

NEITHER KIN NOR KIND: THE PECULIAR TIES THAT BOND
ORGAN DONORS, THEIR FAMILIES, AND TRANSPLANT
RECIPIENTS

REVIEWING STRANGE HARVEST: ORGAN TRANSPLANTS, DENATURED BODIES, AND
THE TRANSFORMED SELF. By Lesley A. Sharp. Berkeley, Cal.: University of
California Press, 2006. Pp. xiv, 307. \$24.95.

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As its title may suggest, *Strange Harvest: Organ Transplants, Denatured Bodies, and the Transformed Self*¹ is not the type of book with which one is likely to curl up at the beach this summer. It is a serious work of medical anthropology on the modern practice of organ transplantation in the United States. Written by Lesley A. Sharp, professor of anthropology at Barnard College and senior research scientist in sociomedical sciences at Columbia University's Mailman School of Public Health, *Strange Harvest* documents the experiences of—and probes anxieties particular to—organ transplant recipients, their deceased donors' surviving kin, and clinical specialists in the field. As an anthropologist, Professor Sharp is descriptive rather than prescriptive in her approach to this subject, but her observations and insights provide a rich body of knowledge that will be useful to current and future generations of organ transplantation physicians and policymakers.

Strange Harvest represents the culmination of over a decade's worth of ethnographic research conducted by Professor Sharp. Her findings, culled from participant observation, one-on-one and group interviews, survey work, and archival research, thus tilt more towards the qualitative than the quantitative.² Professor Sharp provides only a minimum of technical background to the science of transplant medicine. She instead sets her sights on the role of this practice in the broader context of American culture. Following its lengthy yet informative introduction, *Strange Harvest* is "composed of four essays, each of which focuses on an unusual, and thus remarkable, set of social relationships between donor kin and organ recipients that arise specifically in response to the presence (or absence) of the *cadaveric* organ donor."³ As distinguished from a living organ donor, a cadaveric organ donor is one whose act of donation follows a declaration of brain death (also known as brain stem failure) and withdrawal of life support.⁴

That essentially one person must die for another to live in just one of the many tensions inherent in organ transplantation that unsettle relations between donor kin and transplant recipients.⁵ In spite of such underlying tensions, Professor Sharp

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¹LESLEY A. SHARP, *STRANGE HARVEST: ORGAN TRANSPLANTS, DENATURED BODIES, AND THE TRANSFORMED SELF* (2006).

²*Id.* at 34.

³*Id.* at 31 (emphasis added).

⁴*Id.* at 47-48, 58-59.

⁵*Id.* at 56-57.

theorizes a form of fictive kinship that develops between these parties,⁶ for whom “[t]he idiom of friendship fails to embody the level of intimacy that organ transfer engenders.”⁷ As Professor Sharp notes, this intimacy arises from the often sudden and tragic circumstances (e.g., car accidents and suicides) that may render one brain-dead and, thus, a potential cadaveric organ donor.⁸ Additional factors mediating the recipient-donor kin relationship are the identity of the deceased donor (whose age and gender matter especially), the organ transferred (with symbolic weight attaching more to some organs, e.g., the heart, than to others), and the relationship of the deceased donor to surviving blood kin (where mothers to the deceased, e.g., tend to seek out and receive more attention from transplant recipients than do other donor kin).⁹

These peculiar relations of fictive kin play out in a variety of settings, from emotionally-charged private meetings and counseling sessions to more problematic public events such as the Transplant Olympics. The latter is a biennial athletic contest that allows transplant recipients from all over the world to exult in the physical fitness enabled by the gift of organ donation.¹⁰ Donor kin are invited to the Transplant Olympics but have tended to remain peripheral to its festivities; their experiences reveal the still hazily-defined standards of appropriate contact between donor kin and transplant recipients in public settings.¹¹ Encounters of this type are of keen interest to Professor Sharp, who pays careful attention to the ways in which fictive kin construe the memory of the deceased organ donor.

While detailed accounts of the experiences of donor kin and transplant recipients comprise the bulk of *Strange Harvest*, it is a work nonetheless concerned with the many difficult public policy questions related to transplant medicine in the United States. As Professor Sharp strongly emphasizes, the organ transplant field is in a perpetual state of organ “scarcity anxiety.”¹² Simply put, demand for human organs drastically outstrips supply, and public education and outreach programs seem capable of doing only so much to remedy this problem. Though state and federal legislation controls organ donation, procurement, and transplantation in this country,¹³ scarcity anxiety exerts pressure on both policymakers and physicians to

⁶*Id.* at 162.

