

COMPARING CONCERNS SOME ISSUES IN ORGAN AND OTHER DONATIONS

Edvard Westermarck Memorial Lecture, December 2009

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ABSTRACT

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In an information society, where overload has become a problem, might anthropology's comparative method find a new lease of life? This Lecture sets out to test the hunch that it might. A field ever more densely populated with information is that of organ and tissue donation, and the debates to which current practices give rise. Donation is only one of several modes of procurement, organs only one kind of body part that can be donated, and people offer comparisons just as commentators do. Perhaps here is an answer to the question of how to make a reasonable account out of a fraught and infinitely expandable nexus of public concerns. Is it possible to conserve the complexity of the issues while not letting the sheer quantity of information run away with itself? Would following through the comparisons do the trick?

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Westermarck famously began his disquisition on human marriage (2nd ed. 1894) pondering on the reproductive habits of the invertebrates, where the preservation of progeny, the eggs laid to hatch themselves, is left to chance. In tracing the development of parental care, as he saw it, he moves seamlessly from the fate of the eggs to the fate of offspring; equally smoothly he has no compunction about referring to mothers and fathers, and to their union for the purposes of raising young as 'marriage'.¹ Obviously, when eggs develop into embryos inside the mammalian body, protection of (domination over) the unborn child is also protection of (domination over) the mother. Eggs cease to be of separate interest in this scheme of things. I wonder what he would have made of Thompson (2007, 2008) who, in advocating payment for egg donation in the present day United States where human eggs are routinely² fertilised—though not brought to term—outside the body, at once sees the 'mother' as needing protection and casts her into a non-parental role. The non-parental role is that of "research subject" (2007: 204), and the context embryonic stem cell research. If Westermarck drew on analogies (as we would see it today), so too Thompson. In commenting on ethical concerns raised on behalf of potential donors, she queries the passion that egg donation for stem cell research raises by comparison with egg donation for IVF, on the one hand, and with organ and tissue donation, on the other (2008: 118). These are all practices alike enough to be compared. We might ask what is involved in the comparison.

A need for procedure?

It is twenty years since the Human Fertilisation and Embryology Act 1990 was being debated in the UK Parliament, something of a landmark in the attempt to license fertility treatments being delivered in response to perceived need, itself at least in part in response to medical-scientific developments. The demand, the developments and the facilities acted upon one another to create the pressure that led to legislation. The sense that numerous possibilities were opening up all at once was reiterated some eighteen years later when a new Act addressed innovations that had occurred in the interim. These were understood as innovations both in biotechnology and in people's approach to reproductive choice. The realisation of IVF in 1978 and the 1984 Warnock Report that led to the UK legislation were now in the past. What has happened since, and worldwide, seems to have proceeded at an exponential rate. Indeed, anyone nowadays contemplating an overview of reproductive technology would be dealing both with the growing complexity of the subject and with sheer information overload. Complexity comes from the sense that everything is connected; overload comes from the plethora of factors—including countless connections—to be taken into account. The terrain seems simultaneously continuous and divided into a multitude of quite different issues.

The Warnock report (Warnock 1985), introducing philosophical considerations to assist an interpretation of the ethical issues involved, inevitably introduced one kind of complexity, in a move that was to be repeated over numerous ensuing debates. This was the juxtaposition of apparently dissimilar orders of fact. There were the different procedures, as they were perceived then, involving practices such as *in vitro* fertilisation, and the freezing of gametes and embryos, as well as ova extraction and donation. But then there was a whole range of social and cultural concerns (questions as to who should be registered as parents, surrogacy agreements, and developments in medical research). As these ramified in the following years, unanticipated configurations emerged to complicate the picture, and not least social experiments on what might constitute unions for raising the young.

Now suppose one were to add to the story the fact that this was also the time when major advances were being made in transplant surgery, would this be bringing in a fresh order of phenomena? Perhaps it would, but perhaps it would not. For organ and gamete donations were lumped together as susceptible to similar moral dilemmas (above all, were these donations to be thought of as gifts or as a form of commodity exchange?). The similarity—and the dilemmas—arose because the object of donation in both cases comes from the body of a person. Socially speaking, we might question the independence of these fields (organ/gamete donation) in the first place. We come in fact to a second sense of complexity: the way phenomena are interwoven with, interfolded into one another.

In any discussion, a single element can ramify in numerous directions, and any strand in turn reveal the many strands of which it is composed. Human affairs were ever thus. But what is pressing in present times comes in part from the demands of a particular orientation: regulation that takes public opinion into account. For faith in the enlightening effect of information, including what for a while in UK government circles was championed as evidence-based decision-making, renders information collection and dissemination an omnipresent ambition³—including the ambition both to inform the public and be informed by it. One such 'need' for information, on the part of anyone who makes it their concern,

requires getting a grip on those medical interventions where the use of body parts means that people's actions affect others, as they do in both direct and indirect ways. The exchange and procurement of such parts are seen by many as in need of regulation, and information about them circulates as matters of concern.

If a social anthropologist were asked to think about these concerns, one might imagine an inclination to narrow down a field for research, perhaps institutionally bound it (confine investigations to a lab, a clinic). In fact the reverse has as often happened. Franklin's (2007) classic on Dolly the sheep is a case in point, for the genealogy of this genetic experiment reveals dimensions from colonial history and animal breeding that expand the phenomenon of 'cloning' beyond medico-technical confines. Edwards and Salazar (2009) consider the impact of biotechnology on contemporary understandings of kinship across several European countries in order to unsettle any hegemonic approaches that might creep into an account based in one national location, while Konrad's (2005) already detailed and extensive research on egg donation in the UK draws in references from the anthropology of Melanesia. Conceptualising circumstances as complex, whether as analytical juxtapositions of 'different' orders of phenomena or as parts of a field interfolding on itself,⁴ and thus freshly comprehending the combinations of human effort in technology, policy, practice, is one thing. To deliberately bring still further issues into view is another. In a situation of information overload, why seek out more information?

