The media discourses on organ donation and transplantation in Spain (1954-2020) and their implications for Spanish nationalism

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The Media Discourses on Organ Donation and Transplantation in Spain (1954-2020) and their Implications for Spanish Nationalism

by

Rebeca Herrero Sáenz

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Submitted to the University at Albany, State University of New York
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Department of Sociology
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ABSTRACT

Spain has been the global leader in organ donation and transplantation since 1992, an achievement that has become a source of national pride, in a country where national symbols are heavily contested. In this dissertation I examine the changing meanings that organ donation and transplantation have acquired in contemporary Spain, focusing specifically on their implications for different aspects of Spanish nationalism. To do so, I employ a modified version computational grounded theory, a mixed-methods approach that combines topic modeling with interpretive analysis, to identify and interpret the narratives around organ donation and transplantation circulated by the Spanish press between 1954 to 2019. To complement this, I qualitatively analyze other documents, such as media messages produced and circulated by the Organización Nacional de Trasplantes (National Organization for Transplants or ONT), and the television show El Viaje de un Órgano (“An organ’s journey”). My analysis identifies three main themes. First, and especially during the earlier days of organ transplantation, the new procedure is represented as a series of interlocking medical, ethico-legal, and organizational puzzles and controversies that are resolved as organ transplantation morphs from a breakthrough medical experiment to a relatively routine medical practice. Second, the Spanish press presents the organ shortage as a moral crusade that different actors -including the press itself- rally behind, circulating narratives of citizen altruism and social solidarity that remind the audience of their duty to care for the needs of unknown strangers. Finally, the media has consistently employed a nationalistic tone when covering Spain’s achievements in organ transplantation and procurement, and since the country became the global leader in the matter, it systematically connects Spain’s success in this area with notions of national unity and state capacity.
To the memory of Aurelio Rafael (1919-1979)  
and Amalio (191?-1938) Herrero San Segundo,  
sergeants of the Second Spanish Republic.
# TABLE OF CONTENTS

Chapter 1. Introduction .................................................................................................................. 1

Chapter 2. Literature Review ........................................................................................................ 8
  2.1 Culture and organ transfer ................................................................................................. 8
    2.1.1 Why? From knowledge, attitudes, and beliefs to cultural conditions of possibility... 13
    2.1.2 How? Procurement systems, surgical procedures, and organ allocation .................. 18
    2.1.3 Then what? The social and cultural consequences of organ transfer ....................... 27
  2.2 Media and the social construction of reality ........................................................................ 38
  2.3 Nation and nationalism as symbolic and medical constructs ........................................... 43

Chapter 3. Organ procurement and nationalism in contemporary Spain ............................... 51
  3.1 The Cultural Salience of Organ Transfer in Spain.......................................................... 51
  3.2 The Spanish National Project and its Pitfalls .................................................................... 57

Chapter 4. Data and Methods ..................................................................................................... 64
  4.1 Data selection and collection ............................................................................................ 64
    4.1.1 Newspaper articles on organ donation and transplantation (1954-2019) ............... 64
    4.1.2 Media messages by the Organización Nacional de Trasplantes ............................ 68
    4.1.3 Television documentary series El Viaje de un Órgano (“An Organ’s Journey”) ...... 70
  4.2 Data analysis ..................................................................................................................... 71
    4.2.1 Newspaper data: From topic models to interpretive analysis ................................. 71
    4.2.2 ONT media messages and television data ............................................................... 79

Chapter 5. The opening and closing of medical controversies .............................................. 81
  5.1 Clinical controversies: The feasibility of a cutting-edge surgery ..................................... 86
    5.1.1 Journalistic awe in times of medical discovery ....................................................... 86
    5.1.2 Clinical uncertainties and loss of trust in organ transplantation ............................. 90
    5.1.3 Effective immunosuppression and the routinization of organ transplantation ......... 95
  5.2 Ethico-legal controversies: Ensuring the morality of organ extraction ............................ 99
    5.2.1 Standardizing death and regulating organ harvesting ............................................. 100
    5.2.2 Cellular memory and the nature of the self ........................................................... 105
  5.3 Organizational controversies: Building transplant infrastructure ................................... 107
    5.3.1 From pioneers to policies: Institutionalizing organ transfer .................................. 107
    5.3.2 Organ transplantation and its place in Spain’s national healthcare system ............ 110
    5.3.3 The emergence and resolution of medical scandals .............................................. 117
  5.4 Retrospective legitimation, new frontiers, and the reemergence of controversies .......... 120
Chapter 5. The press and the credibility of medical knowledge and practice .......... 129

5.4.1 Acceptable sacrifices: The retrospective legitimation of organ transfer .......... 120
5.4.2 Embryo selection, cell transplants, and stem cells: Rethinking the limits of life .......... 122
5.4.3 Reconstructive transplants: Clinical and ethical dilemmas ...................... 127
5.5 Discussion: The press and the credibility of medical knowledge and practice .......... 129

Chapter 6. Cultivating donor populations and caring for the needs of strangers .......... 133

6.1. From human-interest stories to cultural scripts of action........................... 135
   6.1.1 The recipients’ story .......................................................... 135
   6.1.2 The donors’ story .............................................................. 140
6.2. Learning to care for the needs of strangers ............................................. 145
   6.2.1 Organ donation promoters ..................................................... 145
   6.2.2 Individual patients as promoters .............................................. 152
   6.2.3 Mobilizing children’s disease .................................................. 154
6.3 Cultivating donor populations: The role of quantification ............................ 160
6.4 Beyond organ donation: Organ transfer as a window to social solidarity .......... 163
   6.4.1 The expansion of cultural codes of deservingness ............................. 164
   6.4.2 What do we owe to each other? Social protections through the lens of organ transfer .......................................................... 169
6.5 Discussion: Organ transfer and the production and expansion of bonds of solidarity .... 174

Chapter 7. Organ transfer as a literary device ..................................................... 180

7.1 The literary uses of organ transfer .......................................................... 180
7.2 Organ transfer as a biographical plot device .......................................... 182
7.3 Organ transfer as an object of popular culture ........................................... 184

Chapter 8. Organ transfer and national identity discourses ................................ 187

8.1 Organ transfer and national identity discourses in the Spanish press .............. 187
   8.1.1 National heroes and medical propaganda during the Francoist regime .......... 187
   8.1.2 Organ transfer, modernization, and national pride ........................... 195
   8.1.3 Spain as a global organ procurement actor .................................... 202
   8.1.4 Foreign others, organ trafficking, and the defense of the Spanish Model .......... 208
8.2 The ONT as a producer of national identity discourses ................................. 217
   8.2.1 Spain as a frame of reference: The boundaries and values of the polity .......... 217
   8.2.2 “La ONT somos todos”: Promoting unity in a disputed nation ............... 220
   8.2.3 The Spanish Model: From global leader to global exemplar .................. 224
   8.2.4 Democracy, modernity, and international legitimacy through the lens of organ procurement ............................................. 229
8.3 Beyond the press: El Viaje de un Órgano ................................................. 232
LIST OF FIGURES

Figure 3.1. The Spanish Model of Organ Procurement..........................................................53
Figure 3.2. Transplants, organ donors, and organ donor rates in Spain (1984-2019).............55
Figure 4.1: Newspaper sources, years of data availability, and political orientation.............67
Figure 4.2 Articles on organ transfer published in the Spanish press, 1954-2019...............72
Figure 4.3. Articles on organ transfer published in the Spanish press, by newspaper..........73
Figure 4.4. Diagnostic values by number of topics (10 to 50 topics).................................74
Figure 4.5. Optimizing exclusivity and semantic coherence in topic models (k = 40).........75
Figure 4.6. Topics by prevalence with the top words that contribute to each topic..........76
Figure 5.1: The three lanes of defensibility of organ transfer........................................86
LIST OF TABLES

Table 2.1 Overview of the literature on culture and organ transfer……………………………….12
Table 4.1: Availability of newspaper data sources………………………………………………………67
Table 4.2: Summary of other data sources……………………………………………………………………..69
Chapter 1. Introduction

La gente de este país es la hostia. Somos líderes mundiales en donación de órganos [...].

Cuando nos ponemos todos a una no hay quien nos gane.

The people of this country are fucking great. We are global leaders in organ donation [...].

When we unite and we get to it, no one can beat us.

Facebook post by Sergio Acedo, January 2019

Spain is the global leader in organ donation and transplantation since 1992. In these thirty years, this achievement has become a source of national pride, in a country where national symbols are heavily contested. This project identifies and interprets the discourses around organ donation and transplantation circulated by the Spanish press and other media between 1954 to 2019, paying special attention to their implications for Spanish nationalism.

A casual observation, made after watching a television commercial, sparked this project. In January of 2017, the Spanish branch of the multinational corporation Coca-Cola launched a new promotional campaign for their sports drink Aquarius. The main piece of this campaign was a television commercial called Nos morimos por vivir (“We are dying to live”). The premise of the advertisement was to explain why Spain is the global leader in organ donation and transplantation. It presented a succession of widely recognizable Spanish traditions and costumes, and of commonly known stereotypes about Spain and Spanish people. In sum, the advertisement connected the Spanish leadership in organ donation with positive values and stereotypes -as altruism, ingenuity, cheerfulness, generosity, enthusiasm, or sexual disinhibition. According to the advertisement, Spain leads the world rankings in organ donation and transplantation because
“nobody beats us at living”, and “we love life so much that, when it’s time for it to be over, we can only say, ‘let someone else live it!’” (El Publicista 2017).

After watching this commercial, I realized that it was not the first time I had seen Spain’s leadership in organ procurement spoken about in terms of national pride and values. Other instances witnessed in the following months -years, in fact- seemed to confirm this initial observation. For example, an op-ed by journalist Manuel Vicent, titled Líderes (“Leaders”) and published on national newspaper El País in 2018, echoed a similar sentiment. In this piece, written in response to the significant levels of political unrest that Spain was experiencing at the time over Catalonia’s attempts to become independent and over the possible exhumation of dictator Francisco Franco’s remains, the author listed the areas in which Spain is internationally recognized as a leader, or even just better than its European counterparts. In the opening paragraph, he references the Spanish leadership in organ donation and transplantation, contending that “despite the Spanish anthropological masochism, this country is the global leader in organ donation and transplantation” (Vicent 2018, emphasis mine).

