

Poverty, Coercion, & the Organ Trade

*This paper is responding to one of the ethical arguments addressed in Janet Radcliffe Richards' *Consent with Inducements* in regards to the permissibility of the organ trade. Specifically, this paper is a response to her claim that poverty cannot properly be considered to be coercive, due to the lack of a coercive agent. This paper argues that poverty ought to be considered coercive when viewed in the global context that the organ trade occurs within. Drawing on Nancy Scheper-Hughes' anthropological works on the Israeli-Palestinian organ trade, this paper demonstrates how the state of poverty fits within Richards' understanding of coercion.*

Janet Radcliff Richards' *Consent with Inducements* examines and addresses several major ethical arguments levied against the organ trade. Among these is the poverty argument, which asserts that the organ trade is unethical because the sellers are impoverished. Richards attempts to refute this argument on the grounds that poverty cannot constitute coercion, as poverty is not inflicted upon people purposefully by others. I will argue that this refutation fails because Richards does not consider the ways in which poverty, despite seeming to be a natural phenomenon, is enabled and perpetuated by the organ buyers.

Proponents of the poverty argument assert that poverty entices an individual to sell their organs when they would not otherwise do so, and ought to be considered coercive (Richards, 2009). People who are not impoverished are unwilling to sell their organs. One only considers selling their organs when poverty has dramatically limited one's options to the extent that

organ selling is the best remaining option. As such, the poverty argument contends that one can never freely decide to sell their organs; they only do so when they are forced to by poverty. Therefore, this choice cannot be considered to be fully consensual.

Richards responds to this argument by first seeking to establish what constitutes coercion. She does this by examining scenarios where she suggests that the average person would not believe coercion is occurring and scenarios where they would, in order to discern the exact difference between the two.

The first example Richards employs is concerned with cancer patients. The cancer patient is placed into an unfortunate circumstance that greatly limits their options: they can either undergo chemotherapy, which is likely to be unpleasant and damaging to their well being, or they can allow their disease to progress, in which case they will die (Richards, 2009). The patient's situation is undesirable, and they are forced to make a choice that they would not have made if they did not suffer from cancer. However, Richards asserts that one would not consider the cancer patient to be coerced in this situation, and would be unlikely to regard their consent as invalid (Richards, 2009).

The second example Richards examines is one where someone's sister is in dire need of a kidney transplant (Richards, 2009). Akin to the first example, this person is put in an unfortunate situation: they have to choose between their kidney and their sister. Regardless of the choice they make, it is clear that they are only making this choice because of the misfortune of their situation - if their sister was not in dire need of a kidney transplant, they would be unwilling to give up their kidney. Despite this, Richards asserts that one is unlikely to consider the

choice made in this situation as coerced, or to regard the donation of a kidney to one's sister in this situation as involuntary (Richards, 2009).

In order to contrast these examples, Richards proceeds to present scenarios where she believes coercion is occurring. The first of these examples has a girl who is walking to school, but is stopped by two bullies. The bullies seize her school project from her, and threaten to destroy it unless she gives them her marbles (Richards, 2009). The second involves a man whose daughter is kidnapped; the kidnapper will only return her if he agrees to sell his house for a cheap price. Richards asserts that these scenarios are coercive where the earlier examples are not (Richards, 2009).

The critical difference between these sets of examples is the presence of an agent who is actively coercing another individual. Both the bullies and the kidnapper actively limit the options of their victims to solicit the outcome that they desire. The cancer patient and kidney donor, in contrast, are not having their options limited by another person. Rather, their options are limited by life, which Richards sees as unfortunate but not coercive. For Richards, coercion occurs when one agent purposefully limits the options of another, in order to acquire consent.

With this understanding in mind, we can also see how Richards argues that poverty cannot constitute coercion. While the state of poverty is inarguably unfortunate and forces agents into making choices they would not otherwise take, poverty cannot be coercive because no one is purposely inflicting it upon anyone. No organ buyer, according to Richards' logic, forcibly placed the seller into poverty to entice them into selling their organs. Rather, the seller is merely trying to make the best

choices they can, given their economic position. The cancer patient and the impoverished are analogous; they are both making choices within a framework that is unfortunately limited, but was not limited by any agent purposefully and therefore not coercive.

Richards' argument against the poverty argument fails because she assumes that poverty is not caused by anyone - it just happens. In actuality, this poverty has been purposefully inflicted upon the sellers by buyers, in order to entice them to sell their organs. Organ buying and selling is therefore, as the poverty argument asserts, unethical.

While Richards has established that coercion requires an agent to have purposefully limited ones options, and that poverty as she has considered it is non-coercive, she did not consider the political causes of the poverty that the organ seller is experiencing.

Nancy Scheper-Hughes, in her article *The Last Commodity*, notes that organ sales do not occur between the rich and the poor of the same country. Rather, organ sales are polarized, closely following the established lines of capital: from people of colour to whites, from women to men, and from the global south to the global north (Scheper-Hughes, 2007). This piece of context is crucial for the question at hand, as it is deeply informative about the nature of the poverty in question, and its implications for relations between organ seller and buyer.

