The “Ins” and “Outs” of Organ Transplantations: Their Influence on Concepts of Personhood

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Abstract
Organ donation and transplantation has become a major part of the course of organ and tissue disease. With new, innovative technology and an increasing population, the demand for healthy organs is reaching new, high levels. This paper will explore the emotions, outcomes and changes to constructs of personhood that surround organ transplantations, and how these ideas are cross-culturally similar and different. This paper will show that, although transplantation may be practiced by a similar medical procedure, the conversation surrounding this practice is highly varied, and is rooted in culturally determined beliefs, concepts and attitudes. In addition, this paper explores what it means to be human, and how, in some instances, organ transplantation questions humanity. Lastly, reciprocity will be considered as a vehicle for changing constructs of personhood, through the ability to change relationships. Through comparison of cross-cultural beliefs surrounding transplantation, an overarching need to preserve “wholeness” in the body is found and maintained through different social constructs of the organ transplantation process. The overall purpose of this paper is to enlighten the reader to think critically about what organ transplantation and organ disease means, when considering the commitment to become a donor or recipient, and how this may affect social relationships.

Introduction: An Exploration of Organ Donation
Organ transplantations, as medical practices, have been adopted cross-culturally around the world and each and every time this practice is adopted it is shaped by the historical, cultural, political, economic, and socio-cultural forces which vary between regions (Hadolt et al. 2012). Organ disease can include the transplantation of kidneys, liver, heart, lungs, and pancreas from a donor to a recipient and this transfer can also include muscles and skin grafts, as new technologies continue to expand this field of biomedicine. All of these organ diseases are not only a biological pathology but, also, a personal experience that profoundly impacts multiple aspects of social and cultural life (Constantinou 2012). The movement of organs from donors to recipients has played a crucial role in extending the lives of many all over the world, but the lives so extended are radically altered in the process (Kierans 2011). The procedure of a transplant itself may be repetitive, but the outcomes of changes in emotions and social constructs that follow differ dramatically when considered globally and cross-culturally.

The purpose of this paper will be to explore the concept of how organ transplantations question
ideas about individual constructs of personhood and how that impinges on relationships with other people and the larger society. Personhood in this context will focus on the set of characteristics that come together to make a person, both the tangible and intangible, including social relations and personal or religious beliefs. This paper will focus on how perceptions of organ transplantations vary globally, where this Western institution of healing is adopted by non-western societies and to the extent this it is shaped and changed to fit in with cultural preferences and idioms (Hadolt et al. 2012). To understand concepts of personhood in organ donation, the main focus of this paper will be in comparing cross-cultural differences both pre and post operation. Secondly, implications of reciprocity post donation will be explored, and lastly, this paper will conceptualize how the future of organ transplantation will continue to be altered by increasing technologies in medicine and globalization. The comparative population perspectives that will be reviewed and contrasted to show the variability and diversity in concepts of personhood and reciprocity include sampled populations of the Langkawi Malay, Euro-Americans, New Zealanders, Egyptians, and Greek-Cypriots.

While this paper will focus on the changes to the patient, or recipient of donation pre and post transplantation, it is also important to note that there are significant changes to ideas of personhood for the donor as well, but unfortunately space does not permit elaboration (Kierans 2011). It is important to also understand and to remember that medical techniques, and biomedical procedures such as organ transplantations, must be studied in terms of historical and cultural appropriation and adoption (Hadolt et al. 2012). The purpose of this paper however, is to focus on how differences in cross-cultural and social institutions shape ideas of personhood and reciprocity in organ gift-giving and emphasizes the magnitude of variation that arises from the same basic medical procedure. It is understood that a deeper understanding of historical processes will help to shape a stronger understanding and basis of cross-culturally similar relatedness.