The quote that opens this chapter, which swiftly summarizes the trend I am describing, belongs to a Facebook entry posted on January 20th of 2019, during the rescue works to get two-year-old Julen Roselló out of the prospecting well where he had fallen. The post was shared widely, and received some attention from traditional media outlets (La Vanguardia 2019; Vázquez 2020). In the post, the author lists some of the altruist efforts that different civic and professional associations, companies, and the citizenry in general, were making at the time to sustain the rescue works. He then adds: “People from this country are fucking great. We are global leaders in organ donation and transplantation, and in volunteers around the world. When we unite and we get to it, no one can beat us” (Acedo 2019, emphasis mine).
In another example, progressive journalist Ignacio Escolar published an op-ed on online newspaper eldiario.es after the socialist party won the 2019 national election by a landslide despite predictions that the extreme-right party VOX would achieve enough representation to become part of a hypothetical conservative government with right-wing party PP. The piece is titled ¡Viva España! ("Long live Spain!")\(^1\). In the op-ed, Escolar begins

*Spain is the country with the most massive International Women’s Day protests, the global leader in organ donation and transplantation, one of the first countries where homosexuals could get married. Spain is an open and tolerant society, more modern than we ourselves think, quite less racist than other European countries, one of the safest and less violent places in the planet [...] The social majority in Spain is progressive, and that is why the left always wins when participation is high (Escolar 2019, emphasis mine).*

In this case, the Spanish leadership in organ donation and transplantation is part of the repertoire that Escolar employs to propose a progressive notion of Spain.

While the examples above may seem anecdotical, they point at how, in the last 30 years, it has become relatively common to see the Spanish leadership in organ donation and transplantation linked to inherent traits -generosity, solidarity, altruism, social responsibility- of the Spanish citizenry, and to ideas of state capacity, democracy, and modernity. In that sense, organ donation and transplantation, and its media representation, appears as one of the venues where a certain version of the Spanish national identity is being publicly negotiated.

\(^1\) For those unfamiliar with Spanish contemporary history, “¡viva España!” is an expression commonly associated with the political right, and normally one would not expect a progressive journalist employing it.
Two factors make this case particularly interesting. On one hand, in Spain organ transplantation is both culturally salient and socially accepted. Public authorities, both during the Francoist dictatorship (1939-1975) and after Spain’s transition to democracy, have been invested in making organ transplantation a therapeutic reality. Additionally, Spain’s position as the global leader in organ donation and transplantation, and a sustained growth in organ donation and transplantation rates since then, have contributed to making organ transplantation uniquely salient in Spain’s public life. Finally, organ transplantation enjoys overwhelming social acceptance in Spain (Centro de Investigaciones Sociológicas 2001, 2004, 2012). On the other hand, Spain has a history of territorial conflicts with peripheral nationalisms, of feelings of national inferiority, and of authoritarian repression that has fostered political division and mistrust (Tur Prats and Valencia Caicedo 2020) and has tainted the symbols and discourses of the Spanish national identity (Álvarez Junco 1995; Balfour and Quiroga 2008; Humlebaek 2015). In such scenario, media discourses promoting social solidarity and alternative sources of national identity discourses become particularly meaningful.

The unexpected connection between organ transfer\(^2\) and national pride and identity offers an exceptional opportunity to study the connection between medicine, media, social solidarity and nationalism. Oriented to systematically identify and analyze this phenomenon, my research questions can be summarized as follows:

1. *How have the media discourses around organ transfer changed in Spain in the last 65 years?*

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\(^2\) Throughout this document, and following anthropologist Dr. Leslie Sharp, I use the term “organ transfer” to encompass organ donation, procurement and transplantation (Sharp 2006).
2. How have these media discourses contributed to (re)articulate the nation at different points in time?

To answer these questions, I analyze 13,354 newspaper articles published in 7 Spanish national newspapers between 1954 - when Dr. Joseph Murray performed the first successful kidney transplant between two identical twins at the Peter Bent Brigham Hospital in Boston - to 2019 - before the COVID-19 pandemic disrupted the Spanish organ procurement system. I also analyze the media messages produced and circulated by the ONT since 2017 to 2019 and the seven episodes of the television show *El Viaje de un Órgano*, which aired in 2019. To manage such a large amount of textual data, I combine the breadth of computational text analysis techniques with the depth and nuance of qualitative interpretive analysis. I do so by modifying Dr. Laura K. Nelson’s computational grounded theory method (Nelson 2017), a mixed methods approach that combines unsupervised machine learning, in this case structural topic modeling, with qualitative analysis. In my approach to this method, I expand its interpretive dimension by incorporating qualitative analysis within each topic and between topics, making it better suited for a cultural sociology perspective based on the hermeneutical reconstruction of texts and their contextualization (Alexander and Smith 2006).

My findings show that three themes dominate the media discourses around - specifically, the press coverage of organ transfer in Spain. First, newspaper coverage, especially in the early days of transplantation (during the 1960s and especially after Dr. Christian Barnard performed the first heart transplant at Groote Schuur Hospital in Cape Town, South Africa, in 1967) constructs organ transfer as a series of interlocking puzzles and controversies, related to its clinical, ethico-legal, and organizational aspects. Disputes about the clinical validity and moral acceptability of organ transplantation, and about the logistical organization of organ procurement are eventually
resolved as the new procedure morphs from a breakthrough, experimental surgery to a relatively routine medical practice. However, these controversies reemerge as new medical frontiers -stem cell transplantation, reconstructive transplants, etc.- are crossed.

Second, once organ transplantation became a viable medical practice, the organ shortage became a mediated moral crusade that different actors -such as transplant professionals, patients’ organizations, public authorities, and even the press itself- rallied behind. Since the mid-to-late 1970s until the mid-to-late 1990s, the newspapers in my sample became active promoters of organ donation, either by giving voice to experts, organ donors, transplant candidates, etc., or simply by publishing pieces that constructed the organ shortage as a pressing social problem, and organ donation as a morally positive course of action. Human-interest stories about transplant candidates and recipients, direct calls for organ donation appealing to people’s altruism and generosity, and the deployment of statistics and opinion polls became, during these years, instruments through which the Spanish press reminded its audiences of their duty to care for the needs of distant (national) strangers. At a time when Spain was experiencing high levels of social and political conflict, these calls for altruist behavior appear as tools of national reconciliation.

Third, I show that since the early days of transplantation (Herrero Sáenz 2020), but especially after Spain became the global leader in organ procurement in 1992, the media discourses around organ transfer in Spain have become a carrier of national identity discourses centered around notions of citizen altruism, national unity, state capacity, and international legitimacy. This, in turn, matches the way the Organización Nacional de Trasplantes (National Organization for Transplants, or ONT, the organization that manages organ procurement in Spain) speaks about the Spanish leadership in organ donation and transplantation in its engagement with different forms of media (Herrero Sáenz 2022).
This project makes interventions in several sociological subfields. First, it contributes to the sociology of science, medicine, and media, offering a cultural approach to scientific controversies centered around meaning-making. Second, it contributes to the study of the links between medical practices and discourses and social solidarity. Finally, it makes an argument about the role of alternative sources of national identity and pride, in Spain and elsewhere.

The rest of this document is organized as follows. Chapter two offers a review of the literature relevant to my research questions, including scholarly work on the relationship between culture and organ transfer, on the role of media representations in the social and cultural construction of reality, and on the nation as a symbolic construct sometimes resulting from medical discourses and practices. Chapter three provides a more detailed overview of the case at hand, focusing on the cultural salience of organ transfer in Spain, and on the pitfalls and shortcomings of Spain’s national project. Chapter four discusses the data, methods, and techniques employed in this study. Chapters five to eight introduce its main empirical findings. Chapter five focuses on the opening and closing of media controversies surrounding organ transfer. Chapter six discusses how the media contributed to the promotion of organ donation as a positive course of action and a form of social solidarity. Chapter seven briefly describes how organ transfer became a vehicle for other, unrelated meanings and an object of popular culture. Chapter eight analyzes how the media representation of organ transfer in Spain became a carrier of national pride and identity discourses. Finally, chapter nine presents the conclusions of this project.
Chapter 2. Literature Review

My project engages with and puts in conversation three areas of scholarly literature: (1) The literature examining the cultural dimension of organ transfer; (2) The literature on the media construction of reality, specifically the scholarly work examining how media representations contribute to the social and cultural construction of reality and (3) the literature on nation and nationalisms as symbolic constructs, with a focus on the role of medical discourses and practices in the construction of the nation.

In the rest of this chapter, I review each of these bodies of literature and situate my project at their intersection.

2.1 Culture and organ transfer

Anthropologist Nancy Scheper-Hughes considers organ transfer “the most social of all aspects of medicine” (Scheper-Hughes 2001:59), because “its very existence relies on a unique trust between society and its physicians, and it is dependent on the willingness of ordinary people to share their organs and tissues with either a mortally sick loved one or a stranger” (Scheper-Hughes 2003:172).

While this may be an exaggeration -all medical practices are social, insofar as they occur via the interaction and coordination of (human and non-human) actors-, some aspects of organ transfer make it especially revealing of its social and cultural contexts. First, organ transplantation is a particularly spectacular form of medicine, for it involves taking parts from bodies (living or cadavers) and inserting them inside other people. This challenges taboos, cultural norms, and religious rules about what can be done to dead, dying, and sick bodies.
Second, organ transfer heavily relies on public participation. In most Western societies, for organ transfer to occur, either a living donor or the relatives of a deceased donor must give permission to the transplant team to remove their organs to give to someone else. For people to agree to donate organs, transplantation needs not only to be considered clinically successful, but also to be accepted by the society as morally permissible in form and content. Medical practices that, like organ transfer, involve people doing things in relation to each other tend to be particularly revealing of broader and deeper sociocultural structures. That is the case, for example, of vaccination, especially against infectious diseases, where the decision to receive a vaccine has as much to do with individual self-preservation as with the protection of -often more vulnerable-others. Regulations around smoking, mask wearing, etc. operate in a similar way.

Third, organ procurement is also, among other things, a political issue. Variations in what organ procurement policies -for example, decisions around the distribution of organs it (Steiner 2005)- are considered acceptable and fair are political. Furthermore, organ transfer also raises concerns about the allocation of resources to sophisticated medical technologies instead of devoting them to more cost-effective preventive measures (Kutner 1987).

