In his seminal essay, *The Gift*, Mauss attempted to unravel the common principles running through gift exchange practices in societies which he termed ‘archaic’—Melanesia, Polynesia and the Pacific Northwest (Mauss 1990). According to Mauss and his successors, gift exchange as practised in these societies was characterised by two major elements that are intertwined: the obligatory transfer of the object and the inalienability of the object.

Firstly, the giver and the receiver of ‘archaic’ gifts are bound by a moral obligation to give, receive and repay, although these acts may be spontaneously fulfilled or performed with the attitude of generosity. It is well known that Mauss singled out the obligation to repay as the most important obligation, as it acts as a hinge for propagating the circuit of gift-giving. Secondly, the object transferred through this kind of gift exchange is inalienable. In Mauss’s term, ‘to make a gift of something to someone is to make a present of some part of oneself’ (1990: 16). The objects given are typically the important substance and being of the individual and/or group. Even after being given away, they still bear the ‘stamp of those who possessed it previously’ (Carrier 1994: 25). According to Weiner and Godelier, they are ‘inalienable possessions’, which cannot completely be alienated; the original owner retains inalienable ownership (Godelier 1999; Weiner 1992). Mauss’s exposition of the ‘archaic’ gift provides us with an important platform for an anthropological investigation on organ transplantation. This is because, as an internal part of the body, human visceral organs resist the dichotomy of the ‘person’ and the ‘thing’ and appear to be ‘part of the person’ as well as part of the body.

The aim of this paper is to consider living-related donor kidney transplantation in the Philippines in the light of the anthropological
theory of the gift. Focusing on cases of live kidney transplants between family members, I explore the gift relationship between the recipient and the donor. More specifically, I address the following issues. What kind of gift is the donation of a kidney from a living family member to another? What kind of relationship does this unique form of gift object create? What kind of obligation does this gift engender? How is this object treated after it has been transplanted?

My fieldwork was carried out for 18 months between June 2004 and December 2005. It consisted of participant observation of the activities of the Kidney Transplant Association of the Philippines (KITAP) and interviews with its members. KITAP is an association of ‘kidney transplantees’ or people who have undergone kidney transplantation. Established in 1984, the KITAP has over 1,500 members, and organises activities, such as Patients’ Forum, Kidney Transplant Anniversary Celebration and Philippine National Transplant Games. In total, I interviewed 53 transplantees, of whom 22 had received kidneys from a sibling, parent or child; this particular group of interviewees forms the focus of this article.

I will first present a brief discussion of the relevance of the theory of the gift to anthropological studies of organ transplantation, together with an overview of kidney transplantation in the Philippines. Secondly, I will describe a public event, then relate the story of a transplantee that will enable us to gain a glimpse of the intricacies of this gift relationship. Thirdly, I explore two categories of recipients’ acts, both of which are important components of the gift relationship between the recipient and their donor: ‘acknowledging and repaying the debt’ and ‘taking care of the kidney/cherishing the gift’. In doing so, I aim to show that behind these two categories of acts are two rival conceptions of the gift: one in which the gift compels the receiver to give in return and the other in which the significance of stewardship over the object given overshadows the norm of reciprocity.

Organ transplantation and the anthropology of the gift

Does organ transplantation have something in common with ‘archaic’ gift exchange depicted by Mauss? From one viewpoint, deceased donor organ transplantation seems to be even diametrically opposed to the Maussian gift exchange. Deceased organ donation may be characterised as the ‘modern’ gift, not only for the obvious reason that this form of gift is made possible by modern medical technology, but also because of the moral and legal rules pertaining to it.1

Just like blood donated to the British National Health Service (NHS), deceased organ donation is supposed to be nonreciprocal and ‘free’; the donor, who is expected to act out of ‘altruism’, will not receive any countergift and the recipient has no reciprocal obligation to the donor. This gift-giving is also seen as a charitable act, directed to an anonymous stranger. The giver is an individual citizen who performs this act for the public good (Titmuss 1970; Lock 2002: 317–8). Some observers also argue that the anonymous gift relationship presupposes the anonymity of the object transferred. As Strathern puts it, ‘Organ donors can give anonymously because human organs are regarded as anonymous: kidneys differ in physical condition rather than social identity […]’. Such organs or materials as can be excised or secreted from the body become free-standing entities’ (Sharp 1992: 129).