Additionally, Tiffany Romain (2010) shows us that while most Euro-Americans engage in practices that invest in the long term future, such as economic investment, such practices may also include adapting the body through such processes as organ transplantation. To Romain (2010), these adaptations which help to protect against the future are basic instincts in human survival. This idea of universal acceptance will be questioned through comparisons of Euro-Americans with various other social groups around the world. Through comparison, this paper will show that other peoples around the world, such as a sampled population from Egypt, believe that tampering with the body goes against their religious and ideological beliefs, and that to change the body physically would change the very essence of what it means to be a person, emphasizing that the body’s wholeness is essential to a healthy life (Hamdy 2013). The many adaptations to extend life are not without consequence however, and this paper will first look at how ideas of personhood are constructed and changed with the advent of organ transplantation.
Changing Ideas of Personhood

Before a comparison is to be made of cross-cultural ideas of personhood, it is important to understand that the adoption of a new organ within a patient, no matter what cultural group or ethnic orientation they belong to, will all, for the most part, be subjected to devastating side effects of the organ treatment and immunosuppressive drug therapy (Kierans 2011). To integrate a new organ into the body, one must take a cocktail of drugs that help to protect against the body rejecting the new organ. There are changes in body image, which include weight loss/gain, changes in body hair, increased susceptibility to viruses and infections and multiple other side effects from the combination of drug therapy alone (Kierans 2011). In this regard, organ donation may extend life, but the life that is lived both pre and post-transplantation may not be of great quality, at least for the recovery period (Kierans 2011). These side effects alone may change a person's ideas about themselves, change relationships with others, and ultimately change relationships within the larger society, and these, in some part, may be reflective of religious or social institutions. In addition to drug therapies, in most cases it is necessary to remove an organ before another can be inserted, and the process of removing a pre-existing organ from a patient may also create changes to constructs of personhood, especially the body's wholeness, when a piece of them has been removed to make way for a new, donated organ. To show how social institutions and ideological beliefs additionally influence ideas of personhood, outside of the immediate transplantation conditions, a first comparison will be made between a sampled population of Langkawi Malay, and a sampled population of Euro-Americans, focusing on ideas of what constitutes personhood, and how these change when adopting organ transplantation as a common medical procedure.

For the Langkawi Malay, human blood, breast milk and sharing of food, especially rice, around a central hearth are ways of creating and maintaining kinship ties and determining relational family member status (Carsten 1995). A member of society is to eat at their home with other members of the house and the continued sharing of substance over long periods of time creates relational ties (Carsten 1995). The Langkawi Malay believe that personhood is a fluid construct, much like the formation of kin, emphasizing changing and becoming in the process of taking in substance from the surroundings (Carsten 1995). Most notable of the substances is rice which, when ingested, turns into blood within the body, which turns into breast milk, which is then passed on and shared between the children from the mother (Carsten 1995). It might be assumed that the sharing of blood during transfusions during an operation would constitute relational ties, but this is not the case for the Langkawi Malay, because the blood has not been eaten or consumed, like breast milk or food, but has simply been added to the person for medical reasons (Carsten 1995). Most strikingly, the blood and organs that are to be shared between a donor and recipient are not those of close relatives or siblings, but those of non-relatives and non-kin (Carsten 1995). This is because if an organ or blood needs to be changed then a sibling or relative’s blood would have no effect because it would be believed to have the same deficiency as the recipient (Carsten 1995). Relatives and kin would all share the same blood because of the ideological belief that personhood is constructed like a fluid, being
shared and exchanged among close kin and relatives (Carsten 1995). The sharing and fluidity constructs of personhood do not drastically change for the Langkawi Malay with the advent of tissue donation since there is already a preset idea of fluidity and sharing among the community (Carsten 1995).