Finally, organ transfer involves interaction between numerous medical and non-medical actors and processes. In that sense, organ transfer as an element in a larger sociocultural ecology of death and survival, illness and health. Organ transfer goes beyond that individual act between donor and recipient, mediated by a medical team, and includes issues of procurement, distribution, allocation, etc., this is, a set of social relations involving disparate actors. For an organ to be transplanted, the cadaveric donor must die a certain kind of death, which brings up issues of road safety, violent crime, risk-taking behavior, and work-related injury. These, in turn, point to socially and culturally patterned distributions of risk and injury. The living donor -of kidneys and liver
sections—must also meet certain characteristics, and the distribution of those donor characteristics are also social and cultural in part. On the side of the recipient, their predicament raises questions of preventive medicine, exposure to environmental hazards, access to health-enhancing behaviors, etc. Certain technologies are also needed, like those to maintain brain dead bodies alive and those employed to extract and preserve organs, matching and typing procedures, immunosuppression, etc. Similarly, certain organizational structures and logistical provisions need to be in place to make organ transfer possible, especially at large scale. Finally, publicly available accounts, scripts and vocabularies that explain what organ transfer is, how it should be organized, and why it is worth pursuing—at both the individual and collective level—that are recognized and accepted by the population are also a crucial element in the process. To summarize, and borrowing from Fourcade’s approach to the study of the valuation of nature, organ procurement encapsulates “whole systems of social relations, indeed, offering a penetrating lens to the social organization itself (Fourcade 2011).

Culture is involved in every step of organ transfer, even in those that at first appear to be purely scientific. Sociologist, anthropologists, public health and health communication scholars, and even transplant professionals themselves have approached the cultural dimension of organ transfer from different perspectives. I identify and leverage two features of this scholarly conversation as a skeleton around which I organize my review of the literature.

First, it is worth noting that there are two stark disciplinary divides in the way public health and health communication scholars and transplant professionals, on one side, and sociologists and anthropologists, on the other, treat the relationship between culture and organ transplantation. There is, first and foremost, an overwhelming difference in volume. For public health and health communication scholars and for transplant professionals, there is a direct application of their
findings, both in clinical settings and in public education and organ donation campaigns. Therefore, these scholars are more likely to be invested in the topic of culture and organ transplantation than sociologists and anthropologists, who tend to study organ transfer to develop theories about the body, about medical technologies, about the relationship between the individual and the collective, etc. Very rarely are these insights going to be directly applied in the field. Consequently, the number of articles published by public health, health communications and medical scholars surpasses, by far, those published by sociologists and anthropologists.

There is also a clear epistemological cleavage between these two perspectives. Public health and health communication scholars, as well as transplant professionals, usually try to isolate cultural variables and their impact on people’s individual decisions (to donate an organ, to accept an organ, etc.) with the ultimate intention of predicting people’s behavior. They embrace "operationalism as a methodological dogma" (Geertz 1973:5), turning cultural structures into observable factors ("attitudes", "knowledge", "beliefs") that then are introduced in behavioralist-inspired theoretical models for empirical testing. Sociologist and anthropologists tend to adopt a structural view of culture and focus on social relationships, organizational processes, publicly available discourses, cultural scripts, norms, expectations, etc. These studies tend to be context-specific, and yield results that are not necessarily meant to be generalized across cultures.

The second feature that I use to structure my review of the literature stems from my critique of many authors’ tendency to locate both organ donation and reception in the type of gift-exchange relationship described by Marcel Mauss (Mauss 2002). In this relationship, the donor has an obligation to give, and the recipient has an obligation to accept and repay the gift. Because repayment of the gift is virtually impossible in most organ procurement system, some authors consider the gift of an organ a “tyranny” (Fox and Swazey 1992), and argue that it sometimes can
cause anxiety in the organ recipient (Bailey et al. 2016). While this framework is useful to bring up the potential conflicts and contradictions inherent to the organ transfer experience, it leaves other relationships and processes involved out of frame, often failing to realize that organ transfer is a “‘complex’, a vast assemblage of people, places, practices and procedures which intersect medical, social and cultural domains” (Kierans 2011:1469).

To make sense of the complex web of sociotechnical and cultural entanglements that is organ transfer, I follow Fourcade (2011) and roughly distinguish three moments in the organ transfer process: “why”, “how”, and “then what”. The “why” moment is comprised by the cultural factors and structures that make organ transfer possible to begin with; the “how” moment captures the many ways in which culture shapes the practice of organ transfer itself; and the “then what” moment speaks to the cultural consequences and implications of organ transfer, at the individual and societal levels:

Table 2.1 Overview of the literature on culture and organ transfer.

<table>
<thead>
<tr>
<th>WHY</th>
<th>HOW</th>
<th>THEN WHAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operationalist perspective</td>
<td>Cultural factors (“beliefs”, “attitudes”, “knowledge”) that influence why people agree or refuse to donate and receive organs</td>
<td>Cultural factors (“beliefs”, “attitudes”, “knowledge”) that influence transplant professionals (physicians, nurses, etc.)</td>
</tr>
</tbody>
</table>
In the next few pages, I describe each of these moments in the organ transfer process, and how the two branches of scholarly literature identified earlier have approached them.

2.1.1 Why? From knowledge, attitudes, and beliefs to cultural conditions of possibility.

The medical and public health literature examining the role of culture in organ transfer is mostly interested in uncovering the role of cultural beliefs, knowledge, attitudes, and values in people’s decision to support organ donation or to donate organs. While most of this literature operates with general measures about knowledge, attitudes, beliefs, and feelings (see, for example, Boima et al. 2020; Bresnahan et al. 2007; Carlos et al. 2020; Faustino Pinto Pessoa 2020; Quick et al. 2016; Sadagah et al. 2020; Sakalli and Dag 2020; Tontus 2020; Wang 2011), some focus on spiritual and religious beliefs (Al-Faqih 1991; Bozkurt, Uyar, and Demir 2020; Bresnahan, Lee, and Smith 2007; Kobus, Malyszko, and Bachorzewska-Gajewska 2020; Verble et al. 2020; Zhang et al. 2020), on ethnicity as a proxy for cultural differences (Liu et al. 2019; Morgan et al. 2006; Park et al. 2009; Siegel et al. 2011), on gender differences (Bhuwania et al. 2020), on family relations (Delgado et al. 2019; Gunderson 2019; Huang et al. 2020; López-Navas et al. 2020b;
Verble et al. 2020; Zhang et al. 2020), and on people’s perception of the medical profession (Denvir et al. 2009; Withdrawal et al. 2020). In all these cases, the goal is to use the resulting knowledge to predict people’s behavior and to design more effective policies.

Albeit with some exceptions, literature published in sociology and anthropology journals tend see the explanatory force of culture in organ transfer not as a series of variables operating from inside people’s minds, but as structural conditions of possibility that enable organ transfer as a thinkable, feasible and acceptable course of action and that often take the form of publicly available discourses, accounts, scripts, and narratives. Although the direction of the causal argument in this branch of work is similar to the one made by medical teams and public health scholars, the concept of culture with which these authors operate is different, and it focuses on cultural norms and processes of meaning-making. In that sense, “decision-making related to organ transplantation emerges from conceptual schemas, inculcated social practices and memories of prior historical experiences; and these structures of meaning influence people’s perceptions of what is going on in deliberation with others in the here-and-now” (Shaw 2010a:143). In other words, decisions about whether to donate and receive organs are ingrained into specific cultures and specific histories.

Different conceptions of the body, for example, operate as conditions of possibility for organ transfer. According to Belk (1992), different cultural metaphors of the body (as the self, as a possession, as a machine, etc.) have different degrees of compatibility with organ transfer, conditioning its social, cultural, and moral acceptability. These metaphors can coexist in the same culture and at the same historical time, generating tensions. Other authors have found empirical support for these ideas, showing that people’s comfort with the idea of donating and receiving an organ is shaped by the concepts and metaphors of the body with which they operate. A mechanistic
vision of the body makes it easier to accept the idea of giving or receiving an organ, either one’s own or a relative’s (Haddow 2005; Sanner 2001). Specifically, in Haddow’s study, families who operated with a clear separation between body and identity had an easier time making the decision to donate organs, while families that operated with an intrinsic and insoluble connection between body and identity faced more difficulties deciding to donate (Haddow 2005).

Other authors have examined how decisions about organ donation are inserted in larger cultural environments. For example, in their 1996 study, Exley and colleagues interviewed 22 members of the Sikh community and found that, despite anxieties about mutilation and reincarnation, participants were generally supportive of organ transfer, something that the authors are able to trace back to influence of the Sikh altruist tradition (Exley et al. 1996). Similarly, researchers have also found that the decisions by Taiwanese families to donate their relatives’ organs are rooted in Chinese cultural and religious themes of benevolence, righteousness, and goodness (Shih et al. 2001). Making similar connections between cultural and religious traditions and organ transfer, but also considering the role of institutions in the interpretation of both cultural norms and medical practices, other authors have explored how religious institutions grapple with organ transfer and make decisions about its moral acceptability (Mohsin Ebrahim 1995).

The relationship between these cultural structures and organ donation is not straightforward but mediated by their sociohistorical context. For example, Hamdy found that some religious controversies around organ donation in Egypt that make potential donors suspicious are related to a larger crisis stemming from the collapse of the Egyptian welfare state, the increase in environmental problems, rampant inequalities, and corruption within the Egyptian healthcare system (Hamdy 2012). Similarly, the controversies around brain death in Japan that jeopardized the establishment of organ transplantation as a therapeutic option for decades derive equally from
cultural and religious conceptualizations of death and the body and from a lack of trust in the medical profession sparked by a series of scandals (Feldman 1988; Lock 1996b, 2002b).

Cultural norms around family relations also shape people’s decision to donate organs. For instance, Crowley-Matoka found that, in Mexico, gendered power inequalities -fueled by cultural scripts about who is expected to make sacrifices, but also by structural disparities and economic relations of dependence- within families meant that women were expected to donate their kidneys to their relatives (Crowley-Matoka 2016).

Cultural scripts play other roles in family’s decisions to donate organs. For example, studies have found that knowledge of the deceased relative’s wishes regarding the donation of their organs is strongly correlated with family decisions about organ donation (López et al. 2018), which arguably stems from larger norms about the obligation to respect people’s last will. In other cases, families draw from accounts of hope to make sense of their loss through the lens of organ donation (Jensen 2016). For some families, cadaveric organ donation sometimes helps redefine and resignify tragic losses.

Cultural structures also shape people’s decision to receive organs. Transplant candidates usually agree to receiving an organ as an opportunity to escape death, disease, and disability, despite the risks associated with the surgery. However, especially in instances of related living donors, the decision both to donate and to accept the donation go beyond biomedical considerations and are inserted into “reciprocal webs of care and moral obligations toward kin during transplantation” (Heinemann 2013:66). Cultural norms governing what kin must do for each other inform people’s biomedical choices and practices. Transplant patients do not accept
transplants with the sole purpose of improving their own health, but also to return to their previous social roles, including acting as caregivers for others (Heinemann 2013).

