

# SACRED OR FOR SALE?

**T**he urgent arrival of technological change over the last twenty years has forced society to rethink the truths it once assumed to be as absolute as they were precious. The beginning of life itself has been relocated from a point in time to a process over time. This new understanding provoked the rancorous debate over abortion, a debate that quickly degenerated into cries of murder and freedom. More recently, the singular clarity of death has become a similarly murky discussion of process, and the same twin shouts can be heard from both sides.

Now this kind of brutal reckoning will be brought to bear upon democracy's fundamental component—the individual. The body is rapidly becoming the raw material for the inchoate industry of biotechnology, which stands to earn millions of dollars from products derived from a freak spleen cell or an efficacious gene. Familiar questions must be asked: Do we own our bodies, to do with them as we like, including selling them off? Or is the body a sacred vessel that must be protected? Before technology propels us into hasty decisions, *Harper's Magazine* asked a philosopher, a lawyer, a doctor, and an ethicist to trace the shifting boundary between the sacred and the profane.

The following forum is based on a discussion held in the Rainbow Room at Rockefeller Plaza. Jack Hitt served as moderator.

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## The Value of Life

JACK HITT: In the 1980s, according to the United States Patent and Trademark Office, nearly a third of all the patent requests from medical-research facilities involved human tissue. Is it fair to assume that the body is becoming one of our great contemporary resources?

Consider John Moore. This man entered UCLA Medical Center in 1976 for a routine operation: the removal of a cancerous spleen. While examining Moore, his physician discovered that Moore's spleen cells contained peculiar and useful properties. From these cells he developed the "Mo" cell line, and UCLA was awarded a patent in 1984. The researchers went into business with Genetics Institute Inc. and Sandoz Pharmaceuticals Corporation to make a protein that battles various bacteria, even cancer. Estimates of the potential sales of this protein run into the hundreds of millions of dollars. When Moore found out what had happened to him—during the development of the cell line the researchers kept bugging him for more blood samples—he sued. Should he be awarded money?

LORI ANDREWS: The California Supreme Court argued, unpersuasively I thought, that he couldn't sue on property grounds, because his body wasn't his property, but that he *could* sue for damages, because the researchers had a "fiduciary" obligation to inform Moore of their intent. So he may end up getting money anyway.

ANDREW KIMBRELL: The court was in a peculiar position, because it had to consider Moore's property claim alongside *Diamond v. Chakrabarty*. In that notorious 1980 decision, the Supreme Court held, by only a 5-4 vote, that you could patent a microorganism, that you could patent life, by applying the same law that allows you to patent toasters or tennis rackets. That's exactly how the researchers seized the advantage here. They patented Moore's cells and claimed the profits as their own. With *Diamond*, we have sanctioned the unholy alliance of the biotechnology industry and academia, of profits and science. And now people like John Moore will ask, "Why shouldn't I get my share?"

ANDREWS: I agree. It seems unjustified to keep the patients out of the profit. People like to focus on the changes in biotechnology and the novelty of the science, but really, these possibilities have been around for years. People have sold blood. The first cell line, similar to John Moore's, was created in 1951. In the 1960s, Italian nuns donated their urine so that Pergonal, a fertility drug, could be made to help women have babies. The body has been a "factory" for quite a while. What's different now is the potential for commercialism. We're seeing it throughout medicine: the evolution of hospitals into profit centers and the increasing fees paid to certain physicians. Leon Rosenberg, dean of the Yale University School of Medicine, has observed

that medical schools have moved from the classroom to the boardroom, from *The New England Journal of Medicine* to the *Wall Street Journal*, and, in my view, it's unfair to cut out the person who is contributing the most to this process.

KIMBRELL: Lori, the body is not a factory. The body is not a machine. That is the "pathetic fallacy" in reverse. The original pathetic fallacy had the unruly passions of the human spirit inhabiting stones, trees, and rivers. Now we seem to believe that nothing has soul: We are all *inanimata*, analogous to machines or factories, and can be treated as such.

ANDREWS: I'm the first to admit that the body is more than the sum of its parts. But my ability to sell certain parts of my body doesn't diminish dignity any more than my ability to sell the "intellectual products" of my body—as I do when I write an article. My ability to control—even to the point of sale under certain circumstances—enhances rather than diminishes dignity.

HITT: Dr. Kevorkian, do you think that John Moore should get money?

