

Anthony Comegna (00:22):

If you're a classical liberal like me and many, many others, you'd like to see markets in absolutely everything. Prices, after all, are the most important of all economic signals, and they perform an invaluable and key function in allocating resources to their most highly valued ends. But as we all know, most people out there find prices for things like body parts, surrogacy, babies, blood donations, and many other things, well, just plain icky. Most people seem to think that commodifying bodies or parts, pieces, and components of the body is somehow always wrong. There might be utilitarian or deontological reasons for this, but for most folks I fear it's simply an uninterrogated gut feeling.

So this is exactly why we need challenging works in applied philosophy, like our subject for today, Professor James Stacey Taylor's current book project, *Bloody Morality: How Prohibiting Compensation for Blood and Blood Products Harm Patients and Wrongs Donors*. Professor Taylor joins us now. All right. Can you start out by telling us how exactly you got interested in this topic in the first place?

James Stacey Taylor (01:40):

Sure. It was largely by accident. My first book was *Stakes and Kidneys*, where I argued for markets in human organs, especially kidneys. And a trade organization, the Plasma Protein Therapeutics Association, some of their members were familiar with my work on kidney markets and approached me and asked if I'd like to look into the morality of compensating plasma donors, because that's the industry that they're in, and they get an awful lot of pushback from bureaucrats and regulators, especially in Europe, because they compensate their donors or they want to compensate their donors.

And at first, I thought, yeah, it would be interesting. I'll go to some business meetings and see a completely different world, and that would be fun. But I really wasn't expecting it to be particularly interesting because it struck me that, obviously, you should be compensating plasma donors. And it was just odd that people would object to this, and I assumed that the arguments against compensation would be rather trivial and boring.

And when I got involved in speaking to the organization and talking to bureaucrats, I started to realize that while the arguments against compensation were pretty unpersuasive, as I'd expected, it struck me that there was an interesting aspect to this. That a lot of the arguments that were being made against plasma compensation could actually be turned on their heads and used against regimes which prohibit compensation. So I got more and more interested in that idea and started working my way through the arguments. And then the book *Bloody Morality* essentially emerged as a result of that interest.

Anthony Comegna (03:28):

What exactly is your thesis statement here? And I realize that the book is in manuscript form at this point, so that may slightly change, but a thesis statement doesn't often change that seriously from at least the manuscript to the published form. So go ahead and overview that for us, please.

James Stacey Taylor (03:46):

The thesis statement's really simple. That it's morally acceptable to compensate the donors of plasma and other blood products. But then I go a little bit further because often books which argue in favor of compensating people for blood, blood products, organs, and the like have the following form. You outline for reasons why it would be good to compensate people, so you get more of a thing that you need. In this case, you get more plasma to make pharmaceutical products from or you get more kidneys

to transplant to people. And then the people who object to this offer a series of arguments against it. They say you coerce donors, you exploit donors, and so forth.

So what I do in *Bloody Morality* isn't just the usual, "Here's why it would be good. All of the objections misfire." I actually go on the offensive, and I argue that, yes, we should be concerned about exploitation, we should be concerned about coercion, we should be concerned about securing donors' informed consent. But a regime which allows donor compensation enables all of those moral issues to be met, so donors are not coerced, they're not exploited, they can give their informed consent. But, I argue, regimes where compensation is prohibited actually serve to exploit a small subset of donors. They coerce donors and people who wish to secure the plasma of a blood product, and they actually preclude donors from giving their informed consent, or they preclude some donors from giving their informed consent to donate.

So I say to the people who oppose compensation, you're absolutely right. We should be concerned about exploitation coercion and informed consent, but it turns out that regimes which prohibit compensation exploit, they [inaudible 00:05:39] secure donors' informed consent, and subject donors and others to coercion. So we should actually be more morally concerned about regimes where compensation is prohibited and not at all concerned morally about regimes where compensation is allowed.

Anthony Comegna ([05:57](#)):

What kinds of research did you actually do to put this manuscript together? Because to be perfectly forthright, I'm not exactly sure how philosophers conduct their research.

