11. Selling Organs
Dignity as a Further Concern

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1. Introduction: Occurrence of the Problem

Over the past few decades, transplantation has become a unique cure and successful treatment for people suffering from an end-stage organ failure. The demand for organs for transplantation is increasing daily, with ever-growing waiting lists of patients in need of an organ to regain their health.[1]

The shortage of organs is a major global health problem. Apart from systems of postmortem organ donation aiming to increase the number of organs donated after death, living donation is an alternative for people who are waiting for a suitable organ to be transplanted. Although it is a promoted social practice, living donation does not solve the problem brought about by the shortage of organs. Many factors influence both living and deceased donation rates, such as the religious stance and cultural reasons as well as a mistrust in the health care system, ignorance about the organ donation system (Irving et al. 2012) and a lack of awareness regarding the importance of donating organs. Due to the insufficient number of donated organs and the high demand for new organs to be transplanted, new solutions to get over this scarcity come to the fore. To increase the number of organs donated, financial incentives are used, such as tax reductions, payments covering funeral expenses made to the donor's family as well as nonfinancial incentives, such as giving priority to patients on waiting lists who have signed a donor card, as is the case in Israel (Statz 2006; Levy 2018). Because of the shortage, people suffering from end-stage organ failure started to look for organs abroad, which led to an international trade in organs involving commercial transactions (Shimazono 2007). The concern over the purchase of organs is expressed by World Health Assembly's 2004 and 2010 resolutions (WHA 57.18 and WHA 63.22). In May 2010, the sixty-third World Health Assembly endorsed the World Health Organizations (WHO)'s Guiding Principles on Human Cell, Tissue and Organ Transplantation that forbade organ selling and urged its member states to take measures to prevent commercial organ transactions. Maximization of postmortem organ donation is

1 Based on OPTN (The Organ Procurement and Transplantation Network) data of April 15, 2019. In the United States of America, for example, as of January 2019, there are more than 113.000 people on the waiting list. In 2018, 36.528 transplants were performed, based on OPTN data as of January 16, 2019.

also promoted as an ethically acceptable alternative for addressing the organ shortage. Many countries banned commercial transactions of organs, however, because of the demand, the illegal trafficking and trade in organs is pushed further underground.

2. Organ Trade is a Fact

The scarcity of organs and the growing ease of Internet communication led to transplant tourism[2] and organ trafficking[3]. Even though comprehensive, precise data about organ trafficking is not available, according to a WHO report, it is estimated that nearly around 10.000 illegal kidney transplantations take place every year (Campbell/Davison 2012). The fact of organ trade has been reported from various countries and regions in the last decades: in Indonesia, for instance, people waiting for a kidney transplant refer to online social media (i.e. Facebook) to look for 'donors' with a price range from 9270US$ to 32.430US$ (Shelton et al. 2018). In a paper by Yosuke Shimazono (2007), it is reported that some websites offer "transplant packages" for people waiting for an organ, which include kidneys, lungs, livers, pancreases or hearts with a range from 70.000US$ to 160.000US$. Such websites are used to attract foreign recipients (i.e. patients) to have their transplantations in China, Pakistan and the Philippines (ibid). These transactions cannot be said to be profitable for the *donors*. For instance, whereas the patients travelling to China, Pakistan or to India pay up to 200.000US$ to purchase a kidney, the *donor* is paid around 5000US$ or even less (Campbell/Davison 2012). It has been reported that the recipients from Australia, Europe, the Middle East and the United States pay up to 40.000US$ to obtain a kidney from a Pakistani, who is paid about 1000US$ to 2000US$ (Garwood 2007: 6). Due to the civil war in Syria, it was reported that refugees, who fled to Lebanon, sold their kidneys to brokers for 7000US$ in order to survive, which were purchased by the customer for 15.000US$ (Putz 2013). Recently, Egypt is a growing center for organ trafficking, in which African refugees are the victims of illegal organ harvesting (Baraaz 2018; Columb 2019).