Ethnographers have observed, however, that the deceased organ donation is not always a ‘free’ gift and the object given is not totally anonymous (Fox and Swazey 1978; 1992; Lock 2002; Sharp 1995; 2001; 2006). Firstly, in spite of the policy of anonymity, some recipients wish to meet or write letters to the donor family to express their gratitude, while some
donor families hope to form ‘fictive kinship’ with recipients (Sharp 2006). Secondly, some recipients regard transplant organs as still being attached to the donor; incorporation of the inalienable object may lead to ‘transformative experience’ (Sharp 1995; 2006). Some donor families also hold the view that the life of the deceased donor somehow persists in the recipient’s body.

It appears then that the predominant logic of the gift—the nonreciprocal gift of an anonymous and alienable object—is haunted by another logic of the gift, which is reminiscent of the one which Mauss thought operative in ‘archaic’ societies. Deceased organ donation may create an enduring bond between the transacting parties. Unlike transfusion blood, the impersonality of which is fostered by the technological process of separating its components and storing them (Copeman 2005), transplant organs still bear the social identity of their giver and remain attached to the specific person—at least for some donor families and recipients.²

What then about living donor organ transplantation? Live donor organs also are expected to be given ‘freely’. The moral concepts of ‘altruism’, which also appear in the Western bioethical discourse on live organ donation, however, conceal obvious differences between the economy of live and deceased organs. A live donor organ is predominantly expected to be transferred within an interpersonal relationship of family and friendship, where the anonymity between the donor and recipient is precluded.³

Although the amount and scope of anthropological literature on living donor kidney transplantation is still limited, ethnographic studies carried out in Western countries have shown that, when an organ is transferred in such interpersonal relationships, reciprocal obligation to their donors can be an onerous burden for recipients (Fox and Swazey 1978; 1992; Lock 2002). On the basis of their research in the United States, Fox and Swazey state: ‘As Marcel Mauss could have foretold, what recipients believe they owe to donors and the sense of obligation they feel about repaying “their” donor for what has been given, weigh heavily on them’ (Fox and Swazey 1992: 40). A transfer of an inalienable possession can also lead to a situation in which the donor and the recipient are ‘locked in a creditor-debtor vise that binds them one to another in a mutually fettering way’ (1992: 40).

Although such a picture of live organ transplantation seems to fit well with the Maussian picture of the archaic gift exchange, it leaves some questions unanswered. Does living donor organ transplantation necessarily lead to the ‘mutually fettering’ creditor–debtor relationship? If not, how this can be explained? Is this because kidney donation is somehow understood as the ‘free’ gift? Is reciprocity the only moral principle that governs the gift relationship between the recipient and the donor?

Kidney transplantation in the Philippines

Kidney transplantation is a medical procedure that is performed on patients who are suffering from end stage renal disease (ESRD) or whose kidneys have irreversibly lost most of their functions. Kidney transplantation is considered more cost effective than kidney dialysis and is associated with a better ‘quality of life’. A kidney can be donated either by a deceased or by a living person. The very first successful kidney transplantation, performed in 1954, used a kidney donated by the patient’s monozygotic twin. Since then, many living donor kidney transplants have been performed. Medical research on the short- and long-term complications is believed to have shown that donor nephrectomy is a reasonably safe procedure.

In biomedical and bioethical literature, living donors are usually classified into ‘(genetically) related’ and ‘unrelated’ donors. The
term, ‘emotionally related donors’, is also used to designate a specific type of living unrelated donors, such as spouses, adopted children and friends. Many health authorities impose a certain restriction on the range of kin who are able to donate an organ; potential donors outside this range may donate organs only following a stricter screening process.

In the Philippines, the first kidney transplantation took place in 1968 (Dayrit et al. 2002: 96, 125). The annual number of kidney transplants reached 690 in 2006. In contrast with most European countries, the majority of kidney donors are living donors. The number of deceased donor kidney transplants accounted for only 5.2 per cent (36 out of 690) of all kidney transplants in 2006 (Renal Disease Control Program 2007). Owing to the low rate of deceased organ donation, living donor kidney transplantation is the first choice for ESRD patients in this country.

