

THE CONDITIONS THAT FACILITATE BUYER PARTICIPATION IN THE MARKET FOR HUMAN ORGANS

ABSTRACT

Human body parts have become commodities for sale on global black markets. Kidneys, hearts, lungs, livers, corneas and any of the range of viable organs that can be harvested for transplantation are traded like common objects. Exploitation is rampant with organs typically flowing from the poor to the rich. Considering that organ buyers play a key role in the creation and maintenance of the trade, this article outlines three important social conditions that facilitate buyer participation; objectification, commodification, and globalization. The following provides a discussion of key theoretical considerations for further investigation.

INTRODUCTION

For just over two decades, social scientists have been uncovering the extent to which human organs have become commodities in a global black market. The market is surprising because its goods are tied to life itself, yet the market exhibits features common to a trade in any other object. Perhaps more surprising is the realization that if there is a market, it means people are willing to illegally exchange cash for organs with people from unknown places. How did this happen? To understand why organs are available on an international market, and to get a sense of the role that Westerners, and even more specifically Canadians play in the exchange, this article seeks to answer the question: What are the conditions that make participating in the organs market possible, particularly for those who wish to purchase

organs? Presumably, the conditions that facilitate participation for those who wish to sell organs are different from those who wish to buy and will therefore not be discussed in this article. However, I will argue here that buyer participation is made possible by three key conditions: (1) objectification, as it relates to the emergence of the biotech mode of production and biosocial understandings of the self and others; (2) commodification and the transformation of the 'sacred' body and its organs into mere objects for exchange; and (3) globalization and the spread of consumer culture, which also includes a consideration of trust as a necessary component of consumer lifestyles. Overall, participation in the global organs market can be seen as an unfortunate consequence of conditions that make the body little more than an object for sale in a market clouded by consumer expectation.

To begin, this article provides some background on the organs trade generally, and the current procurement environment in Ontario, Canada as an example of a post-industrial Western nation struggling with organ supply and demand. The next section presents the first of the three conditions that facilitate participation and discusses how notions of the “body as object” come to circulate within social, medical and technological relations of production, particularly within the context of a “biosocial” world. Next, the “body as commodity” is discussed in terms of a few notable theories of commodification, and aims to highlight the role of cultural frameworks, and the breaking down of those frameworks, in the commodification of ever more intimate objects. The third major condition that enables or facilitates the participation of buyers in the international organs market is globalization. Globalization is discussed in relation to World System Theory; the operation of structures of power in ensuring the spread and continuation of consumer culture and the intensification of the organs trade through what is referred to as “medical tourism.” As a supplement to a discussion of consumer culture, trust in consumer lifestyles is argued to be a necessary component for participation in any market, including markets in human organs. Finally, some concluding comments provide a discussion of considerations for future research.

It should be noted that this article takes a rather broad approach in its application of theory, and is most closely aligned with a critical post-

modern perspective. This perspective combines the broad agenda of the critical tradition, which places an emphasis on the view that capitalism is the dominant ideology that results in social relationships among people taking on the forms of relationships among objects (Ritzer 2008), with a contemporary argument, that we have moved into a state of post-modernity or post-industrialization that brings forth new relationships to be explored. The post-modern tradition that I align with acknowledges the historical, Marxist or economic base of modern capitalism, but also acknowledges that the relations of power and exploitation in the post-modern world are less obvious as they were in the past, such that they are present in ever more intimate spaces among and within people (Jameson 1991). Assuming the post-modern perspective has many, variable definitions (as well as a great deal of criticisms), I will simply point out its usefulness in terms of its flexibility with the application of theory (Ritzer 2008), and its strength in attempts to explain what is going on behind seemingly straightforward processes. Thus taking a critical post-modern approach is used in an attempt to (1) capture the nuances of the topic in relation to relevant and appropriate theoretical concepts, (2) narrow down an incredibly diverse topic into a format that sociologists and anthropologists alike can begin to work with, and (3) begin a conversation on how to theoretically locate buyers as important actors within organ markets. Ultimately, this article is meant to act as a starting point for future investigations.

