Commodification of body parts: by medicine or by media?

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Abstract

Commentators frequently point to the involvement of biomedicine and bioscience in the objectification and commodification of human body parts and the consequent potential for violation of personal, social and community meanings. Through a study of UK media coverage of controversies associated with the removal of body parts and human materials from children, we argue that an exclusive emphasis on the role of medicine and the biosciences in the commodification of human materials ignores the important role played by commercially motivated mass media organisations. Analysis of the language of news reports covering the period of the organ retention controversies in the UK reveals the ways in which the mass media contribute to the commodification of body parts by recruiting them for use in the manufacture of a media scandal. This is achieved through use of horror language, the fetishisation of certain body parts, emphasis on the fragmentation of the body, and the use of a variety of rhetorical devices to convey enormity and massive scale. Media participation in the commodification of children's body parts has profound implications for practices and policies in relation to use of body parts, and has significantly influenced the governmental regulation of science and medicine. The role of mass media deserves fuller recognition by theorists of body commodification.

Key words: Commodification; children; body parts; mass media

Commodification of body parts: by medicine or by media?

The 'commodification' of body parts (Scheper Hughes and Wacquant, 2002) has become a prominent theme in contemporary debates about the body. These focus on how the reorganisation of the boundaries of the body and the recognition of new types of separable, exchangeable and reincorporable body parts (Rabinow, 1999) imply that the body is a form of merchandise. Commodification is frequently regarded as violating personal, social and community meanings for bodies. Bioscience and biomedicine have been seen to be overwhelmingly responsible for the growth in commodification of body parts, by creating new technologies to fragment and isolate bodily components to serve a variety of purposes, and allowing these to be exchanged in commercial transactions. Sharp (2000:298), for example, points to the ways in which the medicalisation of bodies leads them to be 'quickly fragmented and transformed into scientific work objects'. The trade in transplant organs is a frequently cited example of such commodification (Scheper-Hughes, 2001a, b) along with use of reproductive tissue for therapeutic and research purposes (Bridges, 2002) and the commodification of DNA (Everett, 2002).

The commodification thesis has some limitations; clearly not all forms of exchange of human tissues occur within commercial contexts. Whether the commodification theory can be applied to cases such as voluntary blood donation is not straightforward, (for example see Waldby et al (2004)). A less obvious criticism, however, concerns the tendency to assume that only bioscience and biomedicine are involved in the commodification of human materials. In this paper, we argue that commodification of human materials may also occur in less obvious ways by less evident protagonists.

Through a study of media coverage of stories about body parts removed from children, we show that an exclusive focus on science and medicine as agents of commodification ignores the significant role of the mass media. Paradoxically, commodification is a process which journalists have often sought to condemn where they can show it to be done by others.

We begin by briefly tracing sociological and anthropological debates about commodification of human materials, showing that these have primarily focused on the roles of biomedicine and bioscience, and then suggest that the role of mass media in this process has been neglected.

Commodification, science and medicine

An object becomes a commodity when it acquires a use-value and is then subject to commercial exchange (Marx, 1887) but in the case of body parts a process of objectification or reification is required, in which it is first necessary mentally or physically to separate the materials from the body so that they may become objects. Once objectified, as Appadurai (1986) has pointed out, a body part may have a social life as a thing and ultimately as a commodity. Objectification, though, causes tension between the status of body parts as 'self' or 'not self.' There is in this process a potential violation to personal identity and, in the case of the parts of someone who has died, to personal memories. This is quite apart from any scientific or economic exploitation that may occur.

Many practices related to bodies have attracted the charge of unwelcome and exploitative objectification and commodification. Sharpe's (2000) review lists slavery, the transnational trade in adoptable children, the sports industry, the military use of bodies and a variety of exploitations of women's bodies. The history of medical involvement with bodies in particular is replete with instances of commercialisation of body parts. The demand for corpses for dissection (Richardson, 1987) is perhaps the most notorious of these trades. More recently, the trade in transplantable organs, particularly kidneys taken from live 'donors', has become a cause for concern (Scheper-Hughes, 2001b), with recipients as much as donors seen as part of the process of objectification.

