibits a cautious optimism about the potential benefits under strict regulation, albeit with reservations. In stark contrast, medical professionals predominantly anticipate negative long-term outcomes, expressing a near-universal rejection of organ commodification. They fear that the long-term effects would be overwhelmingly detrimental, and that establishing effective and ethical regulations might be a formidable challenge, if not impossible.

Finally, when discussing their personal and professional stance, the public presents mixed reactions, with a tilt towards opposition based on ethical grounds, while some remain open to regulated commodification as a solution to organ shortages. On the other hand, medical professionals consistently oppose the idea of organ sales, with their experiences in



healthcare reinforcing their views. They cite the importance of preserving moral values, protecting the vulnerable, and upholding the trust and integrity that form the cornerstone of the doctor-patient relationship.

The research reveals a nuanced dialogue between public opinion and medical expertise. Both communities hold deep reservations about the ethical implications of organ commodification, yet there's an undercurrent of pragmatism in public responses that contrasts with the more resolute ethical opposition from medical professionals. This complex interplay of viewpoints underscores the need for a measured approach to organ donation policy, one that carefully weighs the ethical considerations against practical needs.

## **Limitations and Future Research**

In assessing the outcomes of the survey and interviews conducted, it is necessary to acknowledge certain limitations inherent in the design and participant selection, which could influence the interpretation and generalizability of the results.

Firstly, the participant selection for the public survey, which relied on random sampling within my network of friends, family, and acquaintances, could introduce a selection bias. While efforts were made to ensure a diverse range of respondents, the use of personal networks may not provide a fully representative sample of the broader Czech population. This approach may disproportionately reflect the views and socio-economic backgrounds of individuals within my social circles, potentially affecting the survey's findings on public attitudes toward organ commodification.

Additionally, the survey design itself, employing Likert-scale questions for the public and open-ended questions for medical professionals, may lead to differences in the depth and nuance of responses. The public survey's structured format allows for quantifiable data analysis but may limit the complexity of feedback that can be obtained, as opposed to the richer, qualitative data derived from the professional interviews. This could result in a less detailed understanding of the public's reasoning behind their stances on organ commodification.

Another consideration is the potential for response bias, where participants may provide answers, they believe are socially acceptable or expected, rather than their true feelings, especially on a sensitive topic like organ commodification. This may be particularly relevant in a society with strong cultural or ethical stances on healthcare and bodily autonomy.

For the professional interviews, the limited number of participants and the fact that some professionals chose not to participate could impact the range of perspectives gathered. The reasons for non-participation were not systematically collected, which may overlook factors influencing willingness to engage in discussions on organ commodification.

In light of these limitations, the results of the survey and interviews should be interpreted with an understanding of these potential biases and constraints. Future research could benefit from a more extensive and random sampling method, a mixed-methods approach to survey design for public participants, and a more thorough exploration of the reasons behind non-participation among medical professionals.

## **Conclusion**

In summarizing the key insights from this thesis, it is clear that the commodification of human organs is a deeply contentious issue that intersects with a wide array of ethical, cultural, and social concerns. The major findings from the public and professional surveys reveal a pronounced opposition to the idea of organ sales, driven largely by fears of exploitation, the potential erosion of the sanctity of medical practice, and the undermining of equitable access to healthcare.

Public sentiment and professional opinions converge significantly on the potential ethical pitfalls of commodification. Both groups express concern that such a system could prioritize financial capability over medical necessity, leading to a healthcare landscape where inequality is exacerbated rather than alleviated. Furthermore, the uniformity of medical professionals' views, particularly their emphasis on the risks of exploitation and the challenge of maintaining ethical standards, underscores the gravity of these ethical considerations.

As we navigate the complex debates surrounding organ commodification, it is imperative to consider the urgency of organ donation needs. Thousands of individuals worldwide wait on transplant waiting lists, with many facing the dire prospect of not receiving a life-saving organ in time. This pressing medical need highlights the critical importance of finding viable solutions to increase organ availability.

However, as this thesis demonstrates, any approach to addressing organ shortages must be carefully balanced with ethical considerations. The prospect of commodifying what many consider to be a gift of life poses profound ethical questions about how we value human life, the integrity of the healthcare system, and the nature of altruism itself. While the necessity for more organ donors is unequivocal, the path forward is fraught with moral complexity. This thesis posits that the integrity of the medical profession, the sanctity of human dignity, and the preservation of equitable healthcare must remain at the forefront of any policy developments in organ donation. It advocates for ongoing discourse, informed by diverse perspectives, and guided by a principled commitment to ethical practice and social justice.