Two other important distinctions should be made before an analysis is attempted. First, in terms of organ transfer and transplantation, there are three situations in which organs can be said to “move.” The first is the movement of organs from deceased individuals, usually from accident victims to waiting recipients that are legally facilitated by the medical system. This movement is in line with current procurement methods in most Western nations, including Canada. The second is the movement of organs from unwilling and non-consenting individuals who have had their organs stolen (while in hospital or in cases of kidnapping), often through brokers to paying recipients¹. The third movement is the case in which individuals consensually sell their organs to another, also usually facilitated by a broker. The most common examples of this type involve the sale of kidneys by slum dwellers in India (Goyal et al. 2002) and poor farmers in Pakistan (Budi-ani-Saberi and Delmonico 2008) to rich buyers both within the country and from abroad.

The latter two movements, organ theft and consensual sale, are the focus of this analysis from a buyer perspective. And though there is debate on the “truth” of the matter of organ theft, it is not the focus of this study and therefore, there is at least one assumption made: that violently procured organs are offered to Westerners for consumption along with consensual ones (Scheper-Hughes 2002). As the analysis will show later, there is a great deal of trust in the system on the part of Westerners, such

that they likely believe organs will be of good quality and not obtained through violence. Unless told otherwise, buyers typically believe a sale is consensual but may actually have no proof of this (Scheper-Hughes 2002).

The second distinction is terminological. We use language to express what we mean and to facilitate others’ understanding. How we talk about participants in an economic transaction influences the way in which we interpret each player’s role. Therefore, an individual who gives-up an organ in exchange for money should not be termed *donor*. Some researchers continue to use the word *donor* for these individuals which is a mistake because “to donate” implies willingly giving of the self and removes, at least on the surface, the existence of an economic exchange. To account for this, others use the word *vendor*, as if the individual is “open for business.” This is also inappropriate because the term *vendor* implies the notion of a businessman with a right to the sale of his property as an independent actor. However, in the case of the organs market, a third party broker is often involved. Thus, this article will use the economic terms *buyers* and *sellers*, because they situate each individual in an economic exchange. More specifically, this article focuses on the role of the buyer.

BACKGROUND

The international trade in human organs has been receiving a great deal of attention from media and research-

ers, particularly within the last four to five years (see World Health Organization, Al Jazeera, The Times of India, TorontoStar.com, Canada.com, etc.). Health Organization, Al Jazeera, The Times of India, TorontoStar.com, Canada.com, etc.). Investigators have exposed to the world the most heinous acts associated with organ stealing, trafficking, and the exploitation of the global underclass as organ suppliers. The trade has been said to represent a global degradation of notions of humanness and an ever more intense commodification of life under liberal capitalist ideologies (Scheper-Hughes 2002; 2003; 2006a; 2006b). It is said to be supported by bioethicists who bolster “right to buy and sell” mentalities in order to meet the need of consumers and the goals of biotechnology industries (Scheper-Hughes 2003). Researchers explain that wealthy buyers prey on individual indebtedness, and that inability to escape poverty make the world’s poorest populations particularly vulnerable to participating in the trade (Cohen 2006; Scheper-Hughes 2006b). Arguably, the international trade in human organs contains within its relatively short history some of the worst cases of human exploitation. And despite the attention it has received recently, it appears to be intensifying (Scheper-Hughes 2006a; 2006b).

Assuming that there are significant North-South, Western-Non-Western divides between buyers and sellers in the market, we may look at Canada as an example of a nation of Northern, Western potential organ buyers. Like many other affluent Western na-