Yet this is something anthropologists regularly do when they turn comparative. No one has a clearer idea than the ethnographer of just how at once detailed and wide ranging any single field can be—regardless of the number of sites. One can never exhaust the possibilities of description. But then, when anthropologists start thinking comparatively, they draw into their purview details from many other equally complicated accounts. Of course the intention is not just to add another load of things to know, but rather to hone and refine what is already known. Comparison produces new axes for analysis, reveals new dimensions to what is being described; the hope is that it will render descriptions more concise, more economical, not less. The question follows: if it (comparison) can work in this way, will it work when one is dealing with arenas as complex as reproductive and transplant medicine? And if so, what kinds of comparisons are possible?

This is what I would like find out. The question is there because there are no straightforward (if there ever were, see Gingrich and Fox 2002) axes of difference and similarity. They have to be registered in the course of comparison. Now one route to speaking about several fields at once would be to reduce the material to common principles on the basis of evident similarities; or to emphasise differences, and thus see how specific problems are embedded in the particularities of each local context; or again, to put issues into a global framework, hoping that some overarching model ('medical economics', say, or 'innovation in biotechnology') would hold the detail together. All these, one way or another, have the potential to deal with a mass of information. But they are likely to disregard much of what makes phenomena complex.

I set myself a double task: to think how one might reduce information in such a way as to clarify or extract pertinent issues, while at the same time conserving (by making visible in the narrative) the complexity of the way phenomena impact upon one another. It is less the substance of the issues that holds me ('pertinent' to what?), since that would be set by the concerns that motivated any particular exercise one cared to undertake, than whether anthropology can suggest a procedure.

A procedure is called for because of the simple fact to which I have alluded: many of the issues caught up here are of ethical and political (policy) concern. Perhaps anthropology's comparative method might enable one to crystallise out and thus pinpoint significant features for consideration. Of course, through the comparative method, anthropology makes its own contribution to complexity. Comparison these days often consists in describing one set of social and cultural configurations through the lens of another; understanding Melanesian kinship, say, through the lens of Euro-American biological thinking (e.g. Bamford 2007). Yet could this turn out to be a way of *decreasing* the information with which one is dealing? Could comparison in this mode trim down and 'control' the plethora of material, drawing it back from a sense of infinite expansion? I offer the tentative beginnings of a response.

Swept inevitably into such an analytical enterprise would be the fact that people who find themselves involved—clinicians, clients, relatives, activist groups, journalists, anyone with an opinion on any of the topics—are also going to be drawing comparisons. Whether they do or do not map on to the comparisons that the observer might wish to make, theirs are part of the field. If developing protocols in reproductive medicine, or patient protection, or the extraction of body parts are not isolated from one another, neither are they in the ideas that circulate through the popular imagination. People draw analogies and thereby make associations. What kinds of associations emerge are themselves of anthropological interest. I take them on board to help keep complexity visible. Hopefully, analytical comparison interfolded with vernacular comparison will convey in writing some of the complexity produced by social practices surrounding medical techniques as they in turn fold in and out of the shifting frames of what is called (seeing, that is, like a state) public opinion.

Organ and tissue transactions

Gametes (eggs and sperm) are ordinarily designated separately from organs or body tissue, even though—as already mentioned—they may be likened to them.⁵ If it is from their individuation as distinct entities that the comparison works, organ and gamete donation are nonetheless thought susceptible to similar moral dilemmas, and this is in part because they each evoke decisions taken in relation to a third set of medical practices: the relatively long-standing tradition of altruistic blood donation. Nowadays, and additionally, there is a subclass of gametes (eggs destined to be used for research) that have come to be treated medically much more like body tissue.⁶ I propose to turn my attention to organ and tissue transactions to give some sense of how these entities, and their connections, come to be described.

Two books on organ and tissue circulation that came out in 2006 offer interestingly contrasting perspectives, and I later use their approaches to guide my own. One caveat: where there is a difference, the weight of the ensuing account is towards American rather than European practices. Sharp, an anthropologist, affords ethnographic insight from a stratum of the US; Waldby and Mitchell collaborate from bases in medical sociology and English literature to compare the US and the UK. A third volume on organ procurement that appeared in the same year, by the lawyer Goodwin, brings African Americans into the

picture. All three refer to the much talked about shortage of organs, and other tissue, for hospital use. They are all global in their scope, linking supply and demand to transactional fields that spread everywhere. Each, incidentally, has a comment on the future of the contrast between gift and commodity, the apparent alternatives of altruism and commerce in stimulating donations, which has for so long governed ethical debate. Above all, each also points to the difference made by changes over the last twenty to thirty years.⁷

To be rather summary about it, these have been changes in the range of procedures amenable to (whole) organ transplantation; there is a demand for a greater range of organs, and for more of them. A popular statement quoted from the US (Sharp 2006: 93) is that one body may generate fifty or more reusable parts. At the same time, there has also been an unprecedented rise in the distribution of tissue for all kinds of purposes. If international trade has intensified, so too has the flourishing of underground markets in organ and tissue supply, procurement systems that operate in the shadows of the law (Goodwin 2006: 169–170).⁸ Finally there is the amount of information available, in part the accumulated effect of years of ethical committee meetings, regulatory intentions, counselling and media interest.

