

Beyond *daan*: Ethnographic Ruminations on Debt (*riin*) in the Context of Organ Donation

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Abstract: *Ethnography of organ failure and the quest for remedy helps reframe the donor organ beyond its biological meanings and economistic valuations, and dismantle the narrative of unconditional altruistic donation to help locate the nuanced workings of a moral economy, conceiving of the act of receiving of a donor organ an act of incurring a serious debt (riin), rather than an unconditional gift or grant (daan). This further reframes the human organ as a contested entity, to be examined within as well as beyond the concrete space of the biological body into the discursive realm of the social. Encounter with the everyday suffering of individuals with kidney failure and their caregivers, and the quest for remedy through kidney transplantation foregrounds the impossibility of thinking empirical instances of subjective and bodily experiences of suffering, regardless of market discourses on bodies and organs. Taking market forces into account does not amount to a devaluation of the moral force of bodily pain and suffering. Rather, such gesture points to the dynamic presence of the human body and organs across multiple registers of valuation—the market and the moral-ethical, the economic and the non-economic, the utilitarian and the experiential, and entails varied biomoral trajectories of negotiation with the standardised market valuation of human organs, which aims to render the buying or selling of organs absolved of morality.*

Keywords: Organ failure, donor organ, altruistic donation, debt, moral economy, rationality.

Introduction: Decentering the discourse from grant (daan) to debt (riin)

Ethnographic investigation of organ failure and the quest for remedy calls for decentering the uncomplicated narrative of altruistic organ donation as

a form of grant (*daan*) and helps reframe organ donation discourses in terms of the moral quandary over debt (*riin* in Bengali) and indebtedness related to the act of receiving a donor organ. Such moral quandary not only reframes the donor organ beyond its 'fundamental' biological meanings and emergent economistic valuations, but dismantles the uncomplicated narrative of unconditional altruistic donation to locate the nuanced workings of a moral economy, conceiving of the act of receiving of a donor organ an act of incurring a serious debt (*riin*), rather than the receipt of an unconditional gift or grant (*daan*).

This effectively frames the human organ as a contested entity, to be examined within as well as beyond the concrete space of the biological body into the discursive realm of the social. As a contested entity, the human organ traverses the moral plane of human existence as much as it inhabits the market discourses. The two experiential narratives presented below represent unique negotiations with the moral debt the act of receiving a donor organ brings in its wake. Dominant economistic explanations of debt contend that people incur debt when they do not have enough money to partake in a venture or to mitigate a crisis. Debt under these circumstances involves a rational orientation on the part of the individual towards future gains or mitigating any present crisis. But the present paper asks, in the light of insights from the ethnographic field, how would the study of economic behaviour conceptualise individual attempts not to incur any debt even in the face of existential crisis involving organ failure, bodily suffering and the fear of impending death and separation?

In the two experiential narratives analysed below, the actors involved abstain from or at least make failed attempts not to incur any debt involved in accepting or receiving a donor organ. The act of receiving a donor organ has the potential to render the recipient perpetually indebted to the donor. From the point of view of the recipient, the moral value of human organs has the potential to haunt the recipient and the immediate caregivers, in response to which they adopt modes of negotiation which are less vitiating of the self of the recipient and the immediate caregivers. The present paper, therefore, is essentially an attempt to demonstrate with the aid of the ethnographically grounded category of debt (*riin*) that the marketisation of spheres of embodied human experiences cannot completely absolve human action of moral obligation or at least some moral consideration. The individual or collective decision or judgment not to fall into the trap of perpetual moral indebtedness that the act of receiving the donor organ brings in its wake, the paper claims, depicts how intrinsically and inextricably the discourse of

moral valuation is interwoven with the science, technology and practice of organ donation.

On morality and the market: Revisiting anthropological ruminations

Critical engagement with the market valuation of human bodies and organs takes us to the disciplines of economics and economic anthropology, where there are significant contributions to the understanding of the social-structural embeddedness of all economic actions (Granovetter, 1985; Granovetter & Swedberg, 1992). Granovetter (1985) argues that the structural embeddedness of the economy has been broached in anthropological discourses in two ways: The first involves a group of thinkers who observe that economic action was embedded in the preindustrial societies, but with modernisation, the economy transformed into an autonomous sphere of experience, with economic action being determined by the calculative rationality of the economic man of classical and neoclassical economics. This has been called the substantive ramification of economic anthropology. The second involves a group of scholars who argue that the autonomy of the economic sphere is not unique to modern industrial society. Economic action was often independent of the social structure, even in pre-industrial societies. This is the formalist ramification whose ideas have been appropriated by a cohort of economists and social scientists to develop a position called the “new institutional economics”, which talks about how economic actions conventionally conceived as embedded or socially instituted can be understood only by recourse to the rational, self-interested pursuits of more or less autonomous economic subjects (pp. 481-482). In these analytical moves, Granovetter (1985) exempts himself from the substantive-formalist dichotomy by arguing that the preindustrial economies are far less embedded than the substantivists think, and the modern industrial economies are more embedded than the formalists and institutionalists can even imagine (pp. 482-483).