Conversely, culturally patterned family obligations can also act as an obstacle to receiving an organ. In many cases, this seemingly counterintuitive decision is based on the patients’ anxieties for the potential harmful effects that donation may have on their donor’s well-being. Although the medical profession considers kidney donation safe for the donor, patients operate with their own notions of what donation may entail for the donor. Sometimes, the decision to refuse an organ offer reflects patients’ efforts to protect their interpersonal relationships (Gordon 2001). While these concerns seem universal, Hamdy (2012) reminds us that context-specific social, economic, and political structures and stressors produce vulnerabilities for both donors and recipients that are not reflected in biomedical universalist notions of what constitutes a tolerable risk. In that sense, for Egyptian transplant candidates (especially those from low socioeconomic backgrounds), the decision to accept an organ from a relative is fraught with unequally distributed risks. For the potential donor, exposure to environmental toxins and lack of access to a balanced diet mean that, in the future, they may experience kidney failure themselves. For the potential recipient, lack of adequate medical care after the surgery and the obligation to promptly go back to physically strenuous jobs can seriously hinder their recovery (Hamdy 2013). The cultural structures that make organ transfer possible (or impossible) lie at the intersection of deep cultural and religious themes and contingent historical circumstances.
2.1.2 How? Procurement systems, surgical procedures, and organ allocation.

Organ transfer is not just a sophisticated surgical technique, it is also a complex social practice. Literature published in medical and public health journals tends to focus on the cultural variables affecting how health professionals think and feel about organ transfer. Health professionals, in their role as gatekeepers as well as technicians, have a crucial role in the organ transfer process, and their performance partially hinges on their attitude towards it. The medical and health communication literature has studied physicians of different specialties (Ferhatoglu, Ferhatoglu, and Gurkan 2020; Mutlu and Utku 2019; Siddiqui and Tee 2019), nurses (Dong et al. 2020; Vlaisavljevic et al. 2020), medical and nursing students (Allahverdi, Allahverdi, and Akkus 2020; Krucinska et al. 2020; Lei et al. 2019; Liu, Liu, and Liu 2020; Martínez-Alarcón 2019, 2020b, 2020a; Martínez-alarcón et al. 2020; Ríos 2020a, 2020b; Ríos et al. 2019; Ríos 2019a, 2019c; Rydzeska-Rosolowska et al. 2020; Wu, Gao, and Guo 2020), transplant coordinators (Altinisik and Alan 2020), and even hospital administrators (Prottas and Batten 1988) and medical staff (Kim et al. 2019; Takahashi et al. 2019). These studies cover a wide variety of topics related to the organ transfer process, ranging from medical professionals’ approach to communicating death to the donor’s family (Knihs 2020), their attitude towards different organ procurement policies and protocols (Martínez-Alarcón 2020c; Zimmermann et al. 2020), and their willingness to discuss donation with patients (Guadagnoli et al. 1999).

Another branch of medical and public health research focuses on laypeople’s attitudes towards specific organ procurement policies and protocols, like organ allocation, living organ donation, and donation before circulatory death (Dell et al. 2020; Muñoz Sastre et al. 2020; Zimmermann et al. 2020). These studies are important for transplant teams and public health scholars and professionals interested in increasing organ donation rates and the overall
effectiveness of their organ procurement system. Oftentimes it is not people’s attitudes towards organ transfer in general but towards specific policies and protocols (for example, if laypeople believe a certain form of organ harvesting violates human dignity or citizen rights) that shapes their willingness to donate.

Literature published in sociology and anthropology journals focuses on the social organization of organ procurement, broadly speaking. This includes the study of organ procurement as a social practice and of the social production of scientific knowledge and medical technologies. Many of these studies focus on how local cultures transform supposedly universal biomedical concepts and practices.

Sociologists and anthropologists have studied, and sometimes compared, how different procurement systems handle issues of consent, donor selection, organ attribution, etc. Many of these systems are increasingly similar, for example in their approach to organ trafficking. This indicates that a “world culture” -a series of cultural and legal scripts that shape legislation at the international level- of organ procurement may be emerging (Amahazion 2016). In that sense, we can expect procurement systems to become more similar as these international laws become stronger.

However, isomorphism is not guaranteed. Going back to the example of organ sale and trafficking, in many parts of the world organ sale is relatively common, and relatively tolerated by the authorities. For example, in his studies in Bangladesh, Moniruzzaman found that the combination of the normalization of organ transplants, the commodification of health care, and increasing inequalities has created a favorable context for the emergence of illegal markets of human organs at both the international and the domestic levels (Moniruzzaman 2012). Similarly,
in Turkey the law construes organ trafficking as a crime in a way that ignores the unequal exchanges of organs and money that take place routinely in hospitals and that are justified under the umbrella of “the right to remain alive” at any cost (Sanal 2004). This type of justification both underlies and accounts for organ sale. That is why anthropologist Nancy Scheper-Hughes sees organ sale and trafficking as not completely separate from regular organ procurement, for both derive from an artificial need -resulting from a combination of medical technologies and media narratives- that has created an artificial situation of scarcity (Scheper-Hughes 2001). In her work, she also argues that organs flow in the same direction as other resources in the global economy (from the poor to the rich, from the South to the North, etc.).

Even in countries with altruism-based organ procurement systems like the United States, there is debate around the role of financial incentives (Barnett, Blair, and Kaserman 1996; Hansmann 1989; Horton and Horton 1993; Spurr 1993). In discussions about the appropriate acquisition methods for organs (donation, sale, abandonment, or expropriation), these are evaluated against context-specific, culturally informed ethical principles about who owns the donors’ body parts, what are just procedures and standards for organ procurement, how should organs be distributed, who should qualify as a potential transplant recipient, how waitlists should be organized, etc. (Childress 1989; Schweda and Schicktanz 2009).

Questions around the role of informed consent by donors and their relatives (Dwyer and Vig 1995; Shaw 2015b), about whether potential donors should be recruited on an opt-in or an opt-out basis (van Dalen and Henkens 2014; Kokkedee 1992), and about how much control should the government have over the procurement and distribution of organs (Blumstein 1989) unfold differently in different contexts. Attempts to shift from one model to the other brings up debates, and makes explicit cultural assumptions, about the meaning of bodily integrity, about the tensions
between individual and collective rights (Machado 1996), and about the role of the family in the individual’s decision-making processes. These debates take place within specific legal and medical histories that shape people’s trust in government and medical authorities (Putnina 2013). Generally, public health authorities try to set non-controversial frameworks and rules within which they can maximize the amount of transplant organs available (Obermann 1997).

Beyond their formal characteristics, authors have studied the social, political, and cultural underpinnings of organ procurement. For example, Carl Becker studied how hospitals’ economic interests shaped the development of brain-death legislation in Japan, as well as how the interests of the elite have led Chinese authorities to extract organs from executed prisoners, and in turn to plan and time executions around transplant organs needs (Becker 1999).

The same logic of connecting medical practices with their sociocultural environments can be applied to the specific devices (medical, technological, regulatory, etc.) that go into organ transfer. No other element in the organ transfer process has lent itself to this kind of reasoning as the concept of brain death. Technically, experts define brain death as “the irreversible cessation of organic function” (Bernat 2013:27), but how that plays out in practice involves collective decisions by legislators and medical professionals. The determination of death, then, is different from its biological concept, because it hinges on the application of medical standards that refer to the permanent, but not necessarily irreversible, cessation of vital functions. In other words, the permanent cessation of organic function stems from the medical decision, made for practical reasons sometimes related to organ procurement, not to reverse organ failure, not from the fact itself (Bernat 2013).
In that sense, brain death is a sociocultural construction that emerged historically from the intersection of new life-sustaining technologies (like the ventilator) with the needs of transplant surgeons for organs (Lock 2002a), and that is negotiated between medical experts, transplant professionals, ethicists, humanists, religious leaders, etc. (Giacomini 1997) to ensure that it is both technically accurate and socially acceptable. For example, Lock’s (1995, 1996a, 1996b, 2002) studies comparing the United States and Japan, two technologically advanced societies, found that controversies about the moral validity of brain death abound in Japan, but are not as pervasive in the United States. This indicates, according to the author, cultural differences between the two countries. In North America (and in Western Europe) the dominant medical discourse has redefined death around a series of measurable criteria that renders certain types of brain damage as equivalent to the death of the patient (brain death). In contrast, in Japan death is a social and cultural event, which make scientific definitions of brain death less likely to be accepted. In both countries, there is a social and cultural negotiation of the limits between nature and culture as they pertain to death, but they are different in each setting (Lock 1995, 1996a, 1996b, 2002b).

This discussion around the nature of brain death and its acceptability in different contexts shows that even concepts and technologies that appear scientific and universal are shaped by their social, cultural, and political contexts. For example, anthropologist Linda Hogle has studied how transplant coordinators, nurses, transplant surgeons, etc. negotiate standardized organ procurement protocols in their daily practice, producing new forms of medical knowledge in these local contexts (Hogle 1995). In organ procurement, biomedical sciences try to standardize the knowledge and practices related to patients and their body parts, but to procure organs successfully, transplant professionals need to navigate this process situationally, negotiating seemingly universal biomedical facts vis-a-vis their own beliefs and knowledge and wider social relations, “economic
imperatives, legal and political conditions” (Hogle 1995:494), and a certain cultural milieu. In her comparative work between the United States and Germany, Hogle found that, in the United States, technical manipulation of transplant organs is oriented to producing standardized therapeutic tools. In Germany, however, the techniques are less homogeneous, more localized, and depend more on the surgeon’s senses. In addition, in Germany the manipulation of brain-dead bodies is fraught with memories of Nazi Germany and concerns about bodily integrity, personhood and human worth (Hogle 1996, 1999).

Even something as seemingly scientific as HLA matching -the techniques through which physicians find out whether donor and recipient are immunologically compatible enough- is imbued with cultural meanings that become embedded in medical practices. For example, Kierans and Cooper studied how organ donation has been culturalized and racialized in the UK, based on immunological compatibilities within and across ethnicities. Because HLA distributions are categorized by race, and because kidney disease is more prevalent for ethnic minorities who are, at the same time, less likely to find a suitable donor, transplant professionals are particularly interested in generating consent from so-called “ethnic donors”. Thus, they translate formal donation procedures and bureaucratic forms into cultural artefacts that imbue donor families with ‘ethnic’ donor status (Kierans and Cooper 2013). In that sense, organ procurement systems can reproduce and reinforce social inequalities and divisions, particularly when the likelihood to become an organ donor or recipient are unequally distributed across the population (Kierans 2015).

Even the surgical techniques themselves have an element of cultural construction, particularly in the way their results are evaluated. For example, in his review of the federal policy for kidney, heart, and liver disease in the United States, Rettig focuses on its political and media dimension, and finds that the acceptance of liver transplantation, which is one of the most
surgically difficult transplants, was more strongly focused on public relation campaigns, particularly on children who were dying from terminal liver disease (Rettig 1989).