It is narrating all these as though they required some kind of synthesis, as indeed has in the past been required by policy or legislative interests, that creates a sense of overload—the sheer plethora of factors, issues, circumstances, techniques. However we could turn this around and ask what produces a sense of plethora.

I am prompted to come back to the formulation of merographic connections (Strathern 1992: 73) that so colour Euro-American ways of knowing: the premise, or epistemic strategy, that one thing differs from another insofar as it can be seen as part of something else. It is what we (Euro-Americans) do all the time: an entity contextualised in one way can always be contextualised in another (so eggs and organs may belong to the context ‘donations of body parts’, but each can easily be put into other contexts too, eggs differing from organs by being part of reproductive rather than regenerative medicine). In this world view, anything seen from one perspective can also be seen from another. There is no end to the number of possible contexts or perspectives, and no end to any single entity expanding into innumerable views of itself; conversely, one can always divide entities off from others by summoning fresh contexts. Taken together, these strategies mean that anything is a potential singularity, uniquely defined by its own configuration of perspectives; many things simply form a plurality.

A similar notion of the plural implicitly informs the work of the philosopher Mol (2002; Law 2004), though she directs it away from knowledge and towards enactments and practices. Beside the perception of there being countless things in the world, she puts forward an apparently even more hydra-headed monster: ‘multiplicity’. But it is no monster at all: in her account, multiplicity is an ontological condition, *tout court*. Mol’s concern is to describe things as they are enacted, that is, as they are caught up with and implicated in one another, not dissimilarly from the second sense of complexity mentioned earlier.⁹ Multiplicity is made visible when attention is diverted away from the plurality of perspectives and onto the way people shift between them.

Theoretically speaking, chasing the increase or decrease of information has to be a chimera (Strathern 1991). However, in terms of practical politics, either affords a motive for investigation in the world that Euro-American knowledge practices create. This is where

Mol's rendition of a double positioning is illuminating: she at once accounts for the Euro-American embrace of plurality, the way people work at ('perform' in her words) sustaining the singular nature of (many) things, and at the same time describes the kinds of interconnections that make this model (of singularity/plurality) so partial, namely the overlapping and intersecting contexts of practice she depicts as 'multiple'. Entities are conjoined with and distinct from one another in ways that cannot be reduced to the pluralities of parts gathered into wholes. So singularity, the independence or individuality of things, is as often sustained only with great effort as it is a taken for granted state of affairs. (Think of a discussion focusing on a single issue, and the all-too familiar realisation that it is only possible to detach it from everything else that might be relevant through establishing stringent definitions and policing the borders of the enquiry.) It is multiplicity that confronts anthropologists when they consider the shifting thought-paths people take when engaging in analogies and comparisons.

Simpson (unpub.) opens an analysis of blood donation by drawing on a concept ('ethical publicity', after Cohen 1999) from discussions of organ donation. In another work (2009: 102–103) doctors and clinicians to whom he spoke in Sri Lanka freely elaborated on parallels that he (Simpson) had posited between emergent possibilities for collecting and using human reproductive material (gametes) and existing models of/for body transactions, especially corneal donation and blood donation. Beyond this there are the analogies non-professionals in Sri Lanka draw between giving blood and acts of a voluntary or caring nature, and indeed how they may think of the one in terms of the other. So the donor can be (like) a worshipper at a temple giving offerings or a citizen supporting military effort. In the imaginings of Euro-Americans, analogies are obviously not restricted to academic commentary either. People draw on homely parallels, likening the strange to the familiar (organ donation is like blood donation); or empathise with similar dilemmas or experiences to their own (searching for origins, see below); or include several issues within a single framework (the kinds of donations that require informed consent). Yet each specific conjunction or analogy or comparison may well be done in order to simplify and clarify, and may well produce that effect. In the way they make connections, people may be operating a matrix of similarities and differences to give themselves some handle on situations that concern them.

Apprehensions of either plurality or multiplicity, then, can act as premises to comment and analysis, even if (as to Mol) one seems ontologically more truthful than the other. Following the way people themselves ('people themselves': that is, seeing like an anthropologist) bring together different parts of the world they know about may mean the observer endorsing their sense of many perspectives; it may equally convey to participant and observer alike the multiple—and in this sense complex—nature of the situation. These two positions inform the remainder of the discussion. I turn first to the pluralist world of what we might call 'vernacular comparison'.

Comparison in the vernacular

Similarities, differences and thinking one set of issues through another all have their roles to play in popular parlance. In noting the diverse public conventions of monetary

compensation between egg/sperm and blood donations and donations of organs/tissue, Sharp (2006: 12–13) points to the longstanding merging of all three under the rubric of “gift of life”. Originally applied to blood collection, the phrase is to be found in clinical literature, in the US Organ Transplant Act, in the media, and it saturates debates about donation. In the case of the non-renewable ‘gifts’ that cadaver organs present,¹⁰ the concept can have an unforeseen effect on recipients, and she documents (2006: 106) the burden that comes with the perceived “inability to reciprocate”, alongside the alternative recourse often sought in the US to public memorial projects. The comparison itself focuses attention on the extent to which commodification is or is not shrouded in the language of a gift economy. Both gamete and blood donation differ from organ donation in that they are (in the US) marked by direct agency-to-donor compensation (Sharp 2006: 13). Let me turn more fully to Sharp’s principal axis of comparison.