The approach of economic anthropology has long been to work by way of the binary oppositions of the kind presented above, which Granovetter (1985), among many others, attempts to destabilise. Economic anthropologists Parry and Bloch (1989) have sought to investigate moral valuation in money economies. They not only problematize the exhaustiveness of what Granovetter (1985) calls the excessively “socialised” conception of economy of the substantivists, *viz-a-viz* the poorly

“socialised” conception of economy of the formalists, but also interrogate how morality has always been juxtaposed against monetary exchange in classical economic sociology and anthropology, thereby creating obstacles for grappling with the morality of monetary exchanges. They argue that the traditional, non-monetary and gift economy has always been posited against the modern, money and commodity economy, with money attributed features which purportedly undermine the moral order of traditional societies. They show, using ethnographic instances, that such binaries and presuppositions do not hold any empirical validity. Money rather acquires variable moral meanings with varying circumstances.

Graeber (2001) argues that anthropologists have mostly been interested in the study of values, rather than value *as such*, which is generally typified by way of gross oversimplification as the preoccupation of economics or Marxian economics, to be more specific. The notion of the desirable embodied in values is posited against the objectivity of exchange value in modern, capitalist regimes where money is the standard medium of exchange. He calls for an anthropologically sensitive theory of value that does away with a singular conception of value as the measure of all things. He opines that neoliberalism glorifies the possibility of a singular conception of value. Whereas anthropological forays into the study of value rule out the possibility of any overarching system of valuation, be it market or culture, as the determinant of all human actions. The neoliberal conception of value seeks to impose a generalised system of valuation based on the imperatives of the global market economy. The problem with such an approach to the study of social values is that it has the inherent tendency to reduce essentially value-based social relationships into objects, which implies conceptually reducing the pursuit of values in everyday life into the self-interested pursuit of the so-called rational man, one who prioritises calculative rationality in his dealings with others. Such extrapolation of classical and neoliberal economic theories into the domain of human experiences converts human society into a mere assemblage of autonomous individuals and objects, devoid of ideas, emotions, ideologies and counter-ideologies, bereft of what Durkheim (1893/1984) conceives as collective consciousness. In Graeber’s understanding, economic anthropology also risks falling into the trap of conceiving of sociological categories such as power and esteem as values reducible to the rational pursuit of autonomous individuals towards the realization of specific goals with the larger implication that society disappears from the frame of reference, ruled by the individual and the object of pursuit, without any moral or value context or moral valuation whatsoever (p. 9).

This paper looks at the dual processes of moral valuation and monetisation of human bodies and organs. Bodies and organs, although predominantly made sense of via biomedical sciences, have a strong presence in both religious and legal discourses. While the body within the territory of biomedical and legal discourses is taken for granted, and that it inhabits the religious discourses is pervasively acknowledged, its trespassing into the territory of the market is frowned upon by society at large, and the activist and academic discourses in specific. This is where the paper begins to ask: *Is it tenable to assume that body and organ discourses could be safely contained by morality or kept immune from the market forces? Is it possible to conceive of an autonomous critique of the marketisation of human bodies by the moral forces? And, how does ethnography help in this context?* Encounter with the everyday suffering of individuals with organ failure and their caregivers, and the quest for remedy through organ transplantation, foregrounds the impossibility of thinking empirical instances of subjective and bodily experiences of suffering, regardless of market discourses on bodies and organs. Taking market forces into account does not amount to a devaluation of the moral force of bodily pain and suffering. Rather, such a gesture points to the dynamic presence of the human body across multiple registers of valuation—the market and the moral-ethical, the economic and the non-economic, the utilitarian and the experiential (see for instance Granovetter, 1985; Granovetter & Swedberg, 1992; Graeber, 2001; Joralemon, 2001; Joralemon & Cox, 2003). The category of debt (*riin*), as it emanates from the ethnographic field, renders this dynamic more prominent and is the situated analytical-methodological trope in this paper.

***Trajectories of debt (riin) and indebtedness in organ donation:
From the ethnographic field***

During the ethnographic fieldwork, I had the opportunity to converse with people about their encounter with kidney failure and the struggle to find a donor kidney or wait for one to be provided by the government hospital while undergoing dialysis.⁴ A common theme that inscribes the experiential narratives is indebtedness to the donor in the context of kidney donation. Analytically speaking, debt (*riin*) is an objective economic category, whereas indebtedness is a socially embedded subjective experience. In reality, each constitutes and reinforces the other.

In the experiential narratives culled out of the ethnographic fieldwork, the perception of indebtedness acquires varied trajectories depending upon the context and nature of debt incurred or to be potentially incurred in the context of kidney donation. Most of the narratives appear in one way or another to *resist the moral weight of accepting a donor kidney, for it fuses the recipient and the immediate caregivers in a relationship of perpetual indebtedness to the donor*. Even when there are organ donors available from within the immediate network of kin relations, purportedly willing to donate a kidney as a way of repaying a previous debt, for instance, the recipient and the caregivers conceive of it as *a new debt—an unprecedented burden, engendering a perpetual moral obligation*. Receiving a purportedly free kidney via the government hospital or a kidney from an individual immediately responsible for the ailing person appears as the predominantly accepted mode of negotiation against *kidney donation as bodily repayment of a previous debt*. In extreme circumstances, monetary compensation for a donor kidney (with its baggage of illegality), rather than a new debt in the guise of altruistic donation, appears as a more acceptable mode of negotiation even when, in the legal parlance, it involves exceeding the limits of the law.