Beyond organ procurement, organ distribution is also sociologically and anthropologically interesting, because it speaks to who we consider worthy of a transplant and is fraught with potential inequalities that derive from a triage logic of organ allocation (Koch 2002). Some forms of social and cultural discrimination in the allocation of organs are clear and explicitly defended by their proponents. In Singapore, for example, transplant physicians often rely on collectivistic, utilitarian notions of social worth to assign organs to terminally ill patients. By using these criteria, they combine medical and social utilitarianism, this is, they combine ideas of how to achieve the highest degree of medical success with ideas about whose lives are more valuable for society’s interests (Schmidt and Han 2004).

Other ways in which cultural structures determine how organs are distributed are more subtle, using non-clinical information about the patient to assess their eligibility for transplantation. The patient’s predicted ability to comply with posttransplant care regimes, something that transplant teams measure often (Chisholm, Fair, and Spivey 2007) is one of the most discussed ones, but non-clinical criteria are an integral part of the evaluation of transplant candidates. For example, Australian practice guidelines assessing patient suitability for kidney transplantation use psychosocial criteria that some authors deem poorly defined and poorly supported by evidence. This decreases the transparency of patient selection and introduces the potential risk of subjective notions of social worth playing a role in the allocation of transplant organs, while simultaneously upholding and actualizing those socially and culturally specific values as scientific criteria (Anderson et al. 2007). These two processes reinforce each other, since culturally produced criteria of patient selection are inscribed in clinical guidelines and used to
allocate resources in a way that reproduces inequalities (Daw 2012; Lamont, Beljean, and Clair 2014).

Furthermore, the use of non-clinical criteria in the allocation of organs puts two medicomoral principles in contradiction. On one side, physicians are expected to try their best to cure their patients without considering their social or economic background. On the other side, transplant professionals are aware of the shortage of transplant organs and about the fact that graft failures prompted by non-compliance constitute a “waste” of lifesaving, scarce resources (Gordon 2000). In Gordon’s study, transplant teams are able to go from an egalitarian notion of fairness that prioritizes access to care to a utilitarian notion of fairness that prioritizes the efficient use of scarce resources through a series of ritual exchanges that soothes the emotional and moral uncertainties surrounding allocation decisions (Gordon 2000). Underlying these tensions there is a value conflict between efficiency and equity that leads organ procurement systems to optimize scarce resources by sacrificing equity. Efficiency-equity trade-offs occur when optimizing the use of a resource creates inequalities between groups. In this scenario, people of lower status are less likely to be able to access those resources (Daw 2015).

Organ allocation, then, is not only a clinical decision but also a societal one, one made on behalf of the society, that is supposed to reflect its values while maximizing the common good (Browning and Thomas 2001; Ubel and Loewenstein 1996). However, these decisions are negotiated in and through concrete practice. Medical professionals -especially nurses, who are in more direct contact with both donors and recipients and therefore are a key element in the organ procurement process (Sque, Payne, and Vlachonikolis 2000; Vernale and Packard 1990)- are one of the most studied actors in this sense, because they bear the burden of these contractual obligations between donor, recipient, and society. In that sense, their position as gatekeepers and
decision makers is inseparable from emotional challenges (Jensen 2017), many of which derive from having to reconcile competing cultural norms.

These cultural norms change across contexts. For example, Fortin and colleagues analyzed the opinions of transplant professionals in France and Quebec on living organ donation. They found that, generally, transplant professionals preferred organ donors to remain anonymous, if possible, and believed that, in non-related living donations, the donor should not have a say in where the organ will go. However, they found differences between the two contexts, with American transplant professionals adhering to a (sort of) affirmative action framework that would allow donors to direct their donation to a specific group, and French professionals adhering to a republican model of universal access and equality (Fortin et al. 2008). This points to structural cultural differences between France and Canada that shape how transplant professionals approach the daily business of transplanting organs.

Physicians face even more intense dilemmas in procurement systems that either allow or tolerate organ sales. For example, in Egypt, where there is no legal framework that regulates organ sale, transplant doctors try to advocate for their patients, but have a conflictive relationship with their role in the commodification of poor donors’ bodies, which again points at cultural norms about what is permissible to do to people’s bodies (Budiani 2007). Physicians’ ability to navigate these cultural and moral dilemmas impacts policy, as they often become decision-makers in the process of building procurement systems (Jacob 2011).
2.1.3 Then what? The social and cultural consequences of organ transfer

Scholars have also examined the individual and societal consequences of organ transfer, and especially of its generalization as part of contemporary medicine’s therapeutic toolkit and of laypeople’s cultural imaginary.

Medical and public health scholars’ main concern is understanding the way culture-social norms, media representations, etc., affect laypeople’s attitudes towards organ transfer. Despite ongoing critiques against it, and for reasons beyond the scope of this project, the public deficit approach to laypeople’s understanding of science continues to dominate (Cortassa 2016) this branch of literature. In that sense, Morgan et al claim that "rational decision making has failed to help us understand the wide range of responses to the idea of donating one's own organs" (Morgan et al. 2008:645), and that it is necessary to introduce variables that they call "visceral", "spiritual", "noncognitive", and, finally, "cultural". These include "perceived social norms", "exposure to mass media", "medical mistrust", or "beliefs about bodily integrity". After applying a logistic regression model, they find that the strongest direct influence on organ donation were the noncognitive variables, which lead them to characterize organ donation as a decision driven by "irrational forces" (Morgan, Stephenson, et al. 2008).

Once established that these "nonrational" factors (Morgan, Stephenson, et al. 2008) have a significant impact in people's willingness to donate their organs, the question is "where in the world the public gets [these] fantastic notions" (Morgan, Harrison, et al. 2008:32). To answer this question, medical, public health, and health communications scholars turn to the media (Morgan et al. 2007; Morgan, King, et al. 2008; Quick et al. 2007; Quick, Kim, and Meyer 2009; Reinhart et al. 2007; Yoo and Tian 2011) to examine what kind of images of organ donation and transplantation are circulating amongst potential donors and how they impact their decision to
Many of these studies conclude that the media "(mis)educates" (Morgan et al. 2007; Yoo and Tian 2011) the public.

To “fix” this “misunderstanding”, this branch of literature tries to find ways to educate the public and improve their concept of organ transfer. Studies of this kind have focused on living donors (Sadagah et al. 2020), ethnic minorities (Ríos 2019b), healthcare professionals (Díaz Aunión et al. 2020; Wolide 2020), etc.

Sociologists and anthropologists take a broader approach at the consequences of transplantation both at the individual and the societal levels. At the individual level, some scholars have researched patients’ posttransplant experiences. In medical settings, transplantation is often portrayed as a solution to terminal organ failure that is supposed to restore health and ability to the transplant recipient. However, transplant recipients are, to all effects and purposes, chronic patients that deal with a variety of side effects, and that must adhere to a complex pharmacological regime. Navigating the tensions between expectations and reality is not an easy task, and many sociologists and anthropologists have examined how patients attribute meaning to their experience. To do so, transplant patients often draw from widely disseminated medical and media discourses on transplantation as scripts to understand their own experiences. Constantinou calls this “transplant normalization”, a process through which dominant discourses provide transplant recipients with guidelines to understand their own recovery process that ends in the recovery of normalcy (Constantinou 2012).

Understanding how patients use cultural resources to make sense of their experiences is particularly important in the case of non-compliant patients (Cook and McCarthy 2007), and of patients unsatisfied with the results of the transplant. For example, Crowley-Matoka found that, in
Mexico, patients -particularly those in precarious social positions- are often frustrated by their health status posttransplant, because the surgery does not bring them back to the health state that they need in order to meet their own and their families’ needs (Crowley-Matoka 2005). The posttransplant experience is, in a way, one of “in-betweenness”, where recipients must learn that “normality” -understood as the fulfillment of social roles- cannot be taken for granted.

Part of adapting to this “in-between” status is learning to interpret bodily symptoms to identify rejection and loss of organic function. Transplant recipients often go from a stage of naivete about the transplant’s ability to restore their health to a stage of insight and “qualified hope” (De Vito Dabbs et al. 2004:1483). In a similar venue, transplanted patients sometimes have to make decisions about their own treatment, which prompts them to evaluate medical risks by applying cultural scripts of risk management. For example, kidney recipients are sometimes faced with the decision of whether to continue taking their immunosuppressant medication or to trust biomedical markers of compatibility with the donor and weaning off (Harrington and Morgan 2016).

Transplant recipients must also navigate changes in their identities derived from having another person’s body part inside them. Transplantation establishes a relationship between donor and recipient, even if that relationship is mediated by a “complex entanglement of psycho-social and intercorporeal processes occurring between participants involved in these procedures” (Shaw 2011:299). Identification with the donor is sometimes considered pathological (“Frankenstein Syndrome”), and transplant recipients experiencing some form of identity hybridization are often put under psychological or psychiatric treatment. However, the stubborn reality is that, for both donor and their relatives, a part of the donor continues to live in the recipient, and for the recipient, a part of themselves carries the reminiscence of someone else (Sharp 1995, 2006a). This tension
between anonymity and intimacy is especially striking in facial transplants, where the contradiction between the anonymity built into most organ procurement systems and the recognizability of the face must be negotiated (Le Clainche-Piel 2020). Heart transplant recipients navigate similar contradictions. For example, Mauthner and colleagues found that heart transplantation has profound effects on recipient, generating identity disruption and feelings of interconnectedness in the recipient (Mauthner et al. 2015). However, the relationship between donor and recipient does not necessarily have to involve identity hybridization or overlap. Oftentimes, what emerges is a form of kinship between donor, donor’s family, recipient, and recipient’s family (Sharp 1995, 2006b). In light of these findings, some authors have questioned the utility of anonymity in organ transplantation (Sharp 1995, 2006b; Shaw 2011).

What transpires from these accounts of interconnectedness, hybridization and kinship is that the transplant encounter transforms the cultural meaning of the body, of the self versus the other, and even life and death (Shildrick 2015). This happens sometimes through the individual meaning-making practices of organ donors and recipients, and sometimes through public discourse.

The public discourses on organ donation and transplantation are complex, partially because organ transfer involves both the medical act of transplantation and the social act of donation. For example, in their examination of the social representations of organ transplantation in Australian newspapers, Moloney and Walker found that social representations of organ transplantation are organized around to opposite poles: On one side, the representations are heavily medical, but on the other side, the representations revolve around ideas about the gift of life and the relationship between donor and recipient. They further found that there was a certain degree of chronological evolution in the preeminence of each of these cores. While in the years after the first kidney
transplant, and particularly after the first heart transplant in 1967, representations revolved mostly about the surgeon and his mastery, representations after the introduction of cyclosporine and the subsequent organ shortage revolve more around the patient and around the role of the donor (Moloney and Walker 2000).