JACK KEVORKIAN: It's his body. He has the primal right of ownership. First of all, the word "soul" has no place in this discussion. No invented human abstraction of a theological nature will solve anything. It only obscures the issue. You mention a soul, but no one knows anything about it; it's absolutely ethereal. Body parts are property. The person owns them and has the absolute right over what will be done with them in every situation.

KIMBRELL: Including the right to sell one's whole self into slavery?

KEVORKIAN: Absolutely. The absolute right.

HITT: Yet our Constitution—

KEVORKIAN: Jack, our Constitution is morally arbitrary.

KIMBRELL: But in today's brave new world, it would offer some protection. You know, in 1987, when the Patent Office announced that you could patent animals, including animals with human genes, they said they weren't *certain* you could patent human beings because the Thirteenth Amendment forbids human slavery. But, Dr. Kevorkian, this secular myth—that we live as autonomous individuals, as islands unto ourselves, without rights balanced by duties—is absurd. Every decision you may make, whether it be to sell yourself into slavery or to sell yourself into prostitution, adds to and creates the *telos*—the purpose—of the community you inhabit. You do not exist as an island. The obligations and duties we owe one another are reflected

in our laws, including laws that protect the environment, prevent exploitation in the workplace, and ban discrimination. These are community values. To break those down into libertarian terms is absurd.

ANDREWS: Do you think that John Moore should be able to get money?

KIMBRELL: The existence of one evil—the patenting of life forms—is not remedied by the sanction of a second one—allowing individuals to sell their body in the marketplace. Given the facts before them, however, the Supreme Court of California made a judicious decision by giving John Moore an economic remedy that satisfies the problem of economic justice but without breaking the new moral ground that Dr. Kevorkian would have us travel into the brave new world of selling ourselves as commodities.

KEVORKIAN: I'm not recommending anything. It's an individual's right to choose what he will do with his body. If I want to destroy my body, I will.

KIMBRELL: Dr. Kevorkian, you are not responsible for your own birth. You owe that to another, don't you?

KEVORKIAN: That's right.

KIMBRELL: You're not responsible for your nourishment or your education. You owe that to the entire community and to the educational system of this society. Correct? So, at some late date to excavate yourself from the community that created you and to locate yourself in some kind of existential void is unrealistic.

ANDREWS: But, Andy, if you push communitarian values too far, you come to the other conclusion: that the state should have the right of eminent domain. Why should all these people on the kidney waiting list die when the community—i.e., the government—could come in and seize my body parts after death? Sandoz Pharmaceuticals, which manufactured the product in the Moore case, actually argued that the University of California—the location of the operation—had the right of eminent domain and should have been allowed to take whatever they wanted from Moore without even asking him.

WILLIAM MAY: I find it strange to solve a problem of justice and inequity in this case by extending property rights. Just because the doctors are making a lot of money and the institutions are making a lot of money, I'm not sure the solution is to cut the patient in. You only create another injustice. The desperately ill will cure their ailments by exploiting the desperately poor. You will convert poor patients into the equivalent of Third World people. Instead of selling bananas,

coca, or poppy, they will sell body parts. I abhor the solution. There are other means of redress: Why should health care be built on a free-lance, piecework system? Why can't physicians go on salary like academics and others who serve an important community good?

ANDREWS: I would love to see doctors put on salary. What I fear is that we talk up a storm and never better the situation for the exploited or the poor. Another concern of mine is that in this era when the Supreme Court is chipping away at the right to privacy and when many of us must entrust parts of our body to our physicians—embryos in vitro, semen, blood for people who want to avoid AIDS and have surgery—we don't really have a way for a person to maintain control over what happens to his or her body parts after they've been removed.

I think property is a place to start. The problem with the property label is the implication that everything's for sale under any circumstances. Owning property doesn't necessarily mean that you can do anything you want with it. A lot of property is sold or traded under various restrictions. You can sell, but you can't give away, your holdings if you're in bankruptcy. You can give away, but you can't sell, items made from endangered species. So among the many limits I would impose would be that only the person, himself or herself, can engage in sales. And all of those sales would be revocable by the owner. So you couldn't have the tax man putting a lien on your body. That way we avoid the situation of the poor man who, in 1890, sold his body to an institute in Sweden for research purposes, to commence upon death. When he regained his wealth, he tried to buy it back, but they wouldn't let him. In fact, they fined him for having two teeth missing—he'd diminished the value of the product.

MAY: Could the family of a notorious celebrity—say, Al Capone—sell his body to a carnival?

