

The global trade in human organs economics essay



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The global trade in human organs reflects the existing inequalities globally between the rich and poor, and subsequently the Global North and Global South. This essay will seek to address the highly exploitative arrangement in human organ trade, the gender imbalance and the economic and social disadvantage women face. I will also expose how Capitalist Neo Liberal societies have commoditised human organs in the Global South; this is evident to see in countries such as India. The emergence of 'transplant tourism' has been fuelled by demand from affluent individuals and in turn the marginalised poor are exchanging their organs for a small monetary return. This is an unsubstantial amount and they are often subject to exploitation through an illegal organ black market, organ broker and middlemen, who happen to take a fine cut. Furthermore I will uncover how the health care system in developed countries discriminates ethnic minorities.

Organ transplantation is carried out by taking a healthy organ from a body, either dead or alive and transferring the organ to another person in order to replace a failed or deteriorating organ. Organ transplantation in recent years has revolutionised health care and transformed the lives of people suffering from organ failure and diseases once thought of as incurable. Organ transplantation is now widely practiced across the world, statistics from the World Health Organisation (hereon: WHO) states that 91 countries carry out kidney transplants; in 2005 there were "66,000 kidney transplants, 21,000 liver transplants and 6000 heart transplants performed globally" (Shimazono, 2007. pg1).

Transplant Tourism and the route of human organ trade

The innovation of new drugs and methods has augmented the number of people who can receive an organ transplant. This increasing organ demand worldwide is due to a number of reasons. In the Global North for example; there has been an increase in Diabetes and heart disease. Also, technology advancements have become more global, life span increase, groups who were once marginalised are now accepted and kidneys are less likely to be rejected because of new drugs. This has led to a shortage of organs and hence initiated vigorous organ trade particularly in the Global South.

People from the Global North and the rich are travelling overseas to countries such as India where multiple organs are available for commercial sale and sold in markets known as ‘organ bazaars’ (Shimazono, 2007 Lock and Nguyen, 2010) (Indiatogether. org 2012). This trade has been described by Scheper as a ‘Frankenstein-like industry’ (Scheper-Hughes, 2000, pg9). Anyone can become a transplant tourist no matter what their geographical location as long as they have enough capital to do so. It is the rich, regardless of their nationality and geography that are able to go to great lengths to acquire organs.

The consumer demand from the Global North and the rich often leads to the exploitation of the Global South and the poor, to meet their demands. With no other choice, poverty stricken and in awe desperation, the poor choose to sacrifice their organs, and do so for a small fee whereas the rich and Global North profit. The flows of organs and the ‘route’ of the Global organ trade often follows the “modern routes of capitalism” that seems to turn

everything into a commodity (Scheper-Hughes, N. 200, pg5) from the poor to <https://assignbuster.com/the-global-trade-in-human-organs-economics-essay/>

the wealthy and privileged, from “ south to north...from black and brown to white” (Scheper-Hughes, N. 200, pg5). This statement is supported by Nguyen, “ the direction in which the organ trade goes through is “ People from Japan, North America...Europe travel to countries in Southeast Asia, South Asia.... to purchase organs” (Lock, Nguyen 2010).

In regards to this, not all transplant tourists come from countries in the Global North. A vast number of recipients are from the Middle East and other Asian countries. In 2004 Malaysians underwent 132 renal transplants abroad in mostly India and China. (Shimanzono, 2007).

Organ Trade in the Global North in comparison to the Global South

Organ trade in the Global North is done so willingly, without any incentive and is usually given to a relative. Respectively access to information, the treatment procedure and risks involved are provided to a higher standard. Organ donor programmes are extensively run by the health authorities, were individuals can opt out or give prior consent to donate their organs after they die, and then organs are harvested from brain dead people (Lock, Nguyen 2010). Medical and ethical regulations are followed and people who are eligible are placed on a waiting list for a matching organ to become available. Despite ensuring ethical practises are followed in the Global North, the system still has flaws and the Global North lack an availability of organs. In the UK, London’s black and Asian communities are particularly affected, in finding a kidney match and on average have to wait roughly twice as long for a transplant compared to white counter parts (Davies 2006).

However, this is very different story in the Global South, health care is expensive and organ transplantations have to be done privately. ' In South Asia, " fresh" organs are removed from the bodies of the poor. While poor people are at a high risk of organ failure (due to their dire living conditions), they usually die without receiving an organ transplant, let alone dialysis... they serve as mere suppliers of body parts to prolong the lives of the affluent few.' (Moniruzzaman, Monir 2011). Dr. J. V. Thachil from India supports this point and argues: " It is criminal to exploit the poor in order to keep less than one percent of the population alive".

India as the ' great organ bazaar'

For decades India has been known as the ' great organ bazaar' and has become one of the largest centres for kidney transplants in the world. Many people in India sold a kidney to pay off high levels of debt, medical bills or even to put children through education. The transaction of an organ was used as an alternative, almost like the ' ultimate collateral' against financial adversity, where people were preparing ahead to sell ' unessential' body parts (Scheper-Hughes, 2000). By the early 1990s it was estimated that 2000 kidney transplantations were happening in India per year (Scheper-Hughes, 2000). Despite the fact that India introduced the Human Organs Transplant Act (HOTA) in 1994, this did not stop or decrease the sale of organs and it inevitably became easier to acquire, as Scheper-Hughes described this as an " official seal of approval" (Scheper-Hughes, 200 pg9). This was partly due to the corruption of officials and the law. Nevertheless, the commercial sale of organs driven by poverty is not restricted to India but across the globe, where poverty is present.