In contrast to the Langkawi Malay idea of personhood as fluid, with permeable boundaries and flexibility a North American or Euro-American context understands humans to be identified as “bounded individuals” (Carsten 1995, 2011). Persons are individuals at their core. A person may be a part of a larger family or kin group, but within these larger social groups each person has their own identity and constitutes their own entity. It is a common practice for Euro-Americans to stress individuality and uniqueness between people. These ideas of bounded individuals are most significantly questioned when organ transplantations occur, and someone else’s body parts are incorporated into a recipient’s “bounded body” (Carsten 2011:19). In the Euro-American context, blood and organ transplantations function as a vector between people, bodies and relationships that are normally kept apart (Carsten 2011). Since Euro-American kinship has defined relatives as “common blood”, does that go as far to say that the participants in an organ or blood donation are now relatives (Carsten 2011:21)? This is a common question that is asked by recipients in helping them to cope with aspects of changing personhood from pre and post transplantation. Some recipients feel no connection to the donor while others feel that they pick up or exhibit characteristics that the donor may have had (Shaw 2011). The connection to the donor’s organ is also contingent on if there was an open donation, where the recipient knows who the donor was, or a closed donation, where the donor’s identity is kept confidential. In different societal and political contexts, there are different degrees to which confidentiality is maintained, and this also has a major impact on how a recipient constructs personhood post transplantation. Overall, however, there is really no correct way to answer this question of what the donor means to the recipient, but there may be striking similarities from people who share similar political and cultural institutions or belief systems, which will be discussed later.

From a Euro-American perspective, transplantations cause controversy since they seek to destroy many different bodily boundaries at once: between the bodies of self and other, between the immune system and the environment, between humans and machines, between giving and receiving and, as we have focussed on, questions of the bounded integrity of personhood (Kierans 2011). As such, these medical technologies have been able to allow for new ways of thinking about living ‘in’ the body, which, from a Euro-American perspective, may shift what it means for a person to be embodied, and the person’s relationship to their surroundings (Kierans 2011). From a Euro-American perspective, after organ transplantation the body is no longer a bounded whole; they have a foreign entity that may influence how a person relates to others, characterizes medical systems, feels about other donation contexts, such as fundraising communities, and how all of these things come together to change how a person responds to the larger societal institutions that are in place. The concept of what organ donation means when considering ideas of personhood may be that the
organ is readily accepted by the recipient, while for others, the organ will always remain a part of the donor as a foreign object held within their own body (Kierans 2011).

What is introduced to Euro-Americans with the advent of organ donation is a possibility to redefine constructs of personhood by re-evaluating relationships and kin networks. From a Euro-American perspective, a donor may for example be a daughter, son, brother, sister, mother, father, aunt, uncle or grandparent and, although they may be already biologically related, the notion that each member of the family is their own individual does not always stand true when there is sharing of organs between bodies. If participants think of the body as individual from others and co-existing with personhood they might feel that organ transfer and exchange may be inter-subjective (Shaw 2011). For example, a person may feel that there is a transfer of personal characteristics, qualities, and values from the donor to the recipient (Shaw 2011). This could cause complications for personhood construction when transplantation crosses between two realms of belief systems, or different personal characteristics and values. The recipient’s personality and religious beliefs may comprise the majority of the new personhood, with small characteristics or values integrated and appropriated. This may not always be a problem, especially when many donors prefer to remain anonymous to the recipient. In some instances, a recipient may only receive an age of the donor, and may be unaware of even the sex. Shaw (2011) summarizes this exchange when she comments, “If the organ is not only thought of as a spare part, but also has magical qualities, then the transplant recipient must integrate the new organ by becoming part of another individual.” In other cases, a donation may very well be from a friend, neighbour, or a co-worker, so there may not be a biological or affinal connection. In this sense, the recipient has an organ and may share blood from someone unrelated, but with a pre-existing relationship. Are they now to view themselves in different standards based on the donation? Are they now to share a more intimate connection and relationship since they have gone through the organ transplantation experience together and have a new foundation of connection? Although the ramifications of how a person will construct their own ideas of personhood post transplantation are unclear, it is clear that there are a multitude of possibilities for a person to view themselves and everyone around them differently with the advent of this medical technology.