ANDREWS: No. That would fit into one of my categories of restrictions. No sales for entertainment or cosmetics. And for live sales, no one would be allowed to put himself at a higher risk than he normally would be at in his daily life. You couldn't sell your heart, for example, but you could sell a kidney.

HITT: Wasn't the body of the poet John Dryden seized upon his death?

ANDREWS: Yes, his body was "arrested"—during the funeral procession—for nonpayment of loans. But I wouldn't have any of that.

KEVORKIAN: What's wrong with that?

KIMBRELL: Under your scheme we will create a

breeder class of the poor who produce cells, tissues, kidneys, and children for those who can afford the price. That's taking the natural inequities of the marketplace and translating them into a new form of exploitation that is horrifying. Lori, you don't even distinguish between something that's replenishable and something that's unique. You don't distinguish between selling hair and selling kidneys.

ANDREWS: Because I'm looking at risk.

KIMBRELL: No difference between hair and children?

ANDREWS: Andy, right now the people who donate are richer, white, and better educated than others. So the real question is: Should we allow poor people to take an action—for money—that we heartily encourage everyone to take by donation? I understand the potential for exploitation, and I think you can circumvent it by allowing sale upon death so that nobody's paid during his or her life. Money will go to the estate, and then there'll be a system in which we distribute the organs by a lottery or by medical need so that organs and tissue can be parceled out more fairly.

HITT: Under our current donor system, we have a situation in which, in one period in Washington, D.C., in the early Eighties, 25 percent of the donated organs went to foreigners, mainly Arabs. Is it grotesque to assume that rich oil barons are "buying" the healthy organs of our capital's poor?

KEVORKIAN: Jack, you prove my point. You cannot legislate morality when there's such a tremendous demand. There *will* be a market.

MAY: Dr. Kevorkian, the marketplace is a wonderful mechanism for generating and distributing *certain* goods: ties, refrigerators, wrenches—

KEVORKIAN:—spleens.

MAY: No. If I buy a judge's verdict, I corrupt the meaning of justice.

KEVORKIAN: True.

MAY: If I buy a Nobel Prize, I corrupt the meaning of the Nobel Prize. If I buy an exemption from the draft, which was permitted in the Civil War, I corrupt the meaning of citizenship. If I buy and sell children, I corrupt the meaning of parenthood. And if I sell myself, I corrupt the meaning of what it is to be human.

KEVORKIAN: What does it mean to you to be human?

MAY: I find it passingly strange that you, who elevates autonomy above all other virtues, would permit anyone to annihilate that precious

autonomy through slavery. The human body is not analogous to a machine with parts. It's an organism with organs. I not only have a body; I *am* my body. It is my means of self-presentation to the world, and if, in response to some need, I act to contribute part of it, the appropriate form should be giving, not selling.

ANDREWS: I think much of the case in this discussion against my core position hangs on the assumption that there's only exploitation and coercion when there's payment involved. The current system for organ and tissue donation often exerts enormous pressure on family members to be donors. One study, for example, shows that the black sheep of the family often donates, hoping it will make the rest of the family love him or her more. Does a mother have a choice when asked to donate for her child?

KIMBRELL: Lori, I think it's far from a proven point that parents are coerced to donate their organs to their children. Most parents, including myself, would give up their lives for their children. That's not called coercion. It's called love.

ANDREWS: But isn't it love when someone sells his organs to benefit his children?

MAY: Not every act of commerce is a tawdry act. A poor mother who sells her organs in order to save her child is acting nobly. But that noble act does not redeem the tawdriness of a social system that would force a poor parent to help her child that way. The facts that there would be virtue under a system of buying and selling and that there can be coercion under a system of giving and receiving don't get to the cumulative issue of what kind of society you would create: The rich would buy and the poor would sell.

KIMBRELL: Anyone who has survived a Christmas knows that gifts can definitely be coerced. But gifts are essentially uncoerced. The gift relationship strengthens the bonds between people and the members of a community. It brings out the

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*This advertisement is run regularly in the Reader, a San Diego weekly newspaper. The sponsoring company, M.D. Laboratories, pays its customers varying fees to sit for a "bleed"—the removal of a pint of blood, the extraction of the plasma, and the reinjection of the remaining red blood cells. Because most of the blood is returned to the body, customers can sit for as many as two bleeds a week. The company is mainly interested in antibodies in the plasma, so customers must have suffered one of the diseases listed in the circle in the advertisement. The least profitable diseases, such as lupus or hepatitis A, fetch a fee between \$50 and \$200. Measles victims can earn as much as \$300, and those who lack a blood-clotting factor can make up to \$600. The most sought-after customers are either mothers who were not treated for the condition of bearing a child with a different blood type or patients who have had their systems thrown into chaos by a bad blood transfusion. They can earn thousands of dollars per bleed.*

best in us and goes far beyond the shallow relationships of the marketplace.