The poverty that leads residents of the global south to become organ sellers is not a random misfortune for which no one is responsible. The global north/south dichotomy denotes a vast difference in wealth, due to the historical settlement and colonization undertaken by countries in the 'global north'. The

global south's extreme level of poverty is the direct result of the activity of the global north, which engaged in colonization for the sake of resource and labour extraction, enriching itself in the process. Even though any individual resident of the global north cannot be held personally responsible for the poverty of any individual resident of the global south, they have gained their wealth directly at the expense of citizens of the south.

When a resident of the global north attempts to purchase an organ, they are leveraging the poverty that they had a hand in creating in order to elicit the consent of the seller, when it would not otherwise be given. This constitutes coercion, as Richards defines it. The options of residents of the global south have been purposefully limited by imperialism on the part of the global north that continues to this day, in order to expedite the extraction of various resources, including organs.

For a case study of this relationship we can examine the organ buying/selling relationship between Israeli and Palestinian citizens. Israel is an interesting nation in terms of the organ trade - because of its wealth and low rate of voluntary organ donation, the state has taken an active role in acquiring organs for its citizens (Scheper-Hughes, 2007). Scheper-Hughes notes that as of 2001, the Israeli Ministry of Health provided \$200,000 per citizen to fund organ purchases, a sum that includes the seller's fee, transport for the buyer and seller to the surgical site, paying bribes, hiring staff to perform the procedure, etc (2007).

At the time *The Last Commodity* was published, the most common source for living organ donations towards Israeli citizens were Palestinian migrant workers in Israel (Scheper-Hughes, 2007). According to earlier argumentation from

Richards, we should assume that these transactions are not necessarily coercive. However, this isn't immediately clear.

The Palestinian workers who are selling their organs only do so because they are extremely impoverished. The poverty experienced by Palestinians has a direct cause - the extraction of resources and labour by Israel, facilitated by a continued occupation, which has cost Palestinians over \$58 billion dollars since 2000 (*The Economic Costs of the Israeli Occupation* 2021). Contrary to Richards' assumption that intense poverty is not inflicted by anyone in particular, the responsibility for Palestinian poverty clearly falls to the Israeli occupation. We can therefore understand the poverty experienced by Palestinians as being directly caused by agents, even if we cannot ascribe the entirety of the blame to one agent in particular.

Not only has the poverty experienced by Palestinians been a direct imposition by Israeli occupation, it was also inflicted with an aim. Occupation has resulted in the extraction of both natural resources (*Occupation & Natural Resource Exploitation*, 2017) and labour power (Farsakh, 2012) from Palestine to Israel, in order to enrich the latter through the poverty of the former.

With this dynamic in mind, it becomes clear that the relationship between an Israeli organ buyer and Palestinian seller would be quite coercive. While any particular Israeli buyer cannot be held solely responsible for the poverty of any particular Palestinian seller, it is evident that the wealth of the former was built upon the forced poverty of the latter. This poverty has the effect of narrowing the options Palestinians have, until selling one's organs becomes an attractive option. The organ buyer takes advantage of the seller's impoverished situation to obtain consent that the seller would not otherwise

give. This clearly satisfies Richards' conditions for coercion. Therefore, the poverty that Palestinians experience renders a transaction between a Palestinian organ seller and Israeli buyer coercive, as the buyer has inflicted the poverty to limit the seller's options and ensure the outcome they desire.

The relationship between the Palestinian organ sellers and Israeli organ buyers is emblematic of the general relationship between organ buyers and sellers. Organ sellers - nearly universally residents of the global south - are only willing to sell their organs due to the immense poverty that they experience. Prospective organ buyers - nearly universally residents of the global north - leverage the wealth that they have gained through the exploitation of the south to have sellers part with their organs. The buyers are, directly or indirectly, responsible for the poverty that the sellers experience, and attempt to leverage that poverty to purchase organs. The buyer's reliance on this state of poverty in order to entice the seller to consent clearly satisfies the requirements for coercion determined by Richards - one agent limits the situation of another in order to get them to do consent to something they would not consent to. The fact that the organ seller is impoverished, and the fact that this poverty was created and perpetuated by the buyer, renders the transaction coercive and unethical.

In conclusion, Richards' refutation of the poverty argument fails because she does not recognize the coercive potential of poverty in the dynamic of organ buying and selling. She assumes that poverty merely happens to people, but her assumption is contrary to how poverty operates in the real world. As demonstrated in the Israel/Palestine case study, poverty can and has been inflicted on some groups by others, with the goal of exploitation and resource extraction. Leveraging

this poverty to create consent that would not otherwise be given satisfies Richards' criteria for coercion, and demonstrates that poverty can render transactions between organ buyers and sellers coercive and unethical.

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