A considerable amount of sociological and anthropological literature examines the normalization of organ transplantation in public discourse, a process that accompanied the generalization of organ transplantation as a therapeutic option. A recurrent theme in these analysis is the idea that the normalization of organ transplantation has subsequently changed the meaning of organ donation and transplant organs, which have gone from being considered precious gifts to being considered scarce commodities (Fox and Swazey 1992). This has created an artificial need for transplant organs that is often marshalled in public discourse to encourage organ donation and that sometimes serves as a justification for the unethical treatment of organ donors (Scheper-Hughes 2001; Sharp 2006b). For other authors, however, the normalization of organ transfer remains insufficient. For example, Joralemon argues that a cultural equivalent of cyclosporine is necessary to overcome the existing cultural resistance towards organ transplantation. For Joralemon, transplant professionals and advocates should be focusing on deploying transplantation-supporting ideology that “suppress, rather than replaces, traditional concepts of bodily integrity.” (Joralemon 1995:347).

Besides its degree of cultural acceptance, multiple authors have noted the predominance of the “gift of life” metaphor in public discourse. Policy makers, legislators, public health officials, and transplant professionals use this analogy to promote voluntarism and altruism in organ donation. The gift analogy was useful because it made the unfamiliar (organ donation) familiar, but it is not necessarily accurate. For authors like Gerrand, the most accurate analogy to understand
organ donation is not the gift exchange model but charity, a form of gift that involves giving to those in need in a voluntary and altruistic manner (Gerrand 1994). The work of Shaw echoes a similar position that the “gift of life” metaphor is too ambiguous to accurately depict contemporary forms of human supply transfer (Shaw 2010b). In later work, Shaw even suggests that a new ethical model of organ donation and transplantation beyond the dominant “gift of life” paradigm is needed to capture the range of experiences in this domain (Shaw 2015a).

The notion of normalization, and the discussion around the “gift of life” paradigm are useful but must be understood against the backdrop of the different meanings that organ transfer acquires in different social, political, cultural, and even economic settings. For example, in Japan, the “gift of life” paradigm that dominates discourses on organ donation and transplantation in Western countries generates controversies and tensions, and public health authorities had to craft a different discursive device, the representation of the icebox as a relay of life, to convey the value of organ transplantation. The media popularized this new metaphor gradually, as public controversies around the idea of the “gift of life” encouraged journalists to find alternative ways to explain organ transplantation (Sasaki 2008). Similarly, Chang examined how the Tzu Chi Foundation helped normalize organ donation in Taiwan. The organization used an approach based on a notion of ‘benefit-all altruism’ that is embedded in Buddhism, contributing to change the taboo of tissue donation in traditional Taiwanese culture (Chang 2016).

In other contexts, the influence of the political climate on the public discourses on organ transfer is more obvious. For example, Hamdy has found that the mass eye trauma experienced by Egyptian activists in 2011 offered citizens and activists the opportunity to successfully resignify cadaveric cornea donation, a question historically controlled by “state-aligned doctors, politicians, and religious scholars” (Hamdy 2016: 220) but where donation campaigns had failed to change
the public opinion. The revolutionary cornea donation campaign was different from previous ones in that 1) it was bottom-up or at least horizontal, 2) It did not rely on the dispelling of religious beliefs nor on the desacralization of the body, and 3) it invoked notions of martyrdom, but also of "social justice, freedom, and human dignity" (Hamdy 2016:231).

Discourses of national unity and collective effervescence around organ transfer are more common that it seems. For example, Cohen examined the cinematic representation of blood donation and organ transplantation in India and found that they are organized around a biosociality of recognition, this is, of finding forms of molecular sameness and equivalence across social, political, and ethnic cleavages. In India, this is discursively mobilized as an expression of the Nehruvian vision of national reconciliation and planned development (Cohen 2001). In another example of organ transfer being marshalled to express social solidarity across social divisions, Beck explains how an instance of bone marrow donation between a Turk and a Greek in Cyprus was interpreted as an act of reconciliation between the two sides of the island. This act transgressed ethnic and social divisions, challenging the political will of the governments of both sides, arising feelings of solidarity among both populations by prioritizing the humanitarian bond of donation over historical ethnopolitical divisions (Beck 2011).

Trying to overcome the limitations of methodological nationalism, some authors have examined how specific groups give meaning to organ transfer. For subordinate groups, for example, narratives and rumors of organ sale and organ trafficking are simultaneously the only way to draw attention to cases of organ trafficking (Schepers-Hughes 2000) a way to signal and narrate those inequalities. Regardless of whether those rumors are true, organ transfer is then imbued with meanings of injustice and oppression. This is the case of the Falun Gong in China.
This group has consistently made claims that Chinese authorities routinely extract organ from executed Falum Gong prisoners (Junker 2016).

Other minority groups have a more positive relationship with the concept of organ donation or body gifting. For example, Copeman and Quack found that, for many atheists in India, donation is imbued with meanings of ‘knowledge’ and ‘progress’ that will benefit those who are left behind (‘the living’). They authors also consider how atheist body donation is in some ways strategy to bypass religious funerary rituals (Copeman and Quack 2015).

Underlying this work on the public meanings that organ transfer acquires in different contexts is the idea that organ transfer has consequences at the societal level. Some authors argue, following Titmuss’ claim that altruism-based procurement policies increase social solidarity and trust in the community (Titmuss 1971), that widespread altruist organ and tissue transfer creates relationships wider than those between individuals and families in the form of implicit societal contracts that define the community. As Lamanna (1997) puts it,

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\text{[transplantation] connects persons who may never meet in networks of giving and getting. The ties of altruism and gift exchange have some potential to play out across the society as a force for social cohesion and community building.}
\]

\[
\text{Transplantation presents us with a range of ethical and social possibilities, and one of them is the creation of community (Lamanna 1997:187).}
\]

Similarly, Murray argues that open-ended, impersonal gifts such as altruist organ donation regulate relationships at the societal level and protect human and moral values at times of market expansion. Impersonal gifts regulate social relations not at the interpersonal level but at the societal -open-ended and not specifiable- one, creating an “impingement on to the lives of others” (Ignatieff
cited in Murray, 35) or a form of interdependence. In these scenario, well-organized procurement systems create more opportunities to express and cultivate altruism (Murray 1987). In what is in part an empirical investigation of these claims, Healy found that the way procurement systems are organized impacts the number of organs harvested. In that sense, altruism is not the cause of organ procurement, but its consequence, in the sense that institutionalized mechanisms elicit altruistic behaviors as they create and maintain donor populations (Healy 2004, 2006).

Other authors have pondered the question of organ donation and social solidarity by examining trends in organ donations and discussing their impact on social solidarity and individualization processes. For example, Boas focuses on the distinction between directed and non-directed organ donation and argues that the model of indirect and unrewarded giving that treats organs as social goods generates “generalized altruism”, while in directed -mostly living-donations, the donation is specified and personal and altruism is restricted. For Boas, direct living donations exhibit a shift away from the Titmussian vision of welfare (Boas 2011). Lamanna’s work points at similar potential pitfalls of individualizing the type of social solidarity that compels and results from organ transfer, and points that

*media campaigns advancing the transplantation interests of a single child may seem to create a community of interest by placing the child into a hypothetical communal relationship with the viewing audience. But this relationship is misrepresented to be the equivalent of a particularistic face-to-face one, rather than proposing the solidarity of a national community* (Lamanna 1997:187).

While these authors have examined the positive impact of well-organized, altruism-based organ donation systems, other authors have studied how some organ procurement practices
exacerbate inequalities and social cleavages, eroding social solidarity. For example, Sanal has found that this is what happens in Turkey’s transplantation system, which relies heavily on the bodies of the abandoned (Sanal 2011). Less dramatically, authors like Rothman and colleagues have found that in the American organ procurement system patients are on their own in acquiring the resources that they need, and that private obligations towards relatives and friends are not extended to strangers or become a civic duty. Having transplant patients rely on their networks, on their cultural capital, and on their ability to generate credible narratives of personal worth to mobilize potential donors generates inequities within the system (Rothman, Rozario, and Rothman 2007).

For many of these sociologists and anthropologists, then, examining organ procurement systems allows us to think about how policies both reflect shape the collective values of a society.

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I organized my review of the literature around the three aforementioned moments (why, how, and then what) for analytical purposes, but reality is much more complex. These three moments are interconnected. There is, unsurprisingly, a certain degree of path dependency between them. First, cultural conditions of possibility explain why certain societies, communities, or nations decide to allocate resources to create, maintain, and run effective organ procurement systems. They also explain why in different context, different policies and protocols are put into place. Accounts and justifications, as artificial as they may be, can contribute to make organ transfer a thinkable course of action, but to be effective they need to resonate with wider and deeper

3 And it is even possible that the success of organ procurement organizations is a result of an effective exploitation of that path dependency.
cultural themes. In other words, there needs to be a cultural substratum that allows organ transplantation to appear as something good and worth pursuing, and not, for example, as the inexplicable delirium of a disturbed scientific mind.

Organ procurement policies and the other mechanisms and instruments that make organ transfer happen (laws, rules, procedures, guidelines, technologies etc.) shape its individual and societal consequences, as well as the type of narratives and stories that we can tell about it. For example, an anonymous organ procurement system will have different societal consequences that a system where donors know each other -either because it mostly relies on directed living donation or because anonymity is not enforced. An anonymous organ procurement system, precisely because it doesn’t provide information about the recipient, forces donors to imagine -to enumerate-the possible recipients of their organs in a way that may help them establish connections with people that are different from us (Copeman 2009). Decisions about how to allocate and distribute organs draw from but also reinforce and challenge extant cultural scripts of deservingness and shape the kind of relationships that result from organ transfer, and the kind of narratives and stories that it elicits. For example, expanding the pool of donors and recipients makes for a more inclusive society, and for expanding codes of deservingness.