James Stacey Taylor ([06:09](#)):

I think that's a really good question. I tend to think that philosophers shouldn't really be calling what they do "research" because that implies sort of going out and collecting data and finding out new things about the world. I did a little bit of data collection. When we're looking at questions of compensating people for body parts, you actually have to know the medical background that's involved because some of the objections are going to be empirical objections. They'll say, for example, "But if you compensate people for plasma, you'll secure a worse quality of plasma than if you merely secure it from altruistic donors." Or the claim is, "But if you compensate people for plasma, you will actually lower the amount of donation because people will no longer consider it a priceless gift of life. It'll only be worth 25 bucks a go, and so they'll decide they won't actually donate anymore."

The first chapter I actually did have to do some research, some real research, and work my way through medical journals, finding out what the actual data and statistics are concerning both the quality of plasma procured under compensation regimes versus non-compensation regimes and the quality of plasma procured under both regimes.

And it turns out that we really have absolutely no reason to be concerned about the quality of plasma that is secured from compensated donors because it's entirely safe and much plasma that is secured from compensated donors is actually turned into manufactured pharmaceutical products. So we have a long window to test and ensure that there's no pathogens.

And it also turns out that if we compensate donors, we actually get a lot more plasma than regimes which don't compensate donors. And I think it's really telling that the United States, which is one of the main areas for donor compensation, is one of the major exporters of plasma to the rest of the world.

So I had to do some empirical research and then I had to do some ... and here you can see scare quotes in the air, some philosophical research where I just had to work my way through the arguments of people who opposed compensating plasma donors. And then I had to work my way through the theoretical philosophy literature on things such as exploitation, coercion, and informed consent to construct my own arguments.

But I think that you're right, it's a little bit odd to talk about philosophers doing research. We're really pursuing wisdom, which obviously is a much higher calling than some disciplines like, say, economics or sociology.

Anthony Comegna ([08:48](#)):

Well, and correct me if I'm wrong, but this seems like a work in what's called applied philosophy-

James Stacey Taylor ([08:48](#)):

Absolutely.

Anthony Comegna ([08:53](#)):

... as opposed to maybe pure or theoretical philosophy. Maybe you could talk a little bit about the differences there.

James Stacey Taylor ([08:58](#)):

Sure. I really don't think there's that much difference between applied and theoretical philosophy. Well, let me backtrack on that. I don't think there should be much difference between applied and theoretical philosophy. Sometimes applied philosophy tends to be rather weak philosophically. You read articles in medical journals, for example, which say, "Kant would say this, Mill would say this, Aristotle would say this. The end." And that's really boring and, I think, rather pointless.

But I think good applied philosophy is [inaudible 00:09:31] is theoretical philosophy. Questions concerning what is the nature of coercion? What information must a person have to be able to give her informed consent to her treatment? Good applied philosophy marries those sort of theoretical concerns with empirical data. So we look at what actually happens in clinics, what happens in plasma centers. And then we see, does the actual practice meet the conditions for it to be non-exploitative, non-coercive, and treating patients and donors properly with respect to their informed consent?

So I think applied philosophy is basically just another type of philosophy, but it's where you're doing both theoretical work and also looking at what's going on on the ground as it were.

Anthony Comegna ([10:22](#)):

And now, as I mentioned, *Bloody Morality* is in the manuscript form. And as it happens, you recently had a workshop hosted by IHS on your manuscript. And I wonder if you could tell us a bit about that process of how the manuscript workshop unfolded, how it went. I'm wondering especially, is it kind of overwhelming to get all of that feedback all at once in one or two days?

James Stacey Taylor ([10:49](#)):

That workshop was fantastic. I think that *Bloody Morality* is now going to be a substantially better work for having gone through that process because essentially what a manuscript workshop is as hosted by the IHS is I work with the IHS over a period of months to find people who would be really good

commentators. And we were deliberately trying to find people who would have a tendency to oppose the thesis that I'm putting forward because then they'd give the best criticisms. It wouldn't just be an echo chamber. And I also wanted people who were just really, really super smart rather than people who might have any particular insights into compensated donation, because then I get extremely good feedback. And I did. The feedback was just fantastic.