Socially formulated and legally determined moral value of a donor organ generates the spectral effect of a perpetual debt on the recipient and the caregivers, *which can never be repaid*. The experiential narratives from the ethnographic field depict *varied trajectories of indebtedness* from diverse subjective-experiential positions—*the paralysing sense of perpetual obligation even a potential organ donation generates—the spectral effect they have and the many negotiations they bring forth* in the context of organ failure and donation, and subsequently, transplantation.

Next in order is a pry into two experiential narratives attempting to disengage the moral quandary over debt (*riin*) and indebtedness in the apparently uncomplicated trajectory of altruistic organ donation. Such moral quandary also frames the donor organ in myriad new ways beyond its supposedly ‘fundamental’ biological meanings and emergent economic valuations, formal or informal/deviant/criminal.

The donor organ as a medium of redemption

Rajesh Ganguli (my informant from the ethnographic field) had introduced me to Prabir Samanta (name changed), whose thirty-eight-year-old wife,

Karabi (name changed) was recovering inside the kidney transplantation ward in the Nephrology Building at the government hospital in Kolkata, which I chose as my field. This was her second transplantation since rejection in the first attempt. They had to resort to dialysis after the doctors detected an impending failure of the donor kidney. Prabir Samanta was a biology teacher at a government-aided school in Sonarpur and had his residence close to his place of work. Although originally from Ichapur in the North 24 Parganas. He had a daughter who studied in the sixth standard. When Prabir Samanta got married to Karabi, he said he was unaware that his wife had a chronic condition—an autoimmune disease¹ by the name lupus², for which she had been under treatment since a very young age. This crucial medical detail was not known to him when the proposal for a marital alliance came from his maternal uncle's side.

A few days after the marriage, Prabir Samanta noticed Karabi surreptitiously consuming medicines. When he inquired about the medicines, she replied, "Father has sent!" When he persisted and wanted to know from where she got the medicines and why she was consuming them, she replied in a state of alarm: "Father has sent them through brother; I have been consuming them for a long time". Feeling cheated, Prabir Samanta wanted a divorce, but his father intervened and asked Karabi's father to see them and explain why they had been kept in the dark about Karabi's chronic ailment. Karabi's father and brother arrived and confessed that she has lupus, for which she has been under continual treatment since diagnosis in her early teens. As it was becoming strenuous for them to find a suitable groom for Karabi, they decided not to divulge the ailment to Prabir's family when they started showing interest in getting Prabir married to their daughter. Upon seeing his son-in-law disgruntled, Karabi's father pleaded forgiveness while his brother lay prostrate at Prabir's feet. Being considerate about their helplessness, Prabir decided to forgive them and accept Karabi as his companion for the rest of his life.

According to Prabir Samanta, "Karabi has been ailing for a long time but has been a dutiful wife and daughter-in-law, and a caring mother". Although there was an undesirable start to their companionship, Prabir Samanta acknowledged how he gradually developed love and respect for Karabi when he realised that she was a good human being. He said:

When I decided to continue the relationship with Karabi and her family, even after knowing that I had been cheated, I did so only because they were utterly helpless. Had I turned them down that day, all of them would have died. In the countryside, when a married

daughter returns to the paternal household within a few weeks of marriage, she is bound to live a cursed life. People treat her as an outcast, and the family gets asked harsh questions (Pauses for a while)

Over the years, I have come to see from their point of view. I, too, have a girl child. Although I would have never hidden my daughter's ailment to get her married without hindrance. But I understand what it means to be a girl's father in our society. Karabi is a kind human being. She is caring and loving. Not that everybody has to show love and care through physical work. Even a simple gesture is enough to show how loving and caring someone can be. She has been ailing for a long time. My daughter has been deprived of a mother who could stand by her actively in all crises. But even when she is worst ill, she partakes in her life: worries about her, inquiries about food, whether she has completed her assignments? Isn't that enough? (Stops)

Prabir Samanta appeared to be a kind man who had developed a good relationship with Rajesh Ganguli. When I started interacting with him, I realised that while there was a predominant feeling of having been cheated in the earlier phase of the marriage, he gradually realised the helplessness of Karabi's family and began to appreciate the goodness of Karabi as a human person. Although he lamented that his teenage daughter is deprived of strong maternal support when she needs it most, he never falls short of words to appreciate Karabi's psychological investment in their daughter's life and her whereabouts.

