SSM - Qualitative Research in Health 6 (2024) 100459

Contents lists available at ScienceDirect

SSM - Qualitative Research in Health

journal homepage: www.journals.elsevier.com/ssm-qualitative-research-in-health

Choosing people: How do Israeli kidney donors and surrogates select their recipients?

Hagai Boas [a,*], Orit Chorowicz Bar-Am [b,1]

[a] *Department of Politics and Government, Ben-Gurion University of the Negev, Van Leer Jerusalem Institute, Israel*
[b] *Department of Sociology and Anthropology, Ben-Gurion University of the Negev, The Azrieli Foundation Doctoral Fellowship, Israel*

ARTICLE INFO

Keywords:
Living kidney donors
Surrogacy
Ethics
Choice
Altruism
Commercialism

1. Introduction

Advanced medical technologies introduce innovative therapies that require the involvement of a third party. They produce not only solutions to a growing number of medical conditions, but also generate new moral spaces that have not existed before. This is particularly evident in organ transplantation and surrogacy. The opening of these moral spaces, however, has also raised concerns as to the ethics of such acts. What should be the ethical envelope of using the body of one healthy person for the benefit of another? These concerns are diverse and extend from issues such as altruism vs. commodification in organ donations (Taylor, 2017); concerns about potential exploitation in the cases of organ trafficking (Budiani-Saberi & Delmonico, 2008) and commercial surrogacy (Humbyrd, 2009; Patrone, 2018), to name only a few. Common to many of the ethical discussions on these issues is their top-down perspective. In this article we wish to reverse the perspective and describe the mentalities, ethics and moral views of those donors, the agents without whom there can be no such options available: surrogates, and individuals who have donated one of their kidneys to a stranger in need.

While the academic literature engages in parallel discussions about different ethical and controversial aspects in the practices of organ donation and surrogacy (Dalal, 2015; Pande, 2021; Schurr, 2017), the present research seeks to bring them together and discuss them through the voices of the agents themselves, people who have donated a kidney to a stranger, and surrogates. It goes without saying that the two practices differ in their mode of giving and sacrifice. The attachment between surrogates and their intended parents is closer than that of kidney donors and their unknown potential recipients. The bond in surrogacy is profound and long-lasting, whereas the anonymity of kidney recipients makes the selection process for donors relatively symbolic and abstract. And yet, both practices share the act of extraordinary giving (Beier and Wohlke, 2019). In this study, we were curious to learn whether surrogates and living kidney donors to strangers share any commonality in their ethical reasoning despite the significant differences in their practices. Notwithstanding the differences between the living kidney donors and surrogates, this paper seeks to explore how these moral agents frame their choices and the meanings they ascribe to them.

Regulation in Israel allows both surrogates and living donors to select to whom they want to give their kidney or carry their baby as a surrogate. Israeli living kidney donors (whose recipients are not family members) can declare their preferences as to the general profile of their recipient. This is an exceptional element in Israeli law for, in other countries, such a statement of preferences is not allowed (Nesher et al., 2023). The Israeli Embryo Carrying Law (1996) is one of the earliest laws for regulating surrogacy in the world and it allows a compensation mechanism for the surrogates; there are no restrictions on the matching between the parties signing the embryo carrying agreement other than ensuring that the religion of the parties is a match. This is an Israeli exceptionalism. Such a choice does not exist for sperm and egg donors

* Corresponding author.
E-mail address: Hagaib@vanleer.org.il (H. Boas).
[1] Both authors contributed equally to this work.

https://doi.org/10.1016/j.ssmqr.2024.100459
Received 25 February 2024; Received in revised form 9 July 2024; Accepted 11 July 2024
Available online 14 July 2024
2667-3215/© 2024 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

(Kirkman-Brown et al., 2022) or in organ donations where the donations must be to complete strangers (Adams et al., 2002). In both cases, Israel renders the matching process as being at the discretion of the parties involved. The ministry of health can eventually disqualify the match for a variety of reasons, but the process of choosing and selecting the intended parents or kidney recipient is unregulated. The choice to exercise this option is different between surrogates and living kidney donors. In local surrogacy, which is characterized in an open relationship like in Israel, surrogates and intended parents are engaged in long process of acquaintance that renders the selection process inevitable. In transnational surrogacy, which is often characterized in a structured relationship, it is common to have no connection or minimum acquaintance between the parties, hence surrogates have no choice of the intended parents (Gunnarsson et al., 2020). Kidney donors, however, can opt not to select their recipients and to donate to the first in line. This is rarely the case as studies on this donation pattern in Israel indicate. Living kidney donors choose to specify their preferences in regard to their potential recipient with almost no limitation: from the patients' age and gender to their occupation and nationality (Boas, 2022; Bramstedt & Down, 2011; Shai, 2024). Controversial as it is (Nesher, Boas and Michowitz, 2023; Danovitch, 2024; Shai, 2024), it is the self-immersion of both kidney donors and surrogates in the process of selecting their recipients that interests us here. This process of choosing the recipients is the focus of our study.

1.1. *Choosing as a sociological practice*

How to choose your kidney recipient? How does a person select the intended parents to help them bring a child into the world? In what contexts are such choices made? Interestingly, the research on living anonymous donors and surrogates provides scant answers to these questions. The choice is often reduced to the question of the incentives; whether altruism is the prime motivation in organ donations, (Bramstedt & Down, 2011; Delmonico et al., 2002; Sharp & Randhawa, 2014; Shaw, 2010), or monetary compensation in surrogacy (Smietana et al., 2021; Spar, 2005). Locked in this binary, the complexity of choice is confined to what Viviana Zelizer (2000) calls a "nothing but" logic: in the case of altruism, it comes down to nothing but noble intentions and if it is monetary compensation then materialism is the motivation. A review of the literature on choices in the social sciences, in general, and in the field of medical technologies, in particular, complicates this binary framing.

