21A.216J Dilemmas in Bio-Medical Ethics
2005/4/25 (M), Week 12, Class 21

Reading: Lock, Margaret. 2002. Twice Dead. Berkeley: UC California.

Handouts:

- Karen Quinlan, Cruzan cases—legal cases
- costs of organ transplantation—stats on page 3 to end, allocation of resources, who has access to these resources
- regional variations—in organ transplantations by state; how the market for organs is run; significant differences are applied, availability
- issues of class, lack of insurance; very expensive operations
- related issues to reproductive technologies—who has access, allocation of resources – consistent throughout the time
- average wait time by region
- united network for organ transplantation—government contracted—organ transplantation history

Movies—list of films that involve transplants *Return to Me* with David Duchovny, Minnie Driver. *John Q*, Denzel's son had a weak heart, needed an urgent transplant and lacked insurance; took the hospital hostage, questions of access, what is the market and the scarcity of the market. 1950s, 60s had horror films—Frankenstein, other people's material; does there moral character transfer? Western culture—unusual ideas that adhere to genetic, biological material—cultural representations (It would be fun to do a film series.) *Dirty Pretty Things*.

Notion of the hybrid comes up again; people are in between categories (life/death) liminal—between categorical states and creates insecurity

Papers:

- To what extent venture capital has been involved in the enterprise of science? How technologies can define life?
- How do you define what it means to be alive? think about definitions of life in your paper.
- bioengineering and stem cell research relevant to organ transplantation; tissue engineering—issues of rejection

Student Presentation

Twice Dead. Lock. McGill University anthropologist at medical school.

Organs come from living cadaver, brain-dead patient
Organ transplantation made possible because:

- technological innovation: half technological, half human hybrids
- organ transplantation required new legal definition of death

Why countries define different definitions

- Japan—recognized brain death in 1997 legally; as long as families do not overrule wishes of individual; concept of brain dead depends on what individual says prior
- North America—organs can be removed from legally dead of person who wishes to be a donor –issue of presumed consent in some European countries, requires explicit opting out
    - are we sure? can parents overrule in America? need to be clarified.
    - in cases of uncertainty what happens? family has the choice if you haven't signed the card. or if you signed the card under depression. issues of competence; a minor is under parent's responsibility;
    - Terri Schiavo case—issues of competence, decision-making
    - state variations; driver license under age signing to donate

how to later determine the consent of the individual

Tries to explain anthropologically:

- technological innovation: medical expertise is same between Japan and USA. Contextual differences between cultural, family structures.
- legal definition of death

- differences in cultural values
    - definition of death as a moment or a process
        - Japan—death as a process
        - North America—death as a moment
- differences in rights over body
    - family in Japan
    - individual in USA
- structure of health care
    - socialized health care in Japan—economic constraint; eliminate medical waste
    - acceptance of hierarchical health care – okay to waste as long as you can pay
- moral debates
    - Japan: more moral, media debates
    - USA: less evident
- cultural unity
    - Japan: traditionalism to protect society

    - USA: lack of unity in culture, facilitates implementation w/o regard (viewpoint of USA)
- mistrust of medical profession in Japan;
- alludes to moral implications—through technological innovation to manipulate live and dead bodies; social consequences of what we're doing? how societies other than US have approached the adoption of biomedical technologies

Chronological depictions

- testing for brain death—surgical notation
- methodological challenges: impossibility to interview patients who are dead.
- Doctors display a lack of consideration for donors: medical staff detaches from donor as a person, attaches to the organs and to the recipient (Lock's perspective and reason for organizing)
- Byron Good—formative practices of medicine, how medicine constructs its objects, the anatomy lab, showing the technical language that distances the reality of having died or becoming brain dead and transforming them into a certain kind of object that will become useful to someone else
- procurement—removal of organ: transplanted to tertiary care hospital to technically dead patient; harvesting organ; drapes on parts of body
- what is perceived as dead—dead and heart v body healthy;
- organs as precious commodities—the body as a container—Lock's feeling
- Donor: dead on outside, alive on inside; recipient: dead on inside, alive on outside
- Problem of removal of eyes (Lock's personal judgment)—eyes are visible and on the outside (located in head and neck region)
- time scale—to make these decisions; 18 hours of incident, 8 hours after diagnosis. 10 hours. Decision made under constraint of time—is it really necessary to make these decisions under time constraints?
    - probably dead
    - no chance of recovery
    - rhetoric—what kind of discourse is used to persuade the end is inevitable?
    - process should be separate??
    - issue of conflict of interest between physician and market of organs
- Daugherty article—ethics of clinician in letting them know/whether they have a personal interest; meeting the interests of those outside the patient-doctor relationship
- definition of competence—

The "gift"

- operation of implantation
- "the gift of life"—the stereotype, seen as a very benevolent thing
- physicians' emotional attachment to the outcome of the patient
- technological development—time constraints—a cut and paste job; manual precision

- colleague who had decided against transplant surgery and advanced renal failure of her niece convinced her. It's an emotional, not rational, issue.
- How is it that we make ethical decisions? Where do we relyy on intuition and are there unconscious understandings of the body v rational frame of mind?
    - lack of debate in north America and why not?
- transplant recipient of liver because of their own cirrhosis -- note the concept of priority; coping with transplant rejection, immune responses, chronic auto-immune responses; immunosuppressant drugs; need to receive another transplant later on?
- questions: is it right to take a healthy liver of brain dead person for a person with unhealthy liver?
- can you even measure the quality of life of a person? is it okay to measure a quality of life?
- transplants—trading one illness for another?; quality of life is a concern—allocation of resources
- questions of ethnicity and race—who receives organs?
- UNOS—stats per region;
- quality of life—what would an individual choose? case dependent;
    - when you put the person on the list