According to Prabir Samanta, Karabi's health condition became excessively critical after she conceived. The nephrologist had warned that pregnancy would complicate her ailment. When she became pregnant, she had a kidney disorder but it was not that "serious", according to Prabir Samanta. Karabi's nephrologist was worried that pregnancy would aggravate the risk of kidney failure, and the gynaecologist warned that Karabi's frail health would pose a risk to the child. Just after the birth of their daughter, Karabi's condition worsened. Doctors diagnosed the condition to be one of lupus-induced nephritis and warned that kidney failure is imminent. Prabir Samanta expressed profound gratefulness towards Karabi, for he acknowledged that he would not have become a father had Karabi not taken the risk of conceiving even when the nephrologist had warned unequivocally that pregnancy could pose a life risk. He was evidently thankful to her for securing him, progeny. Although there was a melancholy in Prabir Samanta's

tone, and he kept on repeating that his daughter has been deprived of maternal support, especially because she is at an age where “she is experiencing bodily changes” and cannot share those details with her father, he did not blame Karabi and her family for his daughter’s supposed misfortune. Rather, he seemed to have internalised that he was destined to be with Karabi and have a daughter with her. When his daughter was only eight months old, Karabi’s complications aggravated. Prabir Samanta was driven to hopelessness seeing Karabi in that condition. He lamented:

Initially, I had no hope. But my brother-in-law persisted that we should go for kidney transplantation. I rejected the idea. I neither had the money nor the courage. But he persisted that we would find a donor for her. *He insisted that in case no donor is available, he would donate his kidney, but I rejected the idea altogether.* (Emphasis mine)

Soon, Karabi’s kidney transplantation took place at the government hospital. They were hopeful that Karabi would soon be safe. But the cadaveric kidney^s transplanted in her body was rejected. She developed a high fever along with other complications. Not even two weeks had elapsed after she had received her first kidney transplantation when she was again sent to the dialysis unit. A rigorous antibiotic regimen began. According to Prabir Samanta, his family physician told him that the kidney was probably rejected because of its cadaveric origin. But Karabi’s transplantation team did not cite any specific reason for the rejection.

For about one year after the rejection, they had to face the challenge of taking Karabi for dialysis thrice a week until she moved up on the waiting list⁶ and received a donor kidney. When they were finally frustrated at not getting a donor kidney, Prabir Samanta accepted *Prasanta’s* (Karabi’s brother, name changed) proposal, and Karabi underwent her second transplantation with her brother’s kidney. She was gradually recuperating in the recovery room of the kidney transplantation ward of the government hospital when I met Prabir Samanta. Regarding his decision to accept Prasanta’s proposal, Prabir Samanta told me in a firm yet regretful tone:

I never wanted Prasanta to donate his kidney. He has a wife and son. After this, I cannot look into their eyes. It is permanent damage. Karabi is my wife. She is my responsibility. Her blood and tissue type matched her brother’s. From the beginning, Prasanta wanted to donate his kidney. I never wanted this to happen. *I knew he was trying to undo the wrong done to me. But I had forgiven*

them long ago. I thought that if I accepted his proposal, then that would mean I had not forgotten what had happened in the past, and that would prove that my love for my wife is not genuine. (Emphasis mine). But destiny has it that Karabi would survive on her brother's kidney. I hope she recovers and is able to lead a normal life after this. I want Prasanta to be fit and fine. I want both to recover fast and get back to normalcy.

Gaining access to personal details to which one is not a party is emotionally troubling. I found it very difficult to maintain composure faced with such intense cathartic moments during my conversation with Prabir Samanta, who mostly appeared calm and forgiving. There were several moments when, faced with dis-ease, I began thinking that the research had intruded into too sensitive a space. I had the plan to write a hospital-centric monograph when I proposed to work on organ donation and transplantation, but with my entry into the field of experiences characteristic to organ donation and transplantation, I realised how ethically challenging it was and decided to work with whatever material came my way, like Lévi-Strauss's "bricoleur" (1962/1966), without pushing much for information.

Conversations with Prabir Samanta and his friend, *Shantanu Das* (name changed), continued until Karabi Samanta was released on the fifteenth day of the successful transplantation. These conversations informed my perception of organ failure and its aftermath in unanticipated ways. However, here I have reproduced only fragments from those encounters, keeping in mind what is necessary to address the problem at hand. Neither was it possible nor did I try to develop full narratives out of these fragments. These fragments constitute the weave of the representation, and I have tried to remain true to them as far as possible, neither compromising "thickness" (Geertz, 1973) for conceptual clarity nor plunging into romanticism at the cost of conceptual treatment.

Donor organ as a collective responsibility, as an acknowledgement of greatness

While I was conversing often with Prabir Samanta, I also developed a good rapport with *Hasibul Sk* (name changed), whose younger brother had also undergone kidney transplantation for the second time. Hasibul (then in his early thirties, probably) was an employee of a post office in the Basirhat subdivision of North 24 Parganas. They were originally inhabitants

of Basirhat but had shifted to a rented accommodation in Baruipur in South 24 Parganas, close to a relative's residence, to carry out the treatment of his nineteen-year-old brother, *Rajibul* (name changed), who had a chronic kidney ailment.