The politics of newer biotechnologies reflects similar tensions about commodification, objectification and reductionism. The creation of babies to become donors of human materials for sick siblings has been said by some to conceive of these children as no more than collections of body parts (Morrow, 1991). Media reports of this phenomenon (describing potential donors as 'designer babies') have played up such fears (Nerlich et al, 2003), leading to statements from official bodies that attempt to moderate the debate (HFEA, 2004). Genetic research has led to heated debates about the ownership of commercial spin-offs from the use of particular individuals' parts (Everett, 2003). Charges of 'biopiracy' have been levelled at scientists seeking to map and exploit the potential of the human genome by collecting information from isolated populations (Lock, 2001). Some (Palsson and Rabinow, 2001) have sought to mediate this conflict by advocating a 'communitarian' perspective that comes close to the original ideas of Titmuss (1970) about blood

donation as an altruistic ‘gift of life’, or to the perspective taken by Busby (2004) which presents awareness of reciprocal need as a motivation for donation.

Resistance to these processes of objectification and commercialisation has been detected by anthropologists in a variety of guises. Scheper-Hughes (2001b) cites popular opposition to ‘presumed consent’ laws, which allow doctors to remove organs after death unless objections are made, as evidence of popular resistance to the trade in transplantable organs. Both she and Dingwall (2001) read the popularity of urban legends about organ trafficking, in which (for example) children are said to be kidnapped for their organs, as a sign of resistance. Lock (2001) points to the opposition of indigenous peoples to the ‘racist’ ‘vampirism’ of the Human Genome Diversity Project and understands this as a form of resistance to unequal commercial exploitation. The belief in the ‘cell memory’ of transplanted organs, whereby organ recipients are felt by donors and their families to have taken on aspects of the personality of the donor, is also described by some anthropologists (Lock, 2001; Sharpe, 2000) as evidence of cultures of resistance to the scientific-rational objectification of body parts.

The critique of biomedicine in these processes is not unknown to doctors nor unexplored in medical journals. Andrews and Nelkin (1998) in a *Lancet* article describe the ‘growing divide between scientific and social views of the body in the commercial context of the biotechnology age’ and claim that ‘Objectifying the body enables scientists to extract, use, and patent body tissue without reference to the person involved’ (1998: 53). Writing in the journal *Archives of Disease in Childhood* two clinical pathologists (Burton and Wells, 2001) make the point that ‘What is a

mere blood clot and deciduas to the pathologist may have been a much loved and wanted pregnancy to the parents' (2001: 6). Increasingly, it seems, bioscientists are required to be seen to respect personal and social meanings of human materials and diminish the sense of objectification that their separation from the body for medical purposes may entail. Legal systems have also absorbed this message, so that offences to subjective, spiritual or 'emotional' rights associated with human materials are increasingly recognised (Laster and O'Malley, 1996).

In the face of the widespread belief that biomedicine and bioscience play an important role in dehumanising the meaning of body parts, and that this is largely an unwelcome process, some are to be heard arguing in the opposite direction. First, there is the finding that some human materials, such as blood donated for therapeutic purposes, are more acceptably objectified than others (Waldby et al, 2004). Second, it seems that some removals of human materials are seen as so beneficial for others (as in the case of life-saving transplantation) that any objectification that this may involve is either welcomed or ignored by the recently bereaved, who derive comfort from the idea that the death of one person has preserved the life of another (Beard et al, 2002). Third, anthropologists and sociologists who have investigated medical practices that involve physical examinations (Emerson, 1970) and surgical procedures (Katz, 1981) have noted that a routinised attitude that designates body parts as technical objects appears necessary in order to carry out these procedures if participants are not to be overwhelmed with feelings of embarrassment, horror or disgust. Finally, Lock (2001) herself notes that there are circumstances in which objectification of a body part can be experienced as a welcome relief from the moralising discourses associated with continuing a view of certain parts as 'self'.

Running through all of these debates, however, is the shared focus on bioscience, biomedicine and associated commercial infrastructures. These are seen as the prime movers in objectification, commercialisation and exploitation. This perspective, we suggest, ignores the important role of mass media in contributing to commodification of body parts.

