The ethical concerns generated by transactions in human tissue touch on fundamental ideas of the body, society, and the nature of giving. These issues have generally been discussed using Euro-American terms of reference. Drawing on fieldwork carried out in Sri Lanka, this article describes the ways in which a distinctively Theravāda Buddhist notion of giving and charity has been linked to the development of strategies to encourage the donation of human tissue. Eye and blood donation are used as illustrations of the linkages that have been forged between religious duty, other-worldly aspirations, and nationalist sentiment in the development of national donation services. The key question which is then addressed is how these distinctive beliefs and values inform attempts to frame donations of sperm and ova which are now beginning to take place in Sri Lanka. In religious and cultural terms the candidacy of sperm and ova as gifts appears to be evaluated very differently. Explaining these differences opens up the possibility of a more thoroughgoing anthropological critique of bioethics and the manner of its diffusion both within and beyond the Euro-American context.

In his 1986 Malinowski lecture, Jonathan Parry (1986) made some insightful observations regarding Mauss’s seminal account of the gift in human society. The first of these was Parry’s suggestion of an intellectual archaeology in which Mauss’s inspiration for the ‘spirit of the gift’ is linked explicitly to South Asian sources (1986: 486). The second was his attempt to unearth an evolutionary model, implicit in Mauss, which contrasts giving in tribal religions with giving in world religions and developed economies. In the latter, the idea of pure, unreciprocated, and unreciprocatable gifts is consonant with salvation strategies in which the giver benefits in terms of ‘unseen fruits’ (1986: 462). These ideas were subsequently carried further forward in Laidlaw’s re-evaluation of the significance of the ‘free gift’; this work challenges the proposition that acts which do not appear to extend social relations are of no interest to anthropologists (Laidlaw 2000). These observations have provided important refinements in attempts to theorize the wide-ranging objects, connections, and intentions which are to be found under the umbrella of ‘the gift’. This article has two main aims. First, I wish to reinforce the observations made by Parry and Laidlaw regarding the importance of South Asian conceptions of giving in our attempts to understand Mauss’s ambitious, inspiring, but ultimately partial theorizations of the place of the ‘gift’ in human society. My focus here are the beliefs and practices of Theravāda Buddhists in Sri Lanka. Second, and more importantly, I wish to extend these insights to the growing
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repertoire of organs and tissues that originate in one human body but may at some point find themselves functioning in another. As bodies become ever more fungible, gifts are possible which, in Maussian terms, are not merely metaphorical parts of oneself but elide physical partibility with social connection in new and challenging ways. In Buddhism, parts or substances of the body which are extracted for the purpose of donation constitute a very distinctive element in the ideology of giving and the other-worldly ends to which this giving is orientated. However, my purpose in this is not merely to describe a highly distinctive set of beliefs and values regarding organ and tissue donation, but to locate these within contemporary discourses about justification, constraint, and possibility in transactions involving human body parts: in other words, within the field of scholarship which is now known as bioethics.

The exploration of local moral worlds of organ and tissue donation which I describe here came about during research carried out into the reception of new reproductive and genetic technologies among doctors, clinicians, and others involved in regulation and policy-making in Sri Lanka. An issue that I was keen to unravel, along with my respondents, concerned the ways in which new possibilities for the donation of gametes and embryos might be made sense of in Sri Lankan society, and, furthermore, the conflicts that arise between Sinhala Buddhist readings of these transactions and those of other ethnic and religious groupings, notably Tamil Hindus and Muslims. With the acquisition of the capacity to retrieve gametes, create embryos in vitro, and store these for subsequent use, other types of transfer become possible. Sperm, eggs, and embryos all become potential objects for inter-corporeal transfers which go beyond the assistance of a married heterosexual couple using their own genetic material. The attempts to make sense of these novel transactions and the relational configurations they make possible reveals a complex interplay between ideas of intention, biogenetic substance, and the nature of kinship. Parallels with other traditions of organ and tissue donation are evident but there are also some highly distinctive local inflections; stepping into a biogenetic future rich in technological possibility also involves an engagement with the past. To understand this process it is necessary to locate contemporary tissue donation within a Buddhist reading of the body and bioethics, on the one hand, and within recent cultural and historical circumstance, on the other. Before exploring the Sri Lankan Buddhist context, however, I begin with a brief overview of the ideologies associated with giving organs and tissues.

A pre-modern trope?

Throughout the ‘modern’ world, attempts to keep pre-mortem and post-mortem transactions in tissues and organs within the realm of voluntary donation, and out of that of markets and commodities, have entailed the creation of what Cohen has called ‘ethical publicity’ (1999: 145). Such publicity invariably draws on the core values of society, culture, and religion to shape the motivation to give in each particular context. A frequently used element in the rhetoric created around the donation of parts of the body is the idea of
‘the gift of life’. As Lock observes, ‘the gift of life’ is a common idiom in such publicity, and she goes on to characterize this as a ‘pre-modern trope’ (2003: 168; also cf. Gerrand 1994), that is, one that relies for its force on the evocation of interpersonal connection and mutual responsibility. In the context of organ donation promotion where brain-dead relatives are concerned, Lock suggests that in North America ‘medical personnel do not discourage families from thinking that their relatives may “live on” in someone else’s body, if this is how families portray the act of donation for themselves’ (2003: 168). However, the extent to which the ‘gift of life’ is a pre-modern trope or an extremely modern one is an important question when it comes to understanding the nature of ‘ethical publicity’ in particular cultural contexts. ‘Gifts of life’ may involve relations of the kind that Mauss described, but more often than not they are expected to pass between individuals who are unknown to one another – strangers who inhabit communities that are ‘imagined’ in the sense proposed by Anderson (1991). Used in this sense, ‘gifts of life’ are a particular expression of the social contract, given to people ‘just like us’, and linked to rewards that will be appreciated in a life beyond this one. Propelled by abstract notions of altruism or charity, they are expected to circulate in, and indeed be constitutive of, larger entities such as society, state, or nation, as in Titmus’s classic account of blood donation in Britain and the United States (Titmus 1971).

