

Fifteenth Century Problems for the Twenty-First Century Gift: Human Tissue Transactions in Ethnically Diverse Societies.

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Abstract

The language of the ‘gift’ continues to be drawn upon in attempts to encourage altruistic organ and tissue donation. My aim here is to consider the anxieties that come into focus when this rhetoric is deployed in the context of ethnic minorities and, moreover, their donation practices are situated within universalistic discourses of charity and the gift. The article considers ideas of the body, debt, obligation, relationality and solidarity, and how these fit within the overarching projects of society, modernity and democracy when the market figures as an ever more prominent feature of such projects. Drawing on a variety of examples, the piece reflects on the movement of tissue across ethnically and culturally marked corporeal boundaries and highlights the tensions that arise from refusal as well as acceptance of such transactions.

Keywords: Altruism; Donation; Ethnic minorities; The Gift; Titmuss.

FIGURE ONE ABOUT HERE

The spirit of the gift in the 21st century is one that many would see as having been enfeebled by the ravages of instrumentalisation and commoditisation. As Michael J. Sandell puts it ‘we have drifted from having a market economy to being a market society with the result that cost rather than morality increasingly colonises judgement and values’ (Sandell 2012, 5). In contemporary settings, the notion of the gift as Mauss described it is thus more likely to inspire cynicism and suspicion than suggest a wholesome flowering of human society and sociality. However, there is one domain where the spirit of the gift appears to be very much active. Laws in many parts of the world expressly forbid the treatment of human tissue as property. This leaves the body and its cyclable and re-cyclable constituents in an ambiguous

state – a property (my blood, my heart, my kidneys) which cannot be treated as alienable, private property (even though these are ‘mine’ I am forbidden from selling them). Yet, in the course of the 20th century the extent to which the constituents of one body might be taken out and used in the body of another to save, extend or, in the case of gametes and embryos, create a life, has risen sharply. There are now dozens of products that a body might yield which can find a secondary use. This growing need to supply bodily tissue for trans-corporeal use is driven by a demand that expands in step with biomedical advance. However, efforts to resolve this problem suggest a widespread aversion to crossing the line which is thought to separate commodities from other kinds of object. In the UK and many other countries, the line that separates the commoditisation of human bodily materials from their circulation as gifts freely given to strangers, is one that is vigorously upheld. At its simplest, not to do so would provoke the Kantian predicament of human beings used as means rather than ends. The resistance displayed locates human tissue in a unique position once it is imagined not merely outside of the body but capable of evoking novel relationships between persons. Here we engage with the rhetorical heritage of Mauss, via Titmuss and others, and its passage into medicine, law and public policy. Indeed, the conceptual assemblage that comes with the theorisation of the ‘gift’ has provided an influential paradigm out of which to build an ideology of modern corporeal charity. Yet, in Titmuss’ appropriation of the Maussian gift lies a crucial inversion. For Mauss, gift exchanges emanate from persons with moral and economic status. For Titmuss, the particularities of those involved in the gift of blood are subject to a kind of erasure in which altruism dissolves personhood and structural explanations ultimately over-ride individual agency in a vision of democratic socialism (Welshman 2004). The pure corporeal gift, free and indiscriminately passed into a vaguely glimpsed collective welfare and mutuality of concern becomes both anonymous and a powerful metaphor for the communitarian ideal (Konrad 2005). Yet, the easy rhetoric of corporeal charity casts a long shadow over subsequent attempts to manage tissue donation: ensuring matched tissue is available, avoiding passing on infection and disease and, most of all, reconciling the growing mismatch between supply and demand. My aim here is to consider the anxieties that come into focus when these issues are brought within the gaze of health and public policy and considered to be ones that take particular forms among ‘ethnic minorities’. As a construction which tends to conflate, race, community, religion and culture, the idea of an ‘ethnic minority’ provides a simple device for referencing plurality and marginality within the nation state. One outcome of this usage is the racialisation and essentialisation of separation in ways that result in partial or marginal forms of citizenship

(Chato and Atkins 2012). Specifically, I am here interested in what happens when ethnic minority attitudes towards donation are situated within universalistic discourses of charity and the gift. How do the ideas that one group has about the body, debt, obligation, relationality and solidarity, fit within the overarching projects of society, modernity and democracy, and, particularly when the market figures as an ever more prominent feature of such projects? The main theme that I want to pursue concerns the movement of tissue across ethnically and culturally marked corporeal boundaries. As I go on to show, such encounters entail a creative engagement with difference which is both dangerous and constructive; in the context of national donation policies it is a site at which differences are both constituted and eliminated, constructed and dismantled.