Mass media commodification

The commercial exploitation of bodies for mass entertainment purposes has, like medico-scientific exploitation of bodies, a relevant history and many manifestations. The use of women's bodies for this purpose is well known. In relation to disability Shakespeare (1994) has pointed out that media depictions of bodily difference reflect a tradition that draws on that of the eighteenth century freak show, where 'human beings were seen as non-human, as potential exhibits in what was perhaps a cross between a zoo and a museum' (1994: 287). The use of bodily deformity to portray evil character across a variety of media has been well documented (Barnes et al, 1999). Nowadays, Shakespeare argues, in mass media 'the objectification of disabled people... parallels the objectification of women in pornography. In each case, the gaze focuses on the body...particular aspects of the body are exaggerated...the viewer is manipulated into an emotional response' (1994: 288).

In spite of the ready availability of these examples, it is rare for the mass media to be acknowledged as a significant force by those concerned with commodification of

bodily materials. Sharp's (2000) comprehensive account of the anthropological literature reviews numerous studies of the role of science and medicine, but in only one sentence mentions mass media as having a role in commodifying 'suffering' by portraying 'the weak and the disenfranchised [as] little more than objects of pity and exploitation' (2000: 293). In a collection edited by Scheper-Hughes (2001a) of *Body and Society* devoted to body commodification, the majority of articles focus on medicine and science.

However, one piece in that collection provides a fuller account of the mass media contribution. Klinenberg (2001) describes the 'sensationalistic' and 'gruesome' media coverage of deaths in the 1995 Chicago heat wave. He argues that images of the bodies themselves 'played a crucial role' as 'commodified spectacles in the media representation of the crisis' (2001: 123). Photo-journalists scrambled for shots of bodies arriving at already overcrowded morgues, so that the bodies 'became the subjects of spectacle, commodified materials for selling stories rather than substantive, human remains' (2001: 130).

This is an important but rarely expressed perspective. The relative influence of medicine as against mass media on body part commodification is one that drives our own analysis of media depictions of removals of human materials from children during a period that covered the UK organ retention controversies. Although we refer to these controversies as 'scandals' in this paper, we do so in the sense of their being publicised events that 'cause moral discredit or injury to reputation' (Chambers Dictionary), rather than subscribing to any particular interpretation of the events that lay behind the controversies. Additionally, we examine the language of news texts

rather than the visual spectacle produced by the photojournalism analysed by Klinenberg.

Methods and materials

The search terms 'tissue', 'donation', 'child' and 'research' (and variants such as 'tissues' or 'children') were used to search Lexis-Nexis, an online database of all UK newspapers, with archives going back to the 1980s. The Boolean operator 'AND' was used to ensure that each article retrieved contained all four search terms. This meant that many articles reporting solely on retained organs, for example, were not retrieved. The 463 articles that this retrieved were inspected to select those which were wholly or predominantly about the removal of body parts from children for medical research or medical therapeutic purposes. This generated a selection of 122 articles. These were intensively studied and we developed a coding scheme to mark up themes within the articles which was applied to all articles (by DK) after 20% of the articles were independently coded by another researcher (CS) and any differences of interpretation resolved through discussion involving a third researcher (MDW). Additionally, concordance software was used to identify sections of text where particular kinds of words were used (for example, names of body parts, numbers). Where we present counts of words or of coded passages of text, the count has been done across the whole sample of articles studied, unless otherwise stated.

Of the 122 articles in the final sample, 83 articles (68%) were judged to be largely about UK organ retention 'scandals' (Redfern Report, 2001; Kennedy Report, 2001). The organ retention controversies concerned the removal and storage of tissue and

organs following post-mortem from children without the full consent or knowledge of relatives. A Professor van Velzen was the particular focus of events at Alder Hey Children's Hospital in Liverpool, England. Government inquiries, investigations at hospitals and eventually new legal and governance frameworks followed.