Yet, as the vast medico-legal literature on the question of organ and tissue donation readily attests, ethical anxieties abound that, in both their premodern and modern trajectories, ‘gifts of life’ might become tainted. For example, a family member may experience pressure to give up a kidney for a mortally ill relative or is indeed brought into existence for the very purpose of providing blood products for a sick sibling. Concerns arise that the burden of indebtedness which such acts entail may in time prove catastrophic for the very relationship on which the act of giving was premised. Projected into the more anonymous realm of society, the ‘gift of life’ does not fare much better. Questions have been raised as to whether the state can operate as a gift domain as ‘its forms of sociability do not involve the magical and dangerous ties of personal obligation’ (Frow 1996: 108). Of most concern, however, is the possibility that, once pressed into the service of society, the bodies within which ‘gifts of life’ originate will no longer act as the locus for extraordinarily powerful gestures of kindness, compassion, and commitment to the greater social good but will become sites for the production and extraction of fungible commodities with market value (Radin 1996). An additional concern is that it is not just any body that falls prey to this profane commoditization but the bodies of those who are poor, marginal and least well placed to bear the physical cost of ‘giving’. The struggle is cast in familiar terms: it is one between culture and commerce, between intrinsic value and utility; and, furthermore, it gives rise to a fundamental question: in which one of these should the other be grounded? Where the body and its parts are concerned, there would seem to be an inexorable drift from the former to the latter and an answer that places commerce and utility above all else. Confronted with these dilemmas, there are those such as Shannon who advocate a reaffirmation of the essence of the gift and a plea that we resort to ‘the kindness of strangers who meet in community and recognize and meet the
needs of others in generosity’ (2001: 302; also see Sowle Cahill 2001). Others, however, seek to adopt pragmatic approaches which cut through the sentimentality of the gift in order to confront directly the basic issues of supply and demand that underpin contemporary transactions in body parts (Radin 1996; 2001; also see de Castro 2003). Either way, the body yields gifts that are deeply problematic.

On the one hand, these problems arise because the Maussian gift is characterized by motivations which are intended to cut across the instrumental logics of exchange; it is conceived and transacted precisely in order to violate the structural certainties of the economic realm. However, as soon as the gift is launched into the flow of social life, it ceases to be a gift because it is invariably sullied by the more prosaic interests of economic calculation (Derrida 1991: 7; also see Jenkins 1998). In Derrida’s conception of the gift there can be neither a self-satisfied sender nor a grateful receiver and, furthermore, there can be no idea of reciprocation consciously fashioning a circular trajectory for the gift. Thus, according to Derrida, because gifts can only be known through the various economic and political displacements that render them visible, they are ultimately founded on an impossible paradox. In all world religions, this paradox is recognized when it comes to charity and giving. In practice, the this-worldly social relations that giving entails must be continually, yet unsuccessfully, recast in terms of asocial relations inspired by other-worldly intentions, as Laidlaw’s account of Shvetambar Jain renouncers clearly demonstrates (2000: 618-19). The role of the conscious and calculating self has no place in the act of giving, as in the Christian observation that when giving ‘the left hand should not know what the right hand is doing’. In Buddhism, the quest to eliminate the self as the root of desire and suffering gives the sentiments that underpin this aphorism even greater force and applicability, and particularly so where it is applied to organs and tissues which are alienated from the body.3

‘Giving something which is a part of myself’

For Theravāda Buddhists in Sri Lanka, the realization of nibbāna, the ultimate goal of all Buddhists, is achieved through meditation (bhavana), right actions (sīla), and the accomplishment of the ten perfections (dāsā paramitā). Ascent through these different stages on the Bodhisattva’s path is only achieved through many rebirths and across aeons of time. The first perfection to be observed and the one most commonly aspired to by the laity on their long journey to liberation is that of charity or donation (dāna). Cultivating the practice of dāna is a necessary component of a person’s ethical development; giving is an antidote with the capacity to cure the illness of egoism and greed which it is the ultimate objective of all Buddhists to overcome. Acts of giving are judged according to three factors: the quality of the donor’s motive, the spiritual purity of the recipient, and the kind and size of the gift. Charity should be given selflessly and without thought of gain; it must be received humbly, and be proportionate to need. As it is expressed in The Book of Gradual Sayings: ‘The noble disciple lives at home with a heart free from the taint of stinginess; he is open-handed, pure-handed, delighting in self-
surrender, one to ask a favour of, one who delights in dispensing charitable gifts' (Anguttara Nikaya II 66, cited in Harvey 2000: 63).

Acts of generosity performed in this way have a number of consequences: they create merit in the next world for those who give, enabling them to pass on to higher spiritual challenges. They also pass benefits to the individual recipient, whose contentment will form the basis of a better society. Unlike some Indian understandings of the gift, the Sri Lankan Theravāda Buddhist practice of dāna does not appear to carry a heavy load in terms of sin, expiation, and ‘poison’ (Laidlaw 2000; Parry 1994; Raheja 1998). However, it does involve the donor in the difficult operation of managing interest and disinterestedness in relation to the same act. Calculated gain in the form of a donor’s merit or a recipient’s benefit might each taint and ultimately negate the value of the act. As in all other aspects of Buddhist practice, the intention-action nexus is crucial when it comes to evaluating the consequences and worth of an action.

To understand the practice of organ and tissue donation in contemporary Sri Lanka, an appreciation of dāna is crucial. Within Theravāda Buddhism there are three ways in which dāna may be practised. The first of these is referred to as dāna paramiț, the act of donating one’s worldly goods, food, labour, and, in one famous instance, a wife and children. The second is a more dedicated act of giving known as dāna upa paramiț, which involves the donation of body parts (anga) to those in need. Finally, dāna paramattha paramiț is the ultimate gift, in which one’s life is sacrificed for the sake of others. In each of these acts of giving the object is not merely to benefit others but to demonstrate a healthy lack of attachment to the very things that fuel the illusion of selfhood. Illustrations of how the Buddha in previous existences practised all three of these types of giving are found in a variety of places in the body of stories which relate episodes from his incarnations as a Boddhisattva, otherwise known as the Jatakas.

Injunctions to share one’s worldly wealth with others are to be found in many world religions. The idea of ultimate self-sacrifice is similarly widespread, as in Islamic notions of martyrdom or the Christian New Testament Verse, ‘Greater love hath no man than this, that a man lay down his life for his friends’ (John 15: 13). In many religions, however, especially Christianity and Islam, qualms are expressed when it comes to the integrity of the body at the point of interment. Theravāda Buddhism is rather distinctive in this regard, in that its teachings make numerous explicit references to gifts being made of parts of the body in order to assist others. Indeed, done out of compassion, for a stranger, and without any notion of monetary gain, the donation of parts of oneself has become an important aspect of moral and spiritual development which signals a healthy lack of attachment to the body and ultimately to life itself. As one devout and elderly Buddhist man put it to me, ‘I hope I die quickly and cleanly from a brain haemorrhage so that maximum use can be made of all my body parts’.