I want to begin, however, in a very different time and place.

Cosmas, Demian and the Mystery of the Ethiopian's leg.

The saints Cosmas and Demian were martyrs of the early Christian Church in the Middle East. They were twins, renowned for their work as healers. They were venerated, amongst other things, as the patron saints of physicians and surgeons (Matthews 1968). Their acts of charity and kindness earned them the appellation in Greek of *anargyroi*, literally 'the silverless', which was often rendered as the 'unmercenary', because they would never accept any payment for the treatments they delivered. One of their best known miracles was the replacement of the cankered leg of a man with one taken from a dead man:

(('Where shall we have flesh when we have cut away the rotten flesh to fill the void place? Then that other said to him: There is an Ethiopian that this day is buried in the churchyard of St. Peter and Vincula, which is yet fresh, let us bear this thither, and take we out of that Morian's flesh and fill this place withal. And so they fetched the thigh of the sick man and so changed that one for that other. And when the sick man awoke and felt no pain, he put forth his hand and felt his leg without hurt, and then took a candle, and saw well that it was not his thigh, but that it was another')).

De Voragine, Archbishop of Genoa (1275 (1900, 176))²

Over the centuries, this extraordinary act was celebrated in stories and in paintings (Danilevicius 1967; Kahan 1981). In the fifteenth century painting by Catalan artist Jaume

Huguet reproduced here (Figure One), the saints are depicted going about their work, removing the white, cankered leg of the elderly sacristan and putting in place the healthy black leg of the Ethiopian, also sometimes referred to as a Moor. The resulting image is as disturbing as it is intriguing. This early depiction of an attempted allo-transplantation, invites reflection not only on healing but also on the nature of altruism, boundaries and the body.

One might read the image, as was no doubt intended then, as a spectacular celebration of Christian charity. Indeed, so pure are the intentions of Cosmas and Demian as they go about their business that they seemingly transcend the evident materiality of difference to restore miraculously the bodily integrity and well-being of the afflicted man. In the melting pot of Christian, Jewish and Islamic traditions and their associated ethnicities in Spain at that time, there was no doubt a strong statement being made about transcendence of some kind. In keeping with this notion, the matter of colour appears to be hardly relevant.³ What the viewer is being asked to reflect upon is an act which betokens a heightened spirit of community and a radical sense of togetherness of the kind captured by the term *communitas*, from the Latin the word *munus* meaning service, duty or obligation. This notion of *communitas* captures a radical and equal vision of people working in the service of each other. As Esposito puts it: 'From here it emerges that *communitas* is the totality of persons united not by "property" but precisely by an obligation or a debt' (Esposito 2010, 6). The Saints are servants working to the glory of God and their debt is to their fellow men; it is enacted in the gift of knowledge, healing and the miracle of transplantation. Images such as the one reproduced here were no doubt displayed to powerful rhetorical effect to dazzle people and persuade them of the possibility that charity, benevolence and compassion could form the basis of the good society.