It is not only the recipients that move globally, but also the live *donors*. For instance, in the mid-1990s, some Israeli patients travelled to Turkey to have their operations when they were matched with *donors* from Moldova, Romania and Russia (Scheper-Hughes 2003; Rohter 2004). In 2014, police broke an organ trafficking ring, in which Vietnamese were brought to China to sell their kidneys (Tram/Tung 2014).

2 "Travel for transplantation [which 'is the movement of persons across jurisdictional borders for transplantation purposes'] becomes transplant tourism, and thus unethical, if it involves trafficking in persons for the purpose of organ removal or trafficking in human organs, or if the resources (organs, professionals and transplant centers) devoted to providing transplants to non-resident patients undermine the country's ability to provide transplant services for its own population." (The Transplantation Society and International Society of Nephrology 2018: 2–3)

3 "Trafficking in persons for the purpose of organ removal is the recruitment, transportation, transfer, harboring, or receipt of persons, by means of the threat or use force or other forms of coercion, of abduction, of fraud, of deception, of the abuse power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of the removal of organs." (The Transplantation Society and International Society of Nephrology 2018: 2)

In the media, it is reported that black market transactions are taking place in some private hospitals, performed by professional surgeons to this day. In a *Guardian* article, David Smith (2010) reports that a South African hospital, Netcare, which is the largest private hospital network in South Africa and the United Kingdom, "took part in an international scam that allegedly saw poor Brazilians and Romanians paid 6000US$ (3840£) for their kidneys to be transplanted to wealthy Israelis". In 2003, it emerged that this hospital network was taking part in organ trafficking:

> Investigators said Brazilians who passed a medical checkup were flown to South Africa, where their kidneys were extracted for transplants into Israeli patients. […] It is believed more than 100 illegal kidney transplants were performed at Netcare's St. Augustine Hospital in the eastern coastal city of Durban in 2001 and 2002. (Bryson 2010)

In a more recent article, it is reported that by bribing doctors and government officials, a broker flew the British patients to India and Nepal to have their illegal kidney transplants in private hospitals (Kelly 2019).

Journalist Haroon Siddique (2011) reported that a Turkish doctor was arrested on suspicion of illegally procuring kidneys and transplanting them to patients in exchange for high financial gains. The EU prosecutor Jonathan Ratel stated that "poor people were lured to Pristina 'with false promise of payments' for their kidneys and patients from Canada, Germany, Poland and Israel paid up to 90.000€ (76.400£) for the black-market kidneys" (ibid).

All these cases show the cruel and devastating phenomena of organ trafficking and transplant tourism, the desperation of both patients and vendors, and demonstrate how black markets work globally. In order to avoid such black markets and the undesirable harm and exploitation that results from illegal organ markets, some have proposed to establish legally regulated organ markets. It is stated that having legal markets is a way to avoid the scarcity of the transplantable organs and to protect the vendors.

3. An Overview of the Moral Arguments in the Debate

As Budiani-Saberi and Delmonico point out, "the commercial transaction is a central aspect of organ trafficking; the organ becomes a commodity and financial considerations become the priority for the involved parties instead of the health and well-being of the donors and recipients" (2008: 926). Buying and selling human organs raises ethically challenging questions and moral concerns. As Alpinar-Sencan et al. (2017) point out, the arguments in the debate offered by the opponents are mostly founded on contingent factors, such as the possible undesirable outcomes, the motives or reasons for participating and the conditions under which the practice takes place. The generally adopted principles of biomedical ethics, namely autonomy, beneficence, non-maleficence, justice, and plausible moral concerns, such as the protection of the vulnerable, mostly guide such claims (Radcliffe-Richards 2013; Biller-Andorno/Alpinar 2014). More specifically, the objections to organ markets address harm, exploitation, coercion and its plausible effects on social values, whereas the proponents argue that none of the objections would necessarily apply in a fairly regulated market.

In this section, an overview of the moral arguments in the debate will be presented by explaining the moral concerns raised by a regulated organ market.