The media played an important role in shaping the controversy, which began in 1999 when evidence given at an inquiry into events at a Bristol hospital revealed that a collection of hearts existed at Alder Hey, and that it was common for other hospitals to retain organs for research purposes. The original aim of Professor Robert Anderson, who gave this evidence, was to indicate that these collections had improved the results of paediatric cardiac surgery. The *Liverpool Echo*, though, and subsequently the national press, ran the story as a national scandal, with the *Daily Mail* being particularly active in campaigning on behalf of bereaved parents. Our method of sampling (according the strict criterion that the piece must involve discussion of the removal of body parts from children for medical research or medical therapeutic purposes) meant that we could chart the impact of the Alder Hey story on the volume of coverage, which rose dramatically once the organ retention story broke, and experienced further surges when official inquiries reported a couple of years later. Our sample contained fewer than four articles a year until 1998. With the breaking of the story in late 1999, 10 articles were retrieved that year, 11 in 2000, 49 in 2001 when public inquiries into the situation reported, 16 in 2002 and 8 in 2003.

Fifty three of the 122 articles in the sample (43%) were about events at Alder Hey; 26 (21%) were about regulatory moves that were a consequence of the organ retention scandals. These regulatory moves have been substantial, including a new Human

Tissue Act in 2004 which sets up a Human Tissue Authority to oversee its workings and act as a licensing authority for all activities involving the removal, storage, use and disposal of human tissues. This Act is a government response to a widespread feeling of distrust in the UK medical and scientific establishment arising from the perception that organs had previously been retained without properly informed consent.

Some time after the breaking of the original Alder Hey news, it was discovered that the hospital had retained and sold to pharmaceutical companies thymus glands taken from children having heart operations, which would otherwise have been discarded as clinical waste. Nine stories (7%) in our sample covered this, renewing some of the themes of the earlier story about organ retention by framing this story with the ‘template’ provided by the Alder Hey story, a phenomenon noted in other media stories (Kitzinger, 2000)

The rest of the articles in the sample (32%) were about other topics, for example the use of donated bone marrow for therapy (4 pieces (3%)), or the creation of what media reports called ‘designer babies’ that could later be used for such donation to siblings threatened by serious illness (11 stories; 9%). Seventy percent of the stories were from ‘broadsheet’ papers; 30% were from tabloids.

Media language

Horror language

A number of rhetorical devices contributed to the impression that the child organ retention story belonged to the horror fiction genre. In developing this theme, journalists drew on and further developed horror imagery and language used in the Redfern Report itself (Dewar and Boddington 2003). First, a number of terms acted as ‘metacommentary’ in explicitly characterising the story for readers. Most obviously, this was signalled by simply calling the situation a ‘scandal’ and this was done repeatedly, in headlines like ‘Hospital scandal: the hospitals that secretly kept children's organs’ (*Independent* 05~12~99). Other metacommentary terms showed readers that, in addition, they might see the story as an example of the horror genre. An obvious device was simply to repeat the word ‘horror’ and its derivatives, as in ‘[the] horrific harvesting of organs from the bodies of children’ (*Times* 03~02~01). Other such metacommentary terms included ‘gruesome’, ‘macabre’ or ‘ghoulish’, as in a description of pathologists as ‘a profession so widely caricatured as ghoulish.’ (*Times* 06~12~03)

The language and phraseology of horror movies was also invoked, with a headline in the Daily Mail(13~05~00) announcing ‘You think your nightmare can't get any worse, then it does’, reminiscent of the ‘Just when you thought it was safe...’ movie advertising phrase. Another piece described ‘Pathologists, the doctors of the dead’ (*Times* 05~07~01) and one more made a horror fiction connection: ‘pathologists were disciples of some sort of Frankenstein cult’ (*Mail on Sunday* 08~07~00)

Our analysis suggests that journalists used the organ retention story as a ‘template’ (Kitzinger, 2000) to generate further stories in the same genre but with different content, for example nominating as a ‘scandal’ the surgical removal of thymus glands during heart surgery when it was found that this tissue (which would otherwise have been disposed of) was then given to a pharmaceutical company in exchange for a fee (‘sold’ to the firm). In the ‘template’ thymus gland story there was an emphasis across several reports on the idea that the children involved, who had undergone heart surgery under general anaesthetic during which their thymus gland had to be removed, had been ‘living’ at the time of the removal, as where the *Mirror* (27~01~01) summarised this story as involving “profiteering” from body parts of LIVING children’ (their capitalisation).