According to Hasibul, Rajibul had been a bright student throughout and after passing the Higher Secondary Examination in first division, he got admitted to Basirhat College to pursue an honours degree in Bengali. He even completed the first year with decent marks and aimed to pursue a Master's degree. But towards the end of the first year, he was on the verge of kidney failure. A local physician advised Hasibul to take Rajibul to Kolkata for treatment. Dialysis was the only solution the doctors at the government hospital suggested, unless a donor kidney for transplantation is found, which Hasibul thought was "impractical to even think of".

In Hasibul's words, "Rajibul was terribly depressed when he came to know that he needed to be on dialysis throughout his life unless transplantation is done". Hasibul told me that, like him, Rajibul too did not think of transplantation as an escape. All he wanted was to be able to continue his studies amidst the ongoing treatment. When they came to Kolkata for treatment and began residing at the rented accommodation, Rajibul still had plans to pursue his higher studies. Hasibul told me, "Rajib always wanted to come to Kolkata and pursue his Master's degree at Calcutta University. You tell me what kind of a journey is this to the city he has always aspired to come to?" He added in despair:

It has been one year since he has not been able to go to college, but in between dialysis sessions, he continues his reading and has a firm conviction that he will be able to appear for the second-year examination. He is already lagging by a year; his class has progressed ahead. This makes him sad. But he is not hopeless.

Hasibul's father was an ardent CPI(M)⁷ worker and was loved by all in Basirhat. Even under changed political circumstances and despite his father's demise, their family received support from the people around them. Hasibul, who is also an honours graduate in Bengali from Basirhat College, told me that the local people loved them for their academic achievements and polite behaviour. Many people visited them when they came to know about their brother's ailment. Many offered monetary help and brought fruits and health drinks. Hasibul requested people not to bring food items since there are restrictions on food and fluid intake. According to Hasibul, this was all because of his father's goodwill. Even relatives of people who were no

longer alive but were on good terms in the past with his late father met and offered help. Some had even altered political affiliations, but did not hesitate to come to their rescue. Hasibul emphatically said that although the media represents small towns as fraught with political turmoil, good relations override politics, and people reciprocate in crisis. When people heard that without transplantation, Rajib would have to survive on dialysis throughout his life, a few who had been his father's long-time associates during the CPI(M) regime even volunteered to donate a kidney to save Rajibul.

Researching organ donation and transplantation, I had learnt that organs are scarce, but in Hasibul's narrative I was confronted with a contrary information when he said *there were many visitors (previously his father's associates) who wanted to donate a kidney because they had a good relationship with their father and thought of this proposal as a way of acknowledging the greatness of his late father through the act of donation*. Hasibul's father, however, had taught them "not to take advantage of people". Hasibul was strict in his insistence on solving the problem all by himself. Even when his immediate social milieu and the network of interpersonal relations took upon themselves the collective responsibility of offering a donor kidney to Rajibul, Hasibul thought of sticking to his father's teachings. He said:

This is our father's upbringing. He told us to face any crisis with a brave heart. Solve our problems all by ourselves, unless impossible. Seek help only when all our capacities and resources have been exhausted. I think I can fight alone. They loved my father; that is why they were willing to help us. *But I respect my father too; he has never encouraged us to take advantage of anybody's kindness.* (Emphasis mine)

When Hasibul and his mother underwent blood tests to check whether they could donate a kidney to Rajib, it was found that his forty-eight-year-old mother's blood and tissue type matched that of Rajib. They decided to proceed with transplantation after some serious discussion within the extended family, especially with the maternal uncle. Although Hasibul was desperate to save his brother's life, a deep anguish befell him when he learnt that his blood type did not match his brother's, but his mother's did. He felt, he narrated to me in a helpless tone, "The lives of my most precious ones are endangered, and I am not in a position to do anything". Hasibul deeply wished he could donate a kidney to his brother, which would have not only saved his brother's life and spared his mother but also made his late father happy, because he always wanted his elder son to outshine him

in acts of selflessness. But for Hasibul, this was not an act of selflessness or altruism of any kind. For him, it was like saving his own life by saving his most precious ones—his brother and his mother. But “unfortunately”, he could not; he lamented.

Describing his defenceless state, Hasibul told me, “The biggest blow was yet to come”. The transplantation procedure was successful, according to the doctors at the hospital. But within a few days, Rajib developed a graft infection. Hasibul said, “... the world came crashing down around us.” The dreadful process of dialysis began once again. “We were back to square one”, Hasibul said. Great despair descended upon Hasibul’s family as a consequence. On the one hand, Rajib did not recover even after a serious transplantation surgery. On the other hand, Hasibul’s mother’s life was endangered as she would have to live with one kidney for the rest of her life. To enable the first transplantation to happen, they had withdrawn whatever money they had earlier deposited in the bank and even sold the gold they had. They received financial help from the local party organisation and from a few extended family members—help which Hasibul could not avoid. The accumulated amount enabled him to get Rajib’s transplantation done. From the accumulated amount, Hasibul had retained some for Rajib’s and his mother’s post-operative care. With the money that he got from the post office as salary, he thought he would somehow meet the monthly expenses. But when his mother’s kidney was rejected, Hasibul was completely broken and did not know what to do. He could not even think that a second transplantation would ever be possible.