The Department of Health defines ‘living-related donors’ broadly, to include parents, children, siblings, cousins, nephews, nieces and ‘other blood relatives’ (Administrative Order no. 124, 2002). It has also ordered an ethics committee at the transplant centre to screen the relationship between the patients and any potential living unrelated donors in order to curtail commerce in transplant kidneys. Nonetheless, there has been a rapid growth in the number of living unrelated kidney transplants in recent years, the majority of which, presumably, involve some kind of monetary transaction. The largest group of living-related donors in the Philippines are siblings of the recipient. In 2006, over half of all living-related donors were sisters or brothers (50.8 per cent). The second largest group were children (14.9 per cent), followed by cousins (14.4 per cent) (Renal Disease Control Program 2007).

The financial agony of patients suffering from ESRD forms an important background to the meaning of kidney transplantation in the Philippines. The monthly cost of dialysis exceeds the monthly income of a typical lower-middle class household. Owing to financial hardship, many patients are underdialysed and, hence, poorly rehabilitated. In this country, the annual crude mortality rate among dialysis patients reaches 80 per cent (Renal Disease Control Program 2007). In this context, it is understandable that many ESRD patients think staying on dialysis is tantamount to ‘waiting for death’ and desperately seek a kidney transplant. Such a perception is also held by many kidney transplantees who celebrate the anniversary of transplant surgery as their second ‘birthday’ and refer to organ donation as the ‘gift of life’.

‘Tribute to Donors’ and Patricia’s story

Together with the Philippine National Transplant Games, ‘Tribute to Donors’ is one of the most important annual events of the KITAP. The event held in June 2004 also marked the association’s eighteenth anniversary celebration. At a large hall in a public hospital, over two hundred recipients and donors gathered, wearing pink attire, in accordance with the custom of debu—a coming-of-age ceremony for eighteen-year-old adolescent women.

Contrary to what some readers may expect from the name of the event, honouring of deceased organ donors was not a major component of the ceremonial event. Judging from my conversation with the organisers of the event, neither was the promotion of organ donation its significant aim; in fact, unlike in the Transplant Games, no particular effort was made to send out messages on organ donation to the wider public. Although meanings the event had for attendants may vary, the highlight of this event, for those whom I talked to, was the ‘presentation of a token of gratitude’, in which a group of recipients and their living-related donors collectively enacted and confirmed the intimacy between them.

As the names of eighteen selected kidney donors were called out by the host, each of them came forward and gathered in front of
A giant cake placed at the side of the stage. After two representatives of the donors lit the eighteen candles on the cake, all of them went onstage, amid a round of applause. Eighteen recipients followed, each carrying a pink rose. Each donor and recipient formed a pair and the recipients handed the roses to their donors. At this moment, the introduction to Keith Martin’s hit song, ‘Because of You’, began to play. Touched by the voice of a live singer and the chorus lyrics that suited the occasion—‘Because of you. My life has changed. Thank you for the love and the joy you bring … ’—many attendants wept. Some of the donors and recipients on the stage held onto each other in tears, and the hall was filled with emotion. This continued until the song ended and the host said jokingly: ‘We put you on the stage to make you cry!’

Among the recipients and donors on the stage were Patricia and her only sibling, her younger brother, Joseph. Patricia, in her late thirties, worked as a nurse in the Middle East before she was diagnosed with ESRD. As a single mother, she used to send remittances to her parents and child, saving the rest of her salary to realise her dream of building a house of her own. She was forced to give up her dream when the doctor told her about her disease. Learning about Patricia’s condition, Joseph, who was working as a bellboy in a neighbouring country, immediately expressed his wish to become her donor. During an interview session, Patricia recalled how she felt when she saw Joseph for the first time after the operation. She stated in a tearful voice: ‘I was so grateful. There are patients with many brothers and sisters but none of them wants to donate. And my brother, I did not ask him but he volunteered’.

It was also apparent from her story that her enormous sense of gratitude was mixed with a deep-seated sense of guilt. Before undergoing the operation, Patricia was wary of harming Joseph’s body; despite Joseph’s offer, she thus considered the option of buying a kidney from a stranger. Worried about the outcome of living unrelated donor kidney transplantation, her father opposed this idea. She also could not find another donor candidate among her relatives. The wretched experience of dialysis eventually forced Patricia to accept her brother’s offer. She related to me a story of a time when her brother had a medical examination a month after the operation; it showed that Joseph’s serum creatinine concentration had increased slightly above the normal range. Patricia said, ‘I felt so guilty. I even told my mother, “I will just return this [kidney] to him”’. According to the doctor, this result was not unusual for the initial tests. However, Patricia’s concern was only eased when the results of Joseph’s second test came back as normal.

