Does Remuneration for Plasma Compromise Autonomy?

Lucie White

Accepted Manuscript Version. Published (2015) in *HEC Forum*, 27(4): 387-400.

The final publication is available at Springer via

https://doi.org/10.1007/s10730-014-9261-5

Abstract In accordance with a recent statement released by the World Health Organization, the Canadian province of Ontario is moving to ban payment for plasma donation. This is partially based on contentions that remuneration for blood and blood products undermines autonomy and personal dignity. This paper is dedicated to evaluating this claim. I suggest that traditional autonomy-based arguments against commodification of human body parts and substances are less compelling in the context of plasma donation in Canada, but that there is another autonomy-based objection to paid plasma donation that has not received sufficient attention. Namely, the stigma that surrounds exchanging plasma for payment makes it difficult to make an autonomous decision to engage in this activity. I suggest that this problem can be overcome in one of two ways; by banning payment for plasma, or by reducing the stigma surrounding this practice. I provide an indication of how we might work to achieve the latter, contending that this possibility should be taken seriously, due to the difficulties in achieving a sufficient supply of plasma without remuneration.

Keywords Remunerated Plasma Donation; Compensated donation; Blood Donation; Commodification; Canada; Autonomy

In 2012, the World Health Organization (WHO) published their *Expert Consensus Statement on achieving self-sufficiency in safe blood and blood products, based on voluntary non-remunerated blood donation*. This document strongly advocates moving towards donor-based systems for blood and blood products, including plasma and cellular blood components. In accordance with these recommendations, the Canadian Province of Ontario is currently attempting to prohibit payment for plasma donations (Canada does not provide any monetary compensation for whole blood donations) (Canadian Blood Services 2014). Most discussion of the benefits of voluntary, non-remunerated blood and plasma donation, including the discussion in the WHO's Expert Consensus Statement, focuses on the safety of the blood supply. However, this statement also suggests that remuneration for blood products compromises autonomy and personal dignity. Given the centrality of these values to

medicine (Taylor 2009; Faden and Beauchamp 1986; Gillon 2003), and the relative lack of exploration of this argument in the context of paid plasma donation, this is an important claim that requires further scrutiny. This paper will thus be dedicated to evaluating whether providing remuneration for plasma poses a problem for personal dignity and autonomy. As there has been little philosophical reflection specifically on plasma donation,[1] as opposed to whole blood or organ donation, for example (Shearmur 2010), I will explore whether there is something specific about plasma donation which might pose a problem in this context. I contend that the common arguments against the commodification of body parts and bodily substances pose less of a problem in this context than elsewhere, but that the stigmatized nature of paid plasma donation might compromise people's ability to make an autonomous decision in this domain. I will suggest that this can be overcome in one of two ways; by banning payment for plasma donation, or by working to reduce the stigma surrounding this practice. I will then provide some indication of how we might work to achieve the latter, contending that this possibility should be taken seriously, due to the difficulties in achieving a sufficient supply of plasma without remuneration.

Although Canada does not currently allow payment for plasma when it is to be used for transfusions, much collected plasma is used in the production of drugs which are used to treat a variety of medical disorders including bleeding disorders like hemophilia, immune disorders, and fluid loss. It is for these uses that Canada sources plasma from paid donors, from both Canada and the United States. Even when supplemented by paid plasma donations, the Canadian System does not collect enough plasma to meet its needs internally. About 70 percent of the immune globulins (a plasma-derived pharmaceutical product used to treat immune disorders and severe infections) used in Canada come from the United States, and the majority of the plasma that is used to produce them comes from paid donors. To collect a sufficient amount of plasma to meet the country's need for immune globulins, voluntary plasma donation would need to increase by 300 % (Health Canada 2013). In addition to meeting demands for plasma used in the manufacture of pharmaceuticals, there are other reasons to offer payment for plasma. Plasma donation involves extracting whole blood from the donor, separating the plasma from the red blood cells, and returning the red blood cells to the donor. Because a plasma donor does not lose red blood cells, he is able to donate much more frequently; the body can replace plasma in about 24 h, while it takes 6–8 weeks to replace the red blood cells lost in a whole blood donation (Espeland 1984). Until the 1980s, the plasma donation process took significantly longer than whole blood donation (Shearmur 2010), today, it still takes slightly longer (American Red Cross 2014). Using fewer

[1] With the notable exception of the phenomenological work by Espeland (1984).

donors ensures a safer blood supply, so having donors return as frequently as possible is advantageous (Shearmur 2010). The cost to frequent plasma donors is significantly higher than with whole blood donation, thus, it may be difficult to encourage donors to provide plasma at a high frequency without monetary incentive.