tions, Canada has an organ shortage. Today, approximately four thousand people wait for life saving organs that they receive through provincial organ donation programs. The longest reported wait time for a kidney in Canada was 11 years in 2006 (Zaltzman 2006) and many people never receive the organ they need. This is a reality being observed in most post-industrial societies of the early 21st century (Scheper-Hughes 2006b). Aging populations, rising rates of diabetes leading to an increase in cases of kidney failure (Ministry of Health and Long-Term Care 1999), a low number of “brain death” diagnoses that qualify donors for organ removal (Sharp 2006), reduced risk taking, safer cars, and fear of HIV and other diseases (Baer 1997), compound to create the supply problem. In Canada, as well as in other countries such as the U.S., there is also a lack of effective communication between family members about the cadaveric donation wishes of individuals. In fact, families often have “veto power” over stated organ donation wishes (such as signing ones organ donor card), and doctors are unwilling to challenge a family’s decision in a time of grief (Sharp 2006; The Citizens Panel on Increasing Organ Donation 2007). Thus, more organs are wasted in hospitals each year than are removed (MacDonald et al. 2008). Those demanding organs are desperate, and current transplant policies seem unable to keep up.

The ongoing debate on the matter of organ supply questions whether governments should address organ shortages through legal-economic

means. Some believe regulation through monetary compensation is out of the question because of exploitation (Scheper-Hughes 2006b), and because generally governments consider donation, particularly in the case of blood products, as “more in harmony with the social policy of the modern welfare state” (Schweda and Schicktanz 2009:1130). Additionally, “anonymous gifting and charity towards strangers resonates with explicitly Christian values” (Scheper-Hughes 2003), which is especially true for post-European-colonial North American governments. On the other hand, the main arguments for commercialization are: (1) “justice,” people should not die waiting for treatment; (2) “liberty,” the right to do what one wants with one’s body; (3) “beneficence and utility,” the win-win nature of both sides getting what they want; and (4) “efficiency,” an economic system will “solve the demand problem” (Schweda and Schicktanz 2009). As of yet, many nations remain uncertain about how best to proceed.

Recently, Canadian governments have been campaigning for live donation and for increasing the number of registered cadaveric donors (Gift of Life 2010). Presumably, these strategies are the publicly and politically accepted ways in which to increase the supply of organs locally. Unfortunately, because shortages persist, some people seek out organs outside of legal-medical means. Within the Canadian donation system people have to wait, making the international market one alternative they might consider, especially if they have the

financial means to purchase the goods. There is evidence that Canadians are participating in the trade (Scheper-Hughes 2005). Doctor Jeffrey Zaltzman (2006) of St. Michael’s Hospital in Toronto has gone on record to report that he has treated patients who received organs from China where prisoners are executed in line with organ demand (Falun Dafa Information Centre 2009). Thus, this article is concerned with explaining how potential buyers (the relatively wealthy individuals living in affluent nations who rely on donation systems) realize their role as buyers in the market. It therefore highlights the three key conditions that enable buyer participation in the international market for human organs.

BODY AS OBJECT

The first condition that facilitates buyer participation in the market for human organs is the pervasiveness of understandings of the “body as object” in post-modern, post-industrialized societies. For example, medical knowledge and terminology promote the idea that the body is ill and not the person (Sharp 2006). Such language has the effect of objectifying the body, making it an alienable part of the individual. Assuming the body to be an alienable part of the individual has some important consequences for how we relate to bodies in the context of organ exchange.

Stephen Wilkinson (2003) discusses the ethical dilemma of treating the body as an object and the danger of immoral exploitation or using others

for personal gain. Using Kant's principles, Wilkinson (2003) argues that our goals must be to never treat people as means (use value) but only as ends-in-themselves (use and intrinsic value). He argues that this is true because "when we become focused on a person's...usefulness to us, we have a tendency to disregard the fact that she is an autonomous being who deserves respect" (Wilkinson 2003:37). From an ethical perspective, processes of organ transplantation and trade, and the institutions that support them (e.g. medical communities), tend to treat people as objects only, based on their useful ability to prolong life.