The second transplantation, however, happened when Rajib received a kidney from the government hospital through organ swapping, from which Rajib was recuperating when I met Hasibul on the fifth floor of the Nephrology building. The case was also treated with great urgency by the hospital authorities. The doctors said that he was recovering well and, until then, showed no signs of rejection. Rajib’s transplant surgeon assured him, Hasibul told me, that since the kidney donor was a younger person compared to his mother, if there is no acute rejection⁸, the transplanted kidney will suffice for at least the next ten, fifteen years or more, provided Rajibul is under proper care and medication.

These experiential narratives assist a critical foray into the moral quandary over debt (*riin*) and indebtedness in organ donation. Ethnographic explorations suggest that such a moral quandary *dismembers the* supposedly uncomplicated narrative of unconditional donation to establish the *nuanced workings of a moral economy conceiving of the act of receiving a*

donor organ as an act of incurring serious debt (riin), rather than an unconditional gift or grant (daan). This, in turn, (re)frames the human organ as a contested entity, to be effectively examined within as well as beyond the space of the biological body, into the alleys of the social order.

Moral economies of debt (*riin*) in organ donation: Complicating *angadaan*

The human organ, as a contested entity, traverses the moral plane of human existence as much as it inhabits the market discourses. The in-vivo⁹ encounter with the human organ is the prerogative of the medic or the surgeon. But the ethnographic field creates a context where an ex-vivo¹⁰ life-trajectory of human organs materialises in and through the everyday-experiential discourses of organ failure, individual pain and collective suffering, and the fear of death and separation.

What draws attention to Prabir Samanta's experiential narrative is that, even in trying circumstances, Prabir Samanta never thinks of her as a burden or blames her for his misfortune. He rather thinks of Karabi as his own responsibility and is rather grateful to Karabi, for she guaranteed him progeny by giving birth to their daughter at the cost of her health. But this gratefulness is followed by a sense of anguish that their only daughter is deprived of maternal support, when necessary, especially in her teens, when the mother is the major support system for coping with biological and psychological changes. This lamentation, however, should not be taken as an indication of Prabir Samanta's disavowal of Karabi's dutifulness towards his family and daughter. He, in fact, says that physical contribution is not always necessary; psychological investment is enough sometimes, which is the case with Karabi.

When the first donor kidney was rejected, Prabir Samanta agreed to his brother-in-law's proposal to donate a kidney to his sister. The proposal was made earlier, too, but then Prabir Samanta had summarily rejected the idea, for he thought his wife was his responsibility and he should not take advantage of his brother-in-law, because kidney donation would harm him irrevocably. Since he was helpless after the first rejection and there are no legal hurdles to donation by a blood relative, they collectively decided to go ahead with the transplantation of Prasanta's kidney. This donation, however, became a constant source of discomfort for Prabir Samanta, and he confessed that he failed to look into the eyes of Prasanta, his wife and

children and shared how eagerly he wanted them to recover, and was equally concerned about both of them.

Amidst the two male interlocutors in the narrative, Karabi's silence draws attention. Not that she is absent in the narrative—she is actually everywhere, but as a hapless entity, although Prabir Samanta firmly recognises her contribution as a mother, wife and daughter-in-law, despite her prolonged illness. This narrative replicates the condition of exchange of a wife as suggested by Lévi-Strauss (1963/1974), between men, where the wife becomes a symbolic good of exchange. Here Prabir Samanta and Prasanta are in agentive positions, whereas Karabi, a woman with failing kidneys, is rendered devoid of agency. Whether Karabi wants her brother's kidney or not does not arise. The owning or receiving (Prabir Samanta is the owner) and giving (the giver is Karabi's father and brother) of a wife brings in their wake moral obligations, especially when the giver has previously committed an act of immorality by not divulging that the bride given away in marriage is not physically fit and has a chronic medical condition, which culminated in kidney failure. Since Prasanta is an accomplice in the cheating, from the very beginning, he attempts to undo the moral wrong by proposing to donate his kidney to save his sister and mend his sister's husband's devastated life. From Prasanta's point of view, this gesture appears as morally binding, whereas Prabir Samanta resists any such act of undoing the moral wrong inflicted upon him, for he thinks he has forgiven Karabi's family, recognising the difficulties of being the father of a daughter in a patriarchal society. Moreover, by summarily rejecting Prasanta's proposal, he seeks to reclaim his ownership of his wife, in the guise of responsibility and moral duty, his *dharma*, by seeking to manage everything by himself as Karabi's husband, and not getting his brother-in-law embroiled in the trouble.