Also relevant to her feeling of guilt was her brother’s unemployment. Not long after the operation Joseph married and became a father, but he had left his former job before the operation and had had no source of income since then. Patricia commented that ‘You feel guilty because you cannot provide what he needs. You always have in mind that he saved you’. Also unemployed and under financial pressure arising from the cost of immunosuppressants, she nevertheless made her best efforts to send him money: ‘For me, it is not repaying what he did for me. Just to make him happy. In any way, even in a small way, I can make him happy. Even if it is not as big as what he did for me’.

Taken together, ‘Tribute to Donors’ and Patricia’s story illustrate what Godelier terms the ‘duality of the gift relationship’ (1999: 12). On the one hand, in the ceremonial event, Patricia and Joseph, together with other recipients and donors, publicly showed a strong sense of unity and intimacy. On the other hand, Patricia’s personal narrative reveals her deep-seated feeling of guilt. Kidney donation was an extraordinary ‘sacrifice’, involving bodily harms, risk of complications and the loss of income. Joseph’s donation of kidney was perceived to create an inherently unrepayable
Repaying and Cherishing the Gift of Life

debt, which she nevertheless felt compelled to repay.

**Acknowledging and repaying the debt**

Almost all of the 22 interviewees agreed that kidney donation goes beyond any familial duties. Contrary to what Fox and Swazey (1992) suggest, the receiving of the gift was not considered obligatory either; turning down an offer will not offend the potential donor but, in fact, shows concern for his/her well-being. However, this does not mean that the gift is free of obligation when it is received. Almost all the 22 interviewees, in one way or another, testified to their sense of indebtedness and saw themselves under obligation to reciprocate.

‘I will acknowledge the debt (utang na loob, literally ‘debt of the inside’) for the rest of my life’, transplantees typically stated to express their sense of indebtedness to their living-related donors. This phrase, ‘to acknowledge the debt’, is widely used in everyday life, together with a similar phrase, ‘to repay (bayaran) the debt’. Whereas the latter expression, when used in a certain context, may have the negative connotation of attempting to erase the debt, the former refers to acts that properly show recognition of an unrepayable debt.

What do kidney transplantees do to acknowledge and to repay the debt? Showing strengthened love, expressions of gratitude, caring for the health of the donor and paying special attention to the donors’ children were among the things commonly mentioned by those who have received a kidney from a family member. Although these could be considered ‘countergifts’ in a broad sense, some recipients also made countergifts in a more tangible form. Depending on the donor’s need and the recipient’s capacity, this ranged from occasional financial aid to the provision of a livelihood. In short, there was a wide range of goods—‘material’ or ‘symbolic’—given to acknowledge the debt without erasing it.

Even though those acts are arguably ‘spontaneous’ and ‘obligatory’, as Mauss would have said, what the 22 interviewees told me suggests that the way in which this obligation was felt differed considerably from one individual to another. Some recipients seemed to be comfortable with what they did; fulfilling a reciprocal obligation did not require any more than spontaneous expression of gratitude and renewed love. Others, including Patricia, stated that they felt ashamed or guilty, because they were unable to do what they thought they should. What accounts for such differences in the gift relationship? An examination of the moral economy of the gift exchange in the Filipino family helps us to understand why some transplantees were more troubled by a reciprocal obligation than others.

**Gift economy in family and kidney transplantation**

Kinship networks play an extensive role in the circulation and distribution of various kinds of resources in Philippine society. Kinship transactions are imagined as consisting of a flow of gifts. A wide range of goods and services flow through kinship network; a predominant direction of such gifts is from a parent to a child, from an elder sibling to a younger one and from a wealthier sibling to a less wealthy one. This kind of gift, arising from familial and kinship duties, still leaves the beneficiary with a debt of varying magnitude. Some debts are regarded as being inherently un repayable, a paradigmatic example of which is the gift of having been born that a child owes to his or her mother (Cannell 1999; Hollnsteiner 1973; Rafael 1988: 124–134).

Set against this background, the uniqueness of a kidney as gift becomes clear. It lies in that it may flow in the opposite direction, i.e., from a child to a parent, from a younger sibling to an older one and from a less wealthy (poorer) sibling to a wealthier one (less poor one) and, in many cases, it does. Put rather schematically,
kidney donations in this case may be perceived by the donors and recipients in the following ways.

