The Ethical Perspective
AN INTERVIEW WITH PETER JAWORSKI, Ph.D.

BY JOSHUA PENROD, VICE PRESIDENT, SOURCE & INTERNATIONAL AFFAIRS

Professor Peter Jaworski of Georgetown University recently gave a Keynote Address to the audience at the 2017 PPTA Source Business Forum in Las Vegas. Professor Jaworski has a keen interest in compensated plasma donation, and we were able to sit down with him to explore some of his thoughts on the industry.
Tell me a little about yourself.

I’m Peter Jaworski, a member of the Ethics faculty in the Strategy, Ethics, Economics, and Public Policy area of the Georgetown University McDonough School of Business (Washington, D.C.). I received my Ph.D. in Applied Philosophy from Bowling Green State University (Ohio), hold an M.Sc. in Philosophy & Public Policy from the London School of Economics (United Kingdom), as well as an M.A. in Philosophy from the University of Waterloo (Canada). I’ve taught at Georgetown University, at the College of Wooster (Ohio), and was a Visiting Research Professor at Brown University’s Political Theory Project (Rhode Island).

I spend most of my time researching and writing about the moral limits of markets, or “repugnant markets” as they are sometimes called. Recently, I’ve published a book with my colleague Jason Brennan titled “Markets without Limits: Moral Virtues and Commercial Interests.” I’m also a Canadian, which explains my interest in compensating donors of blood plasma.

You’ve visited a plasma collection facility. What were your biggest takeaways?

There were a few big takeaways. First, I was impressed by how careful and respectful everyone was to the donors and the care the staff took when it came to the plasma. I didn’t come in with any particular expectations about this, but it was striking.

And secondly, I appreciated the little things in that particular clinic that reminded everyone how they play a role in doing something truly remarkable and significant—saving lives and alleviating suffering.

There’s a story about John F. Kennedy visiting NASA and meeting a janitor. Kennedy introduced himself and asked the janitor what his job was. The janitor is said to have responded, “Sir, I’m helping to put a man on the moon.”

That’s a really powerful story about how we understand not only what it is that we’re doing at work, but also why we’re busy doing it, and how meaningful it is to us. I spend a lot of time with my MBA students talking about how important it is for our jobs to not just be jobs, but to possess meaning beyond the money. The money matters, obviously, but you don’t mop a floor with enthusiasm like the janitor did unless you feel part of something with real purpose and significance.

At this particular clinic, that message was often repeated and reinforced through the messaging on everything from the windows and mugs to a chart with little people that representing the number of lives donors at that clinic had saved so far. That will stick with me for a while, and I hope it makes people who work there and the donors who go there better understand that they are doing something just as, or maybe even more, important as putting a man on the moon.

You’re from Ontario. What is your perspective on the ongoing debate in some provinces regarding compensated plasma donation?

My perspective is that I feel hopeful for the future, hopeful that good medical and empirical science and good arguments will win in the end. But simultaneously I feel a bit of shame and frustration as well. I’m hopeful because of the academic interactions that I’ve had with readers of my book, including critics and reviewers.

I’m also hopeful because of the work of economists and other social scientists, especially Mario Macis and Nico Lacetera but also Alvin Roth and economic sociologists like Kieran Healy and Viviana Zelizer, who consistently raise the standards for debates about commodification [treating something as a mere commodity] and the commercialization of blood and blood plasma, through the use of rigorous tools and methods.

So much of the discussion surrounding compensating donors is, in Canada anyway, stuck in the hunches and guesses of the 1980s, based on the science and technology of the 1980s, done in the shadow of the biggest medical disaster we’ve ever had—the tainted blood scandal of the 1980s. We have almost four decades of experience since then, with better studies, better tools, and better technology. We don’t talk about highway safety by looking at the safety features of the Chevrolet Citation or the Nissan Leopard (both introduced in 1980), so why are we talking about plasma-derived therapeutics while thinking about the safety features and technologies in place in the 1980s?

As for why I feel shame: Ontario banned compensated plasma donation, but Ontario, like the rest of Canada, relies on plasma-derived therapeutics from the United States where, of course, you pay donors. It’s amazing to me that this bit of hypocrisy doesn’t inspire
shame in the members of Provincial Parliament who voted in favor of banning compensation while knowing full-well that we will continue to rely on a compensatory model for the security of our supply of plasma-derived therapeutics.

From your standpoint, why do people oppose donor compensation?

There are a number of reasons. The first one is some vague worry about “commodification.” Some things are sacred, some are profane. When you put a price tag on something sacred, you profane it with thoughts about material, impersonal, and fungible [mutually interchangeable] things. This is the weakest, but I think most often cited, objection to paying donors. It is weak because we pay teachers like me, and we don’t think that paying a teacher makes her no longer care about the intrinsic virtues of teaching. We also buy pets at pet stores, and yet care for them like members of our own family. There’s just no necessary connection between paying for something and profaning it.

Another worry has to do with selfish motivations. People think that you should give plasma with altruistic motives, not for selfish reasons like getting paid. But this one, too, is a weak argument. In response, I’d say that it’s much more important that lives be saved than that someone donates plasma with altruistic, rather than selfish, motivations. Morally speaking, it’s failing to see what matters more. And, separately, getting paid for something doesn’t mean you are incapable of acting from altruistic motives. Maybe money gets you in the door, but, as complicated as our psychology is, it is possible that saving lives plays a motivational role, too. Again, teachers get paid, but the teachers I know do it for the sake of future generations first, and the money second.

Some worry about empirical facts, like the safety of the donated plasma and the overall quantity of that plasma. The evidence appears to me to be pretty clear on the safety issue, and I think the standards, technologies, and procedures involved in modern-day plasma collection, modern-day donor screening, and modern-day techniques for virus deactivation and removal make plasma-derived therapeutics just as safe whether they come from paid or unpaid donors. Meanwhile, the economic studies I’ve seen on the matter decisively show that you get more plasma with economic incentives than without.

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The last one is wrongful exploitation. The worry is that the poor and underprivileged donate plasma because of their poverty... that they wouldn’t donate if they weren’t poor, and that we exploit their poverty to get our supply of therapeutics. I don’t find this argument compelling either. When Ontario banned compensated plasma donation, it didn’t replace that potential source of income with some alternative. All it did was remove an option for improving someone’s financial situation, someone who might now be stuck with even worse options. I just don’t see how that’s helpful. This worry would be more pressing if the pay [for donation] was low, the risks were high, and donors permanently lost something. But the pay is equal to or higher than $15 per hour, the risks to the donor are negligible, and blood plasma regenerates. Rather than exploiting the poor, my view is that these clinics provide an additional option, and provide an opportunity for a hand up—all the while respecting the time and effort it takes to donate plasma, by compensating people for it.

If you could tell plasma donors one thing, what would it be?

This one’s easy: Thanks for your role in doing something as meaningful and important as putting a man on the moon: saving human lives. And if I were feeling cheeky, I’d add: On behalf of Canada, thank you for donating. Canadian lives depend on the therapeutics made from American blood plasma donors.