Given that people are often treated as objects only, bodies are similarly objectified in a new "relation of production." In his work on organ sale and trafficking, Gisli Pálsson (2009) applies Marx's notion of relations of production to the body. He argues that the mechanization of factory work that led people to become merely living appendages of machines, equates to a "human mastery" that has been "extended to the bodies of the workers themselves" (Pálsson 2009:297). Here, one's productive value becomes the ability to extract organs, and human labour power becomes one's ability to exchange organs for cash (Pálsson's emphasis). He states, "that estrangements represented by the biotech mode of production – the fragmenting, trafficking, and hybridity of body parts... mirror, up to a point, the objectification and alienation of 'species-life'" (Pálsson 2009:302). Arguably, in the current context of late capitalism, the body is yet another site of production and

early Marxist conceptions of objectification and alienation of workers and labour can be applied to bodies and organs in the new "biotech" mode of production. This is supported by Jameson (1991) who argues that post-modernity is marked by "a prodigious expansion of capital into hitherto uncommodified areas" (Jameson 1991:36). In terms of the international trade in organs, there is an exploitation of the productive value of bodies of the underclass, while there is valuing of life for those with the capital to buy the organs they require. Thus, body parts are alienated and estranged from the poor individual and perceived as objects for sale.

The objectification of the body within the medical realm, and within the new biotech mode of production, has also served to change identities in regards to how one understands the body and how it can be altered, that is, one's relationship with biotechnology. Following the release of the Human Genome Project in 1990, Paul Rabinow (1996) claimed that we are now living in a "biosocial" world, where the "body as object" is an increasingly malleable thing. For example, the project made possible the creation of "designer babies" with all the best, socially defined, physical traits. Similarly, Pálsson (2009:291) states that, "humans now reinvent themselves in a new sense and on a fundamentally new scale, deliberately altering their bodily constitution and development by exchanging genes, tissues, and organs." The impact that this "reinvention-ability" has had on individual identities is astounding, such as the ability for anyone

to go online and pay to learn about their genetic makeup, predispositions to illness and ancestry, effectively creating new identities and ways of knowing the self where they would not have existed previously (Pálsson 2009). Thus, advances in genetic research and biotechnology are generally changing perceptions of what is available for knowing and, perhaps more importantly, for consuming. In today's biosocial world, social lives and identities are tied to biology through technology, which serves to change individual understandings of the body and perceptions of what is technologically and medically possible.

Particularly in the case of human organs, advances in medicine and the widespread use of the immunosuppressant drug cyclosporine beginning in the 1980's, have led to an increase in transplant surgeries and higher confidence in health outcomes of organ recipients (Fox and Swazey 1992). Knowing that the technology to procure an organ and survive transplantation exists has a significant impact on individual desire (and likely desperation) for treatment. One's identity becomes intimately tied to realizing a healthier life, which is a primary goal regardless of the cost (financial or human). Ultimately, knowing there is a relatively easy and safe cure for their illness, but that it is unattainable due to a lack of donated organs, presumably causes a great deal of frustration. Furthermore, when one is reliant on a system of donation that requires long wait times that threaten life itself, an alternative that can provide organs

for a price (regardless of how, where, when and why they were produced) may begin to look like the only means for accessing treatment.

BODY AS COMMODITY

Participation in the organs trade is also facilitated by the pervasiveness of understandings of "body as commodity." In terms of understanding why someone might make the choice to purchase organs rather than wait for them, it becomes even more important to consider how organs became commodities in the first place. Social scientists have developed a number of theories to explain the process through which objects become commodities; how meanings change over time and how things once considered "sacred" are given a cash value. Arguably, since they are tied to life itself, organs ought to fall within the latter "sacred" category (and perhaps in the past they did), but are increasingly becoming mere objects for sale.

Using *exchange theory*, Marx (in Morrison 1995) explained that commodities have both a use value and an exchange value and are primarily social objects because these values rely on judgments, and because they circulate within social systems in response to desires and demand (Appadurai 1986). Arjun Appadurai (1986) argues that because of their social nature, we can map their movement, the "human transactions that enliven them" (Appadurai 1986:2). If we consider commodities as (1) socially defined and (2) always "in motion" in their trajectory, we can see how

all things can be said to move into, and out of, the “commodity territory.”