Despite this, international guidelines condemn paid donation systems, including guidelines from the WHO, the European Union and the Council of Europe (Buyx 2009). The WHO's Expert Consensus Statement advocates a fully altruistic blood donation system on several grounds. Several comments in this statement pertain to the questions of autonomy and personal dignity in blood and plasma donation. They postulate that "[b]lood, plasma and cellular blood components, and other therapeutic substances derived from the human body, should not be considered as mere 'commodities'." They are also concerned about avoiding "exploitation of blood donors". They suggest that paid systems place "an onus on under-privileged populations in need of money" (2012, p. 339). They recommend prohibiting cash payment for blood and plasma donation in order to bring their guidelines into line with "the donation of other substances of human origin such as organs, tissues and cells" (2012, p. 340). They cite the Oviedo Convention on Human Rights and Biomedicine's guidelines prohibiting "any financial gain from the human body and its parts" (2012, p. 339). This document is driven by a desire to "protect the dignity and identity of all human beings" by showing "respect for their integrity and other rights and fundamental freedoms with regard to the application of biology and medicine," and is committed to the principle of the primacy of the human being, expressed through the statement that the "interests and welfare of the human being shall prevail over the sole interest of society or science" (Council of Europe 1997).

There are two main arguments related to autonomy and human dignity that can be extrapolated from this material, which also frequently appear in philosophical commentary about the ethics of the commodification of human body parts. The first is the Kantian argument that payment for plasma (or any body part or bodily substance) amounts to the instrumental use of a person. When people are used in this way, a Kantian argument maintains, they are treated not as an end in themselves, but as a means to the ends of others. Where a person is not treated as an end in herself, her dignity as a human being is undermined (Buyx 2009). A similar deontological argument contends that the human body, and its constituent parts, have intrinsic worth. By putting a price on such goods, their intrinsic worth is undermined, leading to devaluation, degradation and dehumanisation (Buyx 2009). These types of arguments are seemingly invoked in comments about

protecting the dignity and integrity of all human beings, in not considering any human body part as a "mere commodity", and in prohibiting any financial gain from humans or their body parts.

However, as James Taylor points out, these types of Kantian arguments have trouble distinguishing between commodification and non-remunerated donation of human body parts (2005b). The crux of the argument for Kant concerns the inalienability of the human body; making use of part of it for any purpose, whether remunerated or not, constitutes using oneself as a means to an ends, and thus violates human dignity. Prohibiting remuneration for bodily substances like blood and plasma, therefore, does nothing to address Kantian arguments about human dignity. If we see non-remunerated blood donation as morally acceptable or commendable, we cannot use Kant's arguments to condemn payment for such bodily products.

With respect to the second deontological argument, Alena Buyx argues that payment for a bodily component does not necessarily have to lead to the devaluation or dehumanisation of the person involved, as long as the payment can be accompanied by sufficient respect for the person in question. She suggests this situation is analogous to people taking on paid jobs which put their bodies at risk of harm, or endanger their lives. We would surely, she posits, not consider this as involving putting a price on one's body or life, therefore leading to degradation or deprivation of value and dignity as a person (2009). I contend that this can also be seen as analogous to the ethical situation in medical research; a domain in which people's bodies are made use of for the benefit of others, but where some sort of benefit, including financial remuneration, for the research participants is condoned or even encouraged (as long as it does not constitute an undue inducement; a concept that I will return to below). In research ethics, the inevitability of using people as a means to the ends of others is mitigated by requiring that they give their autonomous consent to research procedures. In this way, research participants are able to take on the ends of the experiment as their own, and are thus no longer treated purely as a means. If this is a viable way of reconciling use of one's body for payment with respect for human integrity and dignity, the question that we must ask in this context is whether people can autonomously consent to exchange their plasma for payment.

This question leads us to the second set of concerns pertaining to autonomy and personal dignity that are raised by the WHO and the Council of Europe. These guidelines referred to above indicate a commitment to prioritising the interests of the individual. They wish to protect the individual's "fundamental freedoms". However, the WHO's Expert Consensus Statement expresses concerns

that offering payment for blood and plasma involves the exploitation of donors, and places undue pressure on those most in need of money. This second type of autonomy-based argument against commodification of the human body is based upon the idea that in order to give autonomous consent to something, an agent must not be subject to coercion or pressure. Some argue that providing a financial incentive for people to donate blood or plasma amounts to coercion or undue pressure, particularly for people in lower socio-economic groups, who may be in need of the money (Follea et al. 2014). This kind of incentive, according to this argument, amounts to an undue inducement or an irresistible offer; an option that may be difficult or impossible for some to refuse. Presenting this option to someone who will be compelled to take it can in fact constrain the viable choices available to him (Hughes 1998). Many accounts of autonomy in bioethics hold that these kinds of external influences inhibit autonomous decision-making (Faden and Beauchamp 1986; Taylor 2009). It may seem, then, that offering payment for plasma compromises autonomy.

