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Recitation 10: The Political Economy of Organs

1. Presentations: Kelsey Cappelle and Shelley Gu
2. Evaluating policies that ration scarce resources

What is the best policy to adopt for the rationing of a scarce resource (in this case, organs for transplant)? Annas considers—and rejects—four policies before proposing his own.

More generally: how do we evaluate policies? There is a trade-off among various features that we value in a policy. The problem is how to weigh these values against one another.

In light of this bigger question, what do you think of Annas's proposal? How does it do with respect to the features we value in a policy?

3. One solution: increase supply

How can we do this for organs?

- Public solicitation/altruism campaigns.
- Global free market.
- Presumed consent policies.

We have two kidneys. How many of you would give a kidney to: a blood relative; a spouse or partner; a friend; a stranger? Would you sign up at MatchingDonors.com?

Zell Kravinsky: utilitarianism demands we give up our extra kidney.

Problems with the global free market: in principle, it seems like an individual freely giving a kidney to another individual is a fine thing; but are there contexts wherein an individual's act or choice is not free? Do developing countries present such contexts?

4. Another solution: decrease demand

How? We could deny transplants for:

- the very old.
- the very young.
- the immuno-compromized.
- former and current drug users.
- overweight people.
- people who have already had transplants.

5. Why is there a scarce resources problem?

This seems to be a new problem. (Or, at least, no one used to be concerned about this problem.) Why?

A simple answer: new technology.

Is this all that is going on? What about changing attitudes toward health care?