Her study is focused on donors and recipients of cadaveric organs. From observation and conversation, Sharp pursues an ever present contrast between professional debate and issues raised by donors and recipients. Donors, that is, donors’ families, and recipients are ‘entangled’ (her word) in relationships and considerations that complexify any argument. She suggests that they are often quite creative in the way they think about the process—as against the extrapolated anxieties imagined on their behalf by practitioners or, as she calls them, professionals. Indeed, what gets joined to what, conceptually speaking, as people seek ways of talking about these uses of the body, may differ quite radically between different players. Sharp was first alerted to this by a contrast she witnessed in the behaviour of practitioners when, at a national meeting, transplant professionals who work with organ recipients sat on the opposite side of the conference hall from procurement professionals who work with organ-donor kin. What divides the practitioners also leads them to divide their clients—the two sides act in concert here, for both of them discourage too much communication between the donors (to use that shorthand for donors’ kin) and recipients themselves.

Sharp (e.g. 2006: 180–181, 190ff.) elaborates this further comparison: between the concerns of professionals, who want to keep organ donors and recipients apart, and those of their clients and patients. Transplant professionals regard anything like claims to ‘fictive kinship’ on the part of recipients as an emotionally dangerous, even pathological, identification with the deceased.¹¹ The attitudes of procurement professionals, however, seem to be changing towards more openness than in the past to exploring possibilities of mutual intimacy, if only to ease the mourning process for the donor’s kin. Here the anthropologist is commenting on the different behaviour of professionals among themselves and as each is oriented towards their clients. In order to comprehend the latter’s attempts to communicate, however, Sharp tries to pin the question down by turning to another arena altogether.

Asking how “might we understand the cultural logic that drives donor kin and recipients to embrace one another as family” (2006: 191), Sharp suggests that “the search for intimacy and its associated dilemmas in organ transfer are mirrored in other social contexts”. Her explicitly comparative glance is initially towards reproductive practices and their kinship dilemmas: anonymous adoption and gestational surrogacy. The common ground, the axis of similarity, is spelled out: biological or ‘blood’ ties (embracing the new knowledge of genetics) are intrinsic to sociality in all three contexts. Casting her net further than that,

she also makes reference to xenotransplants, which could be considered part of a wider class within transplant surgery, and GM foods, which could not.¹²

Sharp's axes of comparison evoke vernacular concepts, although she also makes comparison hers, as when she talks of the "uncanny resemblance" between organ transfer and anonymous adoption (2006: 194). This is registered in, among other ways, the searching and reunion scenario. For the similarities are particularly evident, she observes, when framed by what she calls "biosentimentality". Adoptee searchers "are driven by the conviction that their sense of self remains incomplete without knowledge of their origins, and this longing can be answered only by locating those with whom they share biological, genetic, or blood ties" (Sharp 2006: 195). Donor kin and recipients, she reports, "comment on how their own experiences parallel those of adoption" (2006: 196).¹³ Not just when donors have died young but in structural terms, regardless of respective ages, the analogy may be explicitly to do with finding a parent/finding a child. "One donor mother (...) speaks of locating an organ recipient [the organ coming from her deceased offspring] as akin to finding a long-lost child" (2006: 196). She also cites someone who resists the contrast ("it is not the same"); interestingly, this was from an adoptee who was simultaneously a kidney-pancreas recipient. An analogy can of course pinpoint just one aspect of a situation: Sharp observes that while adoption searching involves uncovering 'secrets' from the past the parties do not necessarily attempt to create an intertwined future as organ searchers may. Another focus, another axis of comparison: the extent to which past and future scenarios play a role in how people deal with these procedures, adoption being said to be more problematic than organ transfer.

Stepping back a moment,¹⁴ we become aware of people's readiness to think across the facilities and technicalities of blood transfusion, organ transfer, reproductive choice. Yet while any one arena described by itself can expand indefinitely through the amount of information that might be relevant, doubling or tripling the number of arenas does not necessarily expand the range of information even more. Rather, and we may regard it as a classificatory device, the move can focus discussion on specific axes of comparison. Perhaps indeed we can turn to positive (analytical) use the indigenous Euro-American perception of plethora and plurality, the creation of singularities, precisely because of the exercises in classification such a view on the world demands. These entail specifying the terrains and contexts in which phenomena can be described. To thereby situate an entity in relation to others is to create a field (of observation, analysis) whose co-ordinates will organise what one wants to know. This is one type of reduction. As a colleague observed: if you have three issues to deal with, you don't multiply the possible range of information, you divide it by three (Eduardo de Viveiros de Castro, pers. comm.).

At the same time, analogies travel; what people say comes also from what they have heard, and it cannot be assumed that the comparisons themselves are independent of one another. Let me put this more formally. Although they may well insist that there are differences in contexts of donation, so that we can think of distinct types, just as there are (already existing in this view) many types of organs in the body, when people make comparisons they simultaneously bring separate entities into conjunction and are enacting one effect of the way such entities can also be imagined as (already in this view) inhabiting contexts that overlap with one another.¹⁵ To similar effect, narrating diverse divisions and connections hints at how these several topics of discussion are also multiple, parts of one

another's trajectories, as information flows through policy measures, protocols, financial arrangements, procurement mechanisms, ethical reviews, and so forth. Indeed, one could imagine having to demonstrate just how they (the topics) could ever be held distinct and singular. That being said, I promised to make complexity visible in the narrative itself. Accordingly, I at once turn to an account that is explicit about the interdigitation of phenomena and introduce information of a 'different' order.