Social scientists argue that choices follow convoluted trajectories. Incorporating contingencies and uncertainties and presenting the act of choosing as one of the deepest enigmas in social life (Boltanski & Thévenot, 2006; Hindess, 2014; Karpik, 2010). Sociologist Ori Schwarz (2018) maps the vast literature on choice in the social sciences and points out that analyzing selection processes requires paying attention to four features that operate together: normativity, materiality, historicity, and locality. Normativity refers to the given set of social values and evaluation measures that are internalized in socialization process. It refers to what Eva Illouz (2012) calls "ecologies and architectures of choice" – a set of external rules and internal and subjective mechanisms that direct the "right choice". Materiality is defined as encompassing external factors beyond the individual norms that shape the available choices (Karpik, 2010). Historicity and locality contextualize choices in specific temporal and spatial settings.

In the realm of medical technologies, due to the very materiality of one's body, choosing cannot be separated from one's corporeality. This context of materiality in which medical choices are made is what Rabinow (1992) called "biosociality" referring to shared biological conditions that categorize and group individuals (Rabinow, 1996; Rabinow et al., 2007). The process of matching organ donors with recipients can be seen as a form of biosociality, whereby physical characteristics act as key determinants that define the available options (Rabinow, 1996; Yoon et al., 2017). Likewise, the process of matching the surrogate with the intended parents is also dependent on the physical and biological ability of the surrogate to carry a pregnancy as well as the actual medical condition of the intended parents. The choosing process in both cases is clearly framed within these corporeal contexts.

"Biosociality" was criticized by Bharadwaj and Glasner (2008) as a concept that is somewhat insensitive to biomedical encounters in a globalized world and refers mainly to liberal western societies. Instead, they suggest following the "social trajectory of the bio, and its biographical inscription … (that are) seldom biosocial but rather bioavailable for biocrossing" (ibid.: 56). Their proposed lexicon of bioavailability and biocrossing has gained currency in ethnographies on inequalities and exploitation in cross-national biomedical technologies such as egg donations and surrogacy (Cohen, 2007; Nahman & Weis, 2023; Thompson, 2011). In this line of argumentation, "choice" is dismissed as a liberal fantasy that the sick and the poor from the global south can hardly share. Notwithstanding these insights, the critique on biosociality may follow other trajectories. Cussins (1996), for instance, describes the agency of IVF patients as "choreography", Teman (2019) emphasizes the transformative experience of surrogates as empowering, and Rehsmann (2022) investigates how patients on the waiting lists for transplantations envision their futures. Within these accounts, choosing and selecting reconfigure the trajectory of biosociality towards an empowered agency. Deconstructing biosociality into two opposing trajectories: one where "bioavailaibilty" stands for a globalized political economy of exploitation and one where donors and patients are empowered by their biological agency (Franklin, 2022), place the very notion of choice in two different interpretive framings. Each framing implies different moral spaces and processes of choosing.

Of course, choices of individuals who decided to donate blood, organs, human milk or to become gestational surrogates are structured within the quadrilateral staging of normativity, materiality, historicity, and locality. These intersect to create the moral space that delineates the parameters of available choosing options. In this respect, what can be seen as a free choice is caught in a matrix of contingent factors that traps the agents in conditions that are out of their reach. Studies on choices participants make in biomedical contexts display their biological agency with concepts of relatedness, (Franklin, 2013; Strathern, 1992) the natural and the artificial (Lock, 2001), near and far (Bharadwaj & Glasner, 2008), the strange and the familiar (Franklin, 2022). Following these insights, we would like to ask about the choosing process and social proximity in bodily contributions such as surrogacy and living kidney donation. Our research question, therefore, is: what are the moral epistemologies that organ donors and surrogates generate to elucidate their choices.

2. Methodology

A call for participation in a focus group for surrogates and living kidney donors to strangers was published in social media designated groups, such as "Surrogacy open group" or "Kidney donations Israel". We applied a purposive sampling technique (Robinson 1999) and selected participants to make up a diversified group in terms of residence (small community, city, and settlement), religiosity, and gender (for kidney donors). The majority of kidney donors in Israel are Jewish and due to Islam's disapproval of surrogacy, the predominant group of surrogates in Israel is also Jewish. Consequently, those who responded to the call for participation and participated in the meetings in both groups were exclusively Jewish. We screened out candidates that had donated a kidney or had undergone a surrogacy process less than a year before the beginning of the sessions. Nine surrogates and nine kidney donors were selected. Among them there were two couples in which the husband was a kidney donor, and the wife was a surrogate.

Small focus groups facilitate in-depth qualitative insights by gathering diverse perspectives from individuals with shared relevant experiences. Their interactive nature fosters rich discussions where participants build upon each other's responses (Guest et al., 2017). We

utilized this method to explore commonalities and differences between organ donors and surrogates, promoting dynamic dialogues where they could share personal experiences, motivations, and perspectives, reflecting on similarities and contrasts with their counterparts. All participants signed an informed consent document specifying the academic aim of the meetings, the anonymization process and their option to leave the meeting at any given moment. The research was approved by the Van Leer Jerusalem Institute IRB committee (approval no. VL-1-10-2022).