ANDREWS: What's wrong with the sale upon death, in order to gather organs in a way not coercive to the poor, coupled with a lottery system or a medical necessity criterion to dispense them, which is not disposed toward the rich?

MAY: The price of funerals would go up, because the funeral directors would know that the poor have a new way of paying for them.

KIMBRELL: The other problem with commercialization is that research proceeds only when there is a buck in it.

ANDREWS: For years, about 80 percent of the blood used routinely during operations was purchased. Today, nearly all the blood—except rare types—is donated. I think the existence of the market and the donation system side by side in the Sixties accounted for much of that giving. A person does not feel more virtuous for performing a particular act when the alternative is forbidden by law. John Milton once said, "I cannot praise a fugitive and cloistered virtue... that never sallies out and sees her adversary."

KIMBRELL: I am against the unfettered market, because it's gotten us into so much trouble. Did it curb our abuse of industrial and chemical technology? No, it led to global warming, ozone depletion, and a global environmental crisis. Did the market limit nuclear technology to its beneficial purposes? Left alone, did we limit child labor? The unregulated market does not control technological abuse; it encourages it.

HITT: I hear us coming to a slippery-slope argu-

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ment. Andy, every decision is a slippery slope. Humankind dwells on a slippery slope. But we set limits all the time. True, for too long we allowed grotesque child labor, but we did finally pass laws that sought to stop it. In fact, every realm of development you mentioned was rigorously debated, fought over, and finally limited in some ways. Lines were drawn.

MAY: Our environmental problems, as Andy has said, have emerged because we have become obsessively oriented to *product* and have neglected issues of *process*. The phrase “gross national product” aptly describes this obsession. Now we have a shortage of organs and tissue. To argue that the free market is the best way to get this larger amount of product fails to question *how* we get it. There are four systems. The first is eminent domain or automatic salvaging. Society has a right—presumed consent, as it’s known—to take all the organs it needs when you die unless you carry a card forbidding it.

ANDREWS: Let’s talk about presumed consent. They adopted it in France and found that it didn’t increase the number of donated organs, because physicians were still reluctant to intrude on someone else’s body. That’s why I give the nexus of control to the individual.

MAY: The second system is the appeal to individual giving, which is by and large the system in which we now operate. The third is buying and selling, which we’ve spent most of our time on here. The fourth is organized giving, which has been largely unexplored at this table and throughout this debate. Who handles funerals? It is religious communities. Consider Christianity’s central act of worship, in which Jesus says, “This is my body, this is my blood,” and gives it to others. The central liturgy of the Christian faith is the giving of body and blood in the form of bread and wine. From the pulpit, Christians might be persuaded to understand that the central symbol of their faith makes it fitting and appropriate to donate.

KEVORKIAN: Sort of brainwashing the family is what you’re doing.

MAY: Oh, come on. Is there no difference between brainwashing and education?

KEVORKIAN: All right. Then it’s persuading the family, which is a form of coercion.

MAY: Not quite. Persuasion and coercion differ; and the two ancient societies of Sparta and Athens symbolize that difference. Sparta was a military society built upon the bark of command and the grunt of obedience. Athens depended upon *logos*, the word. There’s a difference between the act of education and the act of command-

ing, between persuasion and coercion.

KEVORKIAN: Education’s a form of coercion. You are what you are because of the culture you grew up in. What you say and do is often foreign to, say, an Afghani or a Shintoist. To you, *hara-kiri* is ugly, even evil, but to one who has been properly “educated,” it’s holy and sacred.

KIMBRELL: Dr. Kevorkian, the ethicist Tom Murray writes about *sacra*—objects or ceremonies that any particular culture finds sacred or reveres. We may find the *sacra* of other cultures barbaric and repulsive. Yet despite their apparent barbarism—and this is true of *hara-kiri*—the act itself always seeks to increase dignity, self-respect, and honor. Despite such differences, all cultures share the belief that the body is a *sacra*, a unique and venerable aspect of the human person. Why, then, should we allow the commodification of the human body—the enclosure of the genetic commons, if you will—when we are now trying to reverse the vast destruction resulting from adopting this same attitude toward the earth?