For Sinhala Buddhists, the idea of giving the body and its parts is captured in the much repeated formula: ‘aes, his, mas, lē’, meaning literally ‘eyes, head, flesh, blood’, which refers to the four main objects that appear as donations in Buddhist folk literature. The most famous of these stories is the account of eye donation to be found in the Sivi Jātaka. This story tells how the
Bodhisattva was, in a previous birth, the King of Sivi, who resided in the North Indian city of Aritthapura several thousand years ago. As King he was both righteous and extremely generous. He was renowned for his acts of charity in which he regularly shared his wealth with the poor. Having daily given away extravagant portions of his material goods, Sivi expressed discontent and a desire to give something that was not merely outside of his body but something that was also a ‘part of himself’ (Cowell 1990 [1895], 4: 251). So the King vowed that on his next visit to the alms hall, if anybody were to ask for heart, flesh, blood, eyes, or whatever, he would willingly oblige. Hearing of this, Sakra, the king of the gods, appeared in the guise of a sightless old Brahmin ready to test King Sivi. Straightaway, he asked the king for one of his eyes in order that his own sight might be restored. Sivaka, the King’s surgeon, administered a powder (churnaya) via the nose which caused the King’s eyes to pop out. Three times Sivaka pleaded with the King not to proceed. On the third occasion the act was carried out:

The king endured the pain and said ‘my friend be quick’. ‘Very well my Lord’ said the physician; and with the left hand grasping the eyeball took a knife in his right and severing the tendon laid the eyeball in the Great Being’s hand. He, gazing with his left eye at the right and enduring the pain, said, ‘Brahmin, come here’. When the Brahmin came near, he went on – ‘the eye of omniscience is dearer than this eye a hundred-fold, aye a thousand-fold: there you have my reason for this action’ and he gave it to the Brahmin, who raised it and placed it in his own eye socket (Cowell 1990 [1895], 4: 254).

Both doctors and patients often referred to this and other paradigmatic Jātaka stories as lessons in the importance of body part donations for present-day Buddhists. Indeed, the point was often made that tissue donation is nothing new or strange for Buddhists but, on the contrary, has precedents that were established many centuries before the development of Western medicine.

Eye banks

The two eyes donated by former Prime Minister Mrs Sirimavo Bandaranaike has helped two poor patients in Sri Lanka to acquire vision. The grafting of Mrs Bandaranaike’s two corneas onto the patients was done at the Colombo Eye Hospital on Tuesday October 10th ... Eye Donation Headquarters wishes late Mrs Bandaranaike the bliss of Nibbana (The Island, 17 October 2000).

One of the more extraordinary manifestations of the ideology of giving parts of the body is to be found in the work of the Sri Lankan Eye Donation Society. The development of this service is widely credited to the work and dedication of Dr Hudson Silva, who, as a medical student in the 1950s, recognized the need for a stock of donated corneas at the Colombo Eye Hospital. At that time there was a ‘steady but meagre supply of corneas from prisoners hanged at the gallows’ (Silva 1984: 19), but with the abolition of the death penalty in 1956 even this supply dried up. Along with his wife and mother, Silva started a campaign to encourage people to come forward as eye donors. The campaign began with an article published in the Sinhala daily Lankadipa (19 January 1958) in which they declared their intention to donate
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their own eyes for medical use after their deaths. As a result of that campaign thousands of volunteers came forward pledging themselves to do the same. The service went from strength to strength, and soon supply was far outstripping local demand. In 1965 on Vesak day (25 May), a key Buddhist festival at which Jātaka stories are remembered through the exchange of greetings cards and the performance of songs and dramas, it was reported that three pairs of eyes were sent to Singapore, where vision was restored to three people. From this point onwards the export of eyes began in earnest, and to date 44,000 have been transported to over sixty different countries. It is a source of great pride to many Sri Lankans that these eyes are given free of charge to those who have need of them. As the secretary of one of the country’s eye donation societies puts it: ‘many developed countries of the world provide bombs, guns and ammunition and warships and other harmful things to the rest of the world but Sri Lanka sends eyes for the blind to the needy countries of the world’ (Daily News, 14 January 2003). The practice of exporting eyes has elicited hundreds of letters of appreciation and commendation from ministers and heads of state from around the world. These effusive messages regularly feature in the Eye Donation Society’s promotional materials. The society is also rewarded for its efforts in rather more practical ways with donations of money, equipment, vehicles, and buildings. Without this assistance the maintenance of 24-hour, island-wide eye-recovery teams, the subsidiary ophthalmic services provided by the society, and the elaborate dispatch services needed to get eyes rapidly and safely to other parts of the world could not operate.

The story as related above presents the Eye Donation Society as developing and expanding on an unfolding wave of popular benevolence unlocked by the prime-mover-cum-hero figure of Dr Hudson Silva and his inspired linkage of eye donation with the Sivi Jātaka. In reality, the story was a little more complex and the development of the service encountered much criticism from those who were only too ready to point out the impossibility of seeing such acts as true gifts once they came to be located in the world of power, commodities, and self-interest.

Hudson Silva began his career operating within Sri Lanka’s National Health Service, where, in the early days of the programme, his enthusiasm for developing corneal grafting and research meant that more eyes were collected for transplant than the capacity of the eye hospital would allow. Over a period of years, a narrative unfolded that is familiar to many working in the public services in Sri Lanka. As a bright and ambitious young doctor, Silva came into conflict with conservative superiors who allegedly tried to undermine and derail his ground-breaking work. Bureaucratic inefficiency, spiced with a hint of malice, ensured that wastage (in this case of healthy eyes) and delay in treating the needy led to anger, frustration, and bitter recriminations. In 1967, under considerable pressure, Hudson Silva resigned his post in the government hospital and established the Eye Donation Society as a non-governmental organization. Well into the 1970s, he continued to meet opposition in the form of bids to stop him from removing eyes from government institutions and attempts to make him obtain the written permission of the Principal Collector of Customs before any eyes could be exported. Undeterred, Silva continued to collect eyes from whatever source he could find;
this resulted in some rather Burke and Hare-type situations, including the smuggling of donors’ bodies out of the hospitals in which they had died so that he could remove their eyes under torchlight in his garage (Silva 1984: 19). Much of the opposition was dissipated through the intervention of Dr A.T. Ariyaratne, the leader of the widely respected Sri Lankan Buddhist welfare organization Sarvodaya. Ariyaratne’s public declaration of support for Silva’s work succeeded in bringing many leading politicians into the programme. In 1972 President Sirimavo Bandaranaike herself signed a consent form agreeing to donate her own eyes after death and, as the newspaper quotation at the beginning of this section testifies, her wishes were complied with in a very public fashion. Although the acquisition of high-level political support was instrumental in removing many of the institutional barriers that impeded Silva’s work, his eye bank continued in some quarters to be the focus of suspicion and resentment. In part, this was due to the notion that, as an NGO, the society was virtually unaccountable to the government and the public sector. The maverick character of Silva himself did little to dispel such concerns. Allegations were made that the society and its officers were in receipt of large personal donations and favours in return for the ‘gifting’ of eyes to foreign countries. Such allegations were potentially damaging because they suggest exploitation of a kind to which Sri Lankans were and are still highly sensitive. Firstly, they imply exploitative betrayal of Sri Lankans’ selfless giving. Secondly, they point to the illegitimate extraction of biogenetic material by foreign countries. Needless to say, the Eye Donation Society categorically rejected such allegations, pointing to the meagre government funding they received to run a complex, international eye retrieval and transportation service.