3.1 Harm and Benefit

The harm argument is one of the strongest objections levelled against organ selling. The main concern is that the vendors will be exposed to harm by being subjected to unnecessary risk and pain in exchange for money. How the money would influence the quality of the transplantation is one of the main concerns. Many quantitative and qualitative studies reveal the undesirable consequences of transplant tourism and black markets for the organ vendor, which will be briefly referred to below.

Organ vendors would be likely to suffer from ill health as a result of having an organ (generally a kidney) harvested. It is stated by Scheper-Hughes (2003) that studies considering vendors in India, Iran, the Philippines and Moldova showed that vendors of kidneys suffer from chronic pain and ill health (see also, Naqvi et al. 2007; Zargooshi 2001a; Goyal et al. 2002; Budiani-Saberi/Delmonico 2008; Padilla 2009). Those who were interviewed in Brazil, Turkey, Moldova and Manila stated that they had not seen a doctor or been treated after the operation's first year, even at the hospitals where the operations took place. Some of them were ashamed to appear in public clinics while others feared receiving bad news, since they might not be able to afford the required medication and treatments (Scheper-Hughes 2003).

Here, one can raise a question whether the medical outcomes of commercial transaction would be worse for the 'donor' compared to non-commercial practice. Although the practice, that is, the extraction of an organ, is the same, it is the conditions under which the operation takes place and the quality of the follow-up care that make the difference, leading the commercial donors to suffer from a worse condition after operation compared to noncommercial donors. It should be noted that living (non-commercial) donation is not risk-free either: the quality of the life of the donor could be decreased and the donor might suffer from function losses. According to some studies, this is not necessarily the case (Beavers et al. 2001; Reese et al. 2015). However, some studies showed that among some diverse subpopulations (i.e. underrepresented minority groups) donor groups showed more likelihood of post-donation complexities, such as hypertension and kidney failure (Lentine/Patel 2012; Lentine/Segev 2013). Receiving full medical reimbursement and life-long follow-up care provision is crucial (Morgan and Ibrahim 2011), which also points to the influence of the socio-economic condition of the donor.

Although most concerns are raised about the outcomes of this practice regarding the vendors, some of these studies' focus is on the graft survival rates and patients' (i.e. receivers') health conditions after having their transplantations abroad. Most of these studies show that the outcomes of overseas (commercial) transplants are lower than expected by showing that those patients had a more complex post-transplantation course with higher incidence of acute rejection and infectious complications (Cohen 2009; Alghamdi et al. 2010; Rizvi et al. 2009a; Rizvi et al. 2009b). This outcome is likely because the quality of the organ obtained from the poor vendor is likely to suffer in a market setting. Some others argued that it is not necessarily hazardous for the patient to have a kidney transplant abroad (either commercial or not) *only if* the patients come back with some information about the operation they had and have an early postoper-

ative period, which is an important factor in influencing the graft-survival rates (Geddes et al. 2008).

In addition to the outcomes showing how the vendors' and recipients' health conditions are influenced, the possible undesirable outcomes related to the vendors' socio-economic conditions should also be considered.

In addition to harm based on health conditions, it is also highly doubtful whether the vendors would benefit financially from the transaction, as proponents of market schemes argue. Studies show that there is a decrease or no improvement in the vendors' economic conditions. For instance, according to a study by Naqvi et al. (2007), despite being one of the largest centers of commerce centers for kidney transplantation, kidney vendors in Pakistan had no economic improvement in their lives, contrary to their expectations (see also, Zargooshi 2001a; Goyal et al. 2002; Scheper-Hughes 2003; Budiani-Saberi/Delmonico 2008; Padilla 2009; Cohen 2009; Rizvi et al. 2009b). Furthermore, since the vendors do not get sufficient postoperative care, they could not work effectively and hence suffered from unemployment (Zargooshi 2001a; Scheper-Hughes 2003). This promotes or even strengthens the cycle of debt and poverty the vendors are in and which they want to break through by participating in such transactions in the first place.