This type of argument is commonly advanced against commodification of human kidneys, especially in developing countries (Taylor 2005b). However, there are two aspects that make this argument less compelling in the context of selling plasma in Canada. Firstly, the monetary inducement is far lower, and secondly, the level of desperate need that may force someone to feel as if selling plasma is their only option is much rarer in a developed country like Canada. Offering the option of selling blood for cash could well be thought to be an irresistible, coercive, autonomy-limiting inducement when it is offered to someone in desperate financial need, and with no other options to gain this income. In a situation where the basic needs of the population are met in the vast majority of cases, where there are other opportunities to procure the income that could be gained through payment for plasma, and where the financial incentive is quite small, it is less clear that this option will prove irresistible, and thus coercive. Introducing a financial incentive is likely to influence motivation, and might count as a reason to prefer this option over alternatives; it does not necessarily make an offer irresistible. Though financial incentives will be more attractive to people in lower socio-economic groups, whether or not the option is constraining will depend on their other available choices.[2] People of fewer financial means will typically find offers of payment for unappealing work, participation in research, etc. more attractive, but these offers are not typically regarded as coercive, rather, this is just a feature of accepting any income inequality in society (Buyx 2009). Though this argument poses a more serious challenge in contexts where the level of destitution, desperation, and the monetary incentive is much higher, for example, a market

[2] It may, of course, present problems for distributive justice, but I focus here only on autonomy-based concerns.

for kidneys in India, it is problematic to assume that offering payment for body parts or substances will necessarily amount to coercion.

There is, however, another possible autonomy-related objection to the practice of remunerating donors for plasma that has not received a large amount of attention, unlike the arguments documented above. This can be revealed by looking specifically at the circumstances surrounding the sale of plasma in developed countries, a topic that has received little academic scrutiny (Shearmur 2010; Espeland 1984). In order to understand how this aspect of payment for plasma might compromise autonomy, however, we must first understand the core notion behind the concept of autonomy. Most modern philosophical analyses of autonomy agree that a decision counts as autonomous if the agent is able to reflectively endorse (or at least not repudiate) this decision (Taylor 2005a; Dworkin 1988). Endorsement (or nonrepudiation) of a decision is often seen as requiring that the decision coheres with other important elements of our psychology or self, such as our deeply held, enduring values (Waddell Ekstrom 2005). Influential philosopher Harry Frankfurt sees endorsement of a desire as consisting of a decisive commitment designed "to overcome or to supersede a condition of inner division and to make [the agent] into an integrated whole" (1988, p. 174). Frankfurt refers to this requirement of "coherence and unity of purpose over time" (1988, p. 175) as "wholeheartedness". The ability to reflectively endorse a decision (with reference to the deeply held values and other elements that constitute or reflect the self) is seen as a distinctive and important feature of persons, by which they are able to "define their nature [and] give meaning and coherence to their lives" (Dworkin 1988, p. 20).[3]

Autonomous actions are seen as constituting an expression or reflection of the "self" in a way that actions that are simply free do not. Therefore, respecting autonomous actions provides us with a means of respecting the person. It is for this reason that requiring that the decision to donate plasma for payment (or engage with any other commodification of the body) be autonomous may provide us with the means to allow this practice, while still showing appropriate respect for persons. There is an aspect of the decision to sell plasma which might make it difficult for it to qualify as autonomous, in the sense outlined above. Paid plasma donors are subject to moral stigma, and, in engaging in this activity, risk being branded with the negative stereotypes commonly associated with people that sell plasma (Kretzmann 1992; Espeland 1984). I will first explore the reasons for this stigmatization, and document the ways in which people who sell plasma typically

[3] See also Frankfurt (1971).

respond to it, before arguing that this aspect of the decision to sell plasma is likely to compromise the ability to make an autonomous decision with regard to it.

Wendy Espeland suggests that selling plasma, and people who sell plasma, are subject to stigma because the decision to sell blood plasma is "not based upon socially acceptable motives" (1984, p. 134).[4] She contends that the meaning of certain activities change when our motivations are not societally sanctioned. We accept and celebrate sex when it is motivated by love, for example, but prostitution, where the decision to engage in sex is motivated by financial gain, is regarded as morally suspect. Similarly, while we praise blood donation for altruistic motives, when the decision to engage in this activity is "based on a desire for immediate cash" (1984, p. 134), it is seen as involving the opportunistic use of one's body, and is thus regarded as morally questionable. Furthermore, selling blood, Espeland suggests, "is symbolically equivalent to selling life, and this violates the fundamental principle that life is priceless—beyond monetary value" (1984, p. 134). Those who sell plasma, in putting a price on a "priceless" part of their body, are stigmatized as desperate, and with this stigmatization comes a devaluation of the worth of the person (Buyx 2009).