The actual workshop was going to be in person, but then the pandemic hit, and so we did it on Zoom or an equivalent platform to Zoom. And that worked really, really, really well. And I think it worked well in large part because the IHS people hosting it were just unbelievably good at running that sort of program, and the people who were my commentators were all incredibly gracious and collegial. And the workshop really functioned to give constructive criticism to me to make the work much better. And I received that from people who also thought that the work was misguided because they weren't as persuaded about compensated donation as I was, but everybody was extremely generous and gave me a ton of constructive criticisms.

It wasn't actually overwhelming because it ran for basically an entire day with breaks in between each sessions. And it turned out that all of us, I think, really got into the manuscript, so we could just focus on it for a period of several hours of very, very concentrated discussion. And I personally found that was an incredibly effective way to do things because I started to see connections between the criticisms and different parts of the manuscript and was able to work out very quickly where I needed to improve the manuscript. So I was scribbling things down pretty extensively throughout the entire several hours. And I believe the IHS is also going to provide me with a recording of the session, so I can go back and then make sure that I've addressed everybody's criticisms as carefully and as well as I can.

But that was an unbelievably valuable procedure because if you have over a dozen people who've read the manuscript extremely carefully, who are incredibly bright and really want to help make it much better and improve it, that's just a dream come true for the author. And the manuscript is going to be basically in an entirely different class than it is when it went in, after I've gone through the criticisms and made the changes that I need to do. So I'd like to thank the IHS again for that. That was just a fantastic experience.

Anthony Comegna ([13:53](#)):

What is your strategy for incorporating the comments and criticisms and questions people had into the final draft?

James Stacey Taylor ([14:01](#)):

Well, I suppose there's two main answers that I can give. Some of the criticisms and comments were about how to frame the argument. And one of them, which I found really insightful, was to link Bloody Morality, which is arguing in favor of compensated donation, to Richard Titmuss' work *The Gift Relationship*, which argues against compensated donation and was extremely influential.

And Titmuss' volume became prominent because he gave what seemed at the time to be a very controversial thesis. He argued, and it turns out he was empirically wrong about this, but he argued that if you compensated donors, if you paid them for plasma or in his case blood, you would actually receive less of a product than if you didn't compensate them, which rather flies in the face of conventional economic wisdom.

And my book similarly, one of the commentators noted, also flies in the face of conventional philosophical wisdom in arguing that it isn't the compensation which could lead to exploitation, coercion, or undermined informed consent. It's the absence of compensation. So the first reframing that

I'm going to do is to note that my book is very much in the spirit of Richard Titmuss' in that it's turning conventional wisdom on its head, but it's doing so in a way that favors compensation rather than opposes.

And the second set of criticisms had to do with my arguments concerning exploitation. And some of the commentators noted that the arguments seemed very persuasive and were interesting, but it would be a good idea if I took a broader view of exploitation and also looked at Marxist concepts of exploitation also. And so I've been working my way for the last couple of weeks through Marx, which I actually encourage everybody to do if you agree with Marx or not, maybe especially if you don't agree with him. And I'm coming to the conclusion that independently of whether or not Marxist accounts of exploitation fly, whether or not they're persuasive, it turns out that they're not going to be applicable to the actual concrete situation of compensating plasma donors because plasma donors are not going to be dependent upon the people who compensate them in the way that Marx's exploitation tends to assume that workers might be dependent upon a capitalist class.

So I think this is going to make the book much stronger because now somebody can't say, "Well, you just considered one type of exploitation, but you didn't consider another." And I know I can say, "Actually, I have considered another, and it looks like that's not going to be applicable in this particular concrete situation."

And the third way in which I'm improving the manuscript is to revise the conclusion, which I had originally focused on some public choice issues. And I think now I'm going to stay away from doing amateur political theory in the conclusion and make a very strong, normative case right at the end of the book for expanding my arguments into other areas, such as commercial surrogacy, compensation for breast milk, and things such as organ donation, organ sales. So it's going to be very much a straight classic work of normative political philosophy, which apparently I can no longer say.

