

# **Unjust organ markets and why it is irrelevant that selling a kidney is the best option**

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## **Abstract**

*An important argument for regulated organ markets is that prohibiting organ sales removes the best option available to individuals in dire circumstances. However, this line of reasoning fails to recognize that selling a kidney on a regulated market is only the best option in a very narrow comparison, where a regulated organ market is compared to banning organ sales. Once we acknowledge this narrowness, selling a kidney is not the best option. This paves the way for a distributive justice based critique of the 'best option' argument for organ markets, which illuminates that organ markets should be compared to a broader set of alternatives. If providing the option of selling a kidney is not the best option, but rather the best option we are willing to provide, and one which means that many people will remain in poverty and unjust circumstances, then this reflects poorly on those societies willing to offer only this option and not a better one.*

## **Introduction**

Across the world, people are dying while waiting for an organ transplant. Organ markets are a prominent and controversial proposal to alleviate the shortage of organs and the associated suffering. Current markets, where people sell their kidneys while alive, have received increased attention from philosophers and ethicists. Many of these find such markets, with varying degrees of regulation, to be ethically permissible or required.[1–17,17–23]<sup>1</sup> One often employed argument for such regulated organ markets is that not allowing people to sell their organs removes the best option available to would-be sellers. This article questions the viability of this *best option* argument. It highlights that introducing an organ market is only one of many options available to help people in poor situations. It also shows that it is only the best when we consider an artificially narrow set of those options. The *best option* argument cannot carry the argumentative role often afforded in the contemporary debate over organ markets.

## **The *best option* argument for regulated markets**

To understand the importance of the *best option argument*, we must briefly consider the context in which it arises. Critiques of organ markets highlight various problems.[24–27] Such that they rely on insufficient consent of sellers,[28–33] harm sellers,[34–36] are exploitative[37–39] or create social or legal pressure to sell.[40,41] In light of such concerns, what will here be termed the *regulated market reply* is very common. This reply suggests that the various problems identified are not inherent features of organ markets. Rather, they are features of unregulated (or insufficiently regulated) markets. For this reason, the reply maintains that the right response to the identified problems is not to ban organ markets but to regulate them.[4–7,9,10,13,14,42,42,42–46] The logic of this reply is quite straightforward. If we are concerned about exploitation, introducing a minimum price may reduce or remove exploitation.[13] If harm is our concern, perhaps the state should

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<sup>1</sup> In this article, I refrain from calling people proponents of organ markets or organ sales because prominent participants in the debate reject this label. I do, however, talk of proponents of particular arguments.

introduce screening processes and post-surgery health checkups.[10,47] If people lack information, we should provide it.[5] If we fear social pressure will be problematic, we must institute regulations to avoid it.[13,42,48]

The *regulated market reply* offers a remarkable and important contribution to the debate over organ markets. In an important sense, this reply broadens the discussion. To illustrate, we might say that proponents of the *regulated market reply* believe that those who are critical of organ markets tend to depict the choice before us in a way that is similar to the following case:

The Man in the Forest I

*You encounter a poor man walking in a forest that is very familiar to you. He asks you for directions, pleading that you will send him somewhere where he will fare better. You have to choose between the following options:*

- a) *Refuse to give advice (i.e., he will stay where he is, in his impoverished state).*
- b) *Send him north. You know that there is a flourishing, unregulated organ market. You have heard many horror stories about that business and are unsure this will improve his situation.*

On that construal of the debate, the alternative to upholding the ban is an unregulated market. However, as proponents of the *regulated market reply* vividly point out, this construal of available options should be more comprehensive. Instead, we should describe the situation as:

The Man in the Forest II, which adds:

- c) *Send him west, where there is a regulated market. Here, a well-driven clinic will pay him a reasonable price for his kidney and provide adequate healthcare afterward.*

On this construal of options, the contemporary debate about organ markets contains various positions about the relative merits of these three routes. Perhaps c) is worse than we think because it is coercive, involves harm, creates social pressure, or is exploitative. Or a regulated market could avoid these bad consequences and allow more people to benefit. Then c) looks attractive indeed.