The second problem that the emergent Eye Donation Society faced was in the practicalities of retrieval. In the early days, Dr and Mrs Hudson Silva would seek out donors themselves by visiting households in which people had recently died and trying to explain to newly bereaved relatives that they were about to cremate or bury something which could give sight to other people. They would also point out that by making such a donation the donor would accumulate merit and thus assist in the eventual attainment of nibbāna. According to Mrs Hudson Silva, gaining consent from relatives was often a problem because responsibility for making the final decision would be passed on from relative to relative until it was too late to act. The solution to this problem was ingenious and took the form of an elaborate, printed certificate. At the head of the certificate is a logo featuring two eyes – one open and the other closed – and a motto which reads ‘life to a dead eye’ (mala netata pana).8 The certificate also has a tear-off return slip attached. If a person wishes to donate his or her eyes at death they must fill out the certificate and the slip. The slip is returned to the Eye Donation Society. The donor is advised to frame the certificate and place it in a prominent place in his or her house. Thus, not only does the donor gain merit for the next life but he or she also gains a certain amount of respect and adulation in this one too. The certificate has a set of instructions printed on it so that relatives know exactly what to do and whom to contact in the event of the donor’s death, and the eye retrieval teams can proceed in the knowledge of clear and unambiguous consent. Indeed, the certificate gives something of a carte blanche: ‘I the undersigned hereby consent
to donate my eyes/body parts or the body for clinical use and medical research in accordance with the Cornea Graft Act No. 38 of 1955 and Human Tissue Transplantation Act No. 48 of 1987. The 1955 Act was introduced to deal specifically with issues raised by the activities of the Eye Donation Society. The 1987 Act was introduced to cover the widening range of organs and tissues that might be transplanted. In both instances, legislation was put in place to prevent abuse and exploitation of donors.

The recruitment of donors has also been greatly facilitated by the formation of local eye donation societies under the auspices of fraternal organizations such as local branches of the Lions club and Jaycees. Buddhist monks have been instrumental in these campaigns, regularly organizing eye donation days in the temples. These tend to take place on full-moon days (poya), with monks delivering sermons that extol the virtue of giving. Holding the events on poya days gives the pledge a public and performative element which again adds value to the act both in this world and the next. Such activities have served to forge a powerful link in the minds of ordinary people between giving parts of the body (dana upa paramita) as the venerable King Sivi once did, earning merit (pin), which is essential in the quest for ultimate release (nibbana), and the demonstration of contemporary civic virtues.

For King Sivi, the donation of his eyes was an excruciating pre-mortem gesture. For contemporary donors, however, the act is imbued with similar meritorious benefits but is not quite so demanding. Intention to donate is expressed in life but mercifully the extraction takes place after death, when, according to Buddhism, the body is an empty shell from which all trace of consciousness has long since been extinguished. Nowadays, other body parts such as bones, tissue, kidneys, and sundry organs are made available for cadaveric or post-mortem giving. Indeed, within the paradigmatic logic of dana upa paramita, the entire body is a potential gift. It is common practice to make bodies available for medical research as well as clinical purposes. On this topic a number of the doctors I encountered in the field were quick to point out that the medical school morgues often contain large numbers of cadavers that have been donated for medical research. One doctor went so far as to suggest that it was not just because anatomy was thought to be foundational to medical teaching that dissection played such a prominent role in the medical curriculum. The abundant supply of cadavers was also a factor, ensuring that students always had plenty on which to practise. As with eye donation, people linked pledging of the body (in this case to medical science and teaching) with the notion that the act would benefit others in this world and accumulate merit that would ensure a better rebirth in the next (para lova). Indeed, relatives of a deceased person might also share in these benefits by offering his or her body to a medical school as a post-mortem gesture.

**Blood donation**

The official history of blood donation in Sri Lanka can be traced back to the 1940s. As with eye donation, the ‘donation’ of blood had rather dubious origins in the incarcerated bodies of criminals. At that time, prisoners were reportedly paid small amounts of money for samples collected on an ad hoc
basis. In the later 1940s this practice was phased out because prisoners were considered to be a high-risk group due to the frequency of sexually transmitted diseases, and the need for a more organized service was becoming more apparent. During that decade the collection of blood switched wholly to the community, and by 1948 the service had about 100 donors who received small sums in remuneration each time they gave blood. The numbers of donors rose steadily in the 1950s, and in 1962 the National Blood Transfusion Service (NBTS) was established; initially it had a central blood bank in Colombo and a single regional blood bank outside of the capital. In line with blood donation policy in many other countries, there was a desire within the NBTS to move away from paid blood donation to an entirely voluntary service. Remuneration of donors was held to be problematic because it tended to attract people who were motivated to sell blood out of acute financial need, especially drug-addicts and others who were likely to be carriers of infectious diseases. Similarly, remuneration might encourage exploitation of the poor, who were held to want to sell their blood solely as a means of alleviating poverty. The goal of establishing a fully non-remunerated service was achieved in the early 1980s. Two strategies appear to have been instrumental in achieving this: a more aggressive donor recruitment policy and the encouragement of replacement donation.

In 1960, the NBTS created what a former director of the service described as a 'propaganda' unit which employed a development officer, a medical officer, and a number of health educators to increase the levels of voluntary donation. Mobile units went out into villages and workplaces and, using lectures and films, explained the importance of blood donation as a social service (samāja sēvaya). Once again, the creation of 'ethical publicity' drew on productive links between blood donation and Buddhist notions of giving. Likewise, on full-moon days temples became important settings for the field camps, with Buddhist monks not merely exhorting their congregations to give blood, but leading by example and acting as donors themselves.

The only figures currently cited in relation to blood donor campaigns come from a survey conducted in 1985 and appear to indicate that the predominantly Buddhist Sinhala population provides by far the highest proportion of Sri Lanka's blood donors. Of the 26,932 donors whom the 1985 study's authors said they had surveyed, 25,893 (96 per cent) were reportedly Sinhala; the remaining 4 per cent were said to have come from the country's other ethno-religious and ethno-linguistic communities (Tamils, Muslims/Moors, and Burghers) (de Zoysa 1992: 129). If all the population groups making up the country's population were donating at equivalent levels, one would expect the proportion of non-Sinhalese donating to be in the region of 26 per cent. I found that this supposed discrepancy was widely commented on among those working in the medical profession. My Sinhala informants suggested that this imbalance is due to the fact that, unlike Hindus and Christians, members of their own community are inspired by the example of the perfect generosity of the Buddha and so have a strong inclination towards practices which involve munificence in all things, including the giving of human tissue. Those who commented on these issues also said that Muslims, Hindus, and Christians are all averse to making such donations because of their beliefs about the body and its afterlife. The non-Buddhists with whom I have spoken
take a different view of the matter. Despite efforts of the NBTS to persuade the public to see blood donation as an entirely secular or non-denominational act of social service (*samāja sēvaya*), most official attempts to recruit donors still frame their appeals in an unmistakably Buddhist idiom which is often alienating to those of other faiths.