Similar to Euro-American ideas of the bounded individual constituting a person’s wholeness and personhood, a different comparison between sampled populations of Egypt’s poor and Greek-Cypriots can be made on ideas of wholeness constituting personhood, focussing on the different ways in which this wholeness is created and maintained. Wholeness in personhood is a feature among Egypt’s poorer populations, where all body parts are necessary in maintaining a healthy, balanced life (Hamdy 2013). In this sense, giving up an organ would go against this ideology. For the sampled population of from Egypt, it is believed that God created the body in his image, and it should not be tampered with (Hamdy 2013). To have a complete and undisturbed body means to be whole, and overall this contributes to their ideal form of personhood (Hamdy 2013). The body that someone is born with should not be changed; people are meant to live a certain amount...
of life and not mess with their fate (Hamdy 2013). This is clearly another example of how different social and cultural institutions produce different ideological ways of conceptualizing the relational consequences of organ and tissue sharing during transfusions and operations. In comparison, the sampled population from Egypt and Greek-Cypriots differ in their ideas of organ transplantation. While the sampled population of Greek-Cypriots see organ transplantation as a process that allows the body to become whole again, the sampled population from Egypt see it as a process that destroys the patient's once whole entity. In the example of the Egyptian patients, transplantation destroys the body and is not a practice that is sought and commonly shared for all members of the community.

Costas S. Constantinou (2012:) reports that some Greek-Cypriot patients resort both to biomedical technology and their religion to make sense of ill health, and the failure of vital organs in particular. For the sampled population of Greek-Cypriots, wholeness, wellness, and the ability to achieve and maintain social acts and processes are the main determinants in maintaining a sense of personhood, where illness is seen as a pathway against normality (Constantinou 2012). The sampled Greek-Cypriots patients emphasize whole personhood as the ability to obtain cultural goals such as having a family, achieving an education, obtaining employment, and being equal to other members of society (Constantinou 2012). Organ diseases end up stripping people of these abilities to achieve an ideal personhood (Constantinou 2012:30). Being sick, hospitalized, or on immunosuppressive medication, all deter people from being able to fully enjoy life and fulfill their expectations (Constantinou 2012). With the advent of organ transplantation technology, people have the ability to return to their ideal life, and start achieving their life goals again, while increasing their wholeness and beginning to participate in reconstructing their ideal personhood. This is particularly evident in the case of kidney disease, where individuals are continually dependent on machines to work in place of the malfunctioning kidney (Constantinou 2012). When organ transplantation occurs a person is no longer dependent on medical machines for survival, and their foundational ideas of wellness and personhood increase (Constantinou 2012).

One key event that is so important to social constructs of personhood is eating, and the ability to eat freely without dietary restrictions. This allows for a more open and social construction, which in turn helps to fuel social relationships that are important in constructing a whole and healthy lifestyle (Constantinou 2012). Another key social event is working, and being able to fully experience employment without incapacity provides the social experience of equality to others and again, enhances concepts of wholeness in personhood (Constantinou 2012).

Much of the concepts of personhood for the population of Greek-Cypriots emphasizing wholeness and wellness are similar to reactions of participants in Rhonda Shaw's (2011) New Zealand organ and tissue donation study. In Shaw's (2011) study, there was an emphasis on renewed life and rebirth post transplantation and an emphasis around living one's life well in light of a donor's gift. How a recipient views themselves is changed with the advent of a rebirth ritual often referred to by recipients as a "second
birthday,” where the emphasis is on having a second chance at living life (Shaw 2011:302). This second birthday or re-birthday is usually the date of the transplantation, highlighting the emotional and metaphorical importance that organ donation has on members of society (Shaw 2011). This metaphor of the “gift of life” is used in New Zealand to promote organ donation as an altruistic act (Shaw 2011:299). For many New Zealanders, concepts of personhood are just as important as ideas of providing a reciprocal exchange and acknowledgement of the donation, which will be examined in-depth later (Shaw 2011).

Lastly, questions of personhood are also expressed in gender ideology, when transplants cross sexes and genders. Do women feel more comfortable receiving a transplanted organ from another woman versus that of a man and vice versa? Does the incorporation of the opposite sex’s organ trigger responses of gender ideology or gender formation? Does the personhood of an individual change in relation to these gendered responses? This line of inquiry is emphasized by Shaw (2011:309) when she states that “the women might believe the organ had the potential to masculinise her body-self, or, incorporating a strange man’s organ could have connotations of intimacy akin to beliefs about donor insemination as a form of infidelity.” In future organ donation and transplantation studies, by asking these larger gender ideology questions there may be a possibility to holistically understand different ways of how organ donation affects concepts of personhood.