⁷*Id.* at 171.

⁸*Id.* at 57.

⁹*Id.* at 171.

¹⁰*Id.* at 159-60.

¹¹*Id.*

¹²*Id.* at 17.

¹³*Id.* at 49. Professor Sharp does not provide a detailed legislative history, choosing rather to treat briefly “significant legislative strides,” such as the National Organ Transplant Act. *Id.* See National Organ Transplant Act, 42 U.S.C. § 274e (2006). “It shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human organ for valuable consideration for use in human transplantation if the transfer affects interstate commerce.” § 274e(a). “Any person who violates subsection (a) shall be fined not more than \$ 50,000 or imprisoned not more than five years, or both.” § 274e(b). “The term ‘human organ’ means the human (including fetal) kidney, liver, heart, lung, pancreas, bone marrow, cornea, eye, bone, and skin or any subpart thereof and any other human organ (or any subpart thereof,

expand the national donor pool. Proposed reform measures range from the arguably crass (financial incentives for donor families) to the truly alarming (presumed consent—notwithstanding family wishes—unless a brain-dead hospital patient has previously registered his or her opposition to organ donation).¹⁴ As Professor Sharp notes, such measures aimed at increasing the supply of transplantable organs threaten to “erode[] an already shaky public investment in medical trust.”¹⁵

Strange Harvest is a compelling read because of its author’s passionate interest in her subject matter. The candor that Professor Sharp is able to elicit from her many interview subjects is no doubt a result of the empathy that she feels for all parties involved in the organ transplant process—donors, recipients, their families and friends, and clinical personnel alike. As a good anthropologist should, Professor Sharp connects with her subjects on a personal level while remaining detached enough to reflect on the many unsettling qualities of organ transplantation in this country. While acknowledging that this practice is something of a modern medical “miracle,”¹⁶ Professor Sharp never loses sight of the entire scope of its effects—physical, psychological, and spiritual—on people’s lives.¹⁷

Fortunately, *Strange Harvest* contains very little abstruse medical or anthropological language. If Professor Sharp’s writing deserves any criticism, it would be for the extent to which it gives way to stylistic flights of fancy. Transplant medicine is indeed a rich source of literary-styled imagery, yet sometimes Professor Sharp strains a little too much to imbue her observations with symbolism. On the notion that the mothers of organ donors, more so than other donor kin, represent “warmth and kindness” in the eyes of transplant recipients, Professor Sharp writes that “this might very well be because recipients equate their harboring of others within their own bodies with the gestational experiences of their donors’ birth mothers.”¹⁸ This, of course, may be true, but it does little to support Professor Sharp’s fictive kinship hypothesis.

Strange Harvest also suffers from its author’s tendency to repeat herself; several topics covered in the introduction are revisited in later chapters where they are barely, if at all, expanded upon. Additionally, the book’s last main topic, that of non-human sources of transplantable organs,¹⁹ feels tacked on, almost as though it were intended to be the first chapter of a different book rather than the last chapter of this one. These are but minor quibbles, however, as *Strange Harvest* provides a compelling picture of the current state of transplant medicine in this country.

including that derived from a fetus) specified by the Secretary of Health and Human Services by regulation.” § 274e(c)(1). See also OrganDonor.Gov, Legislation and Legislative History, <http://organdonor.gov/research/legislation.htm> (last visited May 23, 2007).

¹⁴SHARP, *supra* note 1, at 18-20.

¹⁵*Id.* at 12.

¹⁶*Id.* at 9.

¹⁷Donation recipients, for example, usually require a lifetime regimen of powerful drugs to stave off organ graft rejection. *Id.* at 251-52. Likewise, some donor kin find that the act of organ donation, despite its spirit of generosity, extends indefinitely the process of mourning deceased donors. *Id.* at 163-64.

¹⁸*Id.* at 177.

¹⁹Among such alternatives are organs of animal or mechanical origin.

Professor Sharp has by and large made good on her plan, expressed at the close of her introduction to the book, “to generate more open discussion and debate[] and perhaps stimulate the transformation of medical policies”²⁰ in this field. May the discussion and debate continue.

²⁰SHARP, *supra* note 1, at 41.