Part of the problem here lies in the fact that acts of donation have become strongly associated with Sinhala Buddhist identity and patriotism. Temples are key locations for the donation of blood. Field camps are usually held on important Buddhist festival days such as Vesak, and monks are prominent advocates of and participants in the campaigns. Even the notion of social service (*samāja sēvaya*) is the subject of a genealogy which implicates it directly in the emergence of Sinhala Buddhist national identity. In his comprehensive account of the relationship between the Buddhist clergy (*sangha*) and the Sri Lankan polity, Seneviratne (1999) provides a history of the idea of social service in the manifestos of various prominent monks. Tracing the tradition through the writings of the Anagarika Dharmapala, the leader of Sri Lanka’s nineteenth-century Buddhist revivalist movement, and thence to the work of such twentieth-century scholar monks as Yakkaduve Pragnasara and Walpola Rahula, Seneviratne documents the attempts by these campaigners to persuade the Buddhist clergy to dedicate themselves to service in the world rather than a life of meditation and introversion. These social service campaigns produced a new kind of monk who was ideologically aware and socially committed. However, as Seneviratne argues, the performance of social service splintered into many forms – some secular and pragmatic, and others ideological in character, focusing on language, culture, ethnicity, and national patriotism. In contemporary Sri Lanka, Seneviratne argues, it would seem that this latter form of social service is in the ascendant, ‘holding the sceptre of Sinhala Buddhist hegemonism’ (1999: 335).

The ease with which acts of donation can slip into the idiom of Buddhist giving and then further into the realms of patriotism and national identity creates powerful dilemmas for those seeking to forge more inclusive approaches to organ and tissue donation. The question of how one might maximize participation in blood donation campaigns without alienating the country’s non-Buddhist populations became particularly pressing for the NBTS during the episodes of severe ethno-religious conflict that have beset Sri Lanka over the past twenty years. Throughout the 1980s and 1990s the demand for blood was high as a result of the war in the North, a bloody insurrection in the South, and a number of terrorist bombings in the capital. Under these circumstances, appeals to the meritorious nature of giving tended to be eclipsed by rather more crude invocations of nationalist sentiment in the face of violence and the breakdown of internal security. Appeals for blood to help treat soldiers injured on the battlefield or in indiscriminate bombings in the capital boosted the collection of blood massively with people who had never donated before, especially members of the affluent middle classes, volunteering in large numbers. Their participation in blood donation campaigns is perhaps an indication of the extent to which the threat of violence and civil disintegration had become apparent to urbanites normally untouched by the troubles. Making a link between blood and nation resonated strongly with the Sinhala Buddhist majority but had the effect of drawing the
unwelcome attention of one of the leading Tamil militant groups, the Liberation Tigers of Tamil Elam, to the work of the NBTS. According to one NBTS worker, this necessitated a fundamental rethink of its campaign methods. In truth, however, little could be done by the NBTS to influence the way in which community leaders and their constituencies chose to amplify the links between blood and patriotism at the level of village blood donation campaigns.10

The second strategy that was employed to move the service away from paid donation is known as ‘family replacement’. This technique does not have any special appeal to Buddhists but is rooted instead in broader South Asian notions of kinship obligations. This method of ensuring that stocks of blood are maintained moves the rather abstract notion of meritorious gifting to strangers into the morally loaded realm of highly personalized relations between kin. Put simply, anyone needing blood from the Central Blood Bank will be expected to find a relative or relatives who will put an equivalent amount of blood into the bank; this creates a ‘reservation’ entitling the patient to receive blood. In emergencies, blood is freely given, though it is expected that those involved will feel a moral obligation to provide replacement blood; there is no sanction if they choose not to do so, however. In theory, this requirement keeps the donation of blood out of the highly problematic realm of commercial transaction by playing on the deep sense of commitment felt by relatives to help one another in times of crisis. This strategy has been successful to some degree, but has not been without its problems. In some cases this strategy has been based on misplaced assumptions about the moral imperatives associated with kin ties, particularly in urban settings where extended kinship patterns have given way to more nucleated and fragmented households. Consequently, there has emerged a black market to supply those for whom family replacement is either an impossible or an undesirable option. Touts operate in the vicinity of many hospitals and, given the ease with which Sinhalese kinship classifications can be made to encompass a variety of ‘others’, presenting a donor as a ‘cousin’ or ‘uncle’ is not difficult. Family replacement also creates the ethical dilemma of what to do if a relative comes forward to donate blood which is then found to be infected or which puts the donor in a high-risk group. For these reasons, family replacement is disapproved of by international bodies such as the World Health Organization, and it is the aim of the NBTS to make blood donation 100 per cent voluntary in the near future.

‘Gifts of life’ and the limits of altruism

No person shall buy, sell, dispose of or otherwise deal in directly, for a valuable consideration, any body or tissue or part thereof for any of the purposes referred to in Section 2, without the prior written approval of the Minister (Transplantation of Tissues Act of Sri Lanka, No. 48 of 1987, Section 17(1)).

The legal position regarding transactions in human tissue in Sri Lanka is closely modelled on international codes of ethics on organ and tissue transplantation and it is unacceptable to buy or sell the body or its constituents.
The wording of the 1987 Act is sufficiently vague to ensure that ‘tissue’ covers human flesh, organs, bones, and body fluids such as blood and semen and their constituents.