The stigmatization of paid plasma donors has been documented in studies by both Espeland and Martin Kretzmann. Espeland reports that though most plasma donors cannot articulate exactly why selling their blood plasma is considered shameful, they are aware of the potential of becoming stigmatized by engaging in this activity (1984). Kretzmann observed systematic mistrust and "social-moral devaluation" (1992, p. 417) of paid plasma donors by staff working at collection centers. Paid donors, he contended, were automatically assumed to be concealing information which would reveal that their plasma was unsuitable for collection, and there was a notable absence of deference and courtesy in the treatment of paid donors by staff. This, he argued, distinguished this transaction from typical "exchange, medical or gift relationships" (1992, p. 432).

Espeland and Kretzmann also document a distinctive response from donors to this stigma. Espeland notes that donors tend to "construct elaborate fronts" (1984, p. 137) as a means of coping with the social stigma associated with paid plasma donation. This becomes more common with donors that are still regarded as "respectable members of society" (1984, p. 152) and that are more likely to interact with people who stigmatize this activity. Though most donors eventually

[4] Those who sell their sperm are stigmatized, and respond to this stigma, in similar ways; see Cook (2002) and Almeling (2011).

admit to having economic motivations for selling their plasma, it is common for donors, especially relatively new donors, to emphasize charitable and altruistic motivations for paid plasma donation, insisting that they "don't really need the money" (Espeland 1984, p. 150; Kretzmann 1992, p. 430). When paid donors admit to needing the money, they often maintain that they have a special reason for it, or that their need is due to temporary circumstances. Some paid donors hide the fact that they donate plasma from their friends and family, and some attempt to convince their peers that selling plasma is an acceptable, normal and beneficial decision (Espeland 1984).

Some elements of the typical behaviour that paid donors display in response to the stigmatized nature of this activity suggest that this action often fails to be autonomous, as defined above. The tendency of paid donors to construct fronts concerning their reasons for donating, in particular, suggests that paid donors often struggle to make a "wholehearted", and thus autonomous, decision concerning paid plasma donation, and that this results from the stigmatization of paid plasma donation. Paid plasma donors tend to go to some lengths to distance themselves from the societally accepted framing of paid plasma donation as self-interested, and for desperate people who need the money. Attempts to deny their real motivations for donating suggests that donors may struggle to reconcile their economic motivations, and the attached societal image associated with those who donate plasma for payment, with a positive self-conception.[5] Kretzmann refers to this type of behaviour as "identity work", which he regards as the "efforts of paid plasma donors to avow positive self-identities in the face of the stigmatized identity imputed to them in the plasma donation center" (1992, p. 429). David Snow and Leon Anderson endorse this possibility in their sociological work on the ways in which homeless people construct and maintain positive social identities in the face of societal stigma, emphasizing the "importance of structurally based roles as a source of identity" (1987, p. 1366). Espeland similarly maintains that paid plasma donors are vulnerable to the negative stereotypes associated with paid plasma donation, and suggests that plasma centers "reveal the dependence of the self on the situation" (1984, p. 154) due to paid plasma donors' tendencies to attempt to protect their self-conceptions.

The idea that socially imparted identities can influence an agent's self-conception also has roots in philosophical work on autonomy. It may seem strange, on the surface, to suggest that the views of society can affect a person's ability to act autonomously, due to the fact that this seems to be at odds with the idea of autonomy as self-direction. However, as Gerald Dworkin points out, "all

[5] Donors' endeavours to convince others that paid plasma donation is an acceptable, normal and worthwhile activity similarly suggest an attempt to reconcile society's idea of paid plasma donors with their own positive self-conception.

individuals have a history. They develop socially and psychologically in a given environment with a set of biological endowments. They mature slowly and are, therefore, heavily influenced by parents, peers and culture" (1988, p. 12). Any realistic account of autonomy will recognize, and be compatible with the fact that individuals are influenced by societal perceptions of certain activities. The key to autonomy, as suggested above, is not to act as if one were in a vacuum, but to act in a way that is reflective of an integrated self, though this self will be influenced by both biological and cultural factors. If the society and culture in which a person was raised overwhelmingly accepts the idea that selling plasma for economic motivations can only be framed as self-interested and desperate,[6] and also accepts the idea that a good person should aim not to be self-interested and desperate, it seems likely that this person will have trouble reconciling this activity with their conception of what it is to be a good person.