The *best option argument* is often employed in weighing up the merit of regulated organ markets. It emphasizes that selling a kidney is the best option for would-be sellers. It uses this insight to criticize those who would remove that opportunity by introducing/maintaining a ban on organ markets. Radcliffe-Richards employs such a line of reasoning.[5,6] She writes:

*"Presumably the prospect of selling his kidney was, to say the least, no more attractive to him than it seems to us, but he nevertheless judged this to be his best available option. As we rush to intervene, therefore, saying how dreadful it is that he should be*

*exploited in this way, we are taking away what he regards as his best option and leaving him in a situation he thinks even worse than the loss of a kidney."* [5]

Similarly, she writes, "*The worse we think it is to sell a kidney or an eye, the worse we should think the situation in which we leave these people when we remove that option.*" [5] Other authors make similar statements. Andrews writes that "*to the person who needs money to feed his children or to purchase medical care for her parent, the option of not selling a body part is worse than the option of selling it. Society has not benefited individuals by banning organ sales unless it also provides a means to escape desperate conditions.*"[49] In a similar vein, Cammeron and Hoffenberg note that prohibiting organ sales "*often removes the best or only option the 'donor' might have of earning money.*"[45] In addition to those quoted, several other contributors to the debate highlight the importance of the fact that selling an organ on the regulated market would be the best option available to the person.[4,12,47,50,51]

As the quotes show, *the best option* argument plays an influential argumentative role in the contemporary debate over organ markets. It effectively puts the ball in the court of those criticizing organ markets with the question: Why take away the best option? A particularly significant aspect of this argument is that it seemingly shows that concerns about exploitation, social pressure, and harm should lead us to accept a regulated market. The reason for this is that even if we have various views about the effectiveness of the regulated market to eliminate these (arguably) problematic aspects, not introducing a market would be worse still because it leaves people with even worse options than selling a kidney on a regulated market (including, perhaps, selling it on a black market). This article critically assesses the strength of the *best option argument*.

### **Broadening the debate once more: Why not offer a better option?**

How important is it that the option we are contemplating whether to allow or not (i.e., selling a kidney) would be the best? As the quotes and references above demonstrate, much emphasis is put on this. However, there is good reason to scrutinize the moral weight of this reasoning. In particular, the vividness of how adding c) in the above changes our assessment of the situation should leave us wondering whether another broadening of our perspective is also possible. Consider *Man in the Forest III*, which adds a fourth option:

- *d) Send him south, where a small, tightly-knit community will provide him with education and job opportunities.*

It is superfluous to ask what we should do in this situation. Few would hesitate to opt for d). What does this show? It suggests that while implementing a regulated organ market is one choice available and not doing so is another, more is needed to exhaust the range of alternatives. If that is the case, the importance of which option is the best in *Man in the Forrest II* decreases remarkably.

In many ways, the broadening suggested by d) is similar to that performed by the *regulated market reply*. Just as we cannot assess organ markets by comparing an

unregulated market to upholding the ban, the idea suggested in this article is that we cannot reasonably assess the regulated organ market if we have tailored the comparison to put it forth as the best option. Or at least, if we do so, we cannot emphasize that it is the best option available.

The upshot is that we should not only compare what we do for people suffering with not doing anything. We must also look at what else we could have done for them. The *Man in the Forest III* illustrates that allowing the sale of kidneys might improve people's lives compared to a ban but simultaneously fail to do enough for them, as Zutlevics has also argued.[52]<sup>2</sup>. In the real world, the choice concerns which solutions societies prioritize in the face of extensive human suffering and poverty. This may, as Rivera-Lopez points out, be especially relevant if those who created the poverty later propose to introduce an organ market.[53]

This observation is valuable because it alters the landscape of the debate over organ markets. Even if the *regulated market reply* is a solid reply to contemporary critiques of organ markets about exploitation, harm, and social pressure, the sketched concern remains relevant. Even if the organ market would be the best option available, it can be wrong to offer this option and not a better one. The best way to understand this concern is as one of fairness or distributive justice. Even assuming that regulations solve traditional critiques, we must admit that there is a significant difference between the advantage levels offered to the person in c) and d). Whether we send him down one route or the other matters morally. This implies that we can be judged by what we do. To understand this as a concern of fairness or distributive justice, we need not rely on a specific understanding of distributive justice. Regardless of whether distributive justice is best captured by sufficientarianism,[54–57] prioritarianism,[58–60] or egalitarianism[61–67], people can plausibly be offered too little.