Table 1 illustrates that participants in the study fell within the age range of 34–55 with the average age being 41. The distribution of gender on the donor's side, coupled with diversity in religiosity, community type, and occupation, outlines a profile of the donor population in Israel which differs from the distribution of the general population (Nesher, Michowitz and Boas, 2023). Up-to-date information on the demographic composition of surrogates in Israel is not available.

We conducted 2-h sessions that were recorded and transcribed. We held six consecutive weekly Zoom meetings during October and November 2022. Online qualitative research using video meetings has become a common and widespread method since the COVID19 pandemic (Khan & MacEachen, 2022). Attendance during the meeting was between 12 and 16 participants with an average of 10 participants. We planned the meetings to revolve around one or two topics each. The first meeting was dedicated to motivations, the second to relationships with the recipients, the third to choosing the recipient(s), the fourth to issues of community and faith, the fifth to gender and body perceptions, and the last meeting was devoted to feedback and general discussion. We asked participants to share their personal stories before the first meeting so that we could dive directly into our program. Every meeting started with an open discussion, and most participants actively engaged in the dialogue. In order to avoid "persuasive argument bias", where participants' views align with those voiced in the group, we cited views and opinions that were voiced by participants throughout all the sessions.

To analyze the focus group's data we used a thematic analysis approach (Terry et al., 2017). The transcripts were first inductively coded with tags (e.g., "solidarity", "faith", "relatedness") line-by-line using ATLAS software, allowing themes to organically emerge from the raw data itself. These initial codes were then collated into potential overarching themes which were reviewed and refined. Finally, the themes were clearly defined and named, with rich examples from all participants' accounts used to illustrate each thematic category in the analysis and findings.

Table 1
Describes basic details of the participants in the group.

Name	Age	Gender	Religiosity	Community type	Occupation
Kidney Donors					
Avi	42	Male	Religious	Settlement	Youth coordinator
Ran	44	Male	Secular	City	Therapist
Eitan	34	Male	Religious	Settlement	Project manager
Matan	45	Male	Religious	Settlement	Farmer
Alon	53	Male	Secular	City	Hi-Tech employer
Anna	55	Female	Secular	City	Psychologist
Sivan	40	Female	Secular	Kibbutz	Shop manager
Naomi	49	Female	Religious	Settlement	Teacher
Ben	43	Male	Secular	Kibbutz	Production manager
Surrogates					
Orly	41	Female	Secular	Village	Surrogacy center owner
Nurit	36		Religious	Settlement	Teacher
Rachel	35		Secular	City	CEO of nursing care agency
Amit	41		Secular	Kibbutz	Administrative director
Moran	40		Religious	Settlement	Computing programmer
Keren	34		Secular	City	Photographer
Anat	34		Religious	Settlement	Bookkeeper
Neri	38		Secular	Kibbutz	PhD and faculty member
Lital	40		Secular	City	Human Resources

2.1. Limitations of our study

We tried to gather a purposive sampling that would voice different aspects and perspectives. Since all the persons who consented to take part in this study group have had a good experience with organ donation or a surrogacy process, our study therefore is biased towards hearing the positive side of both practices. It can be assumed that whoever had had a bad experience would not want to expose themselves in these sorts of groups. That is to say, that our study does not rule out instances in which living organ donations or surrogacy turned out to be exploitative or damaging to those involved.

Another limitation of our study is the recruitment of participants through social media, such as Facebook and WhatsApp groups. It is reasonable to assume that personal considerations of individuals who are already active on social media, and likely to share their experiences and agendas may influence and color their participation. It is presumed that more introverted individuals may be less likely to engage in such designated groups.

3. Findings

The most apparent feature that both groups shared was the centrality of choice. They regard the ability to choose the beneficiary of their act as a *sine qua non* for embarking upon the whole process in the first place. This was clearly and sharply formulated in relation to the direct question we posed:

> Researcher: If they took away your ability to choose, how much would that bother you?
>
> Alon (kidney donor): *Free will is very important. It's very important for the feeling, the feeling during this whole story I had a part in, I keep coming back to the story. The story is important, important to me. Having a part in creating the story, writing the story is also important.*
>
> Keren (surrogate): *That there is something here that is a bit contradictory because in the end we want to give, but we also want to choose to whom to give.*
>
> Moran (surrogate): *It's something I'm very happy I did and I'm proud of, it gives a lot of meaning. It's not a point of complexity, it's the point of choice, it's the point of freedom and this freedom of choice is very significant.*

The choice has two facets: choosing to enter the process of surrogacy or kidney donation and selecting who to help bring children into the world or to whom to donate a kidney. Participants in our focus group referred to these two facets of choice as giving meaning, power and personal empowerment. Some emphasized the first aspect and some the second, but their personal story revolved around the very ability to choose:

> Nurit (surrogate): *I think the main force is that we come here by choice. Everyone comes with their own strength. I can say what's right for me or doesn't suit me no matter why. And if they told me, you don't have a choice, you enter the process as a body and do the task and go, and if you're lucky enough to get something significant out of it, which is a bonus – I wouldn't go for it.*
>
> Naomi, (kidney donor) responded to Nurit saying:
>
> *I relate to what Nurit is saying (…) I know how much I chose. I didn't have to, I didn't have a family story, nothing. Really pure choice.*

Choice, in both aspects – entering the process and selecting the

recipients – is the gateway for becoming surrogates and kidney donors. None of the participants in our focus group would have entered the process if choice was denied and their autonomy to choose and select was restricted. Furthermore, they see their act as empowering, as self-fulfillment and realizing a dream. But once they were in the process, the actual selection of whom specifically you choose to help, turned out to be a challenging task with no actual guide to follow.

