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Book Review: Michele Goodwin's Black Markets: The Supply and Demand of Body Parts

Barbara A. Noah

Western New England University School of Law, bnoah@law.wne.edu

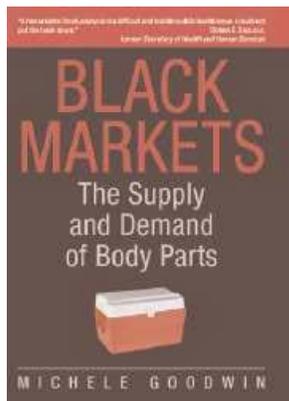
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BLACK MARKETS: THE SUPPLY AND DEMAND OF BODY PARTS, by Michele Goodwin. Cambridge and New York, Cambridge University Press, 2006. 312pp. Hardback. £20.00/\$30.00. ISBN: 0521852803.

Reviewed by Barbara A. Noah, Associate Professor, Western New England College School of Law. E-mail: bnoah [at] law.wnec.edu.

Michele Goodwin's **BLACK MARKETS: THE SUPPLY AND DEMAND OF BODY PARTS** takes an original look at a complex subject. The Introduction sets out the problems addressed in the book. As most people know, the supply of cadaveric organs for transplantation falls woefully short of demand. To make matters worse, Goodwin lays out a compelling case for the proposition that inequities in the organ allocation system disproportionately impact racial minorities, particularly African Americans. Because of systematic bias in organ procurement and allocation, Goodwin argues that African Americans should participate actively in the conversation about how to reform the system.

The book is divided into three major parts. After the Introduction, Part One describes and critiques the existing organ procurement and allocation system. Among other things, Goodwin explores in depth the role of race in supply and demand of organs for transplant. For a variety of reasons, African American patients wait longer to obtain kidney and other organ transplants than white patients. In part, organ donation rates by African Americans have lagged, though donations among minority groups recently have increased. Whites continue to account for most organ donations, and this limits the number of organs available for minorities where immunologic matching is deemed essential. In addition, demand for certain transplants may be higher among racial minorities. For instance, African Americans constitute approximately 12% of the population in the United States but account for more than one-third of persons suffering from end stage renal disease. The confluence of these supply and demand factors results in longer waiting times for racial minorities. African Americans currently account for more than one-third of patients on the waiting list to receive kidneys. Goodwin concludes that strategies to increase organ supply, and therefore reduce the crippling shortage of organs, deserve additional consideration, particularly models involving incentives for donation.

Part Two analyzes existing laws that govern organ procurement and considers the comparative merits of alternative systems. After evaluating the effectiveness of the Uniform Anatomical Gift Act and proposed reforms to the Act, Goodwin focuses on the merits and disadvantages of two models to increase the supply of organs for transplant. With respect to the presumed consent model, she notes that most people are unaware of the existing presumed consent laws in more than half the states, and that most laws generally limit their operation to [*786] the harvesting of corneas for transplant. Even so, the data suggest that such laws have only a limited positive impact on supply and create controversy because of concerns about over-implementation in lower income and minority donors and a related concern about the quality of cornea tissue. In addition, critics of existing and potentially broadened presumed consent schemes worry about interference with donors' religious beliefs or cultural preferences. The chapter then evaluates some of the underlying ethical arguments that either justify presumed consent or militate against it.

Goodwin also considers in depth a market approach to increasing the supply of transplantable solid cadaveric organs. Although she acknowledges concerns about cost and discourages a market or incentives for donations from living

donors, she argues that a market for cadaveric organs can co-exist with and supplement altruistic organ donation. She also persuasively debunks arguments that such a market would result in an increase in organs for transplant that are contaminated or otherwise of poor quality. Part Two closes with a description and discussion of the existing international black market in organs and tissues, and concludes that, until the government implements an effective organ procurement system, the black market in organs will continue to flourish.

Finally, Part Three provides a critique of the argument that permitting a market in cadaveric human organs too closely resembles slavery and therefore cannot serve as an acceptable alternative to the current system which relies purely on altruism as a motivation for donation. Noting that payment occurs at every stage of the organ transplantation process except to the donor, Goodwin asserts that those who argue in favor of an exclusive system of gratuitous organ donation ignore “the existence of a thriving, current market in human tissues and organs” (p.204). Ultimately, Goodwin concludes that a market in human organs can provide real benefits to all, including African Americans, although she acknowledges the difficult trade-offs inherent in such a system.

BLACK MARKETS is impeccably researched and persuasively argued, though some of its points are certainly controversial. The book is aimed at and very accessible to a general audience, but it will also prove interesting and informative to legal, medical and public health academic audiences. Faculty offering courses in bioethics, racial justice, or health care delivery may find that the book can provide a useful secondary source, particularly in seminar-style courses with the leisure to discuss it in depth and to place it into the broader debate about distributive justice in health care. Even those readers who disagree with Goodwin’s proposals for reform of the organ procurement and allocation system will find the book informative and helpful in strengthening their understanding of the ethics, law and policy that affect organ transplantation in the United States. This reviewer hopes that evolving technology eventually will alleviate the need for living donor or cadaveric organ donation but, in the meantime, Goodwin’s book provides provocative [*787] and insightful material with which to continue the conversation about transplant policy.

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