Boundary transgression and moral boundaries

- moral economy— a different moral order in that local setting; what would be amoral but is moral in that location—like moral relativism
- talks about local set of moral reasoning that arises from historical, cultural context—the development of different technologies that have their particular political, intellectual roots
- moral economy of trauma—the way that trauma is talked about in Haiti, e.g., are particular to that environment
- medicine has its own moral order
- certain type of reasoning that develops in that context
- talk about questions of exchange, body, commodity, in various contexts
- ambiguity of blurred boundaries:
    - existence of machine and hybrid, due to technological advancement; brain death and reproductive technology—new moral debates to deal with for each society
    - how societies deal with hybrids—to name the hybrid and camouflages the nature of human; naming it is dehumanizing
    - in North America—medical profession or public contests definition of life/death; utilitarian use of brain-dead view, view of the autonomous individual
    - in Japan, death is not located in brain/essence of that person; creates anxiety for them;
    - machine-human hybrid: reproductive technology is more readily accepted in America

- back to moral economy, how we've spoken is through the term of medicalization—the culture/body is looked as an object; life comes under purview of medicine/law; sense of economy—suggesting that there is exchange of ideas and that these technologies affect the exchange of bodies, exchange on market
- Reproductive technologies—stem cell research—embryo, how these forms of life are procured and exchanged on the market
- the moral economy – what type of reasoning allows us to treat bodies this way and how does this relate to economies of exchange?

Issue of culture

- what is the culture of the Dinka in Sudan—and abortion. Culture with a capital C, culture as contested entity, varied, not uniform. Culture can be used in political ways.
- how that systematic rape was denied in coup years in American embassy—reputed to be part of Haitian culture.
- culture used as term to describe backwardness, primitive-ness
- different groups with different political interests who use the term of culture for their own ends
- culture equated with moral;
- within anthropology, in this group this time this moment—culture not really used as a term in the way it once was

What is means to commodify a human body

- commodity is something that has use-value and can be exchanged
- transcends local meanings and that there are intermediaries. greater room for exploitation
- transformation into a commodity
- Marx: concerned with how labor could be exploited; stages of different types of production (agricultural, guilds, repetitive mechanized/lacking use of full capacities of a person); creative vs mechanized production; labor is alienated from the person in creating the product; the product does not have a symbolic value/relationship to the person; when exchanged through the market and the money, the sense of the labor is not understood. the fetishism of the commodity—the ways that organs become commodities—whether it's egg donation, sperm donation, Greece article; different ways to commodify the body; turning wombs into objects;
- the proclaimed shortage of health crisis; number of brain dead patients has decreased but organ donation has increased in north America;
- benevolence of donor gift; Lock talks how commodification can lead to exploitation; reward or memorialization; should the patient be compensated?
- this was made into a person through memorialization. a thank you note, for example.
- how the note might never get to the recipient. contrasts with surrogate mother (bringing life v bringing death).

- why was Lock pushing for compensation? What was Lock's argument?

Do we view our bodies as commodities?

- rights of personhood; should we be able to sell our bodies? if it is renewable?
- Selling of blood and organs happens in third world (Brazil for example, Nancy Scheper-Hughes writes of people being kidnapped). Haitian blood has many antibodies (before AIDS crisis hit.)
- those with little power will end up supplying those parts

- in USA/Europe, focus on gift-giving and little focus on new death. Generous donor citizens are overlooked. Suffering recipient patient are overlooked in Japan.

absent subjects

- impossible to interview brain dead patients
- draws on her own observations and second hand observations
- media responses
- historical-anthro-philo discussion on what constitutes death
- Japanese rejection of organ donation is not unusual, Lock thinks; rather, that Europe/North America has facilitated it and therefore is the unusual case.
- not opposed to transplants; would not be a stop-gap measure.
- if society is not morally ready, then it should not be used as a temporary. technology is moving forward;
- comparison to human animal hybrids—chimera; similar categories of thought; liminal, animal-human,
- biology like jazz?
- conception of the person—humanity is fluid and flexible, then why not?
- dualistic conceptions—stem cell research (when can you dismantle it): it's not discrete, it's processual.
- These objects—forms of life—that create anxiety and try to categorize it because of their ambiguity/ambivalence.
- human v animal value of materials
- the yuck/ick factor comes up—points of moral/cultural ambiguity

two more chapters

- the reanimation: surgeon experience in ER to diagnose death . scientific v subjective observation of death. objective—EKG, physical characteristics associated with death; transformation of cuticle, etc. disappointed that the surgeon allows familiarity to diminish its special-ness.
- brain death is not objective, infallible, etc. more a question of the significance of that diagnosis
- artificial ventilator technology
- cold, dehumanized ICU unit—dehumanized setting
- intensivist—displacement of medical narrative composed of graphs, patients; films; x-rays; good's articles—medicalization, creating the medical gaze

- brain dead—some statistics where artificial ventilator saves lives; has some good and bad consequences
- birth of organ transplant technology—incorporation of technology is only one part of it
- location of death in general—in history of science—19th century doctors found that technological/invasive death tests were complicated; balance of power and knowledge