This is not to say that this will necessarily compromise autonomy—it is certainly possible for a person to reject the societal meaning associated with paid plasma donation, or even to reject the societal idea of what being a good person involves, or the idea that one should aim to be a good person. Any of these options are compatible with acting in an autonomous manner, and could allow the agent to engage in the decision to accept payment for plasma without inner division. However, if we take these ideas about the meaning of plasma donation and the desirability and meaning of being a good person to be embedded in our culture, and accept Dworkin's point that people will be heavily influenced by culture, it seems likely that many people will absorb both of these ideas as part of the self, and thus, that it will be difficult to engage in paid plasma donation in a wholehearted manner. In maintaining that they are not participating in paid plasma donation because they need the money, but because they believe that it is a nice, charitable thing to do, plasma donors frame the activity of paid plasma donation, and present their motivation for donating, in a way which is more able to cohere with a conception of themselves as fundamentally decent. Accepting that they're in it for the cash makes it difficult to avoid the stigmatized identity that is attached to the practice, thus making it difficult for the decision to be reconciled with self-conception or value of being good, generous or charitable. If a person does conceive of herself in this way, or values these things, it will be difficult for her to integrate her decision to accept payment for plasma into a coherent self-conception. That is, it will be difficult for her to make a wholehearted and thus autonomous choice to engage in this activity. The frequency at which Espeland and Kretzmann report paid plasma donors struggling against the social identity imputed

[6] With little recourse to looking for other societal ways of framing the decision as positive; both Espeland and Kretzmann note the stigma concerning paid plasma donation is very pervasive, and attempts to frame the activity in an alternative, more positive, manner are undermined by donor centers, staff and other donors.

to paid plasma donors suggests this is a common problem. Kretzmann argues that ultimately, the attempts to frame paid plasma donation as an altruistic activity (and thus avow a positive self-identity) are generally unsuccessful, because these attempts are undermined by other donors and by the plasma donation centre (1992).

This presents a problem for autonomy concerning paid plasma donation which is more difficult to counteract than traditional arguments about the coercive nature of transactions involving the commodification of human body parts. Traditional arguments, as we have seen above, focus on the idea of undue inducement; making an offer which is too attractive to refuse, and which thus amounts to coercion. It is possible, at least in theory, to mitigate these types of concerns through regulation. By reducing the monetary inducement, and by avoiding targeting the most desperate, it would be possible to reduce the possibility that those engaging in these transactions are coerced into doing so, while still retaining some sort of monetary compensation. The autonomy-compromising response to the stigma of paid plasma donation, however, seems to be a consequence of allowing payment for plasma at all. This is because, as we have seen, the stigma associated with paid plasma donation comes from the fact that payment is offered. Once any sort of economic motive is introduced for plasma, the donor is cast as desperate, as self-interested, and as devaluing and degrading themselves by putting a price on a priceless part of their body (Buyx 2009; Kretzmann 1992). The stigma surrounding paid plasma donation remains, it seems, "irrespective of the setting and how the payment is framed" (Buyx 2009, p. 331).

If we care about autonomy, then, it may seem as if our only option is to ban payment for plasma. However, I contend that there is in fact another option; that it may be possible to "reframe" the practice of paid plasma donation to decrease the stigma surrounding it, and therefore increase the possibility that donors can make a wholehearted, integrated, and thus autonomous decision to donate plasma. Though this will be a difficult enterprise, this possibility should be taken seriously, if we wish to uphold the WHO's primary commitment; achieving a self-sufficient, sustainable blood supply (World Health Organization Expert Group 2012). As I have mentioned above, Canada does not currently collect enough plasma to meet its own needs. As well as collecting plasma from paid donors internally, it relies on plasma sourced from paid donors in the United States for a substantial amount of its plasma requirements. In addition, the amount of plasma that Canada requires is growing rapidly (Health Canada 2013). Canada will have to significantly increase the amount of plasma it collects from its own citizens to achieve self-sufficiency in plasma supply. However, it seems unlikely that Canada will move closer to this goal by banning payment for

plasma. In fact, payment is one of the most effective means of increasing donation rates (Buyx 2009).

Various studies suggest that most paid plasma donors are motivated to donate by the compensation (Trimmel et al. 2005), and that cutting off remuneration in paid systems would be likely to result in a significant decrease in paid donors' willingness to continue donating. This would be particularly likely to drive away long term donors, a reliable source for a safe blood and plasma supply (Zeiler and Kretschmer 1995). Furthermore, monetary incentives appear to be an effective means of attracting new donors, and could thus provide a good means of recruiting and maintaining a broad range of donors (Tscheulin and Lindenmeyer 2005). Given this, far from increasing the ability to achieve a self-sufficient and sustainable blood supply, prohibiting payment for plasma seems likely to exacerbate Canada's shortages. Though this doesn't necessarily mean that there are no telling arguments against maintaining a paid plasma system in Canada, a commitment to a self-sufficient blood supply should lead us to carefully consider whether any ethical problems resulting from remuneration can be avoided without removing monetary incentives entirely.