In conclusion, as society continues to grapple with the ethical dimensions of organ donation and transplantation, it is clear that any consideration of commodification must not only address the need for organs but also safeguard against the potential dehumanization of medicine. We must strive for a system that respects the dignity of all individuals, ensures fairness in healthcare, and upholds the highest ethical standards, all while endeavouring to save as many lives as possible.

## References

- Alexander, L., 2024. *Deontological Ethics*. [Online] Available at: <https://plato.stanford.edu/entries/ethics-deontological/> [Accessed 31 3 2024].
- Alpinar-Şencan, Z. B. H. & B.-A. N., 2017. Does organ selling violate human dignity?. *Monash Bioethics Review*, 35(1-4), pp. 57-69.
- Ambagtsheer, F. & W. W., 2012. A Criminological Perspective: Why Prohibition of Organ Trade Is Not Effective and How the Declaration of Istanbul Can Move Forward. *American Journal of Transplantation*, 12(3), pp. 571-575.
- Ambagtsheer, F. W. W., 2016. A Criminological Perspective: Why Prohibition of Organ Trade Is Not Effective and How the Declaration of Istanbul Can Move Forward.. *American Journal of Transplantation*, 12(3), pp. 571-575.
- Beauchamp, T. L. & C. J. F., 2013. *Principles of Biomedical Ethics*. s.l.:Oxford University Press.
- Beloucif, S., 2012. Opt-in or opt-out for organ transplantation: A false dilemma?. *Current Opinion in Anesthesiology*, 25(2), pp. 203-206.
- Berzon, C., 2018. Israel's 2008 Organ Transplant Law: continued ethical challenges to the priority points model.. 7(1).
- Budiani-Saberi, D. A. & D. F. L., 2008. Organ trafficking and transplant tourism: A commentary on the global realities.. *American Journal of Transplantation*, 8(5), pp. 925-929.
- Campbell, A., 2016. *Why a market in organs is inevitably unethical*. s.l.:s.n.
- Caplan, A. L., 1984. Ethical and Policy Issues in the Procurement of Cadaver Organs for Transplantation. *The New England Journal of Medicine*, 331(12), pp. 981-983.
- Caplan, A. L., 2014. Bioethics in a Commodified World: Solidarity and the Practice of Medicine. *The American Journal of Bioethics*, 14(9), pp. 29-31.
- Capron, A. M. M. E. E. G. & L. J., 2013. An Ethical Solution to the Challenges Posed by Organ Transplantation: A Procurement Organization.. *Journal of Medical Ethics*, 39(1), pp. 11-14.
- Cohen, L., 2003. *Where It Hurts: Indian Material for an Ethics of Organ Transplantation*. s.l.:Daedalus.

- Danovitch, G. M. & L. A. B., 2013. Kidney vending: the "Trojan horse" of organ transplantation.. *Clinical Journal of the American Society of Nephrology*, 1(6), pp. 1133-1135.
- De Castro, L., 2003. Commodification and exploitation: arguments in favour of compensated organ donation.. *Journal of Medical Ethics*, 29(3), pp. 142-146.
- Delmonico, F. L. & S.-H. N., 2002. Why we should not pay for human organs.. *Bioethics*, 16(6), pp. 517-522..
- Driver, J., 2024. *Stanford encyclopedia of philosophy*. [Online] Available at: <https://plato.stanford.edu/entries/utilitarianism-history/> [Accessed 31 3 2024].
- Erin, C. A. & H. J., 2003. An ethical market in human organs.. *Journal of Medical Ethics*, 29(3), pp. 137-138.
- Freeman RB, B. J., 2012. Ethical issues in organ transplantation. *Prog Cardiovasc Dis*, 55(3), pp. 282-9.
- Goyal, M. M. R. L. S. L. J. & S. A. R., 2002. Economic and Health Consequences of Selling a Kidney in India.. *JAMA*.
- Hippen, B., 2008. In Defense of a Regulated Market in Kidneys from Living Vendors. *Journal of Medicine and Philosophy*, 33(6), pp. 590-617.
- Ikels, C., 2013. *The anthropology of organ transplantation*. s.l.:Annual Review of Anthropology.
- Koplin, J. J., 2017. The body as gift, commodity, or something in between: ethical implications of advanced kidney donation.. *Journal of Medicine and Philosophy*, pp. 575-596.
- MacKellar, C., 2014. Human organ markets and inherent human dignity.. *The New Bioethics*, 20(1), pp. 32-48.
- Malmqvist, E., 2015. Kidney Sales and the Analogy with Dangerous Employment.. *Health Care Analysis*, 23(2), pp. 108-121.
- Moniruzzaman, M., 2012. Living Cadavers" in Bangladesh: Bioviolence in the Human Organ Bazaar.. *Medical Anthropology Quarterly*, 26(1), pp. 69-91.
- O'Neill, O., 2002. *Autonomy and Trust in Bioethics*.. s.l.:Cambridge University Press..
- Querido, S. W. A. A. T. M. D. & P. D., 2019. Rewards to increase living kidney donation: The state of the art.. *Nefrologia*, 39(1), pp. 1-4.