Anthony Comegna ([17:35](#)):

Obviously, my [inaudible 00:17:36] are all aligned with yours, I think, on this issue. And I see no real reason why you shouldn't be allowed to charge for your blood donation or to pay people for giving blood. But I can understand and sympathize with a potential Marxist criticism that is not about blood donation or plasma donation in particular, but more about the overall culture and structure that we live in. That isn't it sad and, in a way, shameful that people ... that at least some people who might be involved in these markets have to donate their blood or their plasma or their semen or their womb or their organs or whatever it might be. They might have to give up parts of their body to survive because our society does not otherwise provide the ability for people to live without ... In other words, a Marxist might say, "It's not enough that we give our souls over to the capitalist system? We have to break off parts of our bodies, too?"

James Stacey Taylor ([18:45](#)):

I have some sympathy for that line of argument because it's a very prominent line of argument, and whenever I speak to ... often to patient groups, actually. That is people who are using plasma-derived pharmaceutical products. Some of the objections that people in the audience offer, although I must stress never people who are actually patients or patients' families, and also never people who are donors or donors' families, but people who are third parties often say, "Look, this seems a very coercive type of situation because we can assume that many of the donors of plasma are relatively impoverished, like many of the donors of surrogate pregnancy tend to be impoverished, and they wouldn't be doing this unless they'd have to in order to survive or in order to provide necessities for themselves. And I

think that's a very persuasive and powerful argument, and I have a lot of sympathy for it, but it seems to rest on the assumption that the people who are donating are being coerced.

And so this is where I look at the nature of coercion and look carefully at some theoretical philosophical accounts of what coercion involves. And when I was doing that, focusing in particular upon coercive markets, I realized that it seems that the simple argument in favor of compensated donation and the simple argument in favor of other types of markets really doesn't work. And this argument is the claim that, look, if two people get together and they trade because they both believe that they will be made better off by the trade, this clearly normatively authorizes the trade in question.

And I'd initially thought, yeah, that seems right. If two people voluntarily trade, they're both made better off given the situation they're in, surely that means this is a perfectly permissible market. And then I started to take this neo-Marxist criticism more seriously, and I started to think, well, maybe there could be situations where that's not true. And I realized that what we should be asking is not the question, if the market is allowed, would people be willing to trade in it? We should be asking a rather different question, which I think Marxists are right to focus on, which is should this market be allowed in the first place?

And I give the example of a vote market to illustrate this. So imagine that we have a rich party and a poor party, and this is very simplistic. The rich only cater to the interests of the rich. The poor party only caters to the interests of the poor. And it turns out that vote buying is allowed. And the rich, obviously, are very rich, the poor are very poor.

So if the average poor voter thinks to herself, "Well, my individual vote really isn't going to make much difference in the election, so I might as well sell it to whoever gives me the highest price." And then she realizes, "Gosh, if everybody thinks this way, everybody who's poor are going to sell their vote to the highest bidder, and that means the rich party will invariably win, so I'd better sell my vote as quickly as possible. Maybe just above transaction costs." Because after all, the rich party doesn't need all of the votes. So a rational, self-interested poor voter would rush to sell to the rich party. Other rational, self-interested poor voters would do the same. So the rich party would end up being victorious constantly to the detriment of the poor.

Now, what does vote markets have to do with plasma markets? It turns out actually quite a lot because notice that when we ask would the poor person and the rich party be willing to trade, the answer is yes. If there's a market in votes, they would. Each of them expects to be made better off, so the trade should go through. But I think that overlooks the fact that if we ask the poor person, "Would you prefer there not to be a market in votes," she would likely say, "Yes, I would prefer the market in votes not to be allowed. And then either the rich party alters its platform to appeal to the poor, or the poor party always wins and I'm better off."

So I think that we actually have to ask for any given transaction two questions. Would the parties to it be willing to trade because they believe that this will make them better off? And we have to ask the question, would the parties to this transaction want this market to be generally allowed?

So now we turn back to the question of plasma and your, I think, insightful worry that, look, it seems the people who are really poor are going to be coerced into selling their plasma. So now we ask, would they be willing to sell their plasma, and would plasma procurement centers be willing to pay? The answer in both cases is yes.

And then we ask the second question, would they want this market to be allowed? The plasma procurement centers would obviously say yes, and so would their patients who are desperate for plasma and plasma-derived medical products. But so also would the donors. They would say, "Yes, we would want this too," because it turns out this would be a good way of getting extra income for them.