The above argument shows that in the debate over regulated organ markets, pointing out that selling a kidney is the best option available to would-be sellers is less important than proponents of the *regulated market reply* suggest. This is because it is only the best option in a very restricted sense. It is the best option provided. Importantly, this distributive justice concern remains relevant, even if other prominent arguments against organ markets are deemed unconvincing—perhaps because of the regulation.

## **Discussion**

The distributive justice-based argument above suggests significant limits to the argumentative strength of the *best option argument*. These limits arise because selling a kidney on the regulated organ market is only the best option because a better one is not made available. We can illustrate the importance of this observation by revisiting The Man in the Forest I. Recall that, in this case, we faced a dichotomous choice between an

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<sup>2</sup> Specifically, Rivera Lopez argues that it is illegitimate to argue that an organ market is justified by the good effects on society and the sellers if the state makes the starting point of the latter so bad that this is true.

unregulated organ market and a ban on organ sales. For the sake of argument, imagine that someone comes up with an irrefutable argument that the former is better in every relevant aspect than the latter. Thus, when making that comparison under this assumption, it would be true that banning organ sales removes people's best option. Suppose someone in that context argues that we should prefer the unregulated market because not doing so would remove people's best option. In that case, I suspect most would find it unconvincing because it asks us to choose between an artificially narrow set of alternatives, which leaves out others. Alternatives, which, if included, would be preferable.

Structurally, the distributive justice-based intervention conducted in this article has many similarities with that made by proponents of the *regulated market reply*. Both conduct a redescription of the available alternatives, which leads to a different assessment of how attractive they are and makes how we ranked the alternatives before this intervention less important than previously thought. The argument offered in this article shows that what was considered the best option is only so when we consider a too-narrow subset of alternatives.

However, proponents of the *best option argument* could agree that the intervention proposed in this article is structurally similar to the *regulated market reply* but differs in other important aspects. As a counterargument, they might point out that while introducing a regulated organ market is relatively easy (or at least feasible), introducing the social improvements that would constitute a better option than that is extremely difficult (and perhaps impossible).<sup>3</sup> Would such a counterargument reinvigorate the *best option argument* and render the justice-based critique of it unimportant? There are several possible replies to this.

The first is to point out that even if the sketched counterargument is successful, the justice-based critique of the *best option argument* still matters. On important conceptions of justice, justice is axiomatic. It is something we can use as a yardstick to evaluate a distribution. On such understandings of justice, something can be unjust even if there is nothing we can do about it.[68,69] If it is true that offering the opportunity to sell a kidney on a regulated market is to provide too little, from the perspective of justice, then that is important to be aware of. So, if nothing else, the argument set out in this article achieves this and contributes to the broader debate about the relationship between justice and markets.[70–73] But that is not all to be said in favour of the justice-based critique of the *best option argument*.

The second possible reply is to question the empirical premises of the counterargument. Of course, there would be two routes here. One would be to question how easy it is to implement an organ market. For any organ market arrangement, this depends on many factors, [74,75] including how acceptable such a solution is to the broader public

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<sup>3</sup> I am grateful to an anonymous reviewer for raising this objection.

and the ability of governments to implement it. [76–82] But let us leave that to a side. The other route would be to look closer at the claim that we cannot do more.

Logically, how difficult it is to offer a better option than the regulated kidney market depends on how good that option is. Taylor interestingly observes that "the view that allowing a current market in human transplant kidneys would free the poor from the shackles of poverty is a pro-market fantasy." [9] Taylor's verdict is instructive because it comes from someone who thinks organ markets are morally required. [8,9] Based on this, we may safely say that offering people something better than the regulated organ market would not require ending poverty or something similarly untenable in many countries.<sup>4</sup>

Of course, some countries are impoverished and can do very little for their citizens. The best option argument may describe the best option available there. However, many countries, including countries where people are willing to sell their kidneys today, have a broader range of options available. This should be recognized, and this has implications for the *best option argument*.