Firstly, the gift of a kidney may be regarded as arising from the preceding debt, leading to a relationship within which the recipient and the donor acknowledge mutual indebtedness. This idea was found in Richard’s story relating to his younger sister’s determination to donate her kidney. In the beginning, Richard was reluctant to receive a kidney from her because she was ‘the most frail and delicate’ among his siblings and because she had just had a job offer. However, she was the most determined among his siblings and strongly insisted on becoming a donor. According to Richard, she told him that, as he had helped to meet her financial needs so eagerly during her college days, she wanted to help him this time. In such a narrative, kidney donation is already the ‘return’ of previous gifts, leading to a relationship of mutual indebtedness.

Secondly, the kidney donation may be perceived to create a debtor-creditor relationship that replaces a previous one. In such cases, to use Bourdieu’s term, the donor accumulates the ‘symbolic capital’ (prestige, fame, etc.) not through the giving of his or her material wealth but through donation of a body part (Bourdieu 1990). The expected beneficiary of familial gifts in ordinary circumstances is now also the ‘creditor’. This leads to a situation in which the familial duty to help a younger and/or poorer sibling acquires another dimension of repaying the unrepayable debt. Some recipients’ countergift-giving to their donors—such as provision of capital to start a small business—may be regarded as an attempt to partially redress this awkward asymmetrical gift relationship. For others, including Patricia, this was impossible or inconceivable; they are left then with a painful feeling of not being able to fulfil their duty to help and care their donors.

Such a situation may evolve into the ‘tyranny of the gift’ (Fox and Swazey 1978; 1992), when the ‘creditor’ solicits, implicitly or explicitly, a certain material countergift, to the extent that it is seen as lying beyond the financial capacity of the recipient or as requiring a greater level of commitment than the recipient can offer. Some KITAP members told me stories they heard about the predicament of recipients living under the ‘tyranny of the gift’; donors had complained that they could no longer work as before because of the loss of physical energy; they had become economically dependent on recipients. Among my interviewees, one transplantee who had received a kidney from her younger brother bitterly related how he now took it for granted that she and her husband would provide him with material needs when he was in need.

In short, almost all of the recipients of a kidney donated by a family member acknowledge their debt. The fact that the debt cannot be cancelled does not mean that they are under no reciprocal obligation, but rather the reverse. Kidney transplantation is, in this sense, a gift exchange that is never completed. Latent to what some transplants told me, however, was another conception of the gift, which might possibly explain why some recipients, including those who do not or cannot regard a kidney donation as a countergift, are nonetheless not always tormented by their incapacity to repay.

According to this notion, to remain healthy and to stay alive by taking care of a transplant kidney is more important than to give countergifts; it is also claimed that being a good steward of a donated kidney is also, in a sense, the truer reciprocal act than to give something in return. Walter, who received a kidney from his mother, stated that, ‘I owe her my life. I owe her my second life too. And she still sends me money to buy medicine’. But instead of expressing his anguish at being in multiple debts which he cannot repay, he added, ‘To tell the truth, there is only one way to really repay her. To show how you cherish what she has given to you. That
makes her happy. So you have to take good
care of it!'

To ‘cherish a gift’ is another duty that
comes with the gift. Failure to act in accord-
ance with this duty, as some recipients stated,
may sadden or offend the donor. Rejection
episodes were feared not only because they
may lead to the graft loss but also because it
may be interpreted by their donors as a sign
of irresponsible stewardship. In order to ob-
serve how this stewardship is performed by
some of the recipients, including Patricia and
Walter, a relationship between the recipient
and the kidney as a gift object will now be
explored.

Taking care of a kidney

‘Before, you had it at the back. Now you can
feel that your kidney is here. Something is in
front of you’, said Patricia, recalling the period
immediately after the transplantation. She also
remembered a strange sensation she felt when
she was told to stand up by her doctor and
took her first steps after the operation. Feel-
ing as if the transplanted kidney were falling
down, she instinctively tried to hold it in place
with her palm. Her doctor assured her that it
would not fall out, yet she continued to hold
up the kidney when she was walking for about
a month.