Local laws are thus made to align with international protocols on tissue transplantation. However, they also resonate strongly with the ideology of meritorious giving outlined above. The abstract generosity which Buddhism extols encourages giving parts of the body with purity of motive and without thought for personal loss or material gain; it is a most profoundly social act of service which not only relieves the suffering of others but also sets the donor on the long path leading to liberation. In this pure form, there are no limits placed on who might or might not be included in the social imaginary to which this service could be directed. Thus, for example, the Sinhala daily *Lankadipa* carried an account on 8 May 1997 about a Buddhist priest, Kiribatgoda Gnanananda, who had reportedly donated his kidney to a Christian woman. Boundary-crossing acts such as this, performed by lay people as well as priests, are regularly highlighted in the press as the epitome of *dāna upa paramiṭā*. Accounts of selfless giving of parts of the body in the service of humanity suggest the boundless or rather boundary-less compassion of Buddhism when properly practised. Furthermore, in a formulation famously developed by Titmus (1971) which would be readily endorsed by Sinhala Buddhists, giving to strangers also builds social communities. Yet equating ethical actions with altruism in this way obscures other kinds of norms and values that are mobilized in the donation of body parts and tissues. As we have seen, an important bulwark against the commercialization of tissue donation in the Sinhalese context is to be found in attempts to locate these transactions in the realm of kinship and the moral obligations that exist between kin. The use of close kin as kidney donors and in ‘family replacement’ strategies to elicit donation of blood and other tissues points to the importance of kinship in motivating donors when the supply of organs and tissues is limited. Thus, donations made by one relative to another are assumed to act as gifts in the Maussian sense: they are non-quantifiable, betoken long-term reciprocity, and function as a *prestation totale*. Commodities do not belong in this realm but in the market, where transactions are quantifiable and involve short-term relations.

Among those working in the field of tissue donation, the framing of such transactions within these fundamental and highly influential moral paradigms provides an explanation as to why, for the present at least, Sri Lanka has not encountered the same problems as some other countries when it comes to organ trafficking (Cohen 1999; Hartwell 1999; Schepfer-Hughes 2000). Yet, whilst many Sinhalese celebrate their community’s apparent enthusiasm for donating human tissue, there is also a sense of vulnerability and fear when such acts are set in a wider context. The ‘structural adjustments’ that are taking place across the developing world expose weaknesses in local regulation and create new and worrying possibilities for the exchange of organs and tissues. Between the abstract altruism of *dāna upa paramiṭā* and the more immediate and instrumental strategies of ‘family replacement’, possibilities are emerging for other systems of value to penetrate where tissue donation is concerned. The notion that somewhere out there is a world where these items are
shamelessly commoditized is deeply unsettling and begins to expose limits to the ideology of gifts of the body freely given. For example, some have voiced concerns that religious sentiment can all too easily fall prey to blatant exploitation. Why should Sri Lanka give eyes by the thousand to the rest of the world? Why should blood freely given by Sinhala Buddhists be used by those from other ethno-religious communities whose members are supposedly reluctant to act as donors themselves? Why should kidneys offered up as acts of merit be used by non-Buddhists? Are the Sinhalese overly generous and not a little naïve given that, as some see it, they are so taken up with the act of giving as a meritorious exercise in its own right that they are unable to recognize the full social and moral complexities of these acts? Such anxieties have been heightened further by talk of ‘bio-pirates’ and ‘gene-jackers’ seeking out rare genes and cell lines to patent. Great suspicion now attaches to the export of blood and DNA samples from Sri Lanka, particularly by foreigners (cf. Andrews & Nelkin 2001). A number of cases in which the bodies of migrant workers have been returned home from the Middle East with vital organs missing have introduced a new dimension to concerns about the exploitation of Sri Lankan bodies. Not surprisingly, the idea that the bodies of Sri Lankans in general, and Buddhists in particular, are being abused and exploited, both at home and abroad, causes anger and affront. It also plays into a broader narrative in which the many guises of postcolonial domination and exploitation may lead to catastrophe and, if not challenged at every turn, could result in the eventual extinction of Sinhala race and culture. Such concerns are woven into the emergent discourses surrounding the new reproductive and genetic technologies (Simpson 2004a), and in the next section I turn to a consideration of how gametes and embryos are currently being conceptualized within the ideologies of giving outlined above.

**Dāne and the donation of gametes and embryos**

Sri Lanka is currently embarking on the development of assisted reproduction services and beginning to address the ethical, social, and legal questions that these technologies leave in their wake. As we have seen, the voluntary donation of tissues such as blood, eyes, and kidneys has a justification in Buddhism that has been much played upon in constructing positive expectations surrounding donation. The act of giving parts of oneself keys into deep rooted ideas of merit, rebirth, and public virtue, and the aphorism ‘aes, his, mas, le’ is now both widely accepted and powerfully linked to a Buddhist ethic of virtuous giving that is specifically associated with parts of the body. But, what about sperm, ova, and embryos; will ‘sukradnātu, dimba, kalala’ ever become a similar recitation in the context of dāna upa paramitā? How might gifts which are not about saving lives but which are regenerative and are, in a sense, gifts of the ‘gift of life’ be fitted into this ideology? Let us consider briefly the issue of sperm and egg donation and some of the factors raised as these entities come to be thought of as items that might be gifted from one person to another.

Donor insemination (DI) is nothing new in Sri Lanka. As in many other countries, stories of doctors securing sperm from unspecified donors for use
in DI are not uncommon. To date, however, these transactions have been *ad hoc* and, in the age of HIV/AIDS, troublingly beyond the reach of oversight and regulation. As part of the general drive to move sperm donation onto a safer and more controlled footing, efforts have been made to set up and maintain a recognized sperm bank with proper standards regarding protocols for consent, collection, matching, and storage, and, most important of all, an adequate supply of donor sperm. Indeed, the main problem faced by the managers of the planned sperm bank was how to secure sperm in the first place. Simple extrapolations from blood donation to sperm donation did not work. As the director of the sperm bank pointed out: ‘students flock to give blood but won’t willingly donate sperm’. Attempts to advertise for donors caused offence in some quarters and had to be withdrawn. Given that the purchase of human tissue, including gametes, is forbidden, the director attempted to borrow the family replacement model used in blood donation. Those taking sperm from the Bank were expected to ask two relatives to make a donation. This strategy was not successful either, as it required individuals to reveal to family members the highly sensitive issue of male infertility. It was evident that sperm would not fall into the realm of meritorious giving in the same way that blood had done and neither could it be made public in any way. Difficulties in maintaining well-stocked sperm banks based on voluntarily donated semen are common the world over, but in Sri Lanka, and no doubt in other Asian countries too, a number of culturally specific associations serve to compound this problem further.