Yet, there is a more ominous reading of the image. In the top right hand corner two priestly helpers, perhaps Cosmas and Demian themselves in an earlier phase of the story, can be seen sawing the leg off a naked black man. We are told in the account of de Voragine given above that the Ethiopian was buried in a churchyard which would suggest that the Ethiopian, although black, was probably a Christian. In the restoration of the sacristan's health the Ethiopian was rendered 'bioavailable' (Cohen 2005); there to be used to create health and wholeness for another. Within the saintly expression of *communitas*, it is thus possible to glimpse acts which contradict and undermine the ideals of benevolence and charity. Bodies, once indexed to the intentions of others, are rendered usable and exploitable. Again following Esposito, we might suggest that this stark encounter with difference entails a

freedom or exemption from obligation to others, a state he captures in the term *immunitas*. To carry the analogy further, bringing together black legs and white bodies, Europeans and Ethiopians, death and life and so forth, the racial 'other' is appropriated in an act of immunisation, the taking in of the other so as to eliminate difference (Esposito 2008, 53-54). Then, as now, the ontology of human tissue transfer (that a constituent of one body might end up functioning in another), invites questions of classification, boundaries and transgression and how these might be managed when human tissues are exchanged across difference.

Titmus and 'gifts' light and dark.

The dominant picture that we have of tissue transactions across ethnic or religious communities tends to be one of brutal and predatory exploitation of the living and the dead: black to white, poor to rich, north to south (Scheper Hughes 2002; Cohen 1999). Here I want to focus on acts of giving that emerge from religious and philosophical ideals of virtuous human conduct in the form of altruistic giving brought together with folk theories of how people should respond in the face of human suffering (*cf.* Simpson 2004). The political expression of this sentiment (as opposed to a purely religious one) was given a full-throated airing by Titmuss in his now classic and highly influential comparison of blood donation practices in Britain and the USA. In *The Gift Relationship*, Titmuss attempted to affirm the political and moral superiority of voluntary blood donation over the commercial and commoditised blood collection services that were developing in the USA (Titmuss 1970, see Fontaine 2002, 403). Famously, Titmuss drew theoretical inspiration for his analysis from Mauss' study of gift relations in 'archaic' societies (Mauss 1990). The glue which Titmuss recognised in Mauss' account and which he saw as being threatened by a market for blood, was the web of indebtedness and future reciprocity that the 'gift' creates once put into circulation. The modernist twist in Titmuss' transposition of Mauss' theory, however, was that the 'gift' was not transacted between persons in actual relationships but between persons and 'society' with donors and beneficiaries in a state of mutual anonymity. Voluntary blood donation for the benefit of strangers provided an arena in which citizens could demonstrate their capacity for altruism whilst affirming the collectivist values of a welfarist and redistributive state at the same time. As Waldby and Mitchell put it, Titmuss' hope was for the creation of '...a particular kind of civil intercorporeality' (Waldby and Mitchell 2006,16; also see Healy 2006).

Much has changed since Titmuss put forward his bold defence of voluntaristic blood donation practices. For example, and the list is not exhaustive: use of whole blood is now rare and each donation is likely to yield multiple products destined for different trajectories of use; there are increasingly complex chains of intermediaries connecting donors and recipients (hospitals, blood banks, pharmaceutical companies and commercial industries), the internationalisation of traffic in donated materials renders narrowly nationalistic conceptions of ‘community’ outmoded; tissues are increasingly used for research rather than therapy *per se*; the gift-commodity distinction is not so useful when it comes to understanding how people behave in advanced economies. The idea of intellectual property brings interests and rights to bear on products of the body in ways that go well beyond property claims conceived in toto (Waldby and Mitchell 2006, 22-26). Not surprisingly, such changes leave Titmuss’ pronouncements of the 1960s, looking limited and problematic in the present day. Nonetheless, the terms of the debate still echo through subsequent attempts to make sense of motivation and meaning for an ever-widening range of substances that might originate in one body but find use in another. Yet, beneath the exhortations to give without reckoning lie issues of how to manage the complex layering of myriad networks of individual association, action and intention that animate the social and moral worlds in which people actually live and die.