3.1. Choosing recipients

For surrogates, the most important factor in selecting intended parents was personal connection. Surrogacy is a long process that lasts longer than the pregnancy period and can take a year and more if failed attempts accumulate or pregnancy loss occurs. Surrogacy, therefore, is all about the relationship, and our participants emphasized its importance as a key to the whole process and to its success.

> Anat (surrogate): *The only thing that mattered to us was that initial click with the parents … We didn't rule anything out. It was important to me that it would be a childless couple and that's who I ended up doing the process with, but in retrospect I can say it wasn't a binding condition. The only important thing is the bonding, that everything would flow smoothly.*

Moran, (surrogate) shared her retrospective thoughts on the intended parents she chose:

> *There is significance to the bonding and the dynamics with the intended parents. It is an intense and very emotional process. If I had to choose again, I would think with whom I have more common language.*

Kidney donors find connection on different grounds. They do not meet the patient personally up until hospitalization a day before the transplant and during their long path of physical checkups and psychological examinations, they imagine in their mind an ascribed recipient they wish to donate to. Their set of preferences is presented by them as very personal, as something that cannot be argued with, that each donor is entitled to, but as shown in the following quotes, these may reflect collective principles.

Eitan, (kidney donor) identified with the criterion of the recipient's health and elaborated:

> *Today I think about it and maintaining health is such an important factor. You expect your recipient not to be someone who later disrespects life and does terrible things to his health. It's a logical requirement when you enter into such a risky procedure.*

It is as if he is saying that only a person who values life deserves another person's risk-taking and sacrifice. One may argue with this "eye for an eye" principle, but for a person who is risking his own health for the sake of another, this is a real concern; he doesn't want his sacrifice "to go to waste".

There is a gap between choosing to become a kidney donor or a surrogate and the realization of this choice. The option to select the recipients renders this abstract dream an active agency. Both groups faced actual dilemmas regarding how they thought they would actually choose their potential recipients. For surrogates, this dilemma concerned, as we have seen above, the nature of the relationship with the intended parent. The involvement in a long-term relationship with another couple turns the selection to a two-sided process, as Neri describes:

> *The parents also have a choice, and you want them to choose you. They deposit with you all their dreams, all their hopes, all their pain. So they have to choose you and trust you. The choice must be mutual and, once you understand that, I think it kind of narrows this gap that we look at between giving and receiving. This very clear hierarchy narrows it down.*

Anna, (kidney donor) shared with us a parallel process, where her dream of becoming an organ donor to a stranger encountered reality. Anna told us that when she decided to become a kidney donor, she imagined herself donating to a young mother like herself. Realizing this dream led her to a different course of decision-making:

> *I mean I came with some clarity about who I wanted to donate to and then I was told that the first in line is a seventy-four-year-old man and the second is a sixty-five-year-old woman, that's all they could tell me about them. My fantasy of the young mother that I wanted so much to save or make a change in her life wasn't there.*

3.2. Normativity and creativity in criteria setting

Whereas surrogates emphasized the importance of the connection between them and the intended parents, live kidney donors do not have any prior personal acquaintance with their potential recipients and ground their selection dilemmas in general characteristics. Thus, Anna imagined a potential mother that she wanted to donate her kidney to rather than a specific individual. Ben, another organ donor, reflected on the selection criteria he knew from other donors and how misleading they could be:

> *There will always be someone who says, 'I won't give it to an Arab, I won't give it to an adult, I won't give it to someone I don't know,' but no one knows what will happen the day after. It could be that we give the kidney to an Arab, and then he has a child who brings peace to the Middle East. On the other hand, you give it to a Jew, and a year later, he kills some young guy on the road in some dispute.*

Ben's assertion implies the power kidney donors have in conditioning their donation according to nationalist criterion. He acknowledges that this power is restricted only to the actual selecting of a patient and not to what follows next. The donors' normative stances determine the collective identity of the recipient, but they also create a life trajectory they cannot direct. But not all criteria are categorized according to nationality or religiosity. Avi, a kidney donor, directs a non-profit organization for procuring non-directed living kidney donors. He pointed out other sets of criteria he encountered when procuring volunteers to donate kidneys to strangers:

> *If someone tells me he wants to donate a kidney to someone who doesn't smoke and keeps his health, otherwise he won't give his kidney, who am I to judge? Every experience is different, and everyone has their own connection.*

For organ donors, choosing recipients remains at the symbolic level. It could be someone who does not smoke, a sick child, a promising student, or any other imagined figure. The free choice of organ donors is a form of a normative storytelling about who deserves their donation. Normativity plays an important role in determining the recipients' eligibility. For Avi, a kidney donor, family status was an important status.

> *I asked to donate to a father or a mother, someone who has a family. Eventually I was matched with a father. My wife who's also a donor, wanted and donated to a mother.*

In surrogacy, selecting the intended parents is bracketed into a series of many criteria. This is partly due to the bureaucracy of matching agencies that follow the consumerist logic to find the perfect match where all are happy. Orly, a surrogate who owns a surrogacy center, described further some of those small decisions that confine the decision into a narrower space of actual options:

> *It can be choices around a financial matter such as a surrogate who looks for a couple who have little means, and they necessarily need someone who wants to do it for less money or the opposite, someone who wants to receive a higher financial compensation than what's accepted. Other adjustments are a matter of values and principles, for example religious surrogates who will not want to match with a gay couple, or a couple who*

are not married according to Jewish law, or a couple who uses gamete donation.

