

Continuing Margaret Lock. Twice Dead.

Class Business.

Dissertation by Aslihan Sanal -- HASTS student. Dept has mostly anthropology graduate students. Tried to trace illicit organ transplant economy/market in Turkey. Followed a film crew across borders. Found that illicit traffic of organs follow drug trade, immigration, prostitution, arms trade. What was interesting was that Turkey, largely Muslim (institutional review board paper), organ transplantation is legal since 1979—when was brain death recognized?—few cadaver donations, few living cadaver donations. Bones cannot be taken, within Islam—not much detail in that. Scandals—took the bones of the body—urban legend. When family received the body for ritual washing, broom handles came out and body fell apart. Is this true? She could not verify but it was circulated widely, horror stories.

Also mentioned the language of the gift of life. Purify the sin by donating organ. Surah in Koran says something like, if you save a life, you save the world. How different religious theologies are used to make sense of these technologies.

Followed mafia doctors, engaged in illegal operations. Organs are donations for dowry. Used to enable people to acquire things—form of currency.

How it follows along lines of poverty, inequality.

UK Guardian article “Designer Babies”: Creating/destroying life to treat other life

Student Presentation

Situated Departures.

- Focused on situation, context, culture, social, not the individual
- Conservative definition of death—because it cannot go the other way
- Are there false positives, alive but thought dead? There is no way to know.
- Question: should organ donation be a factor in determining death
- definition of brain death came about in order to take organs from live cadaver
- Waking up from coma v donating organs—
- Definitions of death—you’re not dead until your putrefying, when your body goes cold
- Roman conception—head contains soul; liver contains seed of passion
- Early Christian period became increasingly important; heart was fairly dominant (199)
- Page 200—Fear of death; reminded us of rapture.

- Rectifying death—is it more arbitrary based on religious beliefs vs scientific knowledge? is the definition of death—for example, many of cases, and definitions can be defined in multiple ways—so do you feel that the definition is becoming more and more arbitrary?
 - Science is moving forward—science is more likely to follow scientific explanations—brain. Less scientifically based ideas—liver, heart; more centralized
- **Historical, cultural variability** of importance of organs, essence of persons. Among intensivists that also varies—they may accept brain death definition, but vary in concept of essence (North American, Japan). Official, legal definitions.
- If something happens, Rapture, you can freeze someone and bring them back to life—there's no point.
- Page 194: the liminality of dying. Different terms—body, corpse, the person as the ancestor, the various rituals, that can transform the status of the dead.
- Pope John Paul II death—calls to canonize him—a social process, meaning and power placed to the death.
- Ferry boat disaster in Haiti—concerned about the polluting potential of the body; Haitian concern for engaging in proper mortuary rites in order to lay the person to rest. Otherwise the person could come back and afflict the family. What are the obligations that connect to our relationships?
- Presence of ancestors—how we treat death—
- Notion of good and bad death—changes should be done with that person. Traumatic accidental deaths—if a person's life is taken prematurely, there may be a sense that their soul or spirit is not at rest.
- Issues of medicalization, a biological mechanistic view of the body—page 205—medicalization provides for commodification. To conceive of the body in a biologically deterministic way reduces it to objects, certain valuation, that can be exchanged
- Page 206—second paragraph—modernity—organ donation as charity, a technological fix to overcome the scandal of biological death
- Commodification of the body to exchange—how does that relate to our sense of fear—compare and contrast in different cultural settings
- Connection of the patient to the family—moral relativism—is brain death an appropriate definition for everyone?
- In Japanese society (page 218), members of collective entity, ties that bind them permanently to individuals.
 - How do you balance between families need vs go with the medical institutions need to provide organ donation?
 - Organs are more important to family than to individual—unless we encounter or believe in spiritual notions of individuals
- If you have the family as a collective decision-making unit, and there is a sense that the individual is in the body, but the body/relationship continues,
 - How we think about the body, the person—directly changes the way we think is possible to do with the person later on.