Despite this, it might be that even such improvements, while not fanciful or outlandish, would still be unfeasible in a different sense. Even if we are not talking about it being technically or economically unfeasible to deliver such better options, it might still be unfeasible for other reasons. Among potential reasons, the most likely and relevant candidate would be a lack of political support. Such lack of political support can arise both in cases where there is no political majority for further improvements – or where no political majority is willing to implement these further improvements because they have (correctly) gathered that the voters would severely punish such initiatives in subsequent elections. Here, admittedly, the organ market would be the best option available, and withholding that option would, for that reason, be problematic. Has this counterargument based on the political feasibility vindicated *the best option argument*? This seems to be the verdict reached by Veatch. [83]

The first thing to note is that it is a different argument. In light of the distributive justice-based critique, it concedes that even though an organ market is not the best we could do, it is the best we are willing to do. Some formulations of the best option argument could be read as having this version in mind. [6,49,50] But they overlook the implications for the argument laid out above. Call this version the *adjusted best option argument*. The move from the best option to the best option we are willing to provide is not an insignificant concession. If the claim is no longer that this is the best we can do but instead that it is the best we are willing to do because of political or social unwillingness to go beyond this, then our evaluation of it should change accordingly. It is no longer a rock-solid argument based on an irrefutable ranking of options. Instead, it relies on sociological facts about society's unwillingness to offer better options - and these can, of course, be questioned (and cannot be assumed). Those tempted to employ the *best option argument* must carefully explain in

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<sup>4</sup> This means there may be options that are better than the regulated market but still not good enough.

what sense it is best and provide the empirical underpinnings supporting that assessment—all of which existing contributions neglect to do.

Furthermore, while those skeptical of organ markets can be (and are) portrayed as demanding the impossible or being committed to wanting people to be even worse off, the above shows that this is not the case for the distributive justice critique. The *adjusted best of argument* communicates our collective indifference towards the poorest. It relies on it for the argument to be true. Politicians proposing organ markets cannot, with a straight face, employ the *best option argument* in favour of a regulated organ market if all that means is that it is the best *they* are willing to do (or dare to do, in fear of negative electoral consequences). When this article stresses this point, it is not 'like ending slum dwelling by bulldozing slums' [6] but rather a call for considering organ markets alongside alternatives. Radcliffe Richards laments it as irrelevant to say 'that no one should be in these desperate situations.' [5] She accuses those who jump from that observation to banning organ markets of 'making rules for the world as we should like it to be rather than as it is'. [5] This article has not offered an argument for banning organ markets. It has, more modestly, questioned arguments offered in favour of such markets. Evaluating whether organ markets do enough and comparing them to other attainable avenues is very much to be in the business of addressing the world as it is. And arguably a way of conducting the discussion, which heeds the call to move beyond a black-and-white debate of banning versus allowing organ sales.

## **Conclusion**

The *best option argument* in favour of regulated organ markets asserts that it is one reason in favour of such markets that selling a kidney would be the best option available to would-be sellers. Conversely, one reason against banning organ markets is that such a policy removes the best option available to people in desperate circumstances. However, this line of reasoning fails to recognize that selling a kidney on a regulated market is only the best option in a very narrow sense. Once organ markets are compared to a broader set of alternatives, they may be criticized for doing too little. To this author, at least, this approach heeds Semrau's important call for comparing the outcome produced by having a market with the best outcome available in the absence of such a market. [21]

To some, pointing this out may not sound like a novel claim. And as mentioned, it has been made by others, particularly Zutlevics. [52] What this article adds is that it shows the similarity between the broadening suggested by such an argument, and that performed by the regulated market reply and discusses possible counter-arguments. This discussion showed that perhaps the opportunity to sell one's kidney is not the best option we could provide, but rather the best option we are willing to provide. However, suppose that particular best option (selling a kidney) means that people will remain in poverty and unjust circumstances. In that case, that reflects poorly on those societies who are only willing to do that. While the argument offered here is not in favour of banning organ markets, it suggests a much-needed broadening of the debate and questions the strength of one widely-used argument in favor of organ markets. If the above is correct, it drastically limits the set of cases where the best option argument can be convincingly offered.