The emphasis on children being alive during the removal of their thymus gland invokes rhetorically the image of a sentient victim of some agonising procedure of the sort depicted in horror fiction. Indeed, the heavily covered phenomenon of repeat burials of children by parents reunited with parts of their long dead children can, arguably, be said to connote the notion of the ‘living’, or at least constantly revivifying dead, as in the headline ‘I’ve buried my daughter three times’ (*Express* 23~05~02).

Body parts as fetishes

A fetish is an object believed to carry a magical or spiritual force, and commentators on body commodification have pointed out that body parts can achieve the status of such fetishes, as in the medieval trade in Catholic saints' relics, or the imagined power over the fortunes of the living of preserved ancestral body parts (Lock, 2001; Sharp, 2000). In our sample, the news stories fetishised certain body parts above others, and this status, as well as the preciousness associated with these being *children's* body parts, meant that it was possible to magnify the scandal where journalists could identify apparently disrespectful treatment by doctors.

Particular body parts were mentioned more often than others. Excluding the thymus gland, mentioned 65 times in connection with the particular mini-scandal generated by that story, the most frequently named parts were hearts (mentioned 81 times), brains (63) and heads (25). Clearly these are body parts of major functional and symbolic importance. When associated with children, the removal of hearts offered journalists the opportunity to depict particularly poignant scenarios. Thus *The Independent* ran a picture of the Alder Hey hospital logo with the following caption, emphasising the contrast between innocence and horror:

Alder Hey's rocking horse logo: the hospital has removed 2,087 hearts from children over the past 40 years. *Independent* 05~12~99

In the same paper a journalist criticised the objectified scientific view of body parts, opining:

HEARTS AND brains of dead children should not be called clinical waste. They should not be treated as objects to be sold or burned, or left in jars covered in dust on shelves. *Independent* 03~02~01

The Mirror reported the discovery of retained children's hearts in the 'Diana Princess of Wales' hospital in Birmingham which led to the creation of a parental support group called the 'Stolen Hearts Bereaved Parents' Group' whose founder had 'learned of the 'horrifying thefts' at the hospital, including the heart of his own daughter.' Hinting at rumours of a commercial trade in such organs further intensified the sense that violations of sacred taboos had occurred: 'Last year it was claimed that some of the organs secretly taken from the dead babies could have been sold to 'cover expenses'.' (*Sunday Mirror* 19~11~0). Clearly, too, the connection with Diana (lover of children and 'Queen of Hearts') was particularly helpful in generating the required associations.

A number of the 'head' mentions referred to a particularly sensational find at Alder Hey, reported across a number of papers:

All of the press has been trailing in advance of the publication of this grisly slice of true-life horror that the most awful single object among the professor's 3,000 trophies is a child's head preserved in a jar. *Independent* 30~01~01

The Independent ran this story again the following day, correcting the impression it had given the day before that the head was one of Professor van Velzen's 'trophies' but using the opportunity to list as many other heads as possible:

The most shocking item in the collection, according to the inquiry, dated to before Professor van Velzen's time: the head of an 11-year-old boy. There were also 13 post-natal heads and parts of heads from children as young as a few days old, all from the 1960s, and 22 heads from premature and fully formed fetuses.

Independent 31~01~01

Stories about the retention of heads were supplemented by ones about the retention of complete bodies of fetuses (mentioned 25 times) or stillbirths (12 times), some reports stressing the disrespectful and objectifying manner in which these precious objects had been treated, as where some foetal material was labelled with the words 'neck deeply lacerated. Pull to pieces some time and reject.' (*Independent 31~01~01*)

Containers, collections and numbers

The words used to describe groups of retained body parts were of three sorts. First there were those which demonstrated the objectification of the parts as medical specimens by emphasising their status as belonging in scientific collections. The most common term used to convey this was in fact 'collection', which occurred 17 times. Other terms included 'museum' (4), 'library' (2), 'catalogue' and 'holdings' (1 each). Second, related to this, but with more openly negative connotations, were references

to the organs constituting a 'stockpile' (5 times), 'pile' (2), or 'hoard' (1) as in: 'part of a hoard of more than 1,000 organs.' *Mail* 29~01~01 and

the hospital stripped the organs of over 1,000 dead babies and children, most of which were never used for medical research but just *stockpiled*. *Guardian* 31~01~01 (Our emphasis added)