- Page 221—halfway—decisions are made by family consensus with final say by male household after family discussion.
- 65% of doctors will not ask for organ donation by families even if individual signs the form.
- Are individuals losing out because doctors will inevitably emphasize what the family wants?
- Lock argues later that families override individual rights even in America. Individual autonomy is not always true.
 - What did Terri Schiavo truly want? Husband v family
 - Intense, emotional, moral conditions—where you have less autonomy, patients don't use their authority in the same way
 - Lock argues that one of the issues in Japan, why organ donation/brain death is not as accepted, there is also a lack of trust among doctors and patients.
 - Japanese ideas of ancestorhood depends on what family, not individual does (v Christian ideas)—family is more important in idea
 - Japanese media is more forthright and empowering for families over doctors whereas in America people don't understand the science and must rely on the doctors to guide them through these decisions.
 - Media/scandal—shapes people's willingness to accept these technologies.
- Concept of Ki. Force of diffusion of life through the body.
 - Rituals for bodies for dissection to make body at ease.
 - Notions of transferring of “essence”—movies about the evil hand.
 - Note *Return to Me* with David Duchovny/Minnie Driver
 - Bollywood movie in Indian restaurant about organ donation; similar to other movie. Sickness—was the heart attacking the woman, or something else.
 - cultural representations, entertainment—what adheres in the organ
 - Heart transplant surgeon;
- David's note: donating egg and matching
- Mary Roach—*Stiff*
- Page 228—quote 5 lines down, notion of autonomous individual self does not sit well in Japan. Good for question number 2.
- Turkey dissertation—organ transplantation raises questions of kinship. Question whether child recipient of father's kidney is really the child of the father—symbolic essence. Clandestine search for donors.
- Terri Schiavo—videos of her, appears to have some emotion.
- Raises issues of incapacitated—who decides? For a minor under 18 it's their parents decision. Argument of ownership, property? Or ability to make a competent decision. Medicine will tend to defer to family's wishes.
 - What about cases of abuse? Call in Social Services etc. If the parents caused the condition then what?
- Marriage provides right to spouse—advanced directives; legal means as adults to provide.

- In cases of uncertainty of individual wishes—the state has to get involved and would it be in your interest to decide earlier.
- Martha—decision of organ donation. Page 233. Martha found sick, unconscious, taken to hospital, and fairly quickly after that she was decided to be brain dead and decided to donate. Had 15-20 minutes to decide for organ donation. Mother of Martha felt pressured into it.
 - Who was she coerced by? can it be reduced to society's message to individual.
 - Can be reduced to medical staff—to play off people's empathy to donate organs for anonymous recipients
 - The father was certain that she wanted to donate. Mother felt more pressured by father.
 - Is it culturally valued or is it individual pressures?
- Soul is in jeopardy—through organ donation, this may purify the sin/stigma of the suicide. What interests are at heart, how do you define them?

Lock's points

- Bungy jumping—risk—staring death in the face while denying it at the same time—affects whether we give organs or not
- The specter of traumatic, violent death and we keep a euphemistic distance—and may be easy to give charity than to confront the meaning of death. Suffering at a distance: cash v individual involvement. What's going on?

When bodies outlive persons

donation to strangers

- more obligated to family, not to people not in one's family
- (*Does the medical establishment have to request organ donation? Is it ethical?*)
- page 241: provision of false hope. Leaving person on ventilator for two weeks. Medical commons—resources to help family, not help individual. Less pressure to get patients out of the beds.
- For national health insurance, managed care is not in operation as it in Japan v USA. Every two weeks, government reimburses less and less for person who cannot be resuscitated.
- Does the hospital also have a responsibility to take care of the family?
- Asking organ donation staff. Much lower than regulation population, and with their greater knowledge, why is this?
 - They see the entire process. They are confronted with greater failures of organ donation—they see the other end and does not always work.
 - Suggesting incomplete disclosure—is it fair for them to encourage people to donate even if they don't want to?
- Transplant surgeons v nurses opinions—
 - Nurses—would be better able to discuss options with families than others; stress of families; see Kuhse and Singer—more hands on involvement

- The wide variation of the surgeons on how they think about is this really death?
 - One had a problem working on children that reminded him of his own children and it involved sentiment
 - Repetition of an earlier point: shift from view of patient as a person to body with organs (what shift occurs in the realm of the clinician; the medical gaze). How is the social science perspective being constructed differently among hospitals?
 - How technology changes definitions of life
- Page 250—nurses say that they do not change care to patients after second set of tests to confirm brain death
- Two physicians—rather than confirm brain death; rather, focus on diagnoses of life to prevent premature death. Lock talks about Japanese physician who developed technique to forestall brain damage through hypothermia and
- Can organs go to somebody else—less of an urgent way to treat the patients.
 - Raises issues if so many individuals who are becoming sources of organs have met “unnatural” deaths through violence, accidents, then on some level there may be a social status of persons who are impoverished—raises questions of what part of society is more likely to be source of organs
 - Those who fall on fault lines of poverty are more likely to be source of genetic material
 - That argument has a moral overture
 - Most clothing is made by some poorer class of society—there is not the same ethical dilemma. The same tone about bodies v certain commodities
 - Perhaps this is degrees of separation—life and death is not the same issue with, for example, clothes.
 - Subjugation of that population
 - Socioeconomic—more likely to get less good quality of care.
 - Save the remaining chapters for Wednesday