The Nuffield Council on Bioethics

One recent attempt to think about how exogenous and endogenous realms of circulation articulate with one another is a report produced by the UK’s Nuffield Council on Bioethics’ *Human Bodies: Donation for Medicine and Research* in which I played a part as a member of the working party (NCoB 2012). The NCoB is an independent body established to consider the ethical consequences of contemporary advances in medicine and biology. The principal term of reference of the NCoB is ‘To identify and define ethical questions raised by recent advances in biological and medical research in order to respond to, and to anticipate, public concern’.⁴ Herein lie two different sets of concerns: one is that medical research produces new and challenging interventions, the other is that these excite public concern, anxiety and reaction, sometimes negative. Furthermore, there is an aspiration for the NCoB to bring these two sets of concerns into dialogue – to inform the public as to what the issues are whilst at the same time, itself being informed by opinions that the public might hold. In spring of 2010 a working group was convened and charged with responsibility to consider the state of

play in relation to human tissue donation in contemporary Britain and to make recommendations on the basis of a wide-ranging consultation. Rising demand for blood, organs, gametes, skin, joints, cornea, whole body donation to phase one clinical trials and other bodily offerings all appeared to lag problematically behind what current arrangements for their collection could yield. The group was to review the social, legal and ethical frameworks within which human tissue donation currently operates and how this might look in the future. Fundamental to the mission of the NCoB working party was the question of voluntary donation, whether different forms of incentivisation were acceptable to increase supply and, if so, what forms these might take. The second of the working party's terms of reference put it thus: 'To consider, with reference to different forms and purposes of donation or volunteering, what limits there should be, if any, on the promotion of donation or volunteering.' Underlying the question of limits is the possibility that altruism, *a la* Titmuss, as the major driver for donation may simply be inadequate and unrealistic when pitched against the scale of current demand for tissue. There is evident but unrealised physical capacity in society for greater supply of tissue to address biomedical and other needs but would changing strategy, legislation, scope for incentivisation and so forth, raise the level of supply in practice? Would incentivisation or purchase be ethically palatable as a way of increasing supply?⁵

The Working Group was chaired by Marilyn Strathern, an anthropologist of considerable experience and recognition both within and outside the discipline. Her selection as chair of such a group by the Nuffield Council on Bioethics was an interesting one in that the job of navigating a way through the complex and controversial field of human tissue donation might normally have fallen to a philosopher, a lawyer or a medical ethicist. Indeed, the NCoB was keen to move beyond its 1995 report on *Human Tissue: Ethical and Legal Issues*, both to consider significant changes that had taken place in terms of regulation and the range of bodily materials that might now be transacted as well as to capture 'social' perspectives on tissue donation, including the internationalised and cross-cultural character of many corporeal transactions. From the very outset some different and distinctively anthropological strategies were contemplated. In her Edward Westermarck Memorial Lecture delivered in December 2009, Strathern gave some indications of the directions that an anthropologically informed approach might take to meet the NCoB's challenge (Strathern 2009). Existing approaches to the ethics of tissue donation have tended to break down the evident complexity of the field in terms of types of material and the legislative frameworks that govern their use. In the

proposed working party, the vision was for a somewhat unnerving comparativist strategy in which the emphasis would be on the donor and the simple fact that all the substances under scrutiny - organs, tissues, reproductive materials or waste products - and whether they are used for life saving (eg an emergency blood transfusion), life preserving (a heart or kidney transplant), life enhancing (eg corneal transplants), or life creating (the use of gametes and embryos acquired from a third party) all originate in the body of a person and find their use in the body of another. The strategy was unnerving because of the sheer complexity of issues raised by the attempt to bring all transactable tissues and substances within a single frame in the hope that fresh insights might arise into well-rehearsed problems. How, if at all, could supply be increased in the face of rising demand without unacceptable breaches in what is broadly taken to be ethical conduct?

Shifting perspectives in this way served the crucial analytical purpose of bringing into the light other kinds of connections, analogies and comparisons at work in this field. In turn, these are points at which new and emergent attitudes and understandings might be glimpsed. The ones that I am interested in here are, to use Strathern's term, 'vernacular', the kind that members of the public might casually and routinely use in the sense-making and simplification necessary to manage a world made complex by the overload of information and choice (Strathern 2009). Here open up the prospect of new fields of relations being made visible as the specificities of gender, sexuality, the body, relationship, religion and ethnicity are reckoned with. Out of these fields also emerge limitations or sticking points. The aspiration to mobilise corporeal giving is not only an expression of *communitas* but also carries the portents of a mis- or non-recognition of what it means to be indebted or under obligation.

