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Just Health Care?

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Nir Eyal

Bioethics, National Institutes of Health

Bioethics/CC/NIH, Rm 1C118, Bldg 10, 10 Center Dr

National Institutes of Health, Bethesda 20892-1156, USA

neyal@cc.nih.gov

Just healthcare and 'commodification'

My paper criticizes common 'commodification'-based arguments against trade in organs but shows how a modified commodification-based argument is relevant to just healthcare.

Trade in organs, sex, etc. raises genuine and distinctive concerns about commodification; but the most common articulation of that concern, namely, a Kant-inspired ban on equating the value of persons and that of mere commodities, fails.

Many Kantians assume that selling X (e.g. a kidney) for \$y inevitably conveys that X has only monetary value—presumably, that the value of X = \$y. But that is false. It can be obvious that X is being sold for \$y for reasons other than the seller's assessment of X as generally worth \$y. X's price can reflect how much the buyers (not the seller) need X or how much the seller (but not the buyers) needs \$y. Thus, selling a kidney for \$y, you do not inevitably convey that the general value of your kidney (let alone your own!) = \$y. Your offer can obviously reflect your possession of a 'backup' kidney or your dire need of money.

I offer an alternative, consequentialist version of the commodification-based argument against trade in organs. It rests on the distinctive harms of conduct perceived, for good or for bad reasons, *as if* it conveyed that a person lacks complete human dignity—e.g. that she is worth only \$y. Just healthcare involves the just allocation not only of medical benefits but of all benefits and harms generated by healthcare systems, including such 'dignitary harms.'