How, then, might we approach reframing paid plasma donation to reduce the stigma surrounding it? First, we should look at how paid plasma donation is currently framed. A vast amount of discussion surrounding blood donation reveals a sharp perceived contrast between "altruistic" non-remunerated blood donation, and "self-interested" remunerated blood and plasma donation (Buyx 2009). While unpaid donors are regarded as commendable and heroic, are treated in a remarkably pleasant fashion, and are trusted and deferred to, paid donors, as we have seen throughout this piece, are treated with suspicion, a lack of deference and respect, are treated as though their blood is unsafe, and are regarded as desperate (Shearmur 2010; Buyx 2009; Kretzmann 1992). Unpaid and paid donation are regarded as two diametrically opposed kinds of activities. This dichotomy was established in Richard Titmuss' extremely influential study comparing paid and unpaid blood systems, The Gift Relationship (1970), and has formed the framework for discussion ever since.

In order to mitigate the stigma surrounding payment for plasma donation, plasma collection companies typically attempt to minimize the profit motive behind paid plasma donation, instead attempting to adopt the altruistic rhetoric utilized in the solicitation of unpaid donors (Espeland 1984). Kretzmann observed that staff took pains to minimize any appearance of economic

exchange. He reports that "the exchange relationship was downplayed by the staff and almost surreptitious. The staff never discussed money, and at the conclusion of a plasmapheresis session, the money was wordlessly placed on the counter in the way that a prostitute might be paid after sex" (1992, p. 431). Even the euphemistic use of the word "donor" in discussion of paid plasma donations[7] reveals the prevalence of altruistic rhetoric in discussion of this topic (Kretzmann 1992).

However, Kretzmann maintains that despite strict adherence to what he refers to as the "legitimizing rhetoric of the gift relationship", the stigma associated with paid plasma donation was not reduced, and the experience of "donating" plasma for payment was not rendered "subjectively meaningful" for paid donors (1992, p. 419). He suggests that because the "gift relationship is fatally undermined by economic motives" (1992, p.430), paid donors are unable to identify as an altruistic donor, nor are others able to identify them as such. Espeland concurs with this contention in her study; the reason, she suggests, that experienced donors tend to abandon the front that they don't need the money and are donating for charitable reasons, is because they start to realize that nobody believes them. Inexperienced donors, conversely, tend to initially pick up this altruistic rhetoric from advertising for paid plasma collection centres (Espeland 1984). The ambivalent relationship between paid plasma donation centers and altruistic rhetoric is perfectly encapsulated by Canadian Plasma Resources, the private, for-profit plasma collection facility currently operating in Ontario. Their page on compensation is introduced with the statement: "While it's our hope that a plasma donation is a choice made out of generosity, you will get paid to donate plasma; so contact us to book your appointment" (Canadian Plasma Resources 2013). This seems both a halfhearted endorsement of the rhetoric of the gift relationship, and, at the same time, a disavowal of the idea that compensation could possibly be compatible with altruism.

Altruistic rhetoric cannot simply be imported in to support and legitimize paid plasma donation. A successful approach to reducing the stigma surrounding this practice must approach the issue at a more fundamental level, breaking down the dichotomy between altruistic blood donation and the self-interested selling of plasma. There is reason to suggest that we should reconsider the sharp distinction between paid and unpaid donation of blood and plasma. Though campaigns for non-remunerated blood donation tend to emphasise donation as an altruistic act, donors report that donating blood benefits them personally, by making them feel good about themselves. Blood donors report beneficial effects from blood donation and an increased positive mood after

[7] A usage that I have adhered to due to its ubiquity in discussions on this topic.

donation. In addition, blood donors anticipate experiencing a positive mood after donation. In fact, a potential donor anticipating that blood donation will involve personal benefit makes them more likely to donate blood than whether (and how strongly) they believe that blood donation is likely to benefit others (Ferguson et al. 2008). The contention that blood donors engage in non-remunerated donation for reasons beyond pure altruism is supported by Robert Oswalt's analysis of 60 articles on the motivations and recruitment of blood donors. He found that donors may unconsciously desire praise and recognition for their blood donation (1977).

The idea that behaviour that benefits others "is driven by a sense of personal emotional reward" (Ferguson et al. 2008, p. 334) is prevalent in economic literature. James Anderoni distinguishes between "pure" altruism and "impure" altruism, where the benefactor receives utility from helping others in the form of a "warm glow". The idea that people act from motives of impure altruism, he contends, better corresponds with observed patterns of altruistic behaviour (1990). William Harbaugh pushes the warm glow hypothesis further, questioning whether there is such a thing as pure altruism (1998). Neurobiological studies support the idea of a warm glow by showing that altruism activates reward related neural centers in humans, and is thus experienced as psychologically rewarding (Fehr and Rockenbach 2004).

