

# economic sociology

\_the european  
electronic  
newsletter

# 21.3

Note from the editor

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# Body, virus, morals, and scandals

Akos Rona-Tas

This issue centers on the encounter between the economy and the human body. Economics, like other social sciences, treat people mostly as disembodied actors who never catch viruses or suffer from back pain or creeping dementia. These abstract actors are all too often assumed also to be immortal, rarely acting with an acute consciousness of a finite life. These issues become visible in our academic looking glass only when they emerge as social problems, not as the normal experience of everyday existence. Yet our mortal coil is always present in all economic transactions, and our physical condition surely affects how we make economic decisions, not to mention how we act on them. COVID-19 slowed the whole

world economy to a grinding crawl, freezing entire industries because people suddenly perceive the proximity to their fellow humans as a health hazard. Physical pain or diminished mental capacity can capsize our calculating faculties, which is one of the reasons why the caveat emptor principle does not work well in healthcare. Many of our actions spring not from carefully pondered preferences or thoughtful valuations, but from biological reactions such as exuberance, excitement and repugnance, disgust, or fear of death. The neuroscientist Antonio Damasio, who has demonstrated how the entire body is involved in producing human consciousness, calls this disconnect between body and mind Descartes' error.

There are, however, situations in which the body takes center stage and can no longer be ignored. When that happens, tempers flare and moral concerns are not far behind. In the first article, Alya Guseva writes about her research on surrogacy in Ukraine and the role of scandals in shaping the field. Surrogacy, where couples pay women to carry their fertilized eggs to term, is an intensely controversial and emotionally charged business in which morality and markets are in full tension. Ukraine is now the biggest international supplier of babies born to surrogate mothers outside the United States, and there is a general unease in the country about this trade in small human bodies. The principal players, the clinics, strive to establish a medical conception of control casting surrogacy as a therapeutic intervention for the ailment of infertility, but even they acknowledge that surrogacy comes at a financial cost. However, the medical conception of surrogacy can navigate the moral friction and fervent passions much better than one that casts it as a service to consumers. But while medical discourse can minimize moral attacks, scandals can also be used to defend the positions of those who dominate the field from newcomers trying to upset the rule of this medical conception of control. Scandals are by definition emotionally charged affairs, and economic transactions involving the human body, and reproduction in particular, are especially prone to fueling passions and being expressed in moral language. The moral outrage poured on the surrogacy field has to be countered by equally powerful emotions like empathy and parental love, and cannot be overcome just by detached rational reasoning.

Etienne Nouguez takes us to the market for medicines. Medicines – or in American parlance drugs – we use to change our bodily states. Nouguez is interested in how markets function in the trade of medical drugs, what role states and professional organizations play in their operation, and how drugs achieve their economic valuation. Medicines are not commodities that we purchase freely. Our “preference” for them is biologically conditioned; therefore, selling them at prices based on our willingness to pay at the moment we need them would lead to exorbitant prices which would be morally unacceptable and revolting, as the 2015 US scandal involving the hedge fund manager Martin Shkreli and the antiparasitic drug Daraprim demonstrated. Moreover, even under less urgent cir-

cumstances, most consumers would not have the competence to choose the appropriate medicine, which is why we have doctors to prescribe them. And to make matters worse, medicines can have complex effects on the human body, which may vary from person to person, making each drug virtually a unique product. Nouguez points out that one curious feature

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of drug markets is the large variation of prices for the same product over time and space. This is partially because the social mechanisms that construct the price vary from country to country. Where medicines end and other forms of body-altering consumption begin is a central question for regulation. Dietary supplements and cannabis are two examples that sit awkwardly close to the fine line separating medicines from other things we ingest for the sake of improvement or enhancement.

Roi Livne in his OpEd takes us to the point in the course of human existence where any hopes of curative treatments must be replaced with palliative care – the end of life. Hospice care is an enormous business in the US, much of it is for-profit and has its own rich share of scandals involving fraud and neglect. The moral dilemma Livne focuses on is that in this new economy of dying, hospices and hospital palliative care teams must negotiate the ethical imperative of sustaining life against the enormous costs and paltry effectiveness of medical interventions. End-of-life care must inculcate an ethos of moderation in patients. While privately insured Americans with unfettered access to medical care throughout their lives are usually accepting of medical economizing at the end of life as a path towards a “good death,” lower-income patients who have faced regular barriers in healthcare access are dismayed when asked to voluntarily forgo expensive care at the very moment it is available because they are desperately ill.

All three stories brush up against the COVID-19 pandemic. Guseva begins with the crying babies in a Kyiv hotel that are delivered by the surrogates and

waiting to be picked up by their parents who cannot travel to Ukraine because of the pandemic. Nouguez tells us about the French medical researcher whose claims about hydroxychloroquine circumventing the usual regulative channels led to the hyping of the drug as a treatment for the coronavirus. And medical and residential settings with high concentrations of elderly and frail became particularly dangerous, while the quarantine brought to light another tragic side of death: dying alone.

In this issue, we also have an appreciation of the work of Viviana Zelizer, delivered by Jeanne Lazarus at Sciences Po last year when Zelizer was awarded the degree of doctor honoris causa along with Joseph Stiglitz. Lazarus provides a concise overview of Zelizer's career and intellectual contributions, including her pioneering work on the relationship between morals and markets. Zelizer's acceptance speech with her personal reflections on her career closes the first part of this issue.