ANDREWS: The examples you have been citing, Andy, are inappropriate. We don’t want anyone to *give* themselves into slavery. We don’t even want children laboring for *free*. We don’t want havoc wreaked on the environment *without* payment. But with the human body, there is consensus that organ donation is good. Professor May even wants our religious traditions to encourage it. The issue is not that payment harms us as a society but rather the risk of living without the organ or the risk of potential coercion and so on. Your examples are issues we’ve legislated against because we wouldn’t want them under any circumstances.

KIMBRELL: Lori, you see too much benevolence in capitalism. I’m making no secret here that I think the capitalist economy is often a terrible and destructive force. It’s destroyed our natural resources, our spiritual life, and our relations in the workplace. So I’m obviously not too enthusiastic about its invasion of my body.

MAY: I’m not inclined to pronounce a global repudiation of capitalism. I just think it has its appropriate sphere, following the arguments that Michael Walzer made in *Spheres of Justice*. He held that different principles of distribution apply in different spheres. And it seems to me that the right system of distribution with regard to the human body, given its relationship to human dignity, is not the marketplace.

ANDREWS: The same argument about *sacra* and dignity was made against autopsy in the nineteenth century, abdominal surgery in this century, and even artificial insemination.

KIMBRELL: That returns us to Dr. Kevorkian's point: Science and medicine are culturally based. For instance, there's a good reason why thousands of years of Chinese medicine gave us interrelated therapy like acupuncture, which understands the interconnectedness of the self and its environment. Western medicine, on the other hand, still struggles under the metaphor of the Cartesian clockwork universe, with its interchangeable parts—a medicine that may have reached its mechanistic zenith with the attempt to install a baboon heart into a baby in Loma Linda, California. This is a highly intrusive, highly capital-intensive type of medicine that ignores preventative medicine, nutrition, the environment, and gross statistics such as our infant-mortality rate.

Our gee-whiz attraction to organ transplants, to genetic engineering and television-spectacular operations is *culturally* determined. Much of the supply and demand for organs and tissues Lori

talks about comes from the fact that our science has promised us we can know everything, our technology has promised us we can do everything, and our advertisers have promised us we can have everything. But it just ain't so. The supply and demand the medical community tries to support are culturally determined. There's nothing objective here. Many of us are revolted at the idea of an open sale of body parts. It's what I call the "yuck factor." It's healthy. As Professor Leon Kass points out, autopsy was offensive two centuries ago when people protested, and today—despite its acceptance—it is *still* offensive.

ANDREWS: Since we really are talking about drawing lines and the yuck factor, why is it acceptable to cut someone up because they've signed a donor card? Why doesn't it desecrate the temple of the body to peel off the skin of others for burn victims or to remove any of the fifteen salvageable organs, leaving this husk?

## The Value of Death

HITT: Let's consider the Gaylin scenario, based on an article written by Dr. Willard Gaylin in this magazine in 1974. Then, it was satire. Today, it's potential public policy: I can write a living will saying that if I become brain-dead, others may either maintain me on life support or let me die. It's *my* choice. But I have written my living will with a slight twist: Should I become brain-dead, I wish to be maintained on life support and to have my organs taken *as they are needed*. This is how I want to donate my body to science.

MAY: I don't have a major problem with that.

ANDREWS: Really? I am troubled by the idea of "bioemporiums" with 200 bodies—I believe Dr. Gaylin called them "neomorts"—lying around. Frankly, I find this much less dignified than selling tissue or organs.

MAY: There is the problem of the family coming to terms with your death. If this period of donating your body goes on for an indefinite time, it would seem rather insensitive.

KIMBRELL: Look. Ideas have consequences. The idea that we are biological machines has consequences. Consider: What rights adhere to a biological machine? What duties and obligations are owed a biological machine? What dignity and love should be given to a biological machine? The whole constitutional system of rights, duties, and respect is based on the old-fashioned idea that we are reverable persons, not machines. Moreover, the idea of an empori-

um with dozens or thousands of these neomorts all over the country—what does this do to our view of the dignity of death?

Is this really advancement? You're going forward. But going forward to what?