Normativity is coupled with creativity as both kidney donors and surrogates navigate between what they perceive as normatively right and what they reject as wrong. Neri, a surrogate, found the screening process of the surrogacy agency very troubling:

I was extremely surprised by the file exchange. It felt a bit like Tinder, where you receive one file after another, and it truly disgusted me because I'm not a fan of reality shows … They lay out their entire life story there and for me, it felt invasive because that's not why I came to this. I wanted this regardless of how many children they have. I don't need an explanation, certainly not to know what you've been through along the way.

Later on in the conversation, she told us that when she found out that surrogacy is limited by religious affiliation, she was outraged and declared that if she had been given the chance to be a surrogate again to a non-Jewish couple, "she would have gone to the end of the earth to help them". As shown above choosing the potential recipients is often an expression of the beneficiary's set of beliefs, moral conceptions, social values, and sometimes their understanding of who is entitled to their help. This all boils down to the donors' and surrogates' sense of normativity, an "ideal type" of a person they wished to help. Family, and family status, came up very strongly as a criterion for both surrogates and kidney donors. Surrogacy is all about creating or expanding families and surrogates are then faced with the ethical question do they choose to help childless families or to help bring a sibling into a family that already has a child. Amit recounts:

When I just entered this world of surrogacy, I thought I would only help a family that has no children at all. I ended up bringing a third child to a family. Their dream was to have many children and who am I to judge? It is not my place to decide on the size of their family. I wanted to feel I was bringing a child to a warm environment; that was eventually the bottom line for me.

In kidney donations, family members are good potential donors because they share genetic proximity with the recipient. In fact, most of the living organ donations come from family members. All the kidney donors in our focus group agreed that they would prefer to donate their kidney to someone who did not have an option for a donation from one of his family members. Avi, a kidney donor, put it directly:

I often reach a situation where I ask someone why their children do not donate and the person replies 'no, my children will not do such a thing'. This is unacceptable. I tell this person that the altruist also has a mother. I think that the altruistic donations are for people who have no other options.

Alon also supported Avi's view:

If I had known a potential recipient who was waiting for a kidney transplant and his family was not interested in donating to him, this would be the last person I would be willing to help. I would tell his family to check themselves.

Normativity and creativity beget sets of ethical choices for both surrogates and donors. Neri's disapproval of the screening process and surrogate policy as well as Alon's and Avi's objection to family members who prefer a donor outside the family circle, render them the makers of their own ethics. Both groups paved their own ethical road towards their "right" choice by following what they saw as normative criteria.

3.3. Limitations on choice: body matters

Hitherto we presented surrogacy and organ donation to strangers as choices individuals make based on their normative surroundings and personal moral judgments. But the match between a surrogate and intended parents as well as between a kidney donor and a potential recipient is influenced by other factors. Avi's first choice was changed due to more biological reasons:

My initial decision was to donate to a child, something in the feeling that a child is someone at the beginning of life and didn't get to experience anything. It was only after that that I realized I am too big physically, and that women have an advantage in this issue since their kidneys are smaller.

Likewise, Anna faced a harsh dilemma that resulted from the results of her tissue typing:

There were two sisters that needed a kidney. It was like the judgment of Solomon between the older and the younger sister. I was summoned to blood tests to see which one I was compatible with. I was finally matched with the younger sister, but the complexity I had to confront was something I had to let go.

Clearly, she could only donate to one of the girls, and it's evident that the choice depended on physiological compatibility rather than her own preference. However, dealing with the situation was quite complex for her. Other donors also recounted experiences where their initial choice to donate to a specific individual changed due to physical incompatibilities. For instance, Alon and Einat initially decided to donate to an acquaintance who was in need, but as they proceeded with the idea and did the tests, they realized there was no physical match, so they ultimately opted for crossmatch transplantation, donating to individuals with whom they had no prior connection.

Establishing compatibility in physical factors between donors and recipients is a fundamental condition in organ donations. In surrogacy, on the other hand, when a woman meets the physical and mental criteria set by the Ministry of Health to mitigate health risks and complexities, she becomes formally eligible for the role regardless of any health factor of the intended parents. Hence, the physical compatibilities have to match the regulations and not the recipients. This method creates a distinction between women who want to be surrogates and women who can be surrogates. Once approved and found to be suited for the task, the only factor that can prevent a couple from being matched with her is their personal preferences.

3.4. The disillusion of power: choice and confusion

Although surrogates and living organ donors follow different modes of recipient matching, both groups share the position of giving the 'beneficiary' an extraordinary gift, a gift of saving life or of birthing a child. It is clear that the theme of "playing God" seemed relevant for both groups but it came up more in the experiences of kidney donors, probably because their donation was a matter of life and death for individuals, unlike in the case of surrogacy in which the matter is family formation or expansion. Yet both groups felt uncomfortable in relation to this position of power. Interestingly, we detected no difference between secular or religious participants even in articulating what it feels like to be the bearer of ultimate good to another person. The difference lies in the specific good: surrogacy or organ donation.

When facing actual choosing, organ donors backed down from their omnipotent position into a state of confusion, a bewilderment they wish to avoid. In one of our meetings, we screened a television program on organ donation between two strangers. The overtone was the generosity of the giving. The organ donors were very critical of the movie and its tone of glory. Naomi, a religious organ donor, expressed her aversion to this:

Someone in the film used the term "giving life", it's right on the border of the divine, who else gives life? I felt that I needed to narrow down this space of choice because I'm not God. When I was asked if I have any say about the identity of the recipient, I said I'm not asking for anything. Not a man or a woman, not a young man nor an adult. I really tried to

completely neutralize the search for identification points. I was choosing to donate and in no way who I was donating to.