There is ample evidence, then, to suggest that the idea of non-remunerated blood donation as a purely altruistic, heroic act of self-sacrifice is at odds with people's real motivations for donating blood. This, however, does not mean that the blood supplied by unpaid donors is any less valuable; it still contributes to the essential purpose of maintaining a self-sufficient and sustainable blood supply. Perhaps the recognition that even unpaid donors receive personal benefits from blood donation will help us to break down the dichotomy between altruistic (unpaid) and self-interested (paid) donation. In recognising that both types of donation benefit the donor, we are also able to recognise that both types of donation are equally beneficial to others.[8] This may give us the means of reconceptualizing all types of blood and plasma donation as essentially the same rather than as fundamentally different; both involve benefits for the donor, and benefits for others. This could allow us to reframe paid plasma donation in a way that makes it easier for people to reconcile this activity with their self-conception and deeply held values, better allowing them to make a wholehearted, autonomous decision to engage in this practice.

Conclusion

[8] Provided that both types of blood supply are equally safe.

The WHO's *Expert Consensus Statement* argues that payment for all blood products should be prohibited, partially based on the contention that payment for blood products compromises autonomy and personal dignity. In conformity with this decision, the Canadian province of Ontario has moved to abolish the current system of remuneration for plasma. I have shown that large amounts of attention have been paid to autonomy-based objections to commodification on deontological grounds, concerning devaluation and degradation of the intrinsic worth of humans, and on consequentialist grounds, focusing on the possibility that payment for human body parts is exploitative and coercive. However, I contend that there is another problem with remunerated plasma donation that is potentially more relevant to this context; the fact that plasma donation is so stigmatized may impede peoples' ability to make an autonomous decision to engage in this activity. This presents a difficult problem because it cannot be overcome by regulation. Offering any type of payment for plasma at all results in it being regarded as self-interested, desperate, and an unacceptable use of one's body.

However, there is a possible way to reduce the stigma surrounding payment for plasma without prohibiting the practice. I suggest that by breaking down the dichotomy between self-interested remunerated plasma donation, and altruistic non-remunerated blood donation, we may be able to reframe paid plasma donation. By recognizing that there are personal benefits in non-remunerated donation, and that non-remunerated donors also act on self-interest, perhaps we can recognise that both remunerated and non-remunerated blood and plasma donation are activities which involve benefits to the donor, and to society as a whole. Reducing the stigma surrounding paid plasma donation is a potential means of ensuring that the practice is more compatible with autonomy, by allowing the decision to exchange plasma for payment to be regarded as something that is compatible with being a good person, or caring about others. Reframing the practice to recognise that it is compatible with these personality attributes and values will allow people to engage in this activity without inner division, and to integrate the decision to do so into a coherent personality. Breaking down this pervasive stigma may be difficult to achieve in practice. However, it will be very difficult to maintain the current level of plasma donations, let alone to increase the number, if payment for plasma is prohibited in Ontario. In order to achieve the WHO's goal of establishing a self-sufficient and sustainable blood supply, Canada must seriously consider whether the ethical problems involved in remunerated plasma donation can be avoided without abandoning

payment for plasma. It is worth noting that, at least in theory, remuneration for plasma does not have to pose serious problems for respect for autonomy.[9]

References

Almeling, R. (2011). *Sex cells: The medical market for eggs and sperm*. California: University of California Press.

American Red Cross. (2014). Types of Donations. www.redcrossblood.org/donating-blood/typesdonations Accessed 7 Aug 2014.

Anderoni, J. (1990). Impure altruism and donations to public goods: A theory of warm-glow giving. *The Economic Journal*, 100(401), 464–477.

Buyx, A. (2009). Blood donation, payment, and non-cash incentives: Classical questions drawing renewed interest. *Transfusion Medicine and Hemotherapy*, 36(5), 329–339.

Canadian Blood Services. (2014) Blood Donor Recruitment. http://www.blood.ca/CentreApps/Internet/UW_V502_MainEngine.nsf/page/E_faq_recruitment?OpenDocument#02 Accessed 7 Aug 2014.

Canadian Plasma Resources. (2013). Compensation. http://giveplasma.ca/search?cx=012508508704800229098%3Aaslrft6tdnw&cof=FORID%3A9&ie=UTF-8&q=our+hope Accessed 13 Aug 2014.

Cook, R. (2002). Villain, hero, masked stranger: Transactions with gametes. In A. Bainham, M. Richards and S. Day Sclater (Eds.), *Body lore and laws* (pp. 211–227). Oxford: Hart Publishing.