Third, some reports mentioned containers with particularly dehumanising or disrespectful connotations so that the horror or poignancy of the image might be emphasised. If the most powerfully fetishised parts (heads, hearts, brains, whole bodies) could be involved in this, the potential for offence was further enhanced. 'Jars' were the most frequently mentioned such container, but others included plastic bags, cardboard boxes and others, as in the following extracts (our italics added):

chilling detail tales of organs in *jars* and distraught parents collecting parts of their long-dead children in *plastic bags*. *Times* 06~07~01

Among van Velzen's macabre collection were 2,000 children's hearts and more than 1,500 fetuses. Most were stored in *plastic buckets* and poorly labelled. *Express* 31~01~01

Families were repeatedly lied to by managers, forced to reopen their babies' graves and take home brains and hearts in *cardboard boxes*. *Mirror* 29~01~01

The magnitude of the scandal was emphasised through the use of large numbers, lists and emphasis on the size or importance of the organs retained. Numbers are important devices in media reporting (Bell, 1991; Roeh and Feldman, 1984; Seale 2003).

Classically, they are used to enhance news value by exaggerate effects as either very tiny or, more usually, very large and important. Thus the extreme importance of some new risk to health and safety such as child abduction (Best, 1987, 2001), crack usage by expectant mothers (Kline, 1996), or the number of eggs infected by salmonella (Fowler, 1991) is emphasised by the use of big numbers. Numbers, as Bell (1991) observes, work by enhancing the apparent facticity of reports. In the organ retention story, there was repeated stress on the large numbers of organs involved, this both contributing to the sense of the magnitude of the scandal, and emphasising the transformation of body parts into anonymised components of large collections. Thus journalists wrote of 'hundreds', 'thousands' or 'tens of thousands' of organs in text and headlines that used these words to emphasise the magnitude of the problem:

The man accused of removing hearts and other organs from *hundreds* of dead babies without the parents' permission *Independent* 05~12~99

the report into the retention by Alder Hey Children's Hospital in Liverpool of *thousands* of body parts taken in post mortem examinations, without parental consent. *Times* 06~07~01

tens of thousands of brains have been stored without consent in hospitals across Britain. *Times* 21~05~03

As with other stories (Stallings, 1990), this one could run on because it was possible to discover fresh examples of the same phenomenon in other sites. The reporting of a census of retained organs gave further opportunities both to stress the scale of the problem and to emphasise that it was not confined to the one or two locations where the news had initially broken but was a national and even an international problem, of a scale hitherto unrecognised:

evidence to the McLean inquiry, seen by The Sunday Times, reveals there are 6,607 hearts, lungs, brains and other organs stored in Scottish hospitals. *Sunday Times* 04~02~01

AUSTRALIAN HOSPITALS KEPT 900 BABY HEARTS...MORE THAN 25,000 body parts, including hundreds of baby hearts, are stored in hospitals and universities in New South Wales, Australia's most populous state....They include 4,000 body parts from children, including more than 900 babies' hearts, held in two Sydney hospitals. *Independent* 10~03~01

Proliferation, fragmentation and listing

As well as the attention paid to particular organs with high symbolic value, press reports were striking in the proliferation of other parts mentioned. Lungs were mentioned in relation to organ retention scandals 18 times, followed by tumours (17), blood (11) and kidneys (6). Occurring up to 5 times each were abdomen or abdominal organs, bladders, bone, bowel, cancer tissue, chest, spinal cord, corneas, diaphragm, eyes, gall bladder, intestine, limbs, livers, muscle, pancreas, quadriceps, skeletons,

skin, thorax, tongue and trachea. It was common for a number of parts to be listed together, generating a sense of chaotic bodily fragmentation. These lists most commonly occurred in relation to stories about particular children, emphasising parents' distress at the apparent dismemberment of their child. (Our emphasis is added in the extracts below, and real names have been changed):

the parents of six-year-old Jamie were told that, following his death in March 2000 from a reaction to a dental anaesthetic, his *lungs, heart, trachea and brain* were stored. *Express* 23~05~02

Repeated discoveries of parts taken from the same body, leading to repeated shocks and burial ceremonies, further conveyed images of the prolific dispersal of body parts, parents being cast in the position of desperately reassembling their children.