The vendors faced psychological problems, such as serious depression, a loss of self-respect, a sense of worthlessness and social isolation (Zargooshi, 2001a; Scheper-Hughes 2003; Budiani-Saberi/Delmonico 2008). Additionally, some of them regretted having been a vendor (Zargooshi 2001a; Zargooshi 2001b; Budiani-Saberi/Delmonico 2008; Padilla 2009). Thus, the harm produced is not limited to vendors' deteriorated health and financial status, but also includes psychological and social harm. "Although many individuals have benefited from the ability to purchase the organs they need, the social harm produced to the donors, their families, and their communities gives sufficient reason for pause." (Scheper-Hughes 2003: 1647)

Contrary to these facts reported, both by the quantitative and qualitative studies, on a theoretical level, some claim that harmful outcomes could only be avoided by a legal, regulated market system (Kishore 2005; Daar 2006; Khamash/Gaston 2008), which means that the sales are performed under good, regulated conditions (Wilkinson 2003: 107–108; Radcliffe-Richards 2013: 48–58). In addition, it is claimed that compared to donation, sale is not more dangerous or risky and the mere fact of payment does not add any danger (Wilkinson 2003: 108). It is also argued that giving permission for organ markets would increase the range of options for financial gain open to oneself, which would be seen as an opportunity for those people to widen their limited options (Radcliffe-Richards et al. 2006).

Another hypothesis that might be considered is that regulation of the market would increase the number of organs available. This assumption might be true regardless of the quality of the organ obtained in an unregulated global market considering many desperate people's willingness to sell one of their kidneys to get out of their situation (Biller-Andorno/Alpinar 2014). However, it is doubtful whether people in a developed country with a good social security system would participate in such transactions if there were a regulated market, as a study held in Switzerland shows (Rid et al. 2009).

Very generally, opponents of organ selling claim that the ban on this practice should be kept in place due to the harmful outcomes for both vendors and recipients involved in the practice of organ selling. However, proponents generally argue that if the condi-

tions are bettered and the practice is performed under good, regulated conditions, the harm could be avoided and the risk kept to a minimum.

3.2 Exploitation and Justice

Another concern is the danger of exploiting poor and vulnerable people, who are more likely to participate in such transactions as a last resort, to end their desperation. Some claim that having a market for human organs would lead to the exploitation of vulnerable and socio-economically disadvantaged people (Budiani-Saberi/Delmonico 2008; Tsai 2010). It should be noted that in this context and in biomedical context in general, vulnerable people stands for being "exposed to potentially harmful circumstances […] and socioeconomically impoverished. Those who are easily susceptible to intimidation, manipulation, coercion, or exploitation are commonly classified among the vulnerable" (Beauchamp/Childress 2009: 89). Exploitation, very generally, means taking unfair advantage of others to benefit from their resources, labor and efforts.

The purchase of human organs is considered exploitative because financial considerations come to the fore in such transactions and it is very likely that mostly poor people would offer their organs for sale.[4] That is why, in the first place, the fifty-seventh World Health Assembly (WHA) in May 2004 urged its member states to "take measures to protect the poorest and vulnerable groups from 'transplant tourism' and the sale of tissues and organs" (WHA 57.18: 50). Some empirical studies also show this is the case: typically, the vendors had either decided to sell their kidneys to pay their debts, to get some money immediately (Goyal et al. 2002; Phadke/Anandh 2002; cf. Naqvi et al. 2007; Cohen 2009; Rizvi et al. 2009b) or to get out of their desperate situation (Zargooshi 2001b; Scheper-Hughes 2003; Budiani-Saberi/Delmonico 2008). In response, some argue that only with unregulated markets would exploitation continue to occur, in which only the poor sell and the rich afford the organ (Daar 2006). This states that organ selling cannot be argued to be inherently exploitative, but can be claimed to be so under certain conditions and this is not necessarily the case when it is performed under good, regulated conditions (Radcliffe-Richards 2013: 70–74; Brennan/Jaworski 2016: 20, 148). However, the practice might be argued to be "intrinsically exploitative", since it takes advantage of the desperate situation of potential victims to get their organs in exchange for money, and therefore treat body parts as if they were "sealable objects" (Andorno 2017: 123).