## Bibliography

- 1 Barnett AH, Blair RD, Kaserman DL. Improving organ donation: compensation versus markets. *Inquiry*. 1992;29:372–8.
- 2 Becker GS, Elías JJ. Introducing Incentives in the Market for Live and Cadaveric Organ Donations. *Journal of Economic Perspectives*. 2007;21:3–24.
- 3 Cook PJ, Krawiec KD. If We Allow Football Players and Boxers to Be Paid for Entertaining the Public, Why Don't We Allow Kidney Donors to Be Paid for Saving Lives. *Law & Contemp Probs*. 2018;81:9.
- 4 Dworkin G. Market and Morals: The Case for Organ Sales. In: Dworkin, Gerald, ed. *Morality, harm, and the law*. Boulder: Westview Press 1994.
- 5 Richards JR. Nepharious Goings On Kidney Sales and Moral Arguments. *Journal of Medicine and Philosophy*. 1996;21:375–416.
- 6 Radcliffe-Richards J, Daar AS, Guttman RD, et al. The case for allowing kidney sales. *The Lancet*. 1998;351:1950–2.
- 7 Richards JR. *The ethics of transplants: why careless thought costs lives*. Oxford ; New York: Oxford University Press 2012.
- 8 Taylor JS. Autonomy, Constraining Options, and Organ Sales. *Journal of Applied Philosophy*. 2002;19:273–85.
- 9 Taylor JS. *Stakes and kidneys: why markets in human body parts are morally imperative*. Aldershot, Hants, England ; Burlington, VT: Ashgate Publishing 2005.
- 10 Taylor JS. Avoiding Harms to Kidney Vendors through Legal, Regulated Markets. *The American Journal of Bioethics*. 2014;14:21–2.
- 11 Taylor JS. Moral Repugnance, Moral Distress, and Organ Sales. *Journal of Medicine and Philosophy*. 2015;40:312–27.
- 12 Wilkinson TM. *Ethics and the acquisition of organs*. Oxford ; New York: Oxford University Press 2011.
- 13 Wilkinson S. *Bodies for sale: ethics and exploitation in the human body trade*. London ; New York: Routledge 2003.
- 14 Semrau L, Matas AJ. A regulated system of incentives for living kidney donation: Clearing the way for an informed assessment. *Am J Transplant*. 2022;22:2509–14.
- 15 Sterri AB. Why States Should Buy Kidneys. *Journal of Applied Philosophy*. 2021.
- 16 Sterri AB, Regmi S, Harris J. Ethical Solutions to the Problem of Organ Shortage. *Cambridge Quarterly of Healthcare Ethics*. Published Online First: 2022.
- 17 Semrau L. Kidneys save lives: markets would probably help. *Public Affairs Quarterly*. 2014;28:71–93.

- 18 Semrau L. Misplaced Paternalism and other Mistakes in the Debate over Kidney Sales. *Bioethics*. 2017;31:190–8.
- 19 Rodger D, Venter B. A fair exchange: why living kidney donors in England should be financially compensated. *Medicine, Health Care and Philosophy*. 2023;1–10.
- 20 Omar F, Tufveson G, Welin S. Compensated Living Kidney Donation: A Plea for Pragmatism. *Health Care Analysis*. 2010;18:85–101.
- 21 Semrau L. A Mistake in the Commodification Debate. *J of the Am Philos Assoc*. 2017;3:354–71.
- 22 Sønnderholm J, Thaysen JD. Organ markets, options, and an over-inclusiveness objection: On Rippon’s argument against a live donor organ market. *Journal of Bioethical Inquiry*. Forthcoming.
- 23 Radcliffe-Richards J. Not a Defence of Organ Markets. *Journal of Practical Ethics*. 2019;7.
- 24 Albertsen A. Organ Markets. In: Di Nucci E, Lee J-Y, Eagner I, eds. *The Rowman & Littlefield Handbook of Bioethics*. Rowman & Littlefield 2023:170–84.
- 25 Albertsen A. If the price is right: The ethics and efficiency of market solutions to the organ shortage. *Journal of Bioethical Inquiry*. 2020;17:357–67.
- 26 Venter B. Thinking carefully about organ donation: Janet Radcliffe-Richards’s The Ethics of Transplants: Why Careless Thought Costs Lives. *Leading Works in Health Law and Ethics*. Routledge 2024:211–26.
- 27 Veatch RM, Ross LF. *Transplantation ethics*. Second edition. Washington, D.C.: Georgetown University Press 2015.
- 28 Malmqvist E. Kidney Sales and the Analogy with Dangerous Employment. *Health Care Analysis*. 2015;23:107–21.
- 29 Cohen IG. *Patients with passports: medical tourism, law and ethics*. New York, NY: Oxford University Press 2015.
- 30 Satz D. *Why some things should not be for sale: the moral limits of markets*. New York: Oxford University Press 2010.
- 31 Malmqvist E. Are Bans on Kidney Sales Unjustifiably Paternalistic?: Are Bans on Kidney Sales Unjustifiably Paternalistic? *Bioethics*. 2014;28:110–8.
- 32 Cohen IG. Transplant tourism: the ethics and regulation of international markets for organs. *The Journal of Law, Medicine & Ethics*. 2013;41:269–85.
- 33 Cohen IG. A Fuller Picture of Organ Markets. *The American Journal of Bioethics*. 2014;14:19–21.
- 34 Koplin J. Assessing the Likely Harms to Kidney Vendors in Regulated Organ Markets. *The American Journal of Bioethics*. 2014;14:7–18.
- 35 Adair A, Wigmore SJ. Paid organ donation. *Annals of The Royal College of Surgeons of England*. 2011;93:188–92.