I have not been discriminating between styles of the vernacular in terms of analytical comparison versus the idioms and vocabulary of everyday parlance. But if I have been drawing both on observers making analyses and on participants with other concerns in mind, in order to produce a vernacular account, I can now layer this briefly with one that has a rather different purpose in view. Its mode of analysis summons a multiple world.

More information

To be surprised by information overload is, it could be said, a shade naïve. Excess and information go together in the words of Waldby and Mitchell (2006: 140–141). They refer here to biomedical and biodiversity contexts that promote the idea that information is an infinite resource, in biology as much as elsewhere.¹⁶ Excess is thus intrinsic to information, for there is always more in potential than can be realised (made, for example, into objects of knowledge). However, and conversely, in present times information is surely also intrinsic to (a sense of) excess.

At the outset I observed that anyone contemplating an overview of reproductive technology would be dealing both with the growing complexity of the subject and with information overload. But perhaps that can be rephrased. If through her elucidation of multiplicity Mol has described generic conditions of Euro-American perception, why should one go out of the way to depict the arenas of reproductive and transplant medicine as complex? The answer that suggests itself is information: information overload is part of the apprehension of complexity, for it is the connections and associations that are created in gathering up information that describe infinite networks of circumstances. Information about practice and precept is sought in the interests of ethical and procedural regulation, among other things. Information, as a desirable of 'late capitalism' (to follow Waldby and Mitchell), requires specialist management in the interests of, among other things, commerce and entrepreneurship.

It is germane that the context in which Waldby and Mitchell offer their comments about information is intellectual property and the informational commons, so-called. Intellectual property?¹⁷ Waldby and Mitchell seem to be doing what the comparative anthropologist is likely to do—bring in whole new dimensions. (Indeed theirs is an explicitly comparative project: at the outset they take up a contrast between organ and tissue procurement in the US and the UK precisely in order to narrow the scope of the book [2006: 27].)¹⁸ But then again, we hardly need to be reminded that the famous case, in which John Moore tried to get access to the potential profit to be derived from the cell lines manufactured from his spleen, was about a patent (2006: 89). Intellectual property has since become critical in the field that organs and tissues have come to traverse. This involves less whole organs as such than the way the body can be transmuted into other

products with commercial potential. In transmuted forms these products circulate far more widely than procurement and transplant programmes concerned with donors and recipients imply, although such programmes might give their own commercial value to transplantable organs “whose movements as precious goods are tracked with extraordinary care” (Sharp 2006: 50).¹⁹

Waldby and Mitchell’s book aims to consider the organisational consequences of just such social arrangements. These include (and I follow their words) the place of tissue banks in developing tissue economies, and the banks’ technical and ethical work in disentangling body parts from the body, and from the person and its relations; the significant designation of ‘waste’ in allowing other kinds of values to be attached to tissue, and, another formulation of Sharp’s point, the ways virtues historically associated with gift economies are claimed by advocates of tissue markets. In short their purpose is to elucidate a political economy.²⁰ Their means is again comparative: “comparing the social trajectories of *different tissue types* and their transformations [i.e. the transformation of tissue value] over time” (2006: 27, my emphasis). Put otherwise, their account is about the implications of new forms of tissue distribution for the practice of tissue exchange.

The fractioning of tissue products was presaged in the technical developments of blood transfusion in the mid-1970s. Donated units are divided into diverse components, and rarely these days used as whole blood. So one donor’s blood may go to various recipients in different forms, and a patient receive blood from many sources. Contemporary tissue economies, they write, “are still more complex and fractured (...) The engineering of tissues after donation means that any donated tissue may be put to multiple uses (...) [having been] diverted through laboratory processes, where [it] may be fractionated, cloned, immortalized, and multiplied in various ways” (2006: 22). The diversion involves an institutional complex of “tissue banks, pharmaceutical and research companies, and clinics” (2006: 22). Even restricting their focus to professional debates, it is clear that suppositions from previous decades no longer hold in several respects— in medical processing, in the nature of the demands, in the arguments used to support different positions, in the direction of economic investment, in short, in ‘entanglements’ (their word) of all kinds.

Yet, despite the range of materials on which they draw and contexts that they cross, their book is neither crowded nor de-complexified. By following the trail of tissue exchange, they track a way through several sets of related concerns (their own term is ‘navigate’, and they imagine different tissue economies themselves navigating ways through different social regimes [2006: 27]). Is this another route that comparison can also take? I follow up the theme of analogies and comparisons to construct a sequence of sorts for myself. Needless to say it is only one of many possible trails.²¹

Waldby and Mitchell’s study is subtitled, “Blood, organs and cell lines”, three distinct points of departure. They merge quite quickly and analogies abound, on the part of the authors in their analysis, and on the part of the professionals they cite. But just how they merge is crucial. One could create a path through this text from considering the way different *types of tissue* are compared, to contrasts between different arguments and logical stances, to medical substitutions in practice, to attempts to create different ownership regimes, to parallels between social processes beyond medicine...to...well, let me briefly indicate a possible path before I reach its end.