Neo-liberal policies

In the Global South, Bangladeshi farmers are suffering the effects of forced Neo-liberal policies by the Global North, which instruct them to grow cash crops e. g. cotton as an alternative of food that would have normally sustained the family. As well as already anguished by high levels of debt, failure of GM crops and the crash of the global markets. Neo-liberal policies has no doubt increased poverty and also systematically reproduced violence as it promises a better life, which is not fulfilled. This has inevitably left populations vulnerable, and farmers are selling their kidneys to deal with the crisis. This is also linked to Rajans work who describes this as ‘ structural violence’. This case illustrates the underlying structural inequalities within society and depicts the economic and political power held by the Global North over the Global South.

In addition, the selling of a kidney has devastating economic, social, and health impacts on the sellers. Research conducted on 33 Bangladeshi kidney sellers reveals that ‘ 94% of them could not improve their economic circumstances by selling a kidney... and were back in debt within a few years. 80% of these sellers did not receive the entire payment they were promised nor did they receive the promised post-operative care’ (Moniruzzaman, Monir 2011).

Gender Imbalance

Another issue that highlights the extent of inequality in the global trade of human organs is the disadvantage of women in the Global South. For instance, men are prioritised over women to be a recipient for an organ.

Women are also favoured to donate their organs, to exemplify this point in <https://assignbuster.com/the-global-trade-in-human-organs-economics-essay/>

Goya (India) 71% of paid kidney donations come from women, as many are dismissed as not part of the working sector, whereas men are. This contrasts data that shows women make up 60% of unpaid workers in the informal sector as well as undertaking domestic chores and have a dual burden of reproductive work (UNFPA 2011). Accordingly in America, women also tend to become organ donors more than men, but on different rationales. They are likely to donate to family and friends willingly, rather than gaining capital. However, this occurrence is not global, in Iran more men sell their kidneys than women and in Egypt only 5% of kidneys came from women.

Furthermore in India, sacrificing an organ has been socially constructed as feminine, and in doing so, men are made to feel they are unmanned or their masculinity is compromised (Lock, Nguyen 2010). Women in many cases are viewed as being more 'bioavailable' than men. It is no surprise that women who sell their kidneys often compromise their health. Many of these women are illiterate and are unaware of the risks and procedures and are often deceived. For example, research conducted in Chennai shows how women wanting to sell their kidneys were sterilized beforehand and were told to do so, on health grounds. (Lock, Nguyen 2010).

Organ Theft

Another injustice that organ trade has created is organ theft. A case which clearly demonstrates this is in China. Organs are harvested from the Chinese prisoners who have been executed or killed and eventually sold for profit, before the practise was made illegal in 1994. Taiwan was the central hub to purchase organs which were harvested from prisoners (Aljazeera 2001)

(Scheper-Hughes 200). Cultural factors played a vital role in this serious
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violation of human rights. Many people upheld views were some see it as an act of redemption and social good, in order to pay back society for their wrongdoing. However, other ethical human rights group and medical institutions acknowledge this as organ theft (Scheper-Hughes, 2000). In one incident, a doctor recalls how a kidney was removed from a prisoner whilst he was alive and under an anaesthetic, then executed (New Internationalist, 1998).

Successful Organ Donor programme

A model of a successful organ donor programme in the Global South has been implemented in Iran. The country has managed to increase organ donations by providing donors with a number of benefits through compensation and incentives. This has drastically cut down the waiting list; however at the same time encouraged the commodification of organs, which can be seen as controversial. (Lock, Nguyen 2010). This scheme inevitably cuts out the middle man ensuring more profits go to the donor. Since this system has proved to be successful in Iran, it is being reviewed in Singapore where they have the fifth highest number of kidney failures globally (NKFS, 2011). In Iran it is evident to see that inequalities can be reduced if an efficient system is put in place.

Conclusion

In contrary, it is fair to say that the global trade in human organs reflects major structural inequalities between rich and poor and between the Global North and Global South, however this is not wholly and inequalities are still prevalent in the Global North. The key elements which define a person's

chances of either being an organ donor or recipient lays on prosperity, ethnicity and geographical location.

The commodification of organs is firm evidence that reflect the unequal relationship, capitalism plays a pivotal role in this exploitative trade and in the end it is apparent to see who gains and who doesn't. Since the whole human organ trade system is simplified in terms of a business transaction, when the reality is actually taking away someone's internal organ. Some may argue " the organ trade violates humanist, cultural, and religious principles, such as holism, integrity, and sacredness of the body, along with human dignity" (Moniruzzaman, Monir 2011). This statement shadows the Islamic belief, where they believe Allah is the owner of their body parts, and therefore selling his gift is intrinsically wrong and does not preserve the wholeness of their body, and therefore living in an undignified state, which they described as " sub-human." (Moniruzzaman, Monir 2011).

Furthermore, organ trade raises many ethical questions where we have already witnessed not only human kidneys, but also liver lobes, in the market commodities in Bangladesh. Moniruzzman questions how far can we go with the organ trade, before we can chop a leg or a hand from the poor, assuming that one of these body parts is insufficient for them?

In order to make human organ trade more ethically justifiable the answers are through cadaveric organ donations, xenotransplantation, bioengineering and dialysis. Also altruistic family donations should be encouraged and organ transplant schemes that implement fair justice to the poor. (Moniruzzaman, Monir 2011).