Igor Kopytoff (1986) calls this movement in and out of the “commodity territory” the *cultural biography* of objects. The concept of cultural biography expands on Marx’s exchange theory by adding the component of cultural context in determining an object’s value as a commodity. Thus, Kopytoff explained that “Commodification is best looked at as a process of becoming rather than as an all-or-nothing state of being;” and why something “becomes commodity” depends on context (Kopytoff 1986:73). For example, the slave is captured and is stripped of his previous identity. As a nonperson, he becomes a commodity to be purchased for his labour, but as he is integrated into a new society, he is reindividualized, and decommodified. However, at the moment he is traded among slave owners, he is recommodified. Thus, some objects become commodities only in specific social contexts, a process that is determined by culture and technology. Thus, objects on their trajectory can be said to be commodified, decommodified or recommodified as needed depending on the situation.

Building on Kopytoff’s model of cultural biographies, Appadurai (1986) argues that assuming different cultures create different “social contexts,” it is necessary to consider why some objects become commodities no matter the culture. Cultural frameworks are the moral, symbolic and classificatory standards of a par-

ticular time and place that determine whether something is exchangeable. Since people do not share one cultural framework, the “degree of value coherence may be highly variable from situation to situation,” and thus, cultural frameworks break down (Appadurai 1986:14). In cases of *exchange across cultural boundaries* (Appadurai’s emphasis), the only thing that can be “agreed upon is price.” Contexts can exist apart from disparate cultural values and are necessary for some objects to enter into the commodity territory. In the case of human organs, they have entered the “commodity territory” because of the current organ shortage in most affluent nations. Presumably, organs will remain in the commodity territory so long as there is demand for them that is not met with an increase in available, donated organs. As Nancy Scheper-Hughes (2003:204) states, “what goes by the wayside in these new medical transactions is longstanding modernist and humanist conceptions of bodily holism, integrity and human dignity, let alone cultural and religious beliefs in the ‘sacredness’ of the body.” Thus, where organs were perhaps once considered “sacred” and noncommodifiable, they have become commodities where the cultural frameworks protecting them have broken down.

GLOBALIZATION AND CONSUMER CULTURE

Other important enabling conditions facilitating the participation of buyers in the market for human organs include globalization and the spread

of consumer culture. Broadly speaking, processes of globalization over the last 30 years have included the breaking down of the modern welfare state through market liberalization (McKeen and Porter, 2003), the expansion of transportation and communication (Steger 2009), and the all important hunt for ever cheaper production costs. Globalization has been described as the “internationalization of capitalism” (Seidman 2009:19) and there exists a global socio-political class system arranged to maintain unequal positions of power and wealth.

Wallerstein (2009) provides a model for conceptualizing the global economy based on the relation of nation states to one another, coined as World Systems Theory. Essentially, the same profit motives and labour exploitation that prevail in national capitalist modes of production are said to exist on a global scale. The key distinctions being “economically, politically, militarily and culturally dominant” core states, politically and economically weak periphery states that are controlled by core states, and semiperiphery states that are a mix of the two and provide a kind of buffer zone (Seidman 2009:277). The subordination of semiperiphery and periphery states to core states has created global power imbalances that have severe social consequences such as cultural degradation, racialization, and the debasement of Native groups in favour of core state objectives. Core states maintain their position through hegemony, and by extracting surplus value from periphery states, they ensure their econom-

ic and political control. After World War II, the United States became the dominant core nation and more importantly, “capitalism [became the] world-economy” (Seidman 2009:280). Thus, today, we can conceive of a world united by economic and political power under a capitalist mode of production that is maintained by few, very powerful core states.

Since capitalism relies on exchange, whether of goods or of labour, the most important tool that core states have for maintaining dominance is a global emphasis on consumption. Richard Robbins (1999) discusses the historical shift in American consumerism and states that by the end of the 1930’s, “the consumer was well entrenched...complete with... an intellectual rationalization that glorified the continued consumption of commodities as personally fulfilling and economically desirable” (Robbins 1999:22). Consumer culture intensified as corporate and political leaders sought to expand trade internationally so that by the late 20th century, consumerism had spread from the United States around the world.