Starting with the way *different types of tissue are compared* we can turn to the verbal

examples people use, to vernacular analogies of the kind we have been considering. Thus the authors ascribe to ‘people’ in the UK contrasting views on the ethical significance of embryos compared to blood or organs. This is in the context of stem cell research, and they observe that while the cells are regarded as significant as having come from a person, the embryo is significant as a potential person in itself (2006: 60). This comparison profoundly influences the regulation of medical research. ... To *contrasts between different arguments and logical stances*, such as those that follow changes in medical practice. The one-to-one transfer of whole blood in the past might “resemble” whole organ donation today (2006: 39), yet the comparison was only ever partial, largely in the oblique relationship conceivable between donors and recipients. However, the blood product plasma is something else altogether, a “global commodity” not to mince words, “sold by the poor of the developing world” (2006: 44), which, historically, quickly came to account for high proportions of supplies to the UK and US, and as we have already seen is much more like other tissues in its commercial potential. The authors compare former arguments based on whole blood donation, especially that promulgated by Titmuss’s *The Gift Relationship*, to the concerns that blood banks have these days, where supply is all about reducing risks of blood contamination (2006: 39–54). An early outcome in the 1970s was that, added to the need for larger quantities of blood for new kinds of surgeries, plasma products created a second tier of need that had to be met from international trade managed by pharmaceutical companies. ... To *medical substitutions* that arise from medical comparisons of procedures and techniques.²² Take bone marrow, which can be compared to solid organs in its requirement for matching, while the treatment entailed makes it similar to invasive procedures in live tissue donations, such as of kidney, liver lobe or egg.²³ However, over the last fifteen years a substitute has been developed: in the treatment of blood disorders, umbilical cord blood has moved from the category of waste to become, in their words, a therapeutically valuable tissue precisely as a substitute for transplanted bone marrow (2006: 111–112). The effect on treatment is evident: cord blood does not have the stringent matching requirements of bone marrow, and the chance of adverse reaction is diminished.

Two steps on the path remain: ... To *attempts to create different ownership regimes*, as professionals turn to IPR, but also as private entrepreneurship seeks out new initiatives. Thus, as a development from public banks as they now exist in the US and UK, the private banking of cord blood, an investment for the future health of the child, sets up an ‘account’—not for anyone but specifically for the donor who might need it later. Thereby the process “effectively creates a new form of biological property not adequately encompassed by the concepts of either gift or commodity” (2006: 123).²⁴ The outcome is a new arena for property rights. ... To *parallels between social processes beyond medicine*, as Waldby and Mitchell document for developments in informational technology and intellectual property regimes, which create distinct possibilities for thinking about tissue exchange alongside a whole new(ish) investment ideology. With respect to this last, the parallel to private cord blood banks already exists in autologous blood donations (blood stored for one’s own use); however, overt justification and motivation come from beyond medicine, from the world of personal insurance and personalised risk management. Private blood banking is a form of “biological insurance” (2006: 125). This is exactly what a cord blood bank might say in its advertising. One organisational effect is a contrast between public and private risk management strategies.²⁵

I have tried, selective as it has had to be, to consider the effects and outcomes of specific historical interactions, and thus the potential for impact that diverse tissue trajectories have. Comparison might then be between modes of effectiveness. For in one sense, what is being compared at each juncture is the *persuasiveness* of a particular analogy or technique or set of practices, that is, their practicality and their power, and thus the resources that different players can draw on in making something of the circumstances they find themselves in. They may see benefit and profit, or may not. Vernacular comparisons emerge among the resources pressed into service, as for example Sharp and Goodwin, as well as the authors of *Tissue Economies*, describe all too well in relation to the ideology of the gift. This specific comparison recurs in Simpson's (unpub.) account of circumstances quite different from organ donation: keeping unidentified donors and recipients linked together in people's minds helps support the Sri Lankan blood donor programme. In fact, vernacular analogies may be pursued as a point of policy; nowadays, if what Waldby and Mitchell (2006: 126) say is true, "considerable research is currently under way to find better ways to enhance cord blood and bone marrow stem cell capacities and confer on them the same aura of potential that embryonic stem cells have".

So where does the path lead? The linearity of my narrative is of course artificial: all these practices are going on at the same time and may even be folded into one another. To see them together (as Waldby and Mitchell attempt) is also to shift between perspectives, to delineate a multiple field. But recall that I had a particular interest in comparison, namely to seek ways of reducing information, and I have been traversing this field with this end in mind. So the question bears iteration. Where does the path lead?

Let me initially return to the mother who is also a research subject,²⁶ and to one of the analogies proposed by Thompson with which I began this Lecture: the contrast between egg donation for fertility treatment and for stem cell research. The second arouses different public arguments from the first, insofar as protection of potential egg donors as research subjects carries "a signature of ethical concern" (Thompson 2008: 117) absent from the other type of donation. Now Waldby and Mitchell describe a parallel contrast, although the entity is now the embryo, depending on whether it is donated to further research on fertility or on stem cells. The embryonic gift to reproductive research "has a relatively stable destination, a set of uses, and a specifiable group of beneficiaries" (2006: 77). But with stem cell research, they go on, any given germ line may be dispersed to researchers around the world, with no specific destination and no time horizon to its life. Women and men who were willing to donate embryos created during the course of IVF were said to be far more enthusiastic about the thought of embryos helping reproductive research than entering the undefined area of cell lines. One could as well be talking about the contrast between whole blood donation under earlier regimes and its fractionated dispersal.

The authors of *Tissue Economies* set out to compare the social trajectories of different tissue types. They referred at the outset to new economies that differentiate autologous blood donation from public donation, or result in new institutions such as the UK Stem Cell Bank (2006: 27–28). But they also imply that, as ideas and practices of value, these are (to use their term) "mutations" of one another. This is the terminus of the path I have taken. It affords a breathtaking reduction: the path at the end turns out to be no wider than the path at the beginning. For it leads to the realisation that the tissues—blood, organs and cell lines—are in a sense permutations of one another. They do not have to be thought of as *different types* at all.