Whilst the NCoB report provided an ambitious and comprehensive overview of donation practices in the UK, an area that ultimately remained unsatisfactory in the working party's deliberations concerned ethnic minorities and their 'fit' within the overarching scheme of donation practices. Not unreasonably, given the large amount of data processed in the preparation of the report, the limited reference to ethnic minorities was presented in terms of 'scope'. In the time available, only a small amount of evidence on this topic had been processed, making 'specific recommendations' difficult. In the absence of detailed evidence, the report remained within existing frameworks for considering ethnic minority donation practices. In short, there are variations in the way that ethnic minorities show up in donation statistics; these are explained in terms of barriers to be overcome (squeamishness, mis-

information, medical mistrust, anxieties about the procedures involved in donation etc), barriers could be lowered through ongoing education, promotional campaigns and dialogue, for example, between 'NHSBT (National Health Service Blood and Transplant) and community and faith leaders' (NCoB 2011, 200). Put simply, the public policy problem is one of how to mesh the interests of different groups with an over-arching conception of society. Not unreasonably, one answer to this question is that more research needs to be carried out among ethnic minority groups and the way they interface with the wider collectivity. However, before finding answers it might be helpful to have a clearer sense of how difference develops out of, rather than being simply fed into, the management of tissue transactions.

Engaging difference: Three examples of tissue transaction and ethnicity

The first example concerns bone marrow transplantation and what might be seen as a 'vernacular' solution to the problem of ethnic specificities of immune reactions in the face of extreme difficulty in sourcing suitable tissue. The case that brought the issue to prominence was that of Zain Hashmi who in 2000 was born with Beta Thalassaemia Major (BTM). The parents of Zain wished for him to have a bone marrow transplant as a way to check the progress of this debilitating genetic blood disorder. The most likely source of compatible tissue would be a sibling of compatible blood type. A subsequent pregnancy was found to be afflicted with the disorder and was aborted. A later pregnancy was free from the disease but not of a compatible blood type. The fertility clinic at which they were being treated proposed that an application be made to the Human Fertilisation and Embryology Authority (HFEA) to use IVF and prenatal genetic diagnosis to select an embryo of the right tissue type with a view to using the child as a donor for the ailing Zain. The application was subject to extensive press coverage with headlines such as 'saviour siblings' and 'spare part babies' used to capture the tensions that arise when altruism and instrumentalism appear to be brought together.⁶ The case was also the cause for a considerable amount of ethical deliberation by the Human Fertilisation and Embryology Authority (HFEA) who eventually approved the use of selective in-vitro fertilisation (IVF) treatment in 2007 subject to strict criteria. Objections to permitting the procedures to take place were threefold: that children would be treated as means rather than ends, that this would represent a 'slippery slope' to other kinds of commoditisation where competence to consent was impaired or absent and that such procedures would run counter to the fundamental principle which places child welfare in

a paramount position (Sheldon and Wilkinson 2004). The intentional creation of a child who would later in life be a tissue match for a sibling amounted to a proxy or forced altruism which, for many, was no altruism at all. However, objections to this analysis were raised on the grounds that children could not straightforwardly be treated as rights bearing, rational decision-making individuals, but needed to be seen as part of a ‘family’ and, as such, submerged in a complex set of obligations and expectations each with their distinct densities and temporalities (as opposed, for example, to the autonomous and atemporal presumptions which feature in statements made at the much grander and all-encompassing scale of the legal system). As Savalescu put it in an early commentary on the saviour sibling controversy: ‘We are not individual atoms with a good easily dissected from the good of others’ (Savalescu 1996, 24; also see Crouch and Eliot 1999 and Lyon 2012 for further analysis and critique of the notion of obligation). The quandary was eventually resolved in favour of the Hashmi family and they were allowed to use selective IVF to create an HLA-compatible sibling for Zain. It did indeed prove difficult to reconcile legal atomism with familial incorporation. Recognising family and kinship in the vernacular brings into play different ideas of relationships, how these are constituted and the loads that they can and should carry.