The influence of each of these moments on the others also works “backwards”. The clearest example of this is how the normalization of transplantation through widespread practice and transplantation-friendly cultural accounts can ease culturally informed resistance to organ transfer. A similar process occurs when the application of certain policies, protocols, and technologies shifts the tectonic plaques of deeper cultural assumptions about the nature of death, the limits of the body, or the relationship between individuals and community.
As for the project at hand, it falls squarely in the “then what” analytical moment, since it focuses on the meanings that organ transfer has acquired in Spain, and particularly on how organ transfer became a carrier of meanings about the Spanish nation. My project examines meaning-making processes around organ transfer, paying attention to public discourses that conform the social and cultural imaginary of organ transfer. It is not only a matter of placing organ donation and transplantation in a matrix of cultural structures that shapes it, but to interpretively approach it as a socio-culturally constructed object. As such, organ transfer acquires its own meaning that is relatively, yet not completely, autonomous with respect to ontologies of death, cultural definitions of bodily integrity, economies of gift exchange, etc.

Besides, studying the mediated processes of meaning-making surrounding organ transfer provides a window to all three analytical moments. For example, the meaning that organ transfer acquires through public discourse articulates grounds for motivation. If organ donation is defined as an altruistic, generous act, this encourages people to donate organs to express altruism and generosity. In that sense, accounts act as scripts, and studying the media representation of organ transfer can help us understand the cultural work that certain imaginaries about organ transfer do.

2.2 Media and the social construction of reality

This project pays attention to the codes, narratives, metaphors, etc. that conform the social and cultural imaginary of organ donation and transplantation in contemporary Spain, putting meaning at the center of the analysis (Alexander et al. 2012; Alexander, Smith, and Sherwood 1993). Collective meanings are socially constructed, produced, and reproduced in the context of the public discourse. This includes media content of various kinds, collective events, public rituals...
and ceremonies, etc. These texts -in the broad sense of the term- constitute publicly available traces that can be collected, examined, interpreted, and contextualized.

My study focuses, specifically, on media outcomes. The media have an important role in complex societies, because they "inform the public, provide a communicative bridge between political and social actors, influence perceptions of pressing issues, depict topics and people in particular ways and may shape individuals’ political views and participation" (Bleich, Bloemraad, and Graauw 2015:857) (p. 857). In that sense, media is both a source of news that provides information, and a forum for public discussion. Both functions are important in contemporary societies. In addition, the media constructs representations of people, events and issues. Finally, the media constitutes an avenue for public participation for individuals and groups.

First, through the mechanism of agenda setting, media coverage of specific events or issues can make them more salient for the public. Media coverage makes people aware of specific issues by featuring them recurrently in individual stories, and such acts as a "window on the world". Continuous news reporting "constructs and reconstructs social problems, crisis enemies and leaders, and so creates a succession of threats and reassurances" (Edelman cited in Caviedes 2015:900). The more frequently the media features a particular issue, the more like it is that it will become salient for the audience, and for the general public.

Second, a well-established body of literature has examined how mass media shapes how people perceive and make sense the world, including events, issues, social contexts, cultural identities, etc. The theoretical foundations of this perspective on mediated meaning-making can be found at the intersection of symbolic interactionism, cultural studies, and structuralism (Altheide 2000).
Media representations influence how we perceive and understand the world because they systematically present issues and events in particular ways by inserting them in discursive patterns. These "contribute to frames and discourse for subsequent meaning configuration" (Altheide 2000:287), which takes place both via public discourse and via private conversations as those frames become part of our daily lives. As these frames of interpretation become dominant, they gain the ability to influence people's behavior and even policy design. Similarly, Andsager (Andsager 2000) claims that how media presents an issue will encourage certain kind of audience interpretation over others, and explains that "the presence or absence of certain key words, sources of information, and sentences that form thematic clusters” indicate the frame of interpretation that a particular media message is trying to convey. Media discourses and representations, however, are not neutral, but deeply ideological and, when they are imposed on social events and cultural texts, the media becomes an active participant in the construction and dissemination of dominant ideologies (Binder 1993).

Media coverage selects what aspects of an event, or an issue are relevant, directing people's attention. In addition, through media audiences "make sense of social occurrences because they organize events into recognizable patterns and help individuals understand what actions they can take in light of these events" (Binder 1993:755). This is achieved "by a variety of techniques from explicit changes in titles to subtle selections of wordings and even to using cue words that are not explicitly recognized by readers” (Cappella and Jamieson 1997:44). Finally, media representations resonate with the audience when they can be confirmed or reinforced by the interpretive schemata of larger cultural frames. They do so in interaction with "well-established knowledge structures held by the audience and cued by the messages read or watched" (Cappella and Jamieson 1997:42).
It is worth noting that, when studying media outcomes (news stories, television shows, etc.) researchers cannot assess the effect of media discourses on people's experiences, attitudes, and behaviors. Audiences are not passive, they actively think about the issues presented in the media, they apply their prior knowledge, and sometimes cross-reference information with different sources (Cappella and Jamieson 1997). There is a cognitive basis for the idea that the way media portrays a specific event or issue will influence how people think about it. By making certain aspects of the event more salient, media discourses prime "mental associations in the receiver and, through a process of spreading activation in the knowledge system, stimulates other, related concepts as well" (Cappella and Jamieson 1997:58). They also make certain information temporarily more accessible in the person's mind, create cues for further retrieval and interpretation of similar information, and generate thoughts and feelings in the audience.

Some authors have tried to test the influence of media coverage on people’s attitudes, beliefs, and behaviors, empirically. For example, Altheide (2000) investigated the relationship between crime reporting and fear, and found that, as media coverage of crime news increased, people's perception of the world as a dangerous place also increased. He attributes this correlation to how the media frames these stories in terms of fear and danger. The extent to which this connection between media consumption and cognitive processes occurs for a particular news cycle, however, cannot be inferred from the analysis of the media texts themselves.

Third, and finally, the media are an avenue for public participation. For example, interest groups are invested in influencing the public opinion in policy debates. To do that, these groups and organizations engage with the media to try to make certain issues salient, and to popularize their own definition of the situation, their proposed policy solutions, etc. Andsager (2000) argues that one of the strategies that interest groups employ is developing and championing a rhetoric that
influences the way journalists represent events and issues. When journalists rely on interest groups as sources, and on press releases and other publications to reproduce quotes, they introduce the group's rhetoric into their stories. This allows interest groups to "make a strong emotive appeal by manipulating the public vocabulary around a specific issue" (Andsager 2000:578). In her 2000 study, she analyzed publications from pro-choice and anti-abortion groups to identify their rhetorical strategies, and then identified said rhetorical strategies in a sample of newspaper articles. She concluded that interest groups have a key role in shaping policy debates by influencing the media coverage and representation of specific issues.

Interest groups are not the only social actor involved in the production of media stories. Media production, specifically news production, involves different actors that influence the final output. One of these actors is the media organizations themselves and particularly the journalists they employ. According to Andsager (2000:579), journalists "select some aspect of a perceived reality and make [it] more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described". As such, the opinions and ideological stances of journalists shapes how they approach specific issues, events, individuals, and groups (Binder 1993).

Similar to what happens with media effects, what actors and processes are involved in a particular instance of media production is not something that can be empirically investigated through the analysis of media outcomes. While the texts themselves can provide hints regarding whether specific interests are being represented - for example, if the piece features the spokesperson for a particular organization -, the study of media production needs to be studied through different empirical methods.
2.3 Nation and nationalism as symbolic and medical constructs

My project conceptualizes national identities as socioculturally constructed objects produced through processes of meaning-making (Bonikowski and Gheihman 2015). In contrast with primordialist approaches to nationalism, which see national identities as the natural result of a people’s shared biological, cultural, linguistic and historical ties, the constructionist perspective sees them as a cultural artefact (Madianou 2005), or, as Benedict Anderson famously described them, as “imagined communities” (Anderson 2000). At the macrosocial level, “a nation is not only a political entity but something which produces meanings - a system of cultural representation” (Hall 1992:292). At the individual level, people’s national identities are not innate, but a result of processes of signification and identification (Hall 1992, 1996).

Within this perspective, I treat national identities as discourses, as “a way of constructing meanings that influence our actions and our conception of ourselves. National cultures construct identities by producing meanings about 'the nation' with which we can identify; these are contained in the stories which are told about it” (Hall 1992:293). To understand national identities, then, it is necessary to examine the discursive strategies and rhetoric devices employed to construct our notions of belonging to a national community (De Cillia, Reisigl, and Wodak 1999; Wodak et al. 2009). Approaching national identities through the analysis of discourse, understood as “talk or written text in its social action context” (Alvesson, M. and D. Karreman cited in Sutherland 2005:187) reveals patterns of repetition and cohesion across utterances that provide people with relatively stable reference points for their processes of identity construction (Sutherland 2005).

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4 A shorter version of this section was published in Herrero Sáenz (2022)
National identity discourses define the membership criteria to belong to the national community. They emphasize the sameness and uniqueness of the in-group, mitigating internal cleavages (Anderson 2000; Hall 1992). They also highlight the nation’s distinctiveness from the out-group, establishing boundaries between the nation and other nations and norms about who can and cannot be recognized as its legitimate member (Bonikowski 2016). Depending on the criteria they employ to determine membership to the national community, scholars often distinguish between “civic” and “ethnic” understandings of national belonging. While ethnic national identities are based on shared, hereditary traits both biological and cultural, civic national identities are based on people’s voluntary commitment to a political and territorial community (Roshwald 2015; Smith 2005). Although originally this distinction was used to differentiate Western from Eastern countries, today the scholarly consensus is that civic and ethnic versions of a country’s national identity can coexist, albeit often in tension (Bonikowski 2013, 2016; Coakley 2018; Tinsley 2019).

National identity discourses do more than establishing the bounds and boundaries of the nation; they also determine the features -most often, the virtues- that characterize it, such as “symbols of national heritage or particular principles and values as especially worthy of celebration and protection” (Bonikowski 2016:438). Pride in the nation’s positive features fosters an emotional connection with the nation and with the state (Evans and Kelly 2002; Gangl, Torgler, and Kirchler 2016). Finally, national identity discourses describe the nation’s role in the world, this is, with respect to other nations and to the global order, which may take the form of ideas of national superiority and chauvinism (although this is not always necessarily the case) (Bonikowski 2016).
The ultimate goal of national identity discourses is to lay “a claim on people’s loyalty, on their attention, on their solidarity [...] to change the way people see themselves, to mobilize loyalties, kindle energies, and articulate demands” (Brubaker 2004:116). When successful, they generate ties of solidarity amongst the population and an affective adherence to the institutions of the state, both as authorities and as providers of support and public goods (Wimmer 2018). Part of the success of national identity discourse lies on becoming naturalized and depoliticized and existing, uncontested, in the background of people’s lives; this is, to achieve banality (Billig 1995; Calhoun 2017). When that happens, national identity discourses are not perceived as part of an explicit ideology, but become one more element in the nation’s social imaginary or cultural repertoire (Bonikowski 2017; Calhoun 2017).