Comparing concerns

What I have just said does not hold its truth for very long: it is made untrue as soon as one considers the implications for social action or ethical judgement.²⁷ To act, it is necessary to start differentiating again, as Goodwin does when she isolates a specific comparison for its ethical denouement. She has been following through a comparison of organ and tissue donation with egg donation by analysing similarities and differences in above board and black market provisioning. The public and private transactions that characterise gamete donation in the US are to be compared with the much more diverse field of organ donation in terms of one obvious dimension: in the former payment is not illegal, in the latter it is. To make the ethical point, she interpolates a further comparison: “Are we more willing to permit financial exchanges at the beginning of life rather than at the end?” (2006: 180).

In the practice of differentiating in order to compare,²⁸ strings of associations are constantly made and re-made, and there is nothing trivial about this. The analogies that have peopled this Lecture are not totalising in the sense that everything can be likened to, or takes on the identity of, everything else. They (the analogies) are situational, partial, partisan. Actors in all kinds of positions draw on all kinds of associations to pursue concerns that matter to them, to which the pursuit of information is intrinsic. Saying that blood, organs and cell lines are not different ‘types’ is to say that the differences lie not in these tissues as such but in the associations spun around them. Or, rather, it is the associations that give them their identities. Each is made distinctive—and otherwise—by its character of the moment. “Said another way, it is not the issues alone that are at stake but a specific historical, political, and economic conjuncture in which an issue becomes a problem” (Pálsson and Rabinow 2005: 94). An old anthropological insight: it is always worth the re-telling.

Now the title of this lecture was composed before I had read Latour’s recent book, *The Making of Law*. Apropos the project of modernism, he writes, “there is now no fact that is not also a cause or claim: all matters of fact have become *matters of concern*” (2010: 242, original italics). It is followed by a plea to be vigilant in a world where concerns become intermeshed with one another; the plea is to distinguish the complementary functions of, in his example, lawyers (making judgements) and scientists (searching for truth). This is hardly because Latour does not appreciate complexity—or science in society!—and it is certainly not because he thinks social life can be divided into domains. Rather, it is because of what the two figures teach us about that social life. In the connections they make, legally, scientifically, each in their own way creates, effects, what is to be associated together; each pursues a different strategy for dealing with information.²⁹

This account has been dominated by the way people deploy associations and separations. If the social is indeed made in the associations (and separations) that people make, then comparison itself is one way of making the social—not making it appear, but *making* it. It is at once a social activity and an act of social analysis. In the comparisons I have been considering here, the motivation is often glossed as one of concern.

NOTE

The UK Nuffield Council on Bioethics has asked me to chair a Working Party to report on medical donations that involve the body. It is departing from its usual single-focus Reports to investigate issues surrounding procurement, donation and reward in what are presented as three areas: gamete donation, organ/blood donation and voluntary participation in clinical trials. The focus is on the donor, and how donors should be treated. The three areas are at the moment covered by separate regulations and professional practices; each comes with its own ethical questions. While I was stimulated to write this Lecture by the boldness of the Council's move, it was written before I assumed that position and before the Working Party was convened, and is based on entirely independent work. All opinions are mine as a social anthropologist, and nothing I say represents the views of the Council or of the Working Party, or of myself in the capacity of Chair.

ACKNOWLEDGEMENTS

First and above all, my warm thanks to the Finnish Anthropological Society for the honour of their invitation. I am grateful for comments following the Lecture and for numerous conversations, which among other things have made me appreciate just how 'North American' parts of this account are. Second, it will be seen how much I have restricted this enquiry. As a result, acknowledgement of the input of anthropologists to the field of blood, organ and tissue donation is obviously partial. Others have made very notable contributions, and I thank them for their inspiration: I refer especially to the works of Nancy Scheper-Hughes, Sharon Kaufman, Jacob Copeman, as well as of their interdisciplinary cousins Donna Haraway, John Frow, Margaret Radin. Finally, many thanks indeed to Bob Simpson for permission to cite his unpublished paper.

NOTES

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¹ The "first traces of marriage being found among the Chelonia" (a sea turtle) from their pairing habits (1894: 20). He intends the term marriage to be taken literally, for his project is to construct its natural history.

² In the sense that the procedure is tried and tested (not that all eggs are so fertilised).

³ The phrase comes from Lea (2008: 64) describing the operations of a health bureaucracy in northern Australia, where "information dissemination and exchange (...) takes form in and articulates through multiple and ongoing practices at every level of interaction, posing as both outcome and approach".

⁴ And creating conglomerates, or assemblages for that matter with their evocation of 'different' levels of practice and explanation.

⁵ In popular Euro-American thinking, gametes have a destiny in the embryo, and the embryo is regarded (to a different degree) as apart from the mother and father alike. Note that comparisons *between* eggs and sperm were often made in the early years of NRT debate (e.g. Haimes 1993).

⁶ That is, like 'other' tissue, i.e. other than solid organs.

⁷ We may consider in parallel the revised UK Human Fertilisation and Embryology Act 2008, which makes a number of adjustments to provisions laid down in 1990. Many are particular to issues in reproduction: in parenting, such as adoption (overtaken by other legislation), including a new part on

defining parenthood; in reproductive medicine: such as the creation of human admixed or inter-species embryos under “prohibitions in connection with genetic material not of human origin”. But there are others, such as the provision of donor information, that are of wider interest.