You can't know what going forward means unless you have a future vision, one that requires us to judge all of the possibilities we all talk about these days: a future that permits the sale of fetal parts, that subcontracts out having a baby, that creates a breeder class to sell tissues and organs, and that allows us to change the definition of death so that we will have a regular harvesting of organs. Let's not review these developments one at a time or in a vacuum. We may end up like the frog that's put in a pot of water heated up one degree at a time: He never gets alarmed enough to jump out before he's boiled to death.

HITT: Andy, I wonder if what we are edging up to is not a brave new world but a new ethic of the body. Don't some of these developments seem inevitable? Doesn't it seem likely—as more and more medical treatments and products are created from tissue samplings of the human body—that some kind of limited property right to oneself will prevail? Is the body, in a sense, the new farm? Might there be some way that the community will ponder the multitude of curious new uses of the body, embrace these changes, and come up with a new way to define human dignity? Dr. Kevorkian?

KEVORKIAN: I don't know what you mean by "ethic

of the body." A body's a body. A dog's a body. Any mammal is a body. And when you cut, you bleed. When you die, you stink. That's all we know about it. Is there sacredness in all this?

My idea of the human body is that it's a living organism like any mammal. You want to know what to do with it? Then you must consider: What are the exigencies of the spatial and temporal situation you're in at the time? Then you apply your reason, which is uniquely human and often abused—and most often by ethicists—and you use your common sense and logic and try to arrive at a solution to the problem *you are in*, not some preconceived idea that you're trying to fit reality into.

You've got to see what humans are and how they behave. Prohibition proved you can't legislate morality. We've legislated against commercialization of organs without any real insight into the problem. We've rammed it through, but wait until the demand increases over time. We will *have* a black market in organs. You're

### The Sacred and the Profane

**I**f one were to offer men to choose out of all the customs in the world such as seemed to them the best, they would examine the whole number, and end by preferring their own; so convinced are they that their own usages far surpass those of all others. Unless, therefore, a man was mad, it is not likely that he would make sport of such matters. That people have this feeling about their laws may be seen by many proofs: among others, by the following. Darius, after he had got the kingdom, called into his presence certain Greeks who were at hand, and asked what he should pay them to eat the bodies of their fathers when they died. To which they answered, that there was no sum that would tempt them to do such a thing. He then sent for certain Indians, of the race called Callatians, men who eat their fathers, and asked them, while the Greeks stood by, and knew by the help of an interpreter all that was said, what he should give them to burn the bodies of their fathers at their decease. The Indians exclaimed aloud, and bade him forbear such language. Such is men's custom; and Pindar was right in my judgment, when he said, "Law [or 'custom' or 'convention' or 'mores': *nomos*] is king over all."—*Herodotus, Histories, Book III, as cited in "Thinking About the Body," by Leon Kass, The Hastings Center Report, February 1985.*

not going to solve the problem with all this moralizing. You've got to discover a motivation for people to donate. It isn't going to be education or implied consent or required request. They aren't going to do it. It's been proven! There's only one thing that motivates humanity. Self-interest. Profit. Tell me I'm wrong.

MAY: You're wrong.

ANDREWS: Dr. Kevorkian, self-interest takes many forms. Some say that altruism is a kind of self-interest: You give to others so that you will have good feelings about yourself, a sense that you are noble and above others.

KEVORKIAN: You know, these old arguments aren't going to solve anything.

KIMBRELL: *You* have the oldest argument of them all, and that's your problem. You adhere to a theology that began to develop 400 years ago that believes the natural world is devoid of any sacred meaning, that it is just a collection of resources to be consumed. That's not some essential "truth"—it's the theology of the marketplace, the faith for those who have no faith. Its God is the aptly named "invisible hand" and its greatest good is efficiency—a term borrowed from the lexicon of the machine, on which the market system is based. Now, if I told you I had two children and treated them "efficiently" or that I had a friend or a pet and I treated him or it "efficiently," wouldn't you properly think I was mad? No one treats anything they care about based on efficiency. We have applied this kind of thinking to nature, and now we seek to apply it to our bodies. We can look at the destruction of the earth as a model of what we will do to ourselves.

ANDREWS: Every time we take an action of any kind we change nature. And when we go too far we correct ourselves by outlawing certain kinds of action. We *can* think prospectively about the boundaries we set.