While it is argued that organ trade causes inequality and injustice by targeting the vulnerable and impoverished (Phadke/Anandh 2002; Delmonico 2009; Rizvi et al. 2009b), it is claimed that with a regulated market exploitation would be avoided (Cherry 2005). Erin and Harris (2003) argue that it is possible to have an ethical market if there is one national, governmental purchaser and where organs are distributed according to medical priority only. However, such assumptions should be examined closely by review of empirical data. Iran, for instance, adopted a legal, regulated model in 1988 and it seems to have eliminated the waiting lists (Ghods/Savaj 2006; Rizvi et al. 2009b). Although studies show that even those from lower socio-economic class can be recipients (Ghods/Savaj 2006), the system might leave out very poor patients suffering

4 This issue can be regarded as a modern capitalist route for organ flow "from South to North, from Third to First World, from poor to rich" (Scheper-Hughes 2000: 193).

from the final stage of kidney failure, who have to wait for deceased donors (Rizvi et al. 2009b). However, Kishore (2005) rightly points out that the problem is scarcity and that if the demand for organs could be satisfied by offering them for sale but still no action is being taken to legalize it, then inequity may occur. This will lead to unfairness between people and the risk of exploitation of the vulnerable will still be there. Considering it is not likely that a materially well off person will offer his kidney for sale (Rid et al. 2009), the poor will generally take part in such transactions. This will lead to exploitation of economically vulnerable people. Hence, whether it is regulated or not, it might be argued that organ sales could benefit the rich only and exploit the poor.

3.3 Autonomy and Coercion

Whether the option to sell an organ enhances one's autonomy or constrains it is an ongoing debate. Autonomy used here in the personal sense, meaning, very basically, being "free from both controlling interference by others and from certain limitations such as an inadequate understanding that prevents meaningful choice" (Beauchamp/Childress 2009: 99). To give an organ freely, as in donation, requires "genuine and well-informed choice […] and excludes vulnerable persons who are incapable of fulfilling the requirements for voluntary and knowledgeable consent" (WHO 2010: Commentary on Guiding Principle 3: 4). This emphasizes the importance of autonomous choice in participating in the practice. However, when money is involved, concerns are raised regarding the voluntariness of participation. To summarize, opponents generally argue that organ selling is coercive because economically vulnerable people are *forced to sell* their organs to get out of their desperate situations or are *more likely* to participate in such transactions, which they would otherwise prefer not to make (Zargooshi 2001b; Scheper-Hughes 2003; Budiani-Saberi/Delmonico 2008). Hence, since selling is based on coercion (Phadke/Anandh 2002, Budiani-Saberi/Delmonico 2008; Rizvi et al. 2009b), the consent for such a transaction is claimed to be involuntary and problematic (Phadke/Anandh 2002; Scheper-Hughes 2003; Tsai 2010).

On the contrary, proponents of a legal organ market emphasize that people are autonomous and rational subjects; therefore, they are responsible for their choices and actions, and should be respected by others in light of their choices (Cherry 2005). Even in a desperate economic situation, it is argued that kidney vendors deliberately choose to act in a certain way; hence they act autonomously (Gill/Sade 2002; Taylor 2005). Some claim that it is wrong to say that some people cannot decide for themselves (Savulescu 2003; Kishore 2005). If there were legal organ markets, Taylor (2005) claims, a typical vendor would not suffer from impaired autonomy.

Although it is not considered to be wrong to claim that financial pressure has an erosive effect on one's consent, it is also argued that forbidding the person to sell one of her kidneys could be more harmful than allowing her to sell it, since that would undermine the person's autonomous consent (Wilkinson/Garrard 1996). However, the ban on organs' sale does not diminish the person's autonomy considering the decision to sell is unlikely to be made autonomously or willingly and freely (Biller-Andorno/Alpinar 2014).

3.4 Social Values

Concerns are also raised about the possible erosive effects of human organ markets on social values. Such values are the ones that all citizens agree upon rationally and reasonably to live in a society together and should be respected and protected by the government (Cohen 2002: 59–60). The worry regarding the selling of organs is about how the practice of donation would be affected by involving money and how it would affect the parties involved in such transactions (WHO 2010: Commentary on Guiding Principle 5: 5). The most common argument given against selling, and promoting live donation is founded on promotion of the socially desirable values. This requires a moral distinction between donating and selling.