For most of us, the kidney is a silent or-
gan. We can perceive some of the ‘visceral
body’; for example, our stomach grips us
in hunger and tension in the bladder urges
us to urinate. Yet, some parts of the visceral
body remain inaccessible to our senses and
the kidney is such a part (Leder 1990; Kierans
2005). However, kidney transplantation can
dramatically change the phenomenological
status of this visceral part. A transplant sur-
geon would place a donated kidney not in
the position of the two innate kidneys—they
are often not removed—but beneath the skin
in the abdominal region. When a patient
wakes up as a new transplantee, he or she
will realise before long where a transplanted
kidney lies through unfamiliar sensations
beneath their skin.

According to the accounts given to me by
many transplantees, they have become accus-
tomed to the presence of the new organ. Most
of them, however, have never ceased to feel the
organ’s presence, even many years after the
operation. They intermittently perceive some
movements, such as throbbing, hardening,
expansion or moderate pain in the location of
the transplanted kidney. They usually inter-
pret these as a sign of vitality of the transplant
organ. Sometimes, these sensations were also
said to contain communicative meanings. One
interviewee commented that, ‘The pain that
you feel in your grafted kidney means that
it is telling you, “I need water, please drink
water!”’

These experiences and perceptions were
more or less shared by the recipients of differ-
cent categories, including some who had pur-
chased kidneys from unrelated donors. The
idea that a kidney is alive could be regarded
as the patient’s adaptation to the novel bodily
experience. Interestingly, it was also promoted
by some nephrologists who perhaps saw it as
a useful tip for reminding their patients that
their body was not completely normal and that
it was necessary to comply with the doctor’s
instructions.

For more than half of the 22 interviewees,
taking care of a kidney took on another dimen-
sion through the practice of talking to and ca-
ressing a transplant kidney.13 The metaphorical
image underlying this practice was articulated
by Angelita, who had received a kidney from
her younger brother:

It is as if you were pregnant. You talk to a baby
so that it grows well. “Don’t get sick! Don’t
raise crea [creatinine]! You get along well there”.14
Other people may say, “Oh! Are you talking to
your kidney? Maybe you’ve gone mad!” But I
think it is one way of taking care of your kidney.
You are like a mother. The baby you have is your
kidney inside.
Although the female transplantees tended to be more explicit about the metaphorical image of a transplanted kidney as a foetus, it was not only the female recipients who talked to and touched the surface of the surgical scar. Walter, cited above, regularly talked to his transplanted kidney before he went to sleep. Lying on his bed, he would place his palm over it and say, ‘Don’t worry that I don’t always attend to you. I am going to rest now. You also rest if you want to. But please do not stop working completely’. According to Vicente, his brother told him not to forget to talk to his kidney and he followed his brother’s instruction; he regularly talked to the kidney in the following way: ‘Don’t forget that I love you. I will take care of you. So you also take care of me’.

Cherishing the gift

A question that arises at this point is what kind of meaning this verbal and tactile contact with a transplant kidney has for these kidney transplantees. A straightforward answer given by some of them was that talking to and fondling a kidney would foster a symbiotic relationship between the recipient’s body and the transplant kidney, thereby reducing the risk of acute rejection. The verbal and tactile care of a kidney is then a sort of preventive ritual and a magical form of self-care.

However, this does not exhaust the meaning the practice of talking to and caressing a kidney has for recipients. This is articulated by Patricia, who also regularly talked to her kidney. Her explanation on the meaning of the practice was as follows:

I do that because of, you know, the joy of, you know, remembering that it is given to me by my brother. I should take care of it like my brother took care of me. He suffered very much. He gave it to me without asking for anything in return. What he has given to me is a part of me. I have to cherish it. It is a gift from him. Without that, I would not be here today. It is just like cherishing a baby. You always talk to him so that, you know, he will grow. Because, you know, your mind is powerful. What you are thinking and how you are feeling always affect your sense of your body. It is a way of making yourself happy that he is a part of me. It is a remembrance between me and my brother. Wherever I go, I take him with me. It is a reminder of how much you are loved.

Patricia’s metaphorical statement—‘you always talk to a kidney so that he will grow’—suggests that talking to and caressing the transplant kidney was also intended as a form of self-care. However, it clearly had additional meaning. The above quotation shows that the transplant kidney was valued and treasured not only for its function—‘Without that, I would not be here today’—but also for its social origin—‘a remembrance between me and my brother’. It is in this sense that the object is treasured for its social identity and is cherished as a symbol of her relationship with her donor. Thus, talking to and caressing a kidney is simultaneously the rite of self-care and the cherishing of the gift from the other.