Council of Europe. (1997). Convention for the protection of human rights and dignity of the human being with regard to the application of biology and medicine: convention on human rights and biomedicine. http://www.conventions.coe.int/Treaty/Commun/ListeTraites.asp?MA=9&CM=7&CL=ENG Accessed 7 Aug 2014.

[9] I would like to thank Jeremy Shearmur and the two anonymous referees from the *HEC Forum* for their useful comments on an earlier draft of this paper.

Dworkin, G. (1988). *The theory and practice of autonomy*. Cambridge: Cambridge University Press.

Espeland, W. (1984). Blood and money: Exploiting the embodied self. In J. Kotarba & A. Fontana (Eds.), *The existential self in society* (pp. 131–155). Chicago: University of Chicago Press.

Faden, R., & Beauchamp, T. (1986). *A history and theory of informed consent*. Oxford: Oxford University Press.

Fehr, E., & Rockenbach, C. (2004). Human altruism: Economic, neural, and evolutionary perspectives. *Current Opinion in Neurobiology*, 14(6), 784–790.

Ferguson, E., Farrell, K., & Lawrence, C. (2008). Blood donation is an act of benevolence rather than altruism. *Health Psychology*, 27(3), 327–336.

Follea, G., Seifried, E., & de Wit, J. (2014). Renewed considerations on ethical values for blood and plasma donations and donors. *Blood Transfusion*, 12(Suppl. 1), s387–s388.

Frankfurt, H. (1971). *Freedom of the will and the concept of a person*. The Journal of Philosophy, 68(1), 5–20.

Frankfurt, H. (1988). *The importance of what we care about*. Cambridge: Cambridge University Press.

Gillon, R. (2003). Ethics needs principles—four can encompass the rest—and respect for autonomy should be "first among equals". *Journal of Medical Ethics*, 29(5), 307–312.

Harbaugh, W. (1998). What do donations buy? A model of philanthropy based on prestige and warm glow. *Journal of Public Economics*, 67(2), 269–284.

Health Canada. (2013). Backgrounder Paper—Plasma Donations in Canada. http://www.hc-sc.gc.ca/dhpmps/consultation/biolog/plasma-consult-disc-eng.php Accessed 7 Aug 2014.

Hughes, P. (1998). Exploitation, autonomy, and the case for organ sales. *International Journal of Applied Philosophy*, 12(1), 89–95.

Kretzmann, M. (1992). Bad blood: The moral stigmatization of paid plasma donors. *Journal of Contemporary Ethnography*, 20(4), 416–441.

Oswalt, R. (1977). A review of blood donor motivation and recruitment. *Transfusion*, 17(2), 123–125.

Shearmur, J. (2010). Preferences, cognitivism and the public sphere. In C. Favor, G. Gaus, & J. Lamont (Eds.), *Essays on philosophy, politics and economics: Integration and common research projects* (pp. 69–98). Stanford: Stanford University Press.

Snow, D., & Anderson, L. (1987). Identity work among the homeless: The verbal construction and avowal of personal identities. *American Journal of Sociology*, 92(6), 1336–1371.

Taylor, J. (2005a). Introduction. In J. Taylor (Ed.), *Personal autonomy: New essays on personal autonomy and its role in contemporary moral philosophy* (pp. 1–29). Cambridge: Cambridge University Press.

Taylor, J. (2005b). *Stakes and kidneys: Why markets in human body parts are morally imperative*. Aldershot: Ashgate.

Taylor, J. (2009). *Practical autonomy and bioethics*. New York: Routledge.

Titmuss, R. (1970). *The gift relationship: From human blood to social policy*. London: George Allen and Unwin.

Trimmel, M., Lattacher, H., & Janda, M. (2005). Voluntary whole-blood donors, and compensated platelet donors and plasma donors: Motivation to donate, altruism and aggression. *Transfusion and Apheresis Science*, 33(2), 147–155.

Tscheulin, D., & Lindenmeyer, J. (2005). The willingness to donate blood: An empirical analysis of socio-demographic and motivation-related determinants. *Health Services Management*, 18(3), 165–174.

Waddell Ekstrom, L. (2005). Autonomy and Personal Integration. In J. Taylor (Ed.), *Personal autonomy: New essays on personal autonomy and its role in contemporary moral philosophy* (pp. 143–161). Cambridge: Cambridge University Press.

World Health Organization Expert Group. (2012). *Expert Consensus Statement on achieving self-sufficiency in safe blood and blood products, based on voluntary non-remunerated blood donation*. Vox Sanguinis, 103(4), 337–342.

Zeiler, T., & Kretschmer, V. (1995). Blutspenderbefragung zum Thema "Aufwandsentschädigung für Blutspender" [Survey of blood donors on the topic of "reimbursement for blood donors"] (in German). *Infusionstherapie und Transfusionsmedizin*, 22(1), 19–24.