According to the pathologist's report, the hospital was no longer in possession of the *thymus gland* when his post mortem operation was conducted..... 'I am in total shock. I never gave consent for it to be removed or to be given to someone else.' The family discovered in October 1999 that Harry's *heart, brain, kidney and intestine* had been retained by the hospital. A second funeral was held the following month to bury the organs with him.... Since then the family has been forced to endure the agony of a third funeral after *part of Harry's brain* was discovered in another collection. *Mail* 27~01~01

Generic terms like 'body part', 'tissue' or 'organ' were used very frequently. Less frequent generic (and potentially more 'objectified' or 'scientific') terms included

‘samples’ (used 24 times), ‘specimen’ (6), ‘pieces’ (6), ‘material’ (4), ‘biopsies’ (5), ‘fragments’ (4) ‘bits’ (3) and ‘remains’ (2). Some of these less frequent terms were associated with medical sources offering apologies or justifications for removals of body parts, as where ‘biopsies’ were said to be necessary for treatment or research purposes, or thymus glands were described as no more than ‘fragments’ of waste. Such attempts to counter press sensationalism by minimising the emotional associations of body parts were made where medical sources used similes to emphasise the insignificant status of the part removed. Thus a doctor complaining of restrictions in the wake of the organ retention scandals that meant cancer research might be badly affected ‘criticised the Department of Health for failing to come up with clear and simple guidance about consent for the use of stored tissue, both slides and pieces of human tissue about the size of a sugar lump taken at surgery’ (*Telegraph* 17~12~02). A similar piece in the *Times* referred to ‘samples smaller than a baked bean from tumours in children’ (*Times* 24~01~04) and apologists for thymus gland removal argued that ‘Once a child grows up the gland, which is the size of a walnut, becomes redundant.’ (*Mail* 27~01~01). Another emphasised extreme smallness by the use of a measurement, as where a medical source stressed that the parts needed for research were ‘tiny pieces of breast cancer tissue 0.01mm thick’ (*Times* 06~12~03). These represent the struggle over language that the organ retention scandal produced in media reports.

Conclusions

Previous work has suggested that institutions such as biomedicine and bioscience objectify human materials and may also participate in their commodification. Our

analysis suggests that it is misleading to imagine that these are the only institutions involved in processes of commodification. In contemporary society, mass media play a significant role in filtering and shaping the reporting of science, health and medicine (Seale, 2003). Media reporting of child organ retention scandals in the UK in recent years has made an independent contribution to the commodification of body parts, recruiting them for use in the manufacture of a media scandal. Ironically, this scandal was itself about the objectification of children's body parts by bioscience. We have shown press reports to use a variety of rhetorical devices that have contributed to the commodification of children's human materials, exploiting the potential of these to produce strong emotions in readers as part of an audience-building strategy. The use of horror language served to emphasise the overlap between journalistic and fictional genres. The readiness to fetishise the value of certain body parts, so that their mistreatment may be portrayed as violating norms of decency and respect, provided further emotional intensity. The words used to emphasise the magnitude of organ 'collections', their variety, proliferation and wide dispersal all serve to conjure up images of dehumanising bodily fragmentation on a massive scale.

The appeal of the organ retention story for newspapers is undoubtedly linked to the fact that the body parts of children rather than adults were involved (although the power of the story was such that its later manifestations were able to incorporate instances of retention of adult body parts as 'scandalous'). Children in today's society are treated as being of particular social value, and so stories of their mistreatment are unusually attractive to journalists (Franklin and Tutton, 2001), as are stories that appear to violate or spoil the apparent "innocence" of childhood (Dixon-Woods et al,

2005), though idealised media accounts of childhood may be very different from the accounts given by family members to social researchers (Dixon-Woods et al, 2003).