The second example concerns the ‘problem’ of ethnic minorities and organ donation. In a recent article which tries to fathom the complex relationship between organ donation, genetics and culture, Kierans and Cooper bring into question assumptions implicit in organ donation campaigns targeted at ethnic minority groups that see biology and ethnicity as co-extensive (Kierans and Cooper 2011). The argument they seek to question goes as follows: black and minority ethnic (BME) groups in the UK are three to four times more likely to experience end stage renal disease (Rhandawa 2010, 2011; also see Baines *et al* 2002); although Asians make up only 8% of the UK population, they make up 28% of the waiting list for kidney transplants and only 4% of deceased organ donors; the expectation that intra-community donation is the best way to overcome blood and tissue matching problems means that Asians in the UK (and, by the same logic, Afro-Caribbeans) spend longer on waiting lists and are therefore at increased risk (Kierans and Cooper 2011,11). The critique that Kierans and Cooper put forward draws attention to the ways in which policies and practice of transplant medicine themselves have led to a misleading conflation of genetic populations with ones based on current classifications of race and ethnicity. A fundamental consequence of this conflation is the moralisation of intra-community donation such that groups defined by ethnicity appear to be responsible for remedying shortages that disproportionately affect their

communities. As the legend on one of the posters aimed to stimulate donation from BME groups makes plain: ‘Black people are three times more likely to need an organ transplant. But less the 1% of people on the NHS organ donor register are from *our* community’ (emphasis added, also see Kierans and Cooper 2011, 13).

The final example concerns the emerging bioeconomy of cord blood banking and international trade (Brown *et al* 2011). The development of therapies which involve cord blood stem cells (CBSC) have provided an alternative to the use of bone marrow as well as new treatments for cancers and immune disorders. As a consequence, the demand for CBSC has risen significantly over the last two decades. Consistent with the origins and development of the UK blood economy, donation was initially voluntary and to public banks, with circulation among unrelated individuals. However, as Brown and colleagues demonstrate, there has recently been a significant growth in private banking and the emergence of a market in CBSC and related services. Typically, parents pay to deposit CBSC taken from their newborns with a view to later use by themselves in case of illness (Brown and Kraft 2006). They also document the way in which an international trade has developed in which public banks engage in sale of particular CBSC types as a solution to scarcity of marrow matches (Brown *et al* 2011). A key driver of this activity has been the difficulty in finding matches for ethnic minority groups who are typically under-represented within bone marrow registries when compared with populations of predominantly European heritage within which they are distributed. For such groups, the ideology of the ‘gift’ is simply inadequate to generate sufficient material to meet their highly specific compatibility needs. What the CBSC case brings into focus for Brown and colleagues is the emergence of a ‘global immune-based economy’ which operates as a system of protections (*immunitas*) for ethnic minority groups ‘from the otherwise boundless or insatiable demands of community’ (Brown *et al* 2011,7)

Conclusion: Pluralism and the gift

What each of the above examples highlights is the process of making visible and erasing that occurs when different scales (for example, that of society, ethnic group, family, child, sibling, body) are deployed to understand the logics of supply and demand in plural and, indeed, globally connected societies. What I have brought attention to here, both in terms of public policy and responses to those policies, are the points where reciprocal obligations bring into

sharp focus the edges of distinction and difference. Furthermore, these are points where the rhetorical work of solidarity might otherwise over-ride and erase them.⁷

Implicit in this tension between visibility and erasure, are question about just what constitutes reciprocity and just who acts of corporeal charity are intended to bring into reciprocal relation. In a refinement of Maussian theory, Sahlins suggested a scheme which consisted of generalized reciprocity (a system of giving without immediate reckoning), balanced reciprocity (exchange in which immediate calculations of value are present), and negative reciprocity (appropriation without regard for debt or obligation even though these may be created by the transaction) (Sahlins 1972). The form of reciprocity is fundamentally dependent on relations between persons and their proximity, reckoned in terms of social, cultural and economic distance. Applied to the context of contemporary tissue donation we might say that there is a deeply engrained institutional aversion to negative reciprocity (it is wrong to take without reckoning) and a strong pull towards generalised reciprocity (it is better to give without reckoning). However, in each of the examples above the status of balanced reciprocity features as problematic because it is multiple in its meaning and function and can always be read as both negative and positive reciprocity depending on which scale is being deployed.