Later she elaborated:

My sister also began this process of organ donation. She was told that there is a sixty-seven-year-old man that might fit her, and she declined, saying: 'I will not give my kidney to an old man'. I told her: 'How dare you play God here? If you give him five years? Ten years? Who are you to decide?

Naomi and her sister actually demonstrate two opposing positions regarding giving: Giving unconditionally, without "playing God", and giving with selection. It is clear that the good will of the donor is the baseline but when the practice comes into effect, donors are asked for their preferences or given the option to decline a match, and they realize their act becomes an act of conditional giving. In the discussed social setting of kidney donation to strangers, the donors have to decide which set of values they choose to abide by, the principle of "every life is worthy", or are there some other values that make a certain life worthier than another? Alon, a kidney donor, phrases this complexity straightforwardly:

It forms a problem that you're playing a role that's not supposed to be played. The very fact that you are putting yourself into this thing isn't always easy and on top of that you need to filter one in or the other out, God forbid, like who needs it?!

It seems that kidney donors did not anticipate facing ethical dilemmas of this nature when beginning the process. Ben, was relieved that he could avoid "playing God" and explained his reluctance at having the power to decide such a critical issue:

No one among us wants to play God and say to whom am I going to give the kidney. Luckily, I was matched with someone my age with a genetic problem, so everything turned out to be ideal without me making the choice.

Most of the surrogates in the group didn't identify with the "playing God", Moran argued for the power of choice as a moral virtue that we ought to exercise:

There's some kind of an axis that on one side we can argue for equality, and on the other, the choice of the giver, because the more choice there is, the less equality. When individuals decide to give to the elderly, the young, Jews, Arabs, women, men, there is less equality on the receiving side because of their choice, which prevents the equality that people receive. But the ability to choose gives a person control over the process.

The ironic juxtaposition of power and confusion was expressed more clearly by the kidney donors than by surrogates. For the former, the actual saving of life on the one hand, and not personally knowing one's recipient, produce this level of ironic coupling. Surrogates who will shortly be entering into concrete relations with the parents, expressed it differently. For them, the act of choosing was an act of self-empowerment with lesser levels of attached confusion.

4. Discussion

The literature on choosing in biomedical settings, as presented above, introduces two interpretive axes: one which dismisses choice as a liberal fantasy that cannot be shared by the poor in the global south whose bodies become available as body parts (Cohen, 2007) or as vehicles for surrogacy (Schurr, 2017). A second axis emphasizes choice as a form of empowering agency of kidney donors (Boas, 2022) and surrogates (Teman, 2019). Between these opposing interpretations, this study introduces a middle way. Living kidney donors and surrogates feel empowered by their choices, but their choices are confined to circumstances they cannot choose, and they often find themselves bewildered and confused by the power they possess.

The Israeli regulation of surrogacy and living organ donors permits choosing the recipients. For individuals who volunteer to donate one of their kidneys to a stranger, this is rather a unique policy. In parallel programs, such a choice is forbidden or, at the most, very limited (Adams, 2002). Choice, however, is part and parcel of the matter for surrogates in surrogacy programs around the world. Our study suggests that becoming a surrogate or a kidney donor is only one part of their sense of autonomy. The second part is the option to select their recipient. The agency of both groups is made up of both these parts that cannot be separated. Coupled together, both groups understood their freedom, free will and autonomy as resulting from their ability to choose, "to have a part in creating the story", as Alon, a kidney donor, put it.

But the option to select their recipients was found to be rather perplexing. Both groups set criteria of choice that they formulated by themselves, emphasized what they saw as normatively important and ethically worthy. In this sense, they fell into the category of being "moral pioneers" (Rapp, 2014), drawing their own navigation maps to guide them into what they conceived as the right choice. However, this biological agency was hesitant, confused and not unanimous. Our participants constantly debated what choosing and giving actually mean. Our focus group enabled them to reflect on their ethical journey and discuss the commonalities and the differences between the choices of organ donors and surrogates. This discussion yielded valuable data on biological agency in selecting recipients by surrogates and living kidney donors.

Whereas the bioethics of surrogacy and living organ donation deals mostly with the motivation question and provides arguments around the issues of altruism and commodification, our study suggests that there are more ethical levels to these processes. When surrogacy and living kidney donation are the result of free will and autonomy (which is not always the case), we found that the question of how to choose their recipient was a central ethical concern for both groups.

The ethical choice then was a result of normative and material factors. At the normative level, both groups emphasized the importance of the family in their choice. For surrogates, helping to bring a child into the world and thus creating a family reflected the high value Israelis attach to natalism (Birenbaum-Carmeli, 2016). Living kidney donors emphasized the importance of family members as donors and that they would prefer to serve as a last resort solution. Whereas surrogates reflected a well-established norm of Israeli society, donors expressed a norm which is more specifically related to the world of live kidney donation, and yet presents a normative understanding of the role of the family. Whereas other studies on kidney donations to strangers in Israel introduced data on how these donations are to a large extent bounded within the Jewish population (Boas, 2022; Nesher et al., 2023), our participants did not specify religious affiliation as a condition.