At first sight, the difference between the two practices is the payment involved in the case of the latter. How money could change the value of the practice is mostly related to the purity of the motivation. The motivation of the donor is altruism in the first case, whereas in the latter the motivation might not be *pure*[5]. Therefore, some opponents argue that allowing sales would violate socially desirable values such as altruism, interconnectedness and solidarity, which are required to keep society together (Cohen 2002: 61–62). Some other opponents stated that it would lead to a decrease in altruistic acts (Phadke/Anandh 2002; Danovitch/Leichtman 2006; Rothman/Rothman 2006), which would jeopardize the sense of being a community (Titmuss 1997 [1970]), and would have an erosive effect on the norm of giving (Sandel 2012: 123–124). Proponents, on the other hand, argue that allowing sales would not necessarily lead to such a decrease, since it would not exclude the possibility of free donation (Wilkinson 2003: 113) and none of these necessarily occurs (Wilkinson/Garrard 1996; Radcliffe-Richards 2013). However, the possibility of obtaining an organ, such as a kidney, from a stranger in exchange for money is more tempting than burdening a relative instead (Scheper-Hughes 2009: 11).

3.5 Is There a Further Concern?

Although the arguments in favor of and against organ selling are thoughtful and sophisticated, it could be claimed that they are either (a) derived from generally accepted principles or plausible moral concerns, such as autonomy, exploitation or the need to protect the vulnerable, etc. without further inquiry or (b) *in some way* dependent upon the contingent factors. With regard to (a), all the arguments that are presented against the allowance of organ selling are to support an uncomfortable, strong moral feeling or a general opposition against the practice without any good justifications and moral reasoning (Radcliffe-Richards 2013). With regard to (b), it might be argued that *if* these contingent factors were adjusted appropriately, then all these arguments against organ selling *could be* defeated or reformulated (Wilkinson 2003; Cherry 2005). However, it seems plausible to claim that even if the circumstances

5 It should be noted here that any act of donation or giving away an organ might not be argued to be purely altruistic, which is stated by Kishore (2005: 363) as well. There might be some other strong motivations to donate an organ to a relative, such as pursuing "happiness (to avoid loneliness and the thought of living without the dearest one), possible benefits (i.e. socio-psychological benefits) and outcomes (i.e. saving the life of the receiver)" (Alpinar-Sencan 2016: 26 [footnote]).

under which the practice takes place are bettered, still an intuitive notion regarding the wrongness of offering human organs for sale for transplantation purposes is raised. Thus, independently of the contingent factors, some philosophical questions come to the fore requiring qualified moral reasoning: What is wrong with the practice itself? How can we evaluate the moral permissibility of organ selling independently of contingent factors that are adjustable? The arguments, which try to find an answer to these questions, refer to dignity.

4. What's at Stake? Dignity as a Promising Approach

> We do not find an explicit definition of the expression 'dignity of the human person' in international instruments or (as far as I know) in national law.... When it has been invoked in concrete situations, it has been generally assumed that a violation of human dignity can be recognized even if the abstract term cannot be defined. 'I know it when I see it even if I cannot tell you what it is.' (Schachter 1983: 849)

As the quotation above clearly puts it, the term (human) dignity appears quite frequently in European and international legal documents (United Nations 1948; Council of Europe/United Nations 2009) as well as in national laws and constitutions. We also come across this term in academic discussions quite frequently and in popular culture. Although references to (human) dignity are quite frequent, it is not clear what is meant by dignity. The meaning and the content of the term is vague, thus consensus cannot be achieved easily. However, its violations are quite recognizable. Generally, it appears to be an inviolable and inalienable value to be protected, which guarantees the proper respect for the bearers of it.