- 36 Danovitch GM, Leichtman AB. Kidney vending: the “Trojan horse” of organ transplantation. *Clinical Journal of the American Society of Nephrology*. 2006;1:1133–5.
- 37 Greasley K. A legal market in organs: the problem of exploitation. *Journal of Medical Ethics*. 2014;40:51–6.
- 38 Koplin J. Beyond Fair Benefits: Reconsidering Exploitation Arguments Against Organ Markets. *Health Care Analysis*. Published Online First: 4 February 2017. doi: 10.1007/s10728-017-0340-z
- 39 Campbell AV. Why a Market in Organs is Inevitably Unethical. *Asian Bioethics Review*. 2016;8:164–76.
- 40 Rippon S. Imposing options on people in poverty: the harm of a live donor organ market. *Journal of Medical Ethics*. 2014;40:145–50.
- 41 Koplin J. Choice, pressure and markets in kidneys. *Journal of Medical Ethics*. 2017;medethics-2017-104192.
- 42 Taylor JS. Black markets, transplant kidneys and interpersonal coercion. *J Med Ethics*. 2006;32:698–701.
- 43 Matas AJ. The case for a regulated system of incentives for living kidney donation. *Annals of The Royal College of Surgeons of England*. 2011;93:188–90.
- 44 Hippen B. In Defense of a Regulated Market in Kidneys from Living Vendors. *Journal of Medicine and Philosophy*. 2005;30:593–626.
- 45 Cameron JS, Hoffenberg R. The ethics of organ transplantation reconsidered: Paid organ donation and the use of executed prisoners as donors. *Kidney International*. 1999;55:724–32.
- 46 Taylor JS. A “Queen of Hearts” trial of organ markets: why Scheper-Hughes’s objections to markets in human organs fail. *Journal of medical ethics*. 2007;33:201–4.
- 47 Semrau L. Reassessing the likely harms to kidney vendors in regulated organ markets. *Journal of Medicine and Philosophy*. 2017;42:634–52.
- 48 Dworkin G. Organ sales and paternalism. *Journal of Medical Ethics*. 2014;40:151–2.
- 49 Andrews LB. My body, my property. *Hastings Center Report*. 1986;16:28–38.
- 50 Ng Y-K. *Markets and Morals*. Cambridge University Press 2019.
- 51 Cherry MJ. Is a market in human organs necessarily exploitative. *Public Affairs Quarterly*. 2000;14:337–60.
- 52 Zutlevics TL. Markets and The Needy: Organ Sales or Aid? *Journal of Applied Philosophy*. 2001;18:297–302.
- 53 Rivera-Lopez E. Organ sales and moral distress. *J Appl Philos*. 2006;23:41–52.
- 54 Axelsen DV, Nielsen L. Sufficiency as Freedom from Duress. 2015;23:406–26.
- 55 Crisp R. Equality, Priority, and Compassion. 2003;113:745–63.