And so they don't want plasma clinics to be shut down. They don't want plasma centers to be prohibited from offering compensation. They're very much in favor of this.

So I think that when we look carefully at what's involved in coercing people and we look carefully at what's involved in legitimate market processes, it actually turns out that coercion plays no role in the compensation of donors. But here's the flip side. It certainly plays a role in prohibiting compensation of donors because there we have the state stepping in and saying, "Look, you might fall voluntarily contract, but we're just going to just stop it. And if you don't abide by our dictates, then we're going to fine you or possibly even put you in jail," if this particular transaction is criminalized. So if we're really concerned about freeing donors from coercion, we should actually allow plasma compensation, not preclude it.

Anthony Comegna ([25:14](#)):

Now, I imagine most of the folks in the audience here understand that if you're right about this issue, then the upside is a dramatic increase in the amount of blood and plasma and other things that are available to help save and improve people's lives, who need certain medical treatments. But I'm wondering, if we do allow markets in blood plasma, cadavers, organs, stem cells, or anything else like that, surrogacy, et cetera, what if you're wrong? Could you talk to us a bit about the sort of professional ethics involved here for a philosopher making arguments like this that, especially these days, extend to the realm of public health so significantly? What if you are wrong about this?

James Stacey Taylor ([26:05](#)):

Here's the lovely thing about arguing for compensated donation for plasma rather than something like compensated donation for kidneys. Kidneys would be a harder case because we don't have any clearly well-functioning legal kidney markets in the world. There are markets in Iran which are legal, and they seem to be doing reasonably well, but the data there is murky, and it's difficult to move from the Iranian situation to, say, a Western democracy like the United States. So kidneys are difficult, more difficult than plasma. And I would suggest that what we should do is to start trial programs for something like kidneys. So allow, say, New Jersey to offer compensation for kidneys, and see how things go.

And I would also suggest to move away from the realm of what would be the ideal classical liberal approach to this to how it should look to actually work. So for kidneys, we would need, if we legalize kidney markets, we would have precisely the same regulations as are currently in place over kidney donation. So there will be no change there. Donors would still be screened for health and psychological effects. They would have long-term follow-up and so forth. So we would, I think, tread cautiously, and I think we would be right to do so. And we would have trials rather than just say, "We legalize immediately and everything can go ahead."

But for plasma, things are much, much easier for me. And I think this is absolutely wonderful because the United States does allow compensated plasma donation, and it works wonderfully. I believe that the last transmission of any pathogen from a PPTA, that's a Plasma Protein Therapeutics Association, company was in 1997. And that was in a very different medical and legal environment. And I believe that that was actually in a plasma clinic, plasma center which was not adhering completely to regulations. So we've got very good evidence that this produces very safe plasma.

We also have very good evidence from repeat donors that donors actually like the experience. I've visited a plasma center, and it was extremely pleasant. The staff and the donors knew each other. There were clearly donors who went there repeatedly. It was obviously a very clean, medical-style

environment. And it was just a very community-orientated, collegial place to be. So we have very good evidence from the current practice that everything works very, very well.

And we also have very good evidence that it's absolutely crucial for patients. I don't just talked to the industries. I also do a lot of talking with the patient groups, such as IPOPI, which is an International Patient Organization for Primary Immunodeficiencies. These are patients with rare diseases that absolutely rely on plasma-derived medicinal products to live and to have a good quality of life.

And the patient's view is very simple. We love compensated donation. We really love the industry that makes our lives possible. And so the United States, because it is one of the major countries which compensates, exports a significant amount of plasma across the world. And at the moment with the COVID-19 pandemic and interruptions of supply lines and people being very hesitant to donate plasma, a lot of patients are very, very concerned that we might not have enough plasma to treat them. And for some people, this could mean a serious decrease in the quality of their life. For some people, it means they're facing, essentially, unnecessary death from being unable to secure their pharmaceutical treatments. That's usually not happening in the United States, but I believe that people are getting very worried in countries outside the United States because they're reliant upon the compensated donors in the US to produce the pharmaceuticals that they desperately need.