Such vagueness in the meaning of the term raises suspicions with regard to its content. In the contemporary philosophical literature, there is an ongoing debate to determine whether dignity has any specific content, which would show either that the concept of dignity is valid *or* that it is just rhetoric. In legal documents and laws, as mentioned above, and sometimes even to justify a particular point of view in debates, dignity is referred to as a valuable concept, but it is not clearly defined.

Contradictory viewpoints appear concerning the term's specific content. Very generally, on the one hand, it is argued that dignity can be used interchangeably with the principles of 'respect for autonomy' (Macklin 2003) and 'respect for the person' (Pinker 2008) without any loss in the content. On the other hand, dignity is acknowledged as an absolute, intrinsic, metaphysical property possessed by all human beings regardless of any contingent properties (Nordenfelt 2004; Sulmasy 2009). Such an idea of dignity is systematically developed in the philosophical writings of Immanuel Kant in *The Metaphysics of Morals* (MM) and in his *Groundwork for the Metaphysics of Morals* (G), in which he argued that persons have dignity just by virtue of being human, since they have faculty of reason (MM 6: 434–6: 435; G 4: 434–4: 436). This forms the basis of human rights (Schachter 1983; Gewirth 1992) and morality (Kass 2002). Some authors describe different ideas of dignity in addition to intrinsic dignity, which are not absolute but can be lost and gained. These are, generally speaking, dependent on the results of the subjects' deeds, on the virtues, skills and talents that the persons have, on acting in

accordance with the society's expectations or on the persons' positions or social ranks (Nordenfelt 2004; Schroder 2008; Sulmasy 2009).

These discussions often stay at a very general and theoretical level. The violations of dignity are quite recognizable even though a consensus could not be easily achieved on a unique definition of dignity, as stated in the quotation at the beginning of this subsection. A satisfactory notion of dignity would be able to reveal violations of it concerning certain practices and acts, and thus should be associated with occurrences in social life (Kaufmann et al. 2011: 1–2). Thus, we have to look for instances of its violation (Stoecker 2011: 11). In that sense, the practice of organ selling provides us with an important context for exploring the meaning and plausible function of dignity. This would be helpful to find a more general intuitive idea of dignity and to explore its plausible role in the debate.

Beyleveld and Brownsword (2004, 1998) classified the dignity-based arguments as dignity as empowerment and dignity as a constraint, which emphasizes the link between dignity and autonomy. The first view emphasizes dignity's function as reinforcing the claims of self-determination. This approach supports the argument that dignity is a redundant concept in the debate, since respect for autonomy would be sufficient to authorize organ selling. This states that dignity is a 'useless concept', as argued by Macklin (2003) and Pinker (2008). However, this approach falls short of explaining the concern raised above (Alpinar-Sencan et al. 2017). The latter view, on the other hand, functions as a constraint on one's autonomous choices. This approach supports the idea that there could be limits to one's autonomy regarding certain practices. A promising approach in the debate draws upon a *social* notion of dignity, which offers the most plausible understanding of dignity in the debate by explaining why organ selling is considered to involve violations of dignity (Alpinar-Sencan 2014; Alpinar-Sencan et al. 2017).

There are differing dignity-based arguments in the organ selling debate in particular and to make such a claim requires a systematic discussion (Alpinar-Sencan et al. 2017). After having critically evaluated both the negative and positive features of each approach, a successful understanding of dignity was developed; that is, a social account of dignity (ibid). In the following, very briefly, I will refer to the mentioned account. It should be noted that this account is inspired by Samuel J. Kerstein's (2009) approach, but it differs from it by emphasizing that a stringent and coherent account of dignity should not be limited to perceiving certain classes of people as lacking value whenever they perform an unfavorable act.