The way Patricia referred to her brother and the kidney suggests that a metaphorical foetus is a metonymical brother. Although this remains latent in her statement, it found a clear expression in the narrative of Estella, who had four kidneys in her body, three of which had probably already shrunk. Estella, the youngest of three female siblings, told me in a sober voice about the time when a transplanted kidney donated by her mother was rejected. She frequently failed to comply with the prescriptions due to her financial problems. Soon after she went back on dialysis, Estella told her family that she never wanted to go back on dialysis again. As she was lying on the bed in her room alone, her two older sisters came in and told her that one of them would be her donor and the other would go abroad to work, leaving her husband and children behind, in order to send her remittances. Estella said that she talked to her kidneys as though she had family inside her body.
According to Strathern, unlike the Euro-American bodies and body parts imagined as things ‘owned’ by the self, the Melanesian body is imagined as a register of the effects of historical social interactions and a microcosm of relationships. ‘In the Melanesian image, a series of events is being revealed in the body, the actions of social others: what people have or have not done to or for one’ (Strathern 1988: 132). When Patricia says ‘he is a part of me’ and Estella says ‘my family is inside my body’, their bodies appear rather like the body of the ‘Melanesian’. It is important to note that a kidney as gift object does not seem to stand merely for the creditor–debtor relationship that it created. Talking to and caressing the kidney is often said to be a joyful and pleasurable experience. This is because it stands for the relationship of which it is a product. As Patricia commented, ‘It is a reminder of how much you are loved’.

The spirit of the transplant kidney

Coexisting with the idea that a verbal and tactile care of a kidney fosters a symbiotic relationship with the body was a belief that, if a kidney is donated wholeheartedly, it functions better after transplantation, an idea to which most of the interviewees subscribed. Asked why this is so, some gave a more ‘secular’ explanation than others. For example, Patricia explained, ‘It is probably psychological. If you know that it is not given from the heart, your thinking also will be negative…That affects your health in general and the way your body accepts the kidney’. More commonly, transplantees gave me a more ‘spiritual’ or ‘magical’ explanation. According to them, reflecting the intention of the original owner, a kidney given from the heart seeks to settle into the recipient’s body. Walter commented that, ‘If the owner of the kidney is willing and says ‘Doctor, I am willing’, it is as though the kidney also accepts that (decision) willingly: “I will get along well in your body!”’ If you reluctantly agree, so too does your kidney. It’s like it is brought into an alien place’.

In The Gift, Mauss argued that the ‘archaic’ gift is simultaneously attached to the giver and possesses a spirit or soul that animates the object with life and seeks ‘to return to its birthplace, to the sanctuary of the forest and the clan, and to the owner’ (Mauss 1990: 16). For Mauss, it was this spirit, hau, or the belief in it, that ultimately forced the gift to be repaid in the ‘archaic’ gift exchange. Such a ‘spiritual explanation’ on reciprocity and obligation to repay received much scholarly comment and criticism (Levi-Strauss 1987; Sahlins 1974; Godelier 1999). However, an interesting comparison may be drawn between Mauss’s characterisation of the ‘spirit’ of an archaic gift and that of the transplant kidney.

On the one hand, there is a remarkable commonality between the ‘archaic’ gift and the transplant kidney; both of them are not only attached to the person but are also personified; they are seen as being animated, having its own will and moving on its own accord. On the other hand, there is an important difference between them. Unlike the spirit animating the ‘archaic’ gift, the spirit animating the wholeheartedly donated kidney does not so much seek to return or send its equivalent to the original owner as to settle into the body to which it was sent.

If we return to Walter’s statement that the best way to repay the unrepayable gift is by taking care of the kidney, a different view may emerge; the spirit of the gift that seeks to settle in the recipient’s body is, indeed, also the one that is seeking to send some kind of return to the place of origin, i.e., happiness to the donor. This does not mean, however, that the spirit of archaic gift and the spirit of the transplant kidney are identical, after all, since the latter embodies the conception of gift, according to which keeping for oneself and giving in return are not two different acts but merge into the single act of taking care of the kidney and cherishing the gift.
Conclusion

In this article, I explored some facets of the gift relationship created by living-related donor kidney transplantation between Filipino family members. What the ethnographic materials show is that, as previous studies on deceased organ transplantation in Western societies suggest, live organ transplantation is also a locus in which conflicting conceptions and rival principles of gift simultaneously operate.