So I think that your question, what's the professional ethics of this, is well taken. And when we're moving into new territory, such as kidneys, for example, then we should tread carefully and have cautious experiments. But when we're dealing with plasma, we have almost 25 years of beautifully clean industry record and hundreds of thousands of patients whose lives have been saved or made much, much better because of compensated donation. So all the evidence on the ground for plasma donation just points in one way, we should absolutely do this.

And incidentally, as an aside, countries like Canada, which are now moving away from compensated donation and they're prohibiting companies compensating plasma donors, are quite straightforward as to where they're going to make up the shortfall of plasma. It's going to be coming from the United States. And when I speak with Canadian bureaucrats and say, "You realize that you're actually going to be importing plasma from compensated donors," they say, "Yeah, that's perfectly fine. We have to do that." So countries which prohibit donor compensation are actually a little bit hypocritical because they realize that they're completely reliant or almost completely reliant upon compensated donation. And so my suggestion is just legalize it everywhere. It will be much better for everybody.

Anthony Comegna ([32:02](#)):

I have a sense that a lot of people, when they hear that you could get paid for body parts or blood or whatever it might be, they imagine this sort of a post-apocalyptic scenario where people are getting clubbed in alleys and draining someone's blood into a grocery bag and taking it to the hospital for a check or something. But of course that's what happens in black markets, right? When something is illegal, not when it's legally allowed.

James Stacey Taylor ([32:29](#)):

Yeah. If you really want to eliminate, especially for kidneys, transplant tourism, where people might go to somewhere like China or to Pakistan or Moldova, and they secure a kidney and then they come back. If you want to eliminate that type of trade, which is, I suspect, highly exploitative and very, very bad for the donors, or the vendors in this case, you should just legalize markets in the United States and in Western Europe and everywhere because ...

Think of it this way. If you really need a kidney, where would you rather go to? Would you rather go to your local hospital, for me Capital Health in Mercer County, and have a kidney which has been properly screened using all of the regulatory requirements for donors, and the operation has been funded by your insurance company and all of your post-operative care is funded by her insurance company ... Would do you rather do that, or would you rather get on a charter flight, go to China, and pay somebody \$5,000 in cash for a kidney, which has come from who knows where? And then you come back to the United States and hope your nephrologist will now take you on and look after you with all of your complications.

It just strikes me as absurd that anybody's going to be really concerned about people getting clubbed over the head and having their kidney stolen in a legal market because that's, as you've said, black market activity. And besides, if you're somebody who's covered by insurance, and that includes government insurance like Medicare and Medicaid, then you're going to be covered for a kidney transplant. So this isn't going to be a situation where if we legalized kidney markets, then only the wealthy will have access. If we legalize kidney markets, everybody who has access now to a kidney transplant is going to be receiving a kidney transplant in a market for kidneys.

And we would actually expect the price to drop because we'll simply be doing more operations. And I would imagine that kidney transplant centers will become much more specialized and will gain all of the advantages of economic specialization.

And of course, for plasma, there's no suggestion at all that anybody is being knocked over the head and having their plasma stolen. I don't think anybody, even the most vehement anti-compensation proponents, have ever brought that up, because the industry is incredibly tightly controlled and regulated. And they know where each donor's plasma goes at any particular time, so they can track this.

And they also, I believe, don't use the first donation from a donor. I believe that that's simply tested, analyzed, and it doesn't go into the supply at all. You only use plasma which comes from so-called qualified donors, who are people who've applied, they've met all the medical conditions necessary, they've donated, and their plasma checks out as being good. And then they can become qualified donors and move forward. So it's a very, very tightly controlled and tightly regulated industry, and absolutely no plasma company is go into buy plasma from somebody who just shows up with a cooler full of the stuff.

Anthony Comegna ([35:58](#)):

James Stacey Taylor is an ethicist at the Department of Philosophy, Religion, and Classical Studies in The College of New Jersey with a PhD from Bowling Green State. If you enjoyed this interview, then be sure to Google him up and check out all his other writings on the ethics of endless markets, and definitely keep your eyes out for *Bloody Morality* when it comes out.

In the meantime, though, and whether you're paid or not, why not go out and donate some blood? What better way to show that classical liberals don't just care about the money by itself. Rather, we really want to set up the best way to ensure that progress keeps on coming.