In Ayurvedic medicine, semen (*sukra dhātu*) is considered the highest of substances. Through a process of ‘cooking’ using the heat of the body, food is converted into ever finer portions (*ahāra prasāda*), and the highest of these is semen, one drop of which is believed to be equal to sixty drops of blood (Obeyesekere 1976: 201; cf. Konrad 1998: 646–8). Loss of such a powerful substance is widely held to have a number of consequences such as anxiety, mental impairment, and impotence. Although it was stressed by many doctors and clinicians that beliefs about the mental and physical consequences of semen loss are not nearly so prominent as they were in former times and not quite so culturally specific as previously thought, semen does remain a powerful symbol of male reproductive potency, and what happens to it, inside or outside the bodies of men is a cause for concern. For example, doctors working with infertile couples reported that a major anxiety among those using IVF clinics was that there might be a theft or mix-up of sperm samples. Such anxieties can be traced back to the symbolic link between sperm and fatherhood and the fact that donor insemination, anonymous or otherwise, may be seen as an alien intervention, tantamount to adultery. As such it can create unwanted confusions in the process of inheritance and may well invite problems of identity for the child. Concerns were expressed among some doctors that children with such origins might experience a deep and troubling sense of strangeness towards a father who is not biologically related whilst expressing a desire to establish the genitor’s real identity. Following developments in other parts of the world, readings of the relationship between sperm and offspring that are not merely symbolic but are rooted in shared biogenetic substance may well become more widespread as the law relating to paternity becomes increasingly geneticized. Finally, the idea
that semen has to be gathered through masturbation is deeply problematic for Buddhists as well as adherents of other faiths in Sri Lanka. As one andrologist pointed out, knowledge that a man has made a donation would be a source not of pride but of shame (laejjakama). For Buddhists it is also the case that unlike blood donation, which entails some degree of discomfort for which there is scriptural precedent, sperm donation finds its origins in physical pleasure for which there can be no justification in Buddhism. For a variety of reasons, then, sperm appears to be a product of the body which does not fit easily into the paradigm of donated bodily tissue provided by Buddhism.

Although the use of third-party ova in reproductive treatment is in the very early stages of development in Sri Lanka, clinicians are turning their minds to how, in cultural terms, ova donation might work in future. In contrast to sperm donation, there are signs that this form of giving may be cast more easily within the ideologies described above for other types of donation. Clinicians with whom I have spoken expressed the view that egg donation will encounter far less opposition from donors, will generate less public debate and anxiety, and, as a consequence, will be far simpler to deal with in terms of formal guidelines and regulation. Indeed, one leading gynaecologist explicitly referred to ova donation as being like a dāne. Why, then, might ova donation be cast within the dominant idiom of giving of the body whereas this is not the case for sperm?

First, the donation of ova fits more closely with dāna upa paramitā because their retrieval involves pain and discomfort in a way that the donation of sperm does not. Secondly, as it is commonly assumed that it is women rather than men who are the source of infertility problems, strategies aimed at eliciting the donation of ova from friends and relatives are unlikely to arouse the same levels of sensitivity as strategies aimed to help infertile males. Third, there is some suggestion among doctors that great solidarity emerges between the couples taking treatment together as an IVF ‘batch’. Within such groups there are reportedly frequent expressions of the willingness of women to help one another by sharing eggs. Fourth, the symbolism of sperm is fundamentally associated with notions of masculinity. In donor insemination, the idea of another man’s sperm being involved in reproduction can be construed as threatening. As no other male genetic material is involved in reproduction involving egg donation, however, such transactions cannot be associated with anything that might be thought of as sexual or adulterous (cf. Konrad 1998: 652). Indeed, egg donation is often linked in the minds of doctors and clinicians with the formerly widespread practice of informal adoption between kin (Simpson 2001). Finally, it is recognized in Ayurveda that in procreation the egg has to be fertilized before it is implanted in the womb. This explanation is far more sophisticated than understandings commonly found in agricultural societies and which are typically based on the notion of men planting seeds in fertile but none the less undifferentiated female ground (Delaney 1991). However, even though women’s contribution to physical reproduction is widely recognized and this is further reflected strongly in the bilateral form taken by traditional Sinhalese kinship, when it comes to social reproduction there remains a strongly patrilineal orientation.
Ova, then, may in time qualify as 'gifts of life': that is, gifts that can be more easily rendered free of the negative social, moral, and physical consequences of sperm donation, and which might be constituted within the ancient ideology of dāna upa paramitā. Furthermore, as suggested above, these are gifts that do not merely save life but are implicated in its very creation in the womb and are therefore a particularly exalted form of the 'gift of life'.

Conclusion

At the beginning of my research into the reception of new reproductive and genetic technologies in Sri Lanka, the wider links with organ and tissue donation did not immediately strike me. However, a growing awareness that there was a specifically Buddhist idiom in which these kinds of transactions were being talked about, and, furthermore, that this had been explicitly woven into a kind of 'ethical publicity' (Cohen 1999: 145) surrounding tissue donation, led me to try to make more careful inquiries. More precisely, the alignment of body part transactions within the Buddhist tradition, as seen in the accounts of the development of eye donation and blood transfusion services, drew upon the notion of dāna upa paramitā and had been reinforced through a growing literalization of the symbolic accounts of giving body parts for the welfare of others as found in the Jātakas. In the context of eggs, sperm, and embryos similar processes were in evidence in the discussions surrounding present and future use of gametes and embryos. But the attempt to construct something like a pure Maussian gift, whose invisible stitches will hold the patchwork of society together whilst providing the giver with 'unseen fruits', gives way to interpretations of a more sceptical kind from both within and outside Sri Lankan society. In the present political and economic situation in Sri Lanka, 'gifts' of the body all too easily become part of transactional dyads of a more mundane and commercial character. Questions of patriotism and the boundaries of community also serve to tarnish the act of giving such that just as the gift might stitch society together, it can also provide the means to rend society apart. Likewise, the tendency to put forward merit-making and future rebirth as the primary motive for giving rather than the disinterested act of giving draws cynical reflections on the real motives behind the gift. I would argue that issues such as these are not merely of interest for Sri Lanka or South Asia specialists. Indeed, as Parry (1986) suggests, careful consideration of the local idioms through which ideas of gift, charity, and the body are expressed are crucial. In this context it is not least because they begin to highlight ways in which responses to new bioethical quandaries, such as those posed by the new reproductive and genetic technologies, are built from within particular traditions (Simpson 2004b). Given the inexorable spread of a Western bioethics with its core assumptions about liberal universalism and radical personal autonomy, deliberations on the meaning of organ and tissue donation that fall outside the Euro-American context provide an important insight into the complex linkage between resistance and acquiescence in the face of emergent forms of global governance and exchange.
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Throughout this article the phrase 'organ and tissue' is used in a broad sense to denote parts of the human body of different levels of structural complexity; its use encompasses organs and parts of organs, cells and tissues, sub-cellular structures and cell products, blood, gametes, and embryos (Nuffield Council on Bioethics 1995: 17-19).

For example, in February 2002 the UK Human Fertilization and Embryology Authority (HFEA) authorized the use of pre-implantation genetic diagnosis to provide an English couple with a child free from the gene fault that causes thalassaemia on the assumption that the child would in time become a donor to his or her sibling (Lee 2002).

It is beyond the scope of this article to explore the important links that exist between Buddhist conceptions of self, identity, and desire, and post-structuralist philosophy. However, going from west to east, for example, Coward (1990) explores Derrida's approach to language and deconstruction in relation to Indian traditions which see language as constitutive of the subject. Proceeding in the opposite direction are intriguing contributions such as those of Nalin Swaris, for whom the Buddha appears to be the archetypal post-structuralist philosopher, while the Buddhist's teaching, the Dhamma, is presented as 'a diagnosis of the semiotics of desire' (1999: 84).