Some practices are (intuitively) thought to be or, as Sandel in his 2012 book points out, carry an inherent property of being degrading or humiliating, independent of whether the subject chooses to act autonomously and regardless of the external conditions. Thus, some acts are necessarily degrading and condemned even when practiced under fair, regulated conditions (e.g. as in a legal market). The violation of dignity occurs when people are symbolically perceived and treated in certain ways that are incompatible with their worth, that is their dignity. The allowance of practice of organ selling is argued to pose threats to human dignity by symbolizing the view that some lack worth, which is believed to be possessed by human beings equally from birth. By 'symbolizing', it is meant that the affected persons do not have less worth than others do by participating in such transactions, but they might be perceived to be so. Having an organ market, even though regulated, presents such a case in which a degrad-

ing view of the persons is promoted. It should be noted that we could not measure how strong a tendency or an idea about seeing people in a specific way was induced. However, there are empirical, qualitative studies that seem to indicate there is such a tendency to see others as lacking dignity (i.e. as if they were worthless and inferior to others) whenever they perform unfavorable acts (Zargooshi 2001a).

The main concern regarding organ selling is that the practice "inherently runs the risk of promoting the idea that some persons have less worth than others, or even that their worth is comparable to a price" (Alpinar-Sencan et al. 2017: 190). This also explicates the concern raised by WHO Guiding Principles (2010) regarding payment for cells, tissues and organs. "Such payment conveys the idea that some persons lack dignity, that they are mere objects to be used by others." (Commentary in Guiding Principle 5: 5) Such an approach to dignity significantly explains what is wrong with regard to such practices and raises an awareness of the need for global prohibitions of such practices.

It might be argued that this is a semiotic objection towards markets considered noxious or immoral in general. For instance, some argue that it is necessary to revise the meaning assigned to such markets and pay attention to the benefits and usefulness (i.e. outcomes) of markets wherever a clash occurs between outcomes and such objections (Brennan/Jaworski 2015, 2016). However, if it is considered that organ selling is wrong independently of contingent factors, then it is also wrong in a regulated market. Indeed, it is dignity's constraining function, supporting the widely held belief that the practice is wrong independently of any contingent factors and the probable consequences of a fair, regulated market.

Before concluding, a final question might be raised: do we need to refer to dignity to support the prohibition of organ markets? This hints at a potential redundancy concerning the concept. It might be stated that referring to real life situations as well as arguments concerning exploitation,[6] vulnerability and fairness would provide enough evidence to prohibit the practice or even to raise global awareness. However, they fall short of demonstrating the significance of the 'seeing people as if they had a price' thesis. The scope of the referred approach is broader; that is, it is unlikely to be limited to those who are economically vulnerable. Hence, it presents us different and better reasons to support global prohibition demonstrating the distinct function of dignity.

6 Exploitation argument might be connected to dignity debate; since it can be argued that the concept of dignity is linked to non-instrumentalization of people, as exploitation can be argued to instrumentalize people by reducing their body parts to marketable objects (Andorno 2017). Such an argument is mounted on Kantian grounds. There are many Kant-inspired arguments in this specific debate. As I argued elsewhere, by referring to Kant's distinction between price and dignity (G 4: 434–4: 436) and by adopting Nicole Gerrand's (1999) paper, in which she offers the most plausible reading of Kant's arguments, in a Kantian framework, no compelling argument can be given against organ selling (Alpinar-Sencan 2016). Besides, instrumentalization can also be referred to on the other side of the debate: One might argue that paying for organs avoids instrumentalization of the vendor, since the transaction offers him a fair deal instead. As mentioned earlier, organ transactions can be exploitative, however as the term implies, the exploitative feature of the practice can be limited to those economically vulnerable and this cannot be simply avoided.

5. Conclusion

This chapter presents a brief sketch of the moral arguments in the contemporary debate on organ selling. After briefly explaining the occurrence of the problem and presenting global trafficking of organs under the real-world conditions, basic lines of the moral arguments, which are founded on concerns regarding harm and benefit, exploitation and justice, autonomy and coercion as well as social values are given. Then a further concern regarding the practice is introduced, which presents a dignity-based objection to organ selling. Due to the qualitative and quantitative studies conducted and the consensus on organ selling being exploitative and coercive, some might argue that a reference to dignity is not needed to arrive a policy prohibiting organ selling, but actually dignity has a very functional role in the debate. It presents even better reasons to prohibit the practice and supports the intuitive notion that the practice is believed to be wrong independently of any contingent factors.

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