More generally, the appeal of the organ retention story for the mass media lay in its status as a “scandal”, in which transgressions of social norms are made public and the focus for moral concern (Lull and Hinerman, 1997). Clearly the press do play an important and often valuable role in exposing the activities of powerful institutions. However legitimate the critique of practices in relation to organ retention and the emotional responses of families to discovery of these may have been (and we have self-consciously avoided making judgements about this), it is clear that the media “scandal” was not solely motivated by public interest; scandals sell newspapers (Tumber, 2004). The commodification of body parts by the media helped to fuel that scandal. These commercial elements on the media side have been insufficiently recognised by theorists of body commodification.

It could be argued that the worth of human parts to science and medicine is reliant on their being decontextualised and reified, whereas the worth of human parts to the media is their deeply personal, socially valued and at times extremely profound cultural status. Clearly, too, the emotions associated with body parts are commodified by the media and become part of the scandal which drew as much on the exploitation of images of suffering (as in the suffering of grieving parents) as on images of body parts (Burman, 1994; Walter et al, 1995). Thus the effects of medicine and the media are somewhat different, but nevertheless overlap to a significant degree.

Our message about the importance of mass media in the commodification of human materials is not simply a matter of getting the analysis right for academic purposes. Scandals about bioscience have serious consequences for public views of medicine and science and subsequent legislation, just as political scandals undermine institutions and have regulatory and political implications (Tumber, 2004). The irony of the media coverage we have analysed is that the scandal itself draws on the academic critique of objectification and commodification, invoking many of the ideas about the fragmentation of bodily integrity, the investment of commercial value in human materials, and the threats to personhood associated with the secondary use of body parts that we summarised earlier in this paper. This points to the potential for the ‘commodification’ thesis itself to function as a template, in which all issues involving use of human tissues come to be seen involving illegitimate practices and ethical violations. There is clearly a need to distinguish more precisely where applications of ‘objectification’ and ‘commodification’ to issues involving human tissues should appropriately be made.

The organ retention scandal was exceptionally powerful in its designation of villains, victims, heroes, and its organisation of the ‘proper’ responses to events and actions, in particular by polarising the interests of the medical/scientific community and the lay community. As medical commentators have pointed out, the scandal over organ retention

dramatised a shift from one set of monolithic assumptions to another, moving from a medical paternalism to an interpretation of patient and public wishes... that may not be relevant for everyone. (Dewar and Boddington, 2003: 468)

Politicians during the scandal aimed to align themselves with the apparent victims, and were notable for their unwillingness to defend the medical agenda and their readiness to take the part of presumed 'public opinion' as it appeared to them to be represented in media reports. This then crucially informed the development and implementation of a variety of regulatory conditions to govern medical and scientific behaviour, including a new Human Tissue Act in 2004.

Those representing medical interests have pointed out the practical consequences for biomedical research and medicine that have resulted from the organ retention scandal and the regulatory efforts that have been its consequence. Burton and Wells (2001) and Burton and Underwood (2003) argue that pathologists play an important role in advancing medical education, improving the accuracy of diagnosis and care, and assisting in the resolution of grief through identifying causes of death. These authors and others (McGuone and Kay, 2004) argue that it is likely that the organ retention scandal has contributed to a further decline in hospital autopsy rates, as well as to a widespread demoralisation of pathologists. Poor recruitment to the specialty is a consequence (Lilleyman, 2001). It is well recognised that media coverage plays a part in influencing rates of organ donation (Galea and Pegg, 2003) though most people involved in this field believe that this occurs through health care staff becoming less willing to ask for organs from the bereaved rather than any increase in refusals (Matesanz, 2002). Donations of tissue to the UK Children's Cancer Study Group Tumour Bank experienced a marked decline in the two years following the breaking of the scandal (Seale et al, 2005) and anecdotal evidence (Pritchard-Jones, personal communication) suggests staff unwillingness to make requests may have played

significant role in this. In fact, there is good evidence from surveys of public opinion to suggest that there is considerable public support for the donation of organs and tissue for medical and scientific use (COI Communications, 2003; Irving, 2002).

Whether one buys into these medical and scientific perspectives or not, it is clear from the present study that knowledge of the commodification of body parts by biomedicine and bioscience is significantly influenced by the institutions of the mass media, whose agenda in this area needs fuller recognition by medical anthropologists and sociologists. The mass media agenda is an independent source of objectification, fuelled in part by commercial interests, in which news about human materials becomes a form of entertainment.

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