In the Hashmi case the invocation of family as the arena for altruistic giving is problematic when set in a context that valorises the anonymous gift, freely given to, and received from, ‘society’ rather than a named individual who not only happens to be a relative but also a child. In the case of ethnic minority organ shortages, intra-community donation is to be encouraged as a transaction that will result in improved community health in the face of shortages of compatible blood and tissue. However, such campaigns, by attempting to reproduce in microcosm the Titmussian gift, contradict the wider communitarian and inclusive vision of society upon which this view was originally built. In the case of CBSC, balanced reciprocity in the form of global commercial exchange emerges as a solution to the problem of shortage of CBSC among ethnic minority groups but in so doing highlights the inadequacy and parochiality of a national gift economy as the source of available tissue. In short, in each of these instances, incurring one kind of obligation necessarily entails refusal and exemption from other kinds of obligation.

Participation in the NCoB working party was a fascinating and privileged opportunity to participate in a very public form of reasoning. Whilst we were mostly pre-occupied with

donation, and what happens at the limits of obligation, the wisdom of hindsight suggests that we did not consider refusal and exemption as critical elements in emergent tissue economies. I would suggest that herein lies a major challenge for the communitarian vision of society and especially where the societies in question are characterised by significant ethnic and cultural diversity. It is clear that marketisation and the predation of commodity capitalism in tissue transactions tend inexorably toward atomisation and a redrawing of the commons. However, one might ask at this point, where does the Ethiopian's leg figure in all of this?

The Nuffield Council on Bioethics report is, and does, many things – I would add to the list that it functions as a 21st century version of the painting reproduced at the beginning of this essay. It invites us to reflect on the nature of difference and how in the transfer of human tissue we are to make sense of the obligations that maintain within and across such differences. In keeping with Titmuss' original vision one might imagine a trajectory in which:

((‘One moves from the isolation of the individual marked by the fear of the Other, who is mirrored as aggressive, to a living with (*cum-vivere*), made possible by the reciprocal immunization of specific differences))’. (Bonito Oliva 2006, 71)

Notes

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² <http://www.aug.edu/augusta/iconography/cosmasDamian.html> accessed 11/06/2012

³ ((‘In the late Middle Ages and in the early Renaissance period, it was not important what color was used, and such artists as Rubens and Van Dyck portrayed the Moor with European features but with dark skin. Not until Sömmering in the 18th century published his book *The Bodily Differences Between the Moors and the Europeans* was the artist's attention attracted to the anthropological detail’)) (Danilevicius 1967,146). Also the eminent classicist Frank L. Snowden argued for a view of the ancient world in which black and white were far more integrated and colour was not in any way a code for inferiority, a view argued many years ago by (1983).

⁴ <http://www.nuffieldbioethics.org/about> accessed 27/7/2011

⁵ <http://www.nuffieldbioethics.org/news/can-we-ethically-increase-organ-egg-and-sperm-donation> accessed 27/7/2011.

⁶ For example see: <http://www.dailymail.co.uk/news/article-472327/The-dangers-spare-babies.html#ixzz1xn2apG2Q> accessed 11/06/2012

⁷ see Prainsack and Buyx (2011) for a comprehensive review of the notion of solidarity in bioethics. Solidarity is defined as ‘shared practices reflecting a collective commitment to carry ‘costs’ (financial, social, emotional or otherwise) to assist others (2011:46) and is seen as operating at three distinct levels or ‘tiers’: interpersonal (based on shared experience), group (based on collective commitment) and the nation state (expressed in terms of contractual and legal norms) (2011: 47-48).

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