All of these aspects together have the potential to change constructs of personhood, and their position to others within the larger society. What can be determined from these comparable samples is that personhood is constructed on a variety of different bases, including religion, economics, politics, and, most importantly, emotional and social determinants. What is interesting to note however is that there is a trend in constructions of personhood to view wholeness as a criteria in maintaining ideas of self. From ideas of the North American “bounded whole individual” being opened and changed, to the Egyptians staying whole, to the Greek-Cypriots becoming whole again, it is all a process of needing the body to be whole and together to stay alive. But, all together the processes that maintain a personhood vary drastically, which can be compared across space as well as through time. In addition, this changing idea of personhood also has ramifications for changing relationships when reciprocity of the organ tissue is taken into account, which will now be explained in greater detail.

Changing Ideas of Reciprocity

Since reciprocity is a basic principle of social life in most cultural and social contexts, it is not surprising that it has a major impact on the relationship between people who participate in organ transplantation (Shaw 2011). Since reciprocity is a two way principle, of giving and receiving, how does one face the idea that someone gave an object (the organ) that has saved and prolonged life? How do you ever formulate a gift that is equal to the gift of a prolonged life? The reason that organ donation has caused such controversy in ideas of reciprocity is that organs are non-renewable resources, with much higher connotations of being acts of a good citizen who is brave and selfless. In comparison, acts like blood donations use renewable resources, and in some
contexts are revered as semi-mandatory acts that do not share in the same social rewards.

Reciprocity broadly refers to situations of mutual exchange, where reciprocal relations unite persons or social groups (Shaw 2011). Similarly, in some instances, organ donation is not seen as a one way gift but as a gift relationship, by bringing together groups of people that would not have otherwise been connected except in light of biomedical and technological innovation (Shaw 2011). This opens up the space for new kinds of relationships to be formulated, that historically would not have been made. For organ donation, some view this act not as reciprocity, but as altruistic, voluntary and one-sided. Such is the view in New Zealand (Shaw 2011). In comparison, organ and blood donation for the Langkawi Malay shows that many donors view their acts as prestigious, and fully accept small gifts or material forms of acknowledgement given to the donor (Carsten 2011). Carsten (2011) claims that these gifts for the Langkawi Malay are not formal payments however, since payment for blood and organs would breach another closely related boundary, that between a sphere of altruism and one of commercial interest. Likewise, not all organ donations are free and unconditional; some require black market payment, while other ones require life servitude (Shaw 2011). To an extent, the emphasis on reciprocity in organ donation is largely shaped by the historical and societal institutions that are affected by the appropriation of these medical technologies, and reflect other aspects of social life.

Shaw (2011) showed that in her New Zealand interviews, participants expressed anxiety and ambivalence around shared organs and the problems of integrating those body parts as a part of their own. One of the key characteristics for the New Zealand organ and tissue donation process is that it is governed by a social-organizational imperative of confidentiality, where relations between private and deceased donors families are not permitted (Shaw 2011). The idea that one may not know the donor can help to express anxiety in not being able to show gratitude and reciprocity for intentionally extending or saving one’s life. Recipients are however permitted to write generic thank you letters which will be passed to donor families through a co-ordinator to ensure confidentiality (Shaw 2011). This idea is centered around the perceptions of altruism and how to be able to emotionally receive what are typically characterized as unconditional gifts, while still understanding and respecting the privacy of donor’s families and their rights to confidentiality (Shaw 2011). In this sense, a person has given you a piece of themselves, an organ that has their blood, their tissue, and their DNA in it. This connection raises many questions surrounding both personhood and reciprocity. Does this transfer of organ create a kin-like connection between the two people or two families? One party has shared an organ with another, but the person who received the organ has not shared any aspect of themselves with the donor. Does this make the relationship one-sided? Is this one of the reasons that there is so much weight on problems of reciprocity in organ donations?