The globalization of a consumer culture carried with it significant implications for local communities that soon became connected to the larger global community. For example, advances in communication and transportation removed the issue of distance in production and distribution. Manfred Steger (2009) also explains that:

As images and ideas can be more easily and rapidly transmitted from one place to another, they profoundly impact the way people experience their everyday lives [and] culture no longer remains tied to fixed localities...but acquires new meanings that reflect dominant themes emerging in a global context (Steger 2009:40).

Thus, the spread of consumer culture, beginning in the early 20th century in the United States, has had a significant homogenizing effect on world cultures (Steger 2009), this is mostly due to the powerful influence of core states and corporations and their ability to maintain capitalist relations of production and distribution.

Scheper-Hughes (2002) provides an example of how the spread of consumer culture has intensified the organs trade in her discussion of “medical tourism.” Generally speaking, medical tourism involves individuals with adequate resources travelling to foreign countries to procure medical treatments, when the same treatments are not available (i.e. not covered by insurance or cannot be paid for) in their own country. She describes a case where a covert transplant company operates between Turkey, Russia, Moldova, Estonia, Georgia, Romania and the United States. Over the course of five days, rich buyers and poor sellers are brought together for surgery, followed by recovery, and are then flown home. The organ package cost the buyer upwards of US\$200,000 in 2001, with some of the money going towards bribing transportation officials, and renting hospital and hotel rooms. This

example demonstrates that without the economic dominance of some, coupled with the spread of consumer culture that links disparate populations to a single market exchange, medical tourism might not even have been possible.

Perhaps another significant example of the influence of global context and changing local cultural frameworks may be found in a consideration of Canadian participation in the organ trade. In the past, national welfare systems, such as in Canada, tended toward valuing the donation of organs and altruism over commodification (Schweda and Schiktanz 2009; Titmuss 1970). While this is still reflected in the provincial donation systems, liberalization and the spread of consumer culture have enabled desperate people to travel elsewhere for their organs, as in the case of Canadians buying Chinese organs (Scheper-Hughes 2005; Zaltzman 2006). Thus, at least to some degree, previously held values, such as altruism and voluntarism, in organ procurement are breaking down, though further investigation is needed in order to determine the extent of the breakdown. Overall, globalization, as an economic and cultural process can have devastating effects, particularly as the spread of consumer culture is leading to the intensification of the global trade in human organs.

TRUST AND THE CONSUMER LIFESTYLE

Finally, discussing globalization and the spread of consumer culture necessitates a consideration of the

important role of trust in consumer lifestyles and how it relates to, and enables participation in, the market in human organs. Anthony Giddens (1991) discusses the role of trust in what he calls “high modernity” and the consumer lifestyle. He explains that an increasingly mechanized world relies on abstract systems, such as financial systems, and expert systems (Giddens’ emphasis), such that technological knowledge enters into normal, everyday social relations. These systems are useful for participation in a society that relies on time and specialization, and participants rely on these systems to not breakdown (Giddens 1991). For example, Sayed Saghaian and Jonathan Shepherd (2009) discuss the concept of trust in consumer society in relation to food safety events, such as an outbreak of E.coli in a certain company’s cured meat products. These events make consumers more aware of food risks and because consumers expect food safety and trust that this expectation will be met, these events often lead to a shifting of consumer alliances to new companies where their trust has not been broken. Similarly, Niklas Luhmann (1995) states that trust becomes a relevant factor in “situations where one must enter into risks one cannot control in advance” (Luhmann 1995:129). Dawn Burton (2008) goes on to add that “trust is [also] fundamental to human nature; it is the way in which people deal with the unpredictable freedom of others” (Burton 2008:47). Therefore, trust enables us to maintain relationships and operate within a world where risks are part of everyday consumption practices.