- Radcliffe Richards, J., 2003. Commentary: An ethical market in human organs. *Journal of Medical Ethics*, 29(3), pp. 139-140.
- Radin, M., 1996. *Contested Commodities*. s.l.:Harvard University Press.
- Rawls, J., 2024. *Stanford encyclopedia of philosophy*. [Online] Available at: <https://plato.stanford.edu/entries/rawls/> [Accessed 31 3 2024].
- Satz, D., 2010. *Why Some Things Should Not Be for Sale: The Moral Limits of Markets*. s.l.:Oxford University Press..
- Scheper-Hughes, N., 2000. The Global Traffic in Human Organs. *Wenner-Gren Foundation for Anthropological Research*, 41(2), pp. 191-224.
- Scheper-Hughes, N., 2003. Rotten trade: Millennial capitalism, human values and global justice in organs trafficking.. *Journal of Human Rights*, 2(2), pp. 197-226.
- Schweda, M. & S. S., 2009. The "spare parts person"? Conceptions of the human body and their implications for public attitudes towards organ donation and organ sale.. *Philosophy, Ethics, and Humanities in Medicine*, 4(4).
- Sharp, L. A., 2000. The Commodification of the Body and Its Parts. *Annual Review of Anthropology*, Volume 29, pp. 287-328..
- Shaw, R. & B. L. J., 2015. Because you can't live on love': living kidney donors' perspectives on compensation and payment for organ donation.. *Health Expectations*, 18(5), pp. 1279-1292.
- Shimazono, Y., 2007. The state of the international organ trade: A provisional picture based on integration of available information. *Bulletin of the World Health Organization*, 85(12), pp. 955-962.
- Sulmasy, D. P., 2007. *Dignity and Bioethics: History, Theory, and Selected Applications*. s.l.:In Human Dignity and Bioethics: Essays Commissioned by the President's Council on Bioethics. U.S. Government Printing Office..
- Veatch, R. M., 1981. *A theory of medical ethics*. s.l.:Basic Books..
- WHO, S.-T. W. H. A., 2010. WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. *Cell Tissue Bank*, Volume 11, pp. 413-419.
- Wilkinson, S., 2000. Commodification arguments for the legal prohibition of organ sale. *Health Care Analysis*, 8(2), pp. 189-201..
- Wilkinson, S., 2003. *Bodies for Sale: Ethics and Exploitation in the Human Body Trade*. s.l.:Routledge..

Zargooshi, J., 2001. Iranian Kidney Donors: Motivations and Relations with Recipients. *Journal of Urology*, 165(2), pp. 386-392.



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# Appendix

## Public survey questions

Question 1: Do you believe that selling human organs could impact how we value human life and individual freedom

Answer Choices:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question 2: Could selling organs make healthcare care more about money than patient care?

Answer Choices:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question 3: Do you think the possibility of buying and selling organs might change the trust and care between doctors and patients?

Answer Choices:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question 4: Are you concerned that allowing organs to be sold could lead to pressure on financially vulnerable people to sell their organs?

Answer Choices:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question 5: Do you worry that if organs could be bought, it might lead to unfair advantages in who can get a transplant?

Answer Choices:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question 6: Do you think there could be positive outcomes from allowing the sale of organs under strict regulations?

Answer Choices:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Question 7: Based on your current understanding, would you say you agree or disagree to the idea of selling organs?

Answer Choices:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

## **Professional perspectives**

Question 1: Understanding Ethical Concerns: How do you feel about the idea of buying and selling human organs? Do you think it affects the way we value human life or personal choices in organ donation?

Question 2: Impact on Doctors and Patients: Do you think selling organs could change the way doctors and patients interact? Could it make health decisions more about money than health?

Question 3: Exploitation and Inequality Concerns: Considering the potential for exploitation and inequality in a trade organ market, what safeguards do you believe are necessary to protect vulnerable populations, including potential donors and recipients, from coercion or undue influence?

Question 4: Healthcare System and Organ Allocation Fairness: How fair do you think our current system is for deciding who gets an organ transplant? Could selling organs make this system more unfair?

Question 5: Long-term Consequences and Policy Considerations: What do you think could be the long-term effects of allowing organs to be sold, both good and bad? What kind of rules do you think we would need?

Question 6: Personal and Professional Stance on Organ Commodification: Given the ethical complexities surrounding organ commodification, do you support or oppose the idea of selling organs, and why? How have your experiences influenced your view on this matter?