- 56 Huseby R. Sufficiency: Restated and Defended. 2010;18:178–97.
- 57 Shields L. *Just Enough: Sufficiency as a Demand of Justice*. Edinburgh: Edinburgh University Press 2016.
- 58 Holtug N. Prioritarianism. In: Holtug N, Lippert-Rasmussen K, eds. *Egalitarianism new essays on the nature and value of equality*. Oxford: Clarendon 2007.
- 59 Parfit D. Equality and priority. *Ratio*. 1997;10:202–21.
- 60 Arneson RJ. Luck Egalitarianism and Prioritarianism. *Ethics*. 2000;110:339–49.
- 61 Arneson RJ. Equality and equal opportunity for welfare. *Philosophical Studies*. 1989;56:77–93.
- 62 Cohen GA. On the currency of egalitarian justice. *Ethics*. 1989;99:906–44.
- 63 Lippert-Rasmussen K. *Luck egalitarianism*. London: Bloomsbury 2016.
- 64 Voorhoeve A. *Equal Opportunity, Equality and Responsibility*. 2005.
- 65 Knight C. *Luck egalitarianism: Equality, responsibility, and justice*. Edinburgh: Edinburgh University Press 2009.
- 66 Albertsen A, Midtgaard SF. Unjust Equalities. *Ethical Theory and Moral Practice*. 2014;17:335–46.
- 67 Thaysen JD, Albertsen A. When bad things happen to good people: Luck egalitarianism and costly rescues. *Politics, Philosophy & Economics*. 2017;16:93–112.
- 68 Segall S. *Why inequality matters: luck egalitarianism, its meaning and value*. Cambridge, United Kingdom: Cambridge University Press 2016.
- 69 Cohen GA. *Rescuing justice and equality*. Cambridge Mass.: Harvard University Press 2008.
- 70 Albertsen A. Markets, Distributive Justice and Community: The Egalitarian Ethos of G. A. Cohen. *Political Research Quarterly*. 2019;72:376–98.
- 71 Radin MJ. Justice and the market domain. *NOMOS: Am Soc’y Pol Legal Phil*. 1989;31:165.
- 72 Albertsen A. Democratic ethical consumption and social Justice. *Public Health Ethics*. 2022;15:130–7.
- 73 Phillips A. Egalitarians and the market: Dangerous ideals. *Social theory and practice*. 2008;34:439–62.
- 74 Panitch V, Horne LC, Department of Philosophy, Florida State University. Commodification, Inequality, and Kidney Markets: *Social Theory and Practice*. 2018;44:121–43.
- 75 Albertsen A. Efficiency and the futures market in organs. *Monash Bioethics Review*. 2023;41:66–81.
- 76 Hoeyer K, Schicktanz S, Deleuran I. Public attitudes to financial incentive models for organs: a literature review suggests that it is time to shift the focus from ‘financial incentives’ to ‘reciprocity.’ *Transplant International*. 2013;26:350–7.
- 77 Schweda M, Schicktanz S. Why public moralities matter—The relevance of socioempirical premises for the ethical debate on organ markets. *Journal of Medicine and philosophy*. 2014;39:217–22.

- 78 Schweda M, Schicktanz S. The “spare parts person”? Conceptions of the human body and their implications for public attitudes towards organ donation and organ sale. *Philos Ethics Humanit Med.* 2009;4:4.
- 79 Nordfalk F, Olejaz M, Jensen AMB, *et al.* From motivation to acceptability: a survey of public attitudes towards organ donation in Denmark. *Transplant Res.* 2016;5:5.
- 80 Inthorn J, Wöhlke S, Schmidt F, *et al.* Impact of gender and professional education on attitudes towards financial incentives for organ donation: results of a survey among 755 students of medicine and economics in Germany. *BMC Medical Ethics.* 2014;15:1–8.
- 81 Pronk MC, Slaats D, Zuidema WC, *et al.* “What if this is my chance to save my life?” A semistructured interview study on the motives and experiences of end-stage renal disease patients who engaged in public solicitation of a living kidney donor. *Transplant International.* 2018;31:318–31.
- 82 Elías JJ, Lacetera N, Macis M. Paying for kidneys? A randomized survey and choice experiment. *American Economic Review.* 2019;109:2855–88.
- 83 Veatch RM. Why liberals should accept financial incentives for organ procurement. *Kennedy Institute of Ethics Journal.* 2003;13:19–36.