On the other hand, what draws attention to Rajibul's narrative, as detailed by his elder brother, is the involvement of fellow residents of their hometown in their crisis. Hasibul attributes this to his late father, who was a dedicated worker of a political party and was respected by all in the town. His own polite behaviour and that of his brother, and their dedicated involvement in academics, made them popular among the locals in town. Many people came to see Rajibul when they heard about his frail health, and offered monetary help too, which Hasibul sometimes accepted, though with hesitation. According to Hasibul, some even went to the extent of promising a kidney to save Rajibul's life if required. Hasibul's insistence on this idyllic dimension of his hometown, where sociality overrides political feuds to the

extent that people enunciate the possibility of organ donation, shows how organ donation to save the life of the son of a respectable man becomes a collective moral responsibility. Here, there is recognition not of a debt *per se* but of an exceptional person who led an exemplary life of honesty, goodness and social service, which calls for collective acknowledgement through the promise of or actual bodily contribution or corporeal reciprocation in crisis.

But Hasibul decides, following his father's teachings, not to take advantage of people's moral obligation. He thought of donating his own kidney to his brother, but the clear match was with his mother. Despite his reservations, he had to helplessly provide consent to his mother's decision to donate. When the maternal kidney is rejected by Rajibul's body, Hasibul's grief intensifies as his loved ones are impaired for life. Finally, Rajibul received a second donor kidney through a swap at the hospital and was recuperating well when Hasibul shared his narrative with me.

These two experiential narratives represent unique negotiations with the obligation the moral debt of receiving a donor organ brings in its wake. A dominant economic explanation is that people incur debt when they do not have enough money to partake in a venture or to mitigate a crisis. Debt under such circumstances involves a rational orientation on the part of the individual towards future gains or solving any present crisis. *But what does the study of economic behaviour say about individual attempts not to incur any further debt or rule out possibilities of being trapped in moral debt or neutralise moral debts with inter-generational consequences by way of actions that circumvent indebtedness?*

Donor organ and moral debt (riin): Negotiating the spectre of obligation

Debt and indebtedness, as already discussed earlier, have both economic/monetary and moral/non-monetary dimensions, although one dominant way of conceiving indebtedness derives from a typically economic viewpoint. In such thinking, indebtedness derives from an empirical act of incurring a debt, such as borrowing money. Incurring a debt may not necessarily result in or amount to a sense or feeling of indebtedness. Moreover, perceptions of indebtedness could vary in nature and magnitude. For example, when one borrows from an institutional source such as a bank, against some collateral security or mortgage or based on occupational credentials, involving a contract between the lender and the borrower, the nature and

magnitude of indebtedness of the borrower to lender is bound to vary in comparison to a situation where a relative or friend has lend money on request and the promise that the amount will be returned soon or at a particular time. The former is institutional, based on a formal agreement between the lender and the borrower, where the lender is not a person but a fiscal institution or agency, involving formal procedures and legal contracts elaborating rules and conditions of loan sanction, repayment and penalties in case of failure. The latter is more of a verbal agreement based on the interpersonal relationship between friends or relatives, with rules and conditions of repayment more flexible and open-ended, sometimes working in favour of the borrower. The latter has greater force to generate a sense of indebtedness because it is less conditional and non-contractual by nature and driven by a sense of moral responsibility from the point of view of the lender. Therefore, the moral impact of such debt from the point of view of the borrower is more pressing, though not immediately legally binding. Because moral judgment or evaluation, despite being socially compelling, is subject to individual interpretations, such lending could be riskier for the lender, for morality is not enforced (and there are deviant possibilities which are not punishable judicially), whereas law is.

The experiential narratives from the ethnographic field voice the issue of indebtedness in subtle ways. However, they point to *the wariness of individuals to incur debt that may have moral implications—the debt involved in (un)conditionally receiving a donor organ, especially from a known person or an acquaintance*. Society tends to moralise all debts, even when they are typically monetary and based on legal contracts. Debts of all kinds bind the lender and the borrower in an abstract moral relationship, beyond the immediate legal contract or modes of kinship or relatedness. Thus, society not only moralises all debts, but debts also bind the individual parties in an abstract moral relationship that may have longitudinal implications, beyond the life-trajectory of empirical individuals, and this is best realised in debts incurred in non-contractarian and non-institutional modes in the immediate interpersonal relationships.

In Prabir Samanta's case, there is an initial rejection of Prasanta's proposal to donate a kidney to his sister. Prabir Samanta accepts the proposal only when it appears to be the last resort in the face of rejection of the first donor kidney. While Prasanta was persistent in his proposal, Prabir Samanta thought of not incurring any moral debt. From Prasanta's point of view, his family's indebtedness to Prabir Samanta remained constant over the years, for the latter had accepted their ailing daughter as his wife. On the other hand, Prabir Samanta had long

Forgave his in-laws and conceived of Prasanta's proposal to donate a kidney to his sister as a potential incurring of a new moral debt. Whereas Prasanta continued to operate within the moral frame of reference of the old debt to Prabir Samanta and requital appeared to him as obligatory and morally binding, for he is the "wife-giver" in the Lévi-Straussian sense (1963/1974), Prabir Samanta had begun thinking of Karabi as his responsibility and was unwilling to incur any moral debt by receiving an organ from Karabi's family. When faced with unavoidable circumstances where he has to unwillingly incur the debt, he thinks of the situation as *shameful and awkward*, unable to face Prasanta, his wife and children.