On the one hand, live kidney transplantation between Filipino family members shares certain aspects with the ‘archaic’ gift exchange depicted by Mauss and his successors. Even though kidney donation is viewed by the recipients as lying beyond any obligation, and there is no obligation to receive when it is offered, there is a reciprocal obligation. A kidney transferred from one family member to another is not an anonymous and impersonal object. It remains attached to the donor, carries along the memory of the donor’s sacrifice and compels a recipient to reciprocate.

On the other hand, discernible from the words and actions of some of the recipients is another conception of gift. Following this conception, good stewardship over the thing given is more important than to give equivalently moreover, it is also claimed that the best and only possible way to reward the donor is to take care of the transplant kidney and to cherish the gift.

As ethnographic research on living donor organ transplants is still in its infancy, I shall refrain from a premature cross-cultural comparison. However, what we have seen in this paper seems to partly explain why a transfer of the kidney between Filipino family members does not always lead to the ‘mutually fettering’ debtor-creditor relationship. The alternative principle of the gift, which places stewardship over reciprocity, cherishing of the gift over repaying of the debt, seems to allow some Filipino recipients to evade the trap of being caught up in endless reciprocal obligation while other recipients are obliviously torn apart between the two rival principles.

Finally, I should take note that this conception of the gift is not to be conflated with that of ‘free’ and ‘altruistic’ gift. ‘Altruism’ rests on a relationship between mutually independent individuals. However, the principle of gift which we have seen rests on a relationship of mutual dependence: a relationship in which what is for the self and what is for the other are not mutually exclusive. In such a social context, a claim that the recipient’s act of cherishing the gift could also be the ultimate reward for the donor cannot be dismissed as fanciful. It is also this logic based on a relationship of mutual dependence that the ‘spirit’ animating the donated kidney seems to embody.

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Notes

1. For the reason why the idea of a ‘free gift’ can be called ‘modern’, see Jonathan Parry (1986).
2. For a more nuanced discussion on blood transfusion, see Copeman (2005).
3. Unlike deceased organs, it is rare for the gift of live kidney to be offered to a stranger; ‘good Samaritan’ donors tend to raise suspicion and caution rather than admiration. In the United Kingdom, it is only recently that such donation has begun to be accepted (BBC 2006).
4. The monthly cost of the standard treatment for a dialysis patient ranges between P30,000-50,000. The national average family income is P14,416/month (National Statistics Office. Available from http://www.census.gov.ph/, last accessed on April 30, 2008). The majority of the cost is not covered by the national healthcare insurance program. Therefore, majority of patients rely on financial assistances from their kinspersons and charity organisations.
5. The crude mortality rate was calculated by the author based on data given in the national renal registry (Renal Disease Control Program 2007). In most developed countries, it usually ranges between eight to fifteen per cent.

6. Pseudonyms are used in this article.

7. The value of serum creatinine concentration is used to measure the functioning of the kidneys. Normal serum creatinine concentration is <1.6 mg per dl in men, and <1.4 mg per dl in women.

8. He was able to find a job abroad by the time I last interviewed Patricia.

9. Some Filipino transplantees do not ‘comply’ with prescription regimens because they cannot afford all the immunosuppressants. This was not the case with Patricia although she seemed to have sometimes struggled to do so.

10. This does not mean that there are no cases where a potential donor feels pressured to donate.

11. Although some Westerners may regard such a countergift of money with unease due to the culturally specific symbolism of money (Bloch and Parry 1989), this was not the case in the Philippines.

12. There are other factors that come into play. Firstly, transplantees may or may not be seen as still ill people who need special support and are exempted from their familial duties. Secondly, kidney donation may result in a change in the financial circumstances of both parties. For example, the donor may lose his or her income because of the kidney donation, or the recipient may be transformed from an almost dying person to an almost normal person, with his or her own source of income.

13. Francisco Valera, who had undergone a deceased liver transplantation, also talks of his ‘gentle touch’ (Valera 2001). Lock cites an example of an American recipient of a kidney and liver from a deceased donor who also felt as if she were pregnant (2002: 328).

References


Society under Early Spanish Rule (Quezon City: Ateneo de Manila University Press).
Renal Disease Control Program (2007), Philippine Renal Disease Registry: Report for 2006 (Quezon City: Renal Disease Control Program).