Like other medical technologies, organ transplantations have opened up a realm of debate, since it is a highly controversial practice that is far from being universally accepted (Kierans 2011). Organ transplants have also opened up new ways of thinking about how individuals live within their bodies and to
what extent they are individually owned, when there is sharing of vital organs and blood (Kierans 2011). This debate is emphasized by Shaw (2011) who states that the Māori cultural belief is that the body needs to be intact to be properly buried, and by having body parts outside of the person could tamper with the ancestral line and breach customary rules. This example shows the variability in ideas of personhood, before and after death, and ideas of controversy surrounding the practice of organ transplantation. Similarly, in Egypt, some believe that the inability to repay a family member for an organ donation would disrupt conventional family relationships (Hamdy 2013). This controversy is also seen in Egypt where deep structural inequalities and scandals in public hospitals give people little confidence of receiving respect, both for the donor and the recipient (Hamdy 2013).

The Future of Transplantation and Conclusions

Comparatively similar to biomedical process of organ transplantation, there is rising scientific exploration into the science of cryonics, which is the practice of freezing and storing deceased bodies with the hope that future medicine and technology will restore these bodies to life (Romain 2010). This is not a common exploratory science, and is primarily an American concept, but the key is that this practice clearly illustrates a human desire to extend life past death. Currently, there is a short period of time that an organ can be viable outside of a body before it is to be inserted into a recipient, but with advents in technology current populations may be able to put away organs for their future children, grandchildren and great grandchildren. This scientific exploration is currently on the rise, and it is only a matter of time before a new form of medical technology is available to help people with organ disease (Romain 2010). Technological innovations may also include artificial or personally grown organs, which would decrease the number of donors needed for a successful transplantation (Romain 2010). Currently, however, without organ transplantations there would be many shortened lives and this extreme example of cryonics illustrates that concepts of death, life and personhood are constantly changing and evolving when new and innovative technologies are appropriated by different cultural and social institutions.

Hagai Boas (2011) claims that recently, organ transplantations are becoming more like personal gifts, rather than social goods, which is caused by living donors wanting to have personalized connections and initiatives. Live organ donors want to see the contribution that they have made to increase life expectancy for someone else, especially with donations of the kidneys; this paper has already shown that life with kidney disease can be very devastating as there is a reliance on machinery and many social restrictions (Boas 2011). The trend to donate organs as gift is expressed by the fact that genetic proximity promises a good match, so kin-members are primary candidates for a donation (Boas 2011). The future of organ donation, however, is also expanding this pool of possible genetically unrelated donors with the advent of post–operative treatments and drug therapy (Boas 2011). This rise in non-family living organ donors is on the rise in both the U.S and Europe and comprises a wide range of social relationships such as friends, neighbours, coworkers, or people who met on donor matching websites on the internet (Boas 2011). This trend towards organ donations as gifts supports
the previously explored concepts of changes in reciprocal relationships, as well as ideas of personhood, and the connection to the kin group and the larger society.

I hope I have shown that the ramifications are unclear of how a person will construct their own ideas of personhood, and reciprocal relations post transplantation, but it is clear that there are a multitude of possibilities for a person to view themselves and everyone around them differently with the advent of organ transplantation. Throughout this paper the idea of “wholeness” has been shown to be important in constructing ideas of personhood, although how a society views and maintains this wholeness in personhood is subject to different historical societal and cultural institutions. It is important to remember that organ transplantation cannot be considered an equal process globally; the adoption and appropriation of medical technologies may follow health systems, religious beliefs, politics or economics (Kierans 2011). I hope that this paper has opened up the doors for discussions on the ramifications of changing constructs of personhood for organ recipients, as this field of biomedicine is on the rise. The importance on human relationships is key, since it would be extremely difficult to construct a system of organ donation that is divorced from human interest, because such a system would be “run by robots in a world immune from human intervention” (Carsten 2011:27).

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