⁸ Prefaced by a history of the private procurement of cadavers for use in medical schools, Goodwin deals with public and private financing in tissue transplantation, and with post-donation commerce in organs, alongside the ‘grey market’ of egg and sperm financing. This grey market blends public and private (financial) exchanges (2006: 180), the blending being the focus of her chapter. She is speaking from the United States: that particular comparison would not work in the same way in countries (such as the UK) where financial incentives for gamete donation are not so developed. (US law is silent on the buying and selling of ova and sperm, but practice invariably equates the high level of compensation that the donor often receives with selling; compensation itself is a form of ‘payment’, even if not a payment for a marketable commodity.)

⁹ The idea of merographic connections applies to the same (Euro-American) worlds that Mol describes (by potential contrast with elsewhere), and bridges the two sides of her disquisition: the pluralism of ‘perspectivalism’ and the ontological reality of ‘multiplicity’ or interconnectedness in knowledge, practice, action. I should note that she deploys a radical distinction between what I have put together: perspective and context (a commentary of sorts can be found in Strathern 2009).

¹⁰ Sharp focuses on whole organs from deceased persons (cadaveric donation). She draws on literature and material from across the US, her own ethnographic work starting in a transplant hospital in the Midwest but taking her to the East Coast and elsewhere, and including organ procurement organisations.

¹¹ Guidelines followed by many procurement agencies suggest how letters to donor kin should be composed, and what must be left out—such letters may be further censored by the agency according to its own precepts (Sharp 2006: 180).

¹² One axis of comparison here is to do with the perceived shortage of human organs and the biological promise of substitution, e.g. by porcine ones; it is apparently widely mooted among professionals (“then we would no longer need to ask kin for their consent”) (2006: 219). The ‘analogy’ is dependent on a medical condition of possibility—surgical substitution. She brings in GM foods for the controversy they embody over efforts to “tamper with nature” (2006: 221).

¹³ In fact ‘adoption’ was a popular comparator in the early days of NRT, quite aside from the legal relationship of adoption that IVF treatment in the UK necessitated. Initially it was used to ‘naturalise’, by referring to existing social practices, the desire to have a child by other than ‘natural’ means. I might note, apropos Sharp’s several comparisons for the US, that like organ procurement agencies, adoption agencies long resisted the flow of too much information. (A caveat: the rush of biosentimentality by no means applies to everyone.)

¹⁴ After Pálsson and Rabinow (2005: 92) who, in admonishing bioethicists and social scientists for not promoting a comparative perspective, refer to their “need to achieve some distance from their own opinions”.

¹⁵ An imagining that they act out extensively in their ideas about kinship. Sharp makes it clear that against the professionals’ desire to keep things discrete (which has its obvious uses and consequences) donors and recipients see a flow and flux in the way persons are involved with one another, and in bodily terms (which has its obvious uses and consequences). [I do not need to add that there is nothing new in commenting upon this double-barrelled effect of Euro-American knowledge practices.]

¹⁶ Thus it can lead to a comparison between organs and cell lines in terms of the extent to which resources can be ‘used up’ or duplicated, the informational resources of cell lines being (under the right circumstances) the more regenerative (Waldby and Mitchell 2006: 141).

¹⁷ Their book ranges over material produced in both the UK and US concerning a spectrum of issues relating to the circulation of organs, blood, (other) tissues, cell lines and gametes for diverse purposes. This material includes protocols, reports (governmental, medical, corporate), US Congressional hearings, and so forth, and academic and other commentary in the area.

¹⁸ Because they are interested in the ways ideas and values “mutate across different social and technical landscapes” (2006: 27), it was necessary to settle on specific social locations (‘cases’). On biodiversity and the informational commons, they draw from anthropology (Hayden 2005).

¹⁹ “Although buying and selling solid human organs is illegal, transplant medicine is among the most

lucrative forms of medical practice in this country [the US]" (Sharp 2006: 50). We may add the observation from Waldby and Mitchell (2006: 23) that while donors are largely excluded from selling their tissue (the exception being gametes [but see n. 9] and plasma), donated tissue can be subsequently sold by the receiving party.

²⁰ Stated explicitly (2006: 33); compare Pálsson (2009).

²¹ It does not even pause on the way to consider regulation, legislation, media input, ethical reviews, clinical protocols, health economics, and other parts of the institutional assemblage critical in the UK, for example, some but not all of which could be constructed from Waldby and Mitchell's account.

²² And the desire to avoid procedures that raise complex ethical issues, a spur to innovation noted a long time ago by Franklin (1999).

²³ A context in which gametes are subsumed under the general rubric of body tissue; I am following their usage of 'organ', 'tissue' etc.

²⁴ The account "creates a legal relation of possession between the unit of cord blood and the account holder" (2006: 124). At the same time the blood is not a commodity, since it has no general exchange value, only a use value for the account holder from its regenerative possibilities for him or her.

²⁵ "Public cord-blood banking works through the collectivization of health risk management, its distribution throughout the population on the grounds of capacity and need. Private cord blood [sic] banks use risk segmentation, unpooling, and personal risk-management strategies" (2006: 125).

²⁶ And see Sharp's (2006: 226) commentary on organ donors as research subjects in the early days of trying out new procedures.

²⁷ Thus people invariably regard 'different' organs as meriting different treatment and as having different values for relationships (Sharp 2006: 173).

²⁸ In this account, I have not made any generic separation between comparison and contrast (both require coordinates of similarity and difference), though this is not to say that it couldn't be situationally useful.

²⁹ One can then compare the kinds of associations that each builds up. In fact he makes an explicit plea for comparison: "we can't possibly provide a positive anthropology of the Moderns (...) as long as we don't have a clear comparative study of the various ways in which the central institutions of our cultures produce truth" (2010: ix).

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