Dreaming about becoming an organ donor or a surrogate and realizing that dream are two different stages of choice; both stages reflect a set of moral decisions, but the second stage involves an actual person(s) which adds another layer of complication to the choice. For surrogates, a good connection with the intended parents was of paramount importance. This finding was also found by Teman (2019) who argued that the long process of surrogacy renders the good relationship between the parties a crucial factor for successful surrogacy. Kidney donors, on the other hand, had different kinds of relationships with their recipients. Some wanted to donate to an acquaintance but ended up donating, in a crossmatch transplantation, to someone they did not know. Others came with the objective to donate to strangers with only a general idea of the profile of their recipient.

For both groups, selecting the recipient raised an array of dilemmas, quandaries, and considerations for which they could not find formal guidance to help them come up with answers. Other than the legal limitations, both groups faced sets of decisions for which they had no prior preparation or experience. This led kidney donors, in particular, to express perplexity and ethical inconveniences. They introduced a very hesitant, self-reflecting reasoning as to the ethics of the choices they

made. Choices were found to be multi-layered. They were influenced by normative, materialistic, and local factors that resulted in a set of decision making that started with the will to become a kidney donor or a surrogate and ended with the relationship with the recipient.

5. Conclusions

Gathering surrogates and kidney donors in one focus group facilitated discussion and reflections that yielded a set of insights about the commonalities and differences between the two practices. Above all, it emphasized the importance of such a meeting in developing a new ethical understanding of how surrogates and live kidney donors experience their donation. Our focus group was “an echo chamber” for each of the groups to hear and raise their experience of giving to the surface. It created a nonjudgmental ethical space for bio-agents to reflect on what such significant giving means. We found that for surrogates and living kidney donors, the ability to choose and select the recipient is essential for their bio-agency. Without it, the prospects of these technologies to attract future donors and surrogates are low. Consequently, the ethical debate can center on how the choice is made. However, such choices also have a darker side: they disregard equality, equity, and justice in allocation processes. In fact, they can be viewed as forms of privatization where the public good is sidelined in favor of individualistic choices that are inherently personal and biased.

Such bottom-up knowledge can help in devising a more nuanced comprehension of how to facilitate the process of both technologies. Specifically, our study proposes that choice is a complicated process for surrogates and kidney donors alike but nonetheless a necessity. This insight is important, primarily, to elaborate the current ethical debate which is centered on the question of altruism vs. commodification. There is much more in the ethics of these practices than that. And, second, it contributes to the ongoing debates on the implications of conditioning the organ donation and selecting the intended parents in relation to issues of equity and equality.

CRediT authorship contribution statement

Hagai Boas: Writing – review & editing, Writing – original draft, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Orit Chorowicz Bar-Am:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence this study.

Acknowledgments

We wish to thank the editor and the reviewers for their comments and suggestions. We specially want to thank Dr. Ayelet Oreg, Prof. Ruth Zafran, Prof. Oren Pizmony-Levy. Prof. Elly Teman and Prof. Yael Hashiloni-Dolev for reading early and advanced versions of this paper. Our gratitute goes to the participants of this research who volunteered to share with us their insights on their extraordinary act of giving.

References

Adams, P. L., Cohen, D. J., Danovitch, G. M., Edington, R. M. D., Gaston, R. S., Jacobs, C. L., & Delmonico, F. L. (2002). The nondirected live-kidney donor: Ethical considerations and practice guidelines: A national conference report: 1. *Transplantation, 74*(4), 582–589. Beier, K., & Wöhlke, S., 2019. An ethical comparison of living kidney donation and surrogacy: understanding the relational dimension. Philosophy, Ethics, and Humanities in Medicine, 14, 1-9.

Bharadwaj, A., & Glasner, P. (2008). *Local cells, global science: The rise of embryonic stem cell research in India*. Routledge.

Birenbaum-Carmeli, D. (2016). Thirty-five years of assisted reproductive technologies in Israel. *Reproductive Biomedicine & Society Online, 2*, 16–23.

Boas, H. (2022). Beyond Altruism: The moral economy of Israelis who donated a kidney to strangers. *The American Sociologist, 53*, 644–662.

Boltanski, L., & Thévenot, L. (2006). *On justification: Economies of worth*. : Princeton University Press.

Bramstedt, K., & Down, R. (2011). *The organ donor experience: Good Samaritans and the meaning of altruism*. : Rowman & Littlefield.

Budiani-Saberi, D. A., & Delmonico, F. L. (2008). Organ trafficking and transplant tourism: A commentary on the global realities. *American Journal of Transplantation, 8* (5), 925–929. .

Cohen, L. (2007). Operability, bioavailability, and exception. In A. Ong, & S. J. Collier (Eds.), *Global assemblages: Technology, politics, and ethics as anthropological problems* (pp. 79–90). Hoboken, NJ: Blackwell Publishing.

Cussins, C. (1996). Ontological choreography: Agency through objectification in infertility clinics. *Social Studies of Science, 26*(3), 575–610. .

Dalal, A. R. (2015). Philosophy of organ donation: Review of ethical facets. *World Journal of Transplantation, 5*(2), 44. .

Danovitch, G. (2024). Living organ donation in polarized societies. *American Journal of Transplantation, 24*(5), 709–710. .

Delmonico, F. L., Arnold, R., & Youngner, S. J. (2002). Ethical incentives–not payment–for organ donation. *New England Journal of Medicine, 346*(25). .

Franklin, S. (2013). *Biological relatives: IVF, stem cells and the future of kinship*. : Duke University Press.

Franklin, S. (2022). *Embodied progress: A cultural account of assisted conception*. : Routledge.