Indeed, if Parry is correct in his observations about funeral priests being unfortunate repositories for 'poison' because they have no means to pass it on, then the fact that these ideas do not figure to any extent in the Sri Lankan case is entirely logical. Given that the majority of monks fall far short of the renouncer, forest monk ideal and are indeed expected to engage in social service (samāja sevaya) and other acts of beneficience to the community, it is consistent that 'poison' (for which the notion of dos would be the closest equivalent in the Sinhalese context) would be dispersed through the wider network of social roles and relations. The significance of social service for monks is discussed below.

In this story of 'perfect' generosity, Prince Vessantra vows to give away anything for which he is asked. First he is asked by a wandering Brahmin to give up his children, and later he is asked by the god Sakra to give up his wife. In an act of supremely detached generosity he complies with both requests. Finally Sakra reveals himself and the family are re-united (Cone & Gombrich 1977; Harvey 2000: 63-4).

The corpus of Jātaka stories is known in Sinhala as the pan siya panas jātaka pot vahānse – the Venerable Book of the 550 Jātaka Stories – and is widely available in a number of forms.

Even though Ayurvedic surgical techniques were remarkably advanced two thousand years ago (see, for example, the manuals of Susrita and Caraka), the idea of transplanting body parts is truly extraordinary as the items given were at one time literally impossible gifts.

As in other traditions, eyes are here symbolically associated with life and vitality, as, for example, in ceremonies in which images of the Buddha are consecrated through the dotting of the eyes in a ceremony known as a netra pinkama (Gombrich 1966). In this context however, the connection between eyes and life is drawn upon as a positive connection and does not appear to arouse either squeamishness or sentimentality. It is this which may account for the reluctance to donate eyes that has been documented in other parts of the world (see, for example, Chockalingam, Mojan, & Rajan, 2001; Hayward & Madill 2003).

In 1975, for example, the World Health Assembly passed a resolution urging World Health Organization member states to promote the development of centralized services which drew only on 'voluntary, non-remunerated blood donations' (Koistinen & de Zoysa 1994: 505).
Some interesting parallels can be drawn here with Rabinow’s account of the origins of blood donation services in France with the donation of blood for injured resistance fighters in the Second World War (Rabinow 1999).

For example, see the recent exchanges in the British Medical Journal following the discovery of large-scale organ trafficking in the Punjab (http://bmj.com/cgi/eletters/326/7382/180/b). Responses castigate the unethical practices of individual doctors but also locate these lapses within the context of globalization and the spread of neo-liberal economic values, with ‘structural adjustment’ identified as a major cause of the rise in abusive and unjust practices.

In one of the most disturbing instances a woman died in mysterious circumstances whilst working as a domestic servant in Kuwait. When she returned home she was without her kidneys or her corneas. The organs had been removed under Kuwait Transplantation Law; the event aroused fear and outrage among the many thousands of Sri Lanka migrant workers and their relatives (Sunday Times (Sri Lanka), 25 August 2002).

A working group has recently drawn up guidelines for Genetic and Reproductive Technologies at the request of the National Science and Technology Commission (NASTEC 2003).

Ayurvedic medicine is widely practised throughout South Asia. As a comprehensive curative system, it is based on a humoural theory of the body in which illness is diagnosed as an imbalance of wind (vāt), bile (pita), and phlegm (sema). Balance is achieved through a variety of manipulations which use herbs, ointments, and dietetics, referred to generally as medicine, or behet. For many Sinhala Buddhists, traditional doctors (vedarala) have both practical and nostalgic significance; they are still widely consulted for a range of ailments and they also feature as one of the key figures in nationalistic evocations of a traditional idyll. As a consequence, Ayurvedic readings of well-being, body, and substance are still found alongside and indeed integrated with Western ones (Amarasingham 1980). Where issues of reproduction and fertility are concerned, the Ayurvedic treatises of Susruta and Charaka (c. 800 BC) both have large sections detailing advice, diagnostics, and treatment.

The physical consequences of semen loss in South Asia are referred to under the general heading of dhat syndrome. For a critique of the portrayal of dhat syndrome as a ‘neurosis of the Orient’, see Sumathipala, Siribaddana & Bhugra (2004).

Since 2000, DNA evidence has been admissible in Sri Lankan courts and is being drawn upon with increasing frequency as a source of forensic evidence. DNA evidence is now beginning to be used in cases of disputed family relationship, and there is at least one laboratory in Colombo offering mother-father-child relationship testing on a commercial basis.

In a recent essay the philosopher John Protevi suggests that ‘to speak of the gift of life is to speak of the mother’ (1997: 65). Following Derrida, he seeks to deconstruct the notion of the gift but does not seek to displace or problematize the act of becoming a mother (or ‘(m)other’ in Derridean/Lacanian convention) on the grounds that this comes closest to satisfying the impossible criteria laid down for the existence of the gift. In short, in becoming a mother a woman provides a gift which can never be circular in its trajectory for a child can never give life to the mother: ‘the gift of life never returns’ (1997: 69). I would suggest that to cast motherhood in these terms would make a good deal of sense to many Sinhala Buddhists, for whom the mother’s supreme beneficience inspires deep veneration and a profound emotional and psychological attachment (cf. Obeyesekere 1984).

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BOB SIMPSON


Les dons impossibles : corps, bouddhisme et bioéthique dans la société sri lankaise contemporaine

Résumé

Les préoccupations éthiques suscitées par les transactions de tissus humains sont ancrées dans les conceptions fondamentales relatives au corps, à la société et à la nature du don. Ces questions sont généralement abordées dans le cadre du système de références euro-américain. À partir de travaux sur le terrain au Sri Lanka, l’auteur décrit la manière dont une conception du don et de la charité typique du bouddhisme Theravāda a été exploitée dans l’élaboration de campagnes encourageant les dons de tissus humains. Les dons d’yeux et de sang illustrent les relations établies entre obligations religieuses, aspirations à l’autre monde et sentiment nationaliste pour développer les réseaux nationaux de dons d’organes. L’auteur s’intéresse ensuite en particulier à l’intégration de ces croyances et valeurs spécifiques dans les premières tentatives d’organiser les dons de spermatozoïdes et d’ovules au Sri Lanka. Le caractère « offrable » des spermatozoïdes et des ovules est apprécié très différemment en termes religieux et culturels. Expliquer ces différences permettrait une analyse anthropologique plus approfondie de la bioéthique et de son mode de diffusion, aussi bien dans les sociétés euro-américaines que dans le reste du monde.

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