If the concept of trust is extended to the organs trade, we see that there are several relevant linkages. First, in the case of an organ buyer, the concept of trust works in the following way: due to the individual’s understanding of commodities, exchanges of sale and typical relationships between free market agents in consumer society, the buyer trusts that the system will deliver what has been paid for that he cannot provide for himself, which in this case is a healthy organ. The reality of course is that organ brokers often distort the truth to reduce the negative realities of the trade, such as telling the buyer an organ was donated willingly from a healthy person (Scheper-Hughes 2002). Also, buyers are told that a significant portion of their payment will be given to the seller. Unfortunately, it is more often the case that what is promised is not paid and whatever temporary economic relief the seller had looked forward to, does not occur (Al Jazeera English 2009; Cohen 2006). Thus, trust can be seen as a necessary condition for participation in the trade in human organs as it is a feature common to all transactions in consumer society. Without trust in the market, such as its ability to provide safe, quality goods, buyers would likely not participate. However, considering that trust is implicit in capitalist societies that rely on expert and abstract systems, efficiency and specialization, potential buyers may not see the possible dangers associated with participating in the trade, which problematizes the trade further.

CONCLUSION

The trade in human organs is a phenomenon that has come into world recognition over the last half decade, and appears to be intensifying. Markets in organs are illegal and, therefore, necessarily underground; however, they are based on the exchange of objects that are arguably unlike other common objects. Understanding this relatively new development of globalization poses significant challenges because of the sensitivities around conceptualizing bodies as non-sacred, the difficulty in revealing social relations among people from disparate cultures and locations, and what is perhaps most troubling, coming to grips with exchanges of life and death.

A considerable amount of research has been done to identify the characteristics of organ supply, however, this article attempted to situate the buyer within the trade, to further understand why and how potential buyers come to participate within it. It is important to consider the fact that buyers are on one side of an unequal exchange. As researchers have pointed out, buyers and sellers in the human organs trade are divided between the North and South and Western and Non-Western Nations, respectively. Indeed, Scheper-Hughes (2000) explains that organs tend to flow through “the modern routes of capital: from South to North, from Third to First World, from poor to rich, from black or brown to white, and from female to male” (Scheper-Hughes 2000:193). Understanding the unique position of buyers within a global society dominated by consumer culture and views of the body

as commodity is necessary in order to characterize organ demand. By focusing on demand, the analysis adds to the increasing body of literature aimed at identifying the nuances of the market and ways to deal with it.

Future research in the area of organ markets could continue to consider the important role of the buyer, such as considering how and why individuals make the decision to participate in the trade, according to their own accounts and experiences. Additionally, understanding why people participate, due to specific barriers to accessing needed treatments, could shed light on areas of concern to governments trying to increase organ supplies locally. Perhaps an initial question remains to be answered: exactly how prevalent is the consideration of buying organs among people currently waiting for organs in Canada? Evidence suggests that Canadians do participate in the trade (Scheper-Hughes 2006b), so another question might be, how might governments be able to reduce the likelihood of people turning to illegal markets? It is through government recognition and policy changes that organ supply might be more safely and efficiently secured. Thus this analysis, therefore, helps to both situate the potential organs buyer, and provides a useful starting point for investigating exactly how buyers come to realize their role within organ markets.

What are the conditions that make participating in the organs market possible, particularly for those who wish to purchase organs? This article

has shown that buyer participation is made possible by three main conditions: (1) objectification of the body; (2) commodification of the body; and (3) globalization, the spread of consumer culture and the necessary role of trust in consumer lifestyles. Each of these conditions plays a significant role in conceptualizing how people, particularly affluent Westerners, are able to participate in the trade in human organs. Given the analysis provided here, these conditions combine to enable potential buyers to fulfil a need, by way of an economic transaction, that they otherwise may never have been able to fill. Overall, these enabling conditions, coupled with what is known about the inequality in wealth and opportunity between buyers and sellers, serve to maintain and intensify a very dangerous exchange.

NOTES

¹ This second movement is most commonly explained in creative detail, that is, it equates to folklore in many places around the world, notably South and Central America where these stories are said to have developed in times of social and political turmoil (Campion-Vincent 2005). Though the media has been blamed for continuing the tradition of "organ theft legend," it seems that there may in fact be some truth to their origins, but the evidence is sporadic and further investigation is required (Scheper-Hughes 2006a).

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