Guest, G., Namey, E., Taylor, J., Eley, N., & McKenna, K. (2017). Comparing focus groups and individual interviews: Findings from a randomized study. *International Journal of Social Research Methodology, 20*(6), 693–708.

Gunnarsson, P. J., Korolczuk, E., & Mezinska, S. (2020). Surrogacy relationships: A critical interpretative review. *Upsala Journal of Medical Sciences, 125*(2), 183–191.

Hindess, B. (2014). *Choice, rationality and social theory (RLE social theory)*. : Routledge.

Humbyrd, C. (2009). Fair trade international surrogacy. *Developing World Bioethics, 9*(3), 111–118. .

Illouz, E. (2012). *Why love hurts*. Cambridge: Polity.

Karpik, L. (2010). *Valuing the unique*. Princeton: Princeton UP.

Khan, T. H., & MacEachen, E. (2022). An alternative method of interviewing: Critical reflections on videoconference interviews for qualitative data collection. *International Journal of Qualitative Methods, 21*. https://doi.org/10.1177/16094069221090063

Kirkman-Brown, J., Calhaz-Jorge, C., Dancet, E. A., Lundin, K., Martins, M., Tilleman, K., Thorn, P., Vermeulen, N., & Frith, L. (2022). Good practice recommendations for information provision for those involved in reproductive donation. *Human Reproduction Open, 2022*(1), 1–26.

Lock, M. (2001). The alienation of body tissue and the biopolitics of immortalized cell lines. *Body & Society, 7*, 63–91.

Nahman, M., & Weis, C. (2023). Redefining bioavailability through migrant egg donors in Spain. *Body & Society, 29*(1), 79–109. .

Nesher, E., Michowiz, R., & Boas, H. (2023). Semi-directed living donors in Israel: Socio-demographic profile, religiosity, and social tolerance. *American Journal of Transplantation*. https://doi.org/10.1016/j.ajt.2023.11.005

Pande, A. (2021). Revisiting surrogacy in India: Domino effects of the ban. *Journal of Gender Studies, 30*(4), 395–405. .

Patrone, T. (2018). Is paid surrogacy a form of reproductive prostitution? A kantian perspective. *Cambridge Quarterly of Healthcare Ethics, 27*(1), 109–122.

Rabinow, P. (1992). Artificiality and enlightenment: From sociobiology to biosociality. In J. Crary, & S. Kwinter (Eds.), *Incorporations* (pp. 101–122). Zone books.

Rabinow, P. (1996). *Essays in the anthropology of reason*. New Jersey: Princeton Univeristry Press.

Rabinow, P., Gibbon, S., & Novas, C. (2007). Concept work. In S. Gibbon, & C. Novas (Eds.), *Biosocialities, genetics and the social sciences: Making biologies and identities* (pp. 188–192). : Routledge.

Rapp, R. (2014). Moral pioneers: Women, men and fetuses on a frontier of reproductive technology. In E. Baruch, A. F. D'Adamo, & J. Seager (Eds.), *Embryos, ethics, and women's rights* (pp. 101–117). Routledge.

Rehsmann, J. (2022). Failing livers, anticipated futures and un/desired transplants. *Anthropology & Medicine, 29*(1), 92–106. .

Schurr, C. (2017). From biopolitics to bioeconomies: The ART of (re-) producing white futures in Mexico's surrogacy market. *Environment and Planning D: Society and Space, 35*(2), 241–262. .

Schwarz, O. (2018). Cultures of choice: Towards a sociology of choice as a cultural phenomenon. *British Journal of Sociology, 69*(3), 845–864. .

Shai, A. (2024). Racism and tolerance in live kidney donation in Israel—response to Nesher et al. *American Journal of Transplantation*. https://doi.org/10.1016/j.ajt.2024.02.031. .

Sharp, C., & Randhawa, G. (2014). Altruism, gift giving and reciprocity in organ donation: A review of cultural perspectives and challenges of the concepts. *Transplantation Reviews, 28*(4), 163–168. .

Shaw, R. (2010). Perceptions of the gift relationship in organ and tissue donation: Views of intensivists and donor and recipient coordinators. *Social Science & Medicine, 70*(4), 609–615. .

Smietana, M., Rudrappa, S., & Weis, C. (2021). Moral frameworks of commercial surrogacy within the US, India and Russia. *Sexual and reproductive health matters, 29* (1), 377–393.

Spar, D. (2005). For love and money: The political economy of commercial surrogacy. *Review of International Political Economy, 12*(2), 287–309.

Strathern, M. (1992). *Reproducing the future: Essays on anthropology, kinship and the new reproductive technologies*. Manchester University Press.

Taylor, J. S. (2017). *Stakes and kidneys: Why markets in human body parts are morally imperative*. London: Taylor & Francis.

Teman, E. (2019). The power of the single story: Surrogacy and social media in Israel. *Medical Anthropology: Cross Cultural Studies in Health and Illness, 38*(3), 282–294.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. *The SAGE handbook of qualitative research in psychology, 2*, 17–37.

Thompson, C. (2011). Medical migrations afterword: Science as a vacation? *Body & Society, 17*(2–3), 205–213. .

Yoon, J., Alaa, A. M., Cadeiras, M., & Van Der Schaar, M. (2017). Personalized donor-recipient matching for organ transplantation. In *Thirty-first AAAI conference on artificial intelligence*. .

Zelizer, V. A. (2000). The purchase of intimacy. *Law & Social Inquiry, 25*(3), 817–848. .