In Hasibul's case, unlike the first one, a particular town and its people are posited as intergenerationally indebted, although not explicitly, to a particular individual, who is Hasibul and Rajibul's late father. In this particular narrative, more than the debt itself, what comes across prominently is the way in which people of the town acknowledge their tangible and intangible debt to a great individual and how such acknowledgement takes the guise of tacit promises of repayment through flesh and blood, when few came forward with the proposal to donate a kidney to Rajibul. Acknowledgement or repayment through a donor kidney is not acceptable to Hasibul, for that is against his father's teachings, and he takes upon himself the responsibility to save his brother, although that does not work. When he is offered money, Hasibul hesitantly accepts, but the promise of the donor organ is not acceptable, for it seems to him that the moral charge of receiving an organ, a part of an individual's body, is far more burdensome than receiving money. Accepting an organ from the social collectivity as a form of repayment of the debt towards his father as a bodily acknowledgement of the latter's greatness appears to Hasibul as *morally objectionable*, in fact, *inconceivable*.

Both the experiential narratives recognise the moral value of human organs and *abstain from, or at least make failed attempts not to incur any debt involving the acceptance or receiving a donor organ. This act has the spectral capacity to render the recipient perpetually indebted to the donor*. The moral value of human organ has the capacity to haunt the recipient—real or potential spectrally, and the immediate family members and care-givers, in response to which Prabir Samanta unwillingly (yet gratefully) accepts his brother-in-laws' proposal to donate kidney to Karabi—which renders him deplorable, and Hasibul overlooks promises of organ donation by the social collectivity as the practical mode of negotiation, and rather accepts money with hesitation—a debt which he possibly conceives

as less burdening and vitiating of the self of the recipient and the immediate care-givers.

Conclusion: Toward biomoral negotiations with market standardisation

It can be tentatively argued that economic analysis or monetary valuation of human organs overlooks their moral value and moral implications, which rehearses anthropological ruminations on the economy, which posit the inseparability of money and morality (Parry and Bloch, 1989). Moral implications are more accentuated when a donor organ is involved—a valuation with spectral effects and generates greater intangible moral obligations in opposition to tangible monetary debts, which is why Hasibul accepts monetary help rather than a donor kidney. Individuals navigate such situations of crisis based on calculation across dual registers of valuation—moral and monetary—until they prioritise monetary over moral debt, unless incurring a moral debt becomes inescapable, like in the case of Prabir Samanta, who conceives of his condition as deplorable when his wife receives her brother's kidney. Their actions embody a rational orientation to the moral economy of debt, which does not deny the moral value of human organs, but rather decides through calculation in differential ways in favour of monetary debt or monetary resolution of debt over moral debt in organ donation, especially when the donor is a close relative or an acquaintance. Yet this rational calculation has deep moral underpinnings and involves making value-judgments on the part of the recipients or their family members and caregivers, which is why receiving an organ through legal-rational or bureaucratic procedures of official allotment appears safer, as it is conceived of as an entitlement and involves incurring no personal debt to an individual or a family or a specific social collectivity. In case of official allotment, the donor is diffused and dispersed in the list of cadaveric donors or is a person who has already received or is about to receive an organ, in return for the one provided from the hospital through organ swapping, with no immediate, tangible moral obligations whatsoever.

This concept of the rational individual partaking in decision-making regarding what is less morally burdensome is not a reduction of morality to calculative rationality (Weber, 1978). This rather points to the varied biomoral trajectories of negotiation with the standardised market valuation of human organs, which aims to render the buying or selling of organs absolved of morality. The fact that rationality itself gets embroiled in acts of moral valuation or a

biomoral economy of debt emerges weighing decision in favour of impersonal, state-sponsored, free provisioning or self-provisioning over the moral obligation to an immediate other—attempting to circumvent moral debt and its spectral effects in live donation from relatives or acquaintances (perceived as more spectral than cadaveric donation and the cadaveric organ) demonstrates that the marketization of spheres of human experience and embodiment cannot completely absolve human action of moral obligation or at least some moral consideration. The decision or judgment not to fall into the trap of perpetual moral indebtedness that the act of receiving the donor organ brings in its wake shows how debilitating a discourse of moral valuation is in such spheres of corporeal exchange, mediated by money or not.

Notes

1. A condition in which the immune system works against the body and destroys it.
2. An autoimmune inflammatory disease where the human immune system attacks its own cells and tissues, affecting joints, skin, kidney, heart and lungs.
3. A medical practitioner with specialisation in the treatment of women's diseases.
4. A medical condition where the kidneys are inflamed and unable to filter bodily wastes.
5. Kidney retrieved for transplantation from a person who has suffered brain-stem death.
6. A ranked list of potential organ transplantation recipients, based on determination of priority, to ensure fair allocation of donor organs.
7. Communist Party of India (Marxist).
8. Non-acceptance of the transplanted donor organ by the recipient body within a few days or weeks of transplantation.
9. Taking place within the organism.
10. Anything that takes place outside the body of an organism.

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