MAY: Let me clarify something. What happens in the relationship of the human being to his body over a lifetime—and this is where we differ from an amoeba or even a dog—is that we bond, become friends, with our own body. This is the crucial distinction that troubles us in questions of neomorts and surrogacy and the rest. That's why manufacturing is the wrong metaphor. Manufacturing insists upon the separation of product from process. In fact, it is wrong for workers to bond to refrigerators or monkey wrenches, or at least it is odd. Artists do form this kind of relationship with their work, a feature that distinguishes art from commerce.

ANDREWS: But do you want me to bond to my kid-

ney? I think it would be strange if I were too fetishistic about my kidney.

MAY: It seems wrong to me for the mother to alienate herself from that “product” to which she has bonded, whereas it seems right for workers to be alienated from those refrigerators. Laborers don’t gather weepily on the docks on the day of shipping; there shouldn’t be rituals of grief for the monkey wrenches.

HITT: But, Professor May, in my case no one is doing this to me. I am simply exercising my freedom. I am pro-choice, as it were. But since many of you are troubled by the image of my body lying on a table for a long period of time, let me change the scenario a bit. I am brain-dead, but I want to donate my body immediately, with respirators going, to a medical school to allow surgeons to practice surgery on my functioning body. As I’m sure you are all aware, surgeons do not emerge from their anatomy textbooks any more capable of precise surgery than a music student who has read a dozen scores can sit down to a piano and play Chopin. So here’s a body that bleeds to practice on. May I make this donation?

ANDREWS: I’d need strong evidence that you wanted this. I am concerned about coercion.

MAY: Would you allow the family veto power?

HITT: There is no family, and there’s been no coercion. There is only me and my living will, which sets out my wishes unambiguously. All my life I have been told that organ donation is a good thing. Well, here’s a fully working set of them.

KIMBRELL: Given the changes in public policy, why couldn’t he? This is the result of switching the whole definition of death. And, frankly, it was very suspicious. The whole brain-dead concept is based on a desire for efficiency, and—I don’t think too many people will disagree with me—it was drawn up to fulfill the need to harvest organs.

HITT: Wasn’t it to allow relatives to unplug a brain-dead patient so he or she wouldn’t have to linger on life support?

MAY: No. That’s allowing someone to die.

ANDREWS: Andy’s right, actually. You could still make a decision to allow your relative to die without having to change the definition of death. We all know that the change was made to facilitate organ harvesting. And it is by a similar “coincidence” that hospitals designated as trauma centers tend to be ones that have transplantation teams on the premises.

KIMBRELL: Now, *this* is a slippery slope.

MAY: We reviewed this very issue at The Hastings Center. We had approved much of the criteria currently used to determine death, but we specifically refused to include a need for organs. After all, if it is permissible to change death because you need organs, then you can move death back earlier and earlier. The only reason for declaring people dead is that they’re dead. Leon Kass drew a distinction between the death of an *organism as a whole* and the death of the *whole organism*. Throughout human history, death has never been defined as the death of the whole organism, because life continues in the body’s parts—the hair and the nails, for example, continue to grow. But brain death entails the death of the organism as a whole, a state that modern technology merely obscures by keeping the heart and lungs pumping and the body warm.

But your hypothetical case is a tough one. In a way, this gift, for educational purposes, is more beneficial than a single organ donation because it would make that surgeon more capable of *successful* transplantation of dozens of organs down the road. It would, of course, make gross anatomy grosser, with the body actually bleeding. I don’t know how I come out on this one. I wonder what the reaction of young physicians would be?

KIMBRELL: They should be revulsed—the way children are when you first tell them where the meat in the grocery cooler comes from. There they are, nicely packaged little frankfurters, little patties. But every parent who’s not a vegetarian has experienced that moment when you tell a child, “Well, that is actually a pig” or “This is a cow.” And the kid freaks. When you chop things up, they immediately lose their sacramental worth, that *sacra*. What has every civilization had to do to outsiders before it exploited them or practiced genocide on them? Dehumanize them. Call them subhuman. Remove their *sacra*. That’s what we did to the natural world before we moved in to destroy it. Unless we heed our revulsion, we are poised to do it to our own bodies.

MAY: I am reminded of the Grimm’s fairy tale about the young boy who was unable to shudder. He visited the hangman’s tree and saw seven dead men. Instead of being afraid, he cut them down and played with them, arranging them around a campfire as if they were guests. Another time, he was found playing ninepins with two skulls and nine dead men’s legs. His parents despaired. And before they would admit him into the family and before society would count him as one of its own, he wandered the land, trying to learn this uniquely human characteristic—to shudder at the sight of the dead. ■