Success is, however, not guaranteed. National identity discourses are not a stable monolith; they change over time and are subjected to contestation (Bonikowski 2013). On one hand and from a historical point of view, the content of national identity discourses mutates, sometimes as a result of internal social changes and sometimes as a result of external events (Bonikowski 2013). On the other hand, at any given moment nations are comprised of various constituencies and groups with divergent interests and orientations, which results in multiple, and sometimes conflicting, representations of the nation coexisting within the same nation (Bonikowski 2013, 2016; Geisler 2005).

In nations marked by a history of conflict over national identity discourses and symbols - such as civil wars, revolutions, or turbulent processes of national unification-, these often evoke the country’s traumatic past and are likely to spark renewed waves of political confrontation (Spasić 2017); they cannot become banal. In these cases, the appropriation -and sometimes, weaponization- of national identity discourses by specific ethnic and political groups often
exacerbates division and conflict (Kolstø 2006, 2014). In other words, some national identities and symbols “come with a baggage, a history of previous interpretations, which may be suppressed, highlighted or reinterpreted [and] may serve as ideal tools for social integration, but also for division and dispute” (Kolstø 2014:10). As I will show later, this is arguably the case of Spain, where a history of peripheral nationalism and territorial conflicts, of feelings of national inferiority, and of authoritarian repression have tainted the symbols and discourses of the Spanish national identity.

While a considerable portion of the literature on national identity discourses has focused on the narratives of the nation produced by political institutions (Bonikowski and Gidron 2016) and/or circulated through national media (Li 2009; Madianou 2005), other -sometimes unexpected- producers of national meanings exist. Among these, medical institutions, discourses, and practices are, as I show in the next section, active producers of national identity discourses.

The centrality of the body for the co-constitution of the modern state and of the modern political subject (Epstein 2021) makes medicine’s ability to act upon it through discourse and practice central to the formation, consolidation, and reproduction of nations. Widely acknowledged by historians and anthropologists, the connection between medicine and nationalism is polymorph. Beyond the Foucauldian notion of biopolitics, which scholars have employed to explore how states normalize, classify, regulate, and order populations (Foucault 2003; Rose 2001) and link people’s rights and responsibilities to their health statuses and practices (AUTHOR 2020a, Decoteau 2013), medical discourses and practices also define and describe the nation through processes of meaning-making, in various ways. Among those, discourses surrounding human supply exchange -such as blood, organ, and bone marrow donation- are particularly powerful, for they appeal directly to themes of shared fluids and tissues. In addition,
medical systems can become national symbols in and of themselves, creating feelings of national pride around the country’s medical progress and achievements.

Frequently relying on a representational use of the body as a metaphor for society (Scheper-Hughes and M. M. Lock 1987), medicine contributes to establish the nation’s boundaries, and to determine what bodies constitute desirable members of the nation and what bodies do not (Rose 2001). In the early 20th century, this led to an eugenic effort around “controlling and eliminating sick and foreign bodies in order to improve the quality of the national stock and eliminating taints or weaknesses that might threaten it” (Rose 2001:2). The measures taken to construct a national body by acting upon individual bodies range from relatively harmless sanitation policies to the elimination of the targeted groups, via forced sterilization and even systematic extermination (Hogle 1999; Marsh 2008; Polsky 2002). Often held as the ultimate example of the horrors committed in the name of social eugenics and racial purity in the 20th century, Nazi Germany offers a useful illustration of this symbolic link between the nation and the body. In Germany, a persistent -yet contested- national narrative connects blood with citizenship (Miller-Idriss 2009), which in the 1930s morphed into a totalitarian fantasy of creating racially pure national body, free of pathological and infectious elements (Hogle 1999). Beyond Nazi Germany, shared blood and tissues are often an important part of the imaginary of ethnic, particularistic nationalisms (Roshwald 2015; Smith 2005) which often justify exclusionary attitudes and policies on the basis of maintaining the purity of the national blood and body.

Albeit in less extreme ways, in many contemporary societies -including liberal ones- national identities are often symbolically defined, promoted, and policed by physicians, who have now more sophisticated tools to determine which bodies are desirable. For example, although contemporary genetic testing tries to separate itself from eugenics, discourses around genetics are
still used for assigning value to bodies and deciding who is fit to live (Rose 2001). Medical national identity discourses also determine what bodily practices are considered acceptable and which contradict national values. Practices such as female genital mutilation and hymenoplasty (reconstruction of the hymen) are often marshalled as proof that certain (non-White, non-Christian) populations are culturally incompatible with national Western values (Ayuandini and Duyvendak 2018; Bader and Mottier 2020).

This type of medical discourses around exclusion and inclusion are particularly visible in human supply procurement policies. “Ideas and feelings about the nation, citizenship, and community” (Waldby and Mitchell 2006:2) permeate the exchange of human supplies. By donating organs, blood, and tissues, “citizens participate in fundamental acts of national imagined community” (Waldby and Mitchell 2006:6). Understood as a form of civic participation, rules about who can donate (and receive) human supplies signal who is a desirable member of the nation and who is not. In Japan, for example, ideas about national purity still inform the guidelines of inclusion and exclusion for blood donation (Robertson 2012). In her ethnography in the United States and Germany, Linda Hogle found that, in order to decide who can be an organ donor, transplant coordinators consider both biomedical information about the donor’s health, and social cues and life stories. Thus, they assign not just medical but also moral worth to potential donors\(^5\) (Hogle 1999).

Bodily metaphors often emphasize racial and social purity and carry fears of contagion via contact with foreign agents, and of degeneration via hereditary pathologies (both biological and social). However, metaphors of blood mixture -often present in narratives of human supply

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\(^5\) While she found that in Germany this was based on race and ethnicity, in the United States transplant coordinators placed more emphasis on the potential donor’s social and moral behavior.
donation- can contribute to national stories of redemption and resolution of conflict “by providing the ideological glue to create national myths of fraternity” (Munasinghe 2005:156). For example, Jacob Copeman found that, in India, anonymous blood donation campaigns are often staged to symbolize unity between different constituencies, and to portray the Indian nation as a “differentially composed yet harmoniously functioning national life” (Copeman 2009:47). The anonymity of blood donation is a key aspect of this narrative, for it smooths over ethnic and social cleavages, emphasizing an underlying integrative message (Copeman 2009). More explicitly, Stefan Beck describes how an act of bone marrow donation across the border between the Greek and Turkish parts of Cyprus transgressed ethnic and social divisions, challenging the political will of the governments of both sides, arising feelings of solidarity among both populations by prioritizing the humanitarian bond of donation over historical ethnopolitical divisions (Beck 2011).

Finally, but not least importantly for the argument made in this article, a country’s medical achievements and can also constitute a source of national pride. In some decolonizing nations, reclaiming national sovereignty included recovering the value of indigenous medical practices that had been marginalized and denigrated during the colonial period (Cueto 1987; Hernández Sáenz 2000; Khan 2006; Waite 2000). South Korea, where plastic surgery has become a leading national industry and a marker of identity in the global stage, is another meaningful example of medical national pride. South Korean plastic surgeons show a great deal of satisfaction with their contribution to South Korea’s “economic and reputational success” (Holliday et al. 2017:190). More recently, Taiwan’s media has presented the country’s exceptionally effective response to the COVID-19 pandemic as a reflection of the population civic virtues and the government’s capacity (Lo and Hsieh 2020). The best-known example of this link between medicine and national pride, however, is Cuba, where the government often flaunts the country’s positive health
maternal and child health—statistics to “assert the validity of the socialist agenda in the new world order” (Andaya 2013:206; see also Brotherton 2012). All these cases have in common the use of medical achievements as symbolic vehicles to speak about the virtues of the nation.

In the next section I introduce case of Spain, a country with a long history of conflict over national identity discourses and symbols, and where the outstanding success of the organ procurement system has become a source of national pride. This, in turn, has endowed the Spanish organ procurement organization with the necessary legitimacy to make claims about the nation and the nation’s body.
Chapter 3. Organ procurement and nationalism in contemporary Spain

3.1 The Cultural Salience of Organ Transfer in Spain.

The link between medical discourses and nationalism in Spain is, and has historically been, strong. Physicians, both as benevolent reformists and as agents of the francoist repression, have shaped contemporary dominant ideas about the nature of the Spanish nation (Bosch Fiol, Ferrer Pérez, and Navarro Guzmán 2008; Carbayo-Abengózar 2001; González Quirós 2002; Jiménez Lucena 1994; Medina-Doménech and Menéndez-Navarro 2005; Sosa Velasco 2010). In addition, successive Spanish governments and the Spanish media have encumbered Spain’s most celebrated physicians -like Nobel prizes Santiago Ramón y Cajal and Severo Ochoa, or endocrinologist Gregorio Marañón, all of whom have streets, public transport stations and hospitals named after them- to the category of national heroes. However, no other aspect of Spanish medicine has had as much cultural salience as organ transplantation.

Organ transfer has enjoyed a peculiar cultural salience in Spain since its early days. One of the pioneers of corneal transplants -the first successful transplants, which began in the 1940s- was Spanish ophthalmologist Dr. Ramón Castroviejo. Although he resided in New York, the francoist media took a keen interest in him. The press portrayed his achievements as a source of nationalist pride, and symbolically construed his figure as the embodiment of, simultaneously, the prototypical traditional, Spanish, Catholic masculinity promoted by the francoist regime, and modern ideas of science and medical innovation (Danet and Medina-Doménech 2014).

A little over a decade later, when kidney transplantation started to yield relatively positive results, other Spanish surgeons rose to international fame as transplant pioneers. This is the case

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6 A shorter version of this chapter was published on Herrero Sáenz (2022).
of nephrologists Dr. José María Gil-Vernet and Dr. Antonio Puigvert in Barcelona, and Dr. Andrés de la Peña in Madrid. These surgeons frequently traveled abroad to scientific events, often as invited guests. For the franquista regime, which struggled with perceptions of Spain as backwards and underdeveloped, these early successes in transplantation were a valuable opportunity to signal modernity and scientific progress in the international arena (Danet 2013).

This early link between organ transplantation, Spanish nationalism, and franquista propaganda reached its peak with Dr. Cristóbal Martínez-Bordiú’s heart transplant attempt in 1968. Dr. Martínez-Bordiú was married to Franco’s daughter and, as the dictator’s son-in-law, had the political influence to make it happen, despite the Spanish healthcare system being clearly ill-prepared for such an undertaking. Although the transplant failed (the patient lived a little over a day), and the circumstances surrounding it were questionable at the very least, the press presented it as a national milestone (Herrero Sáenz 2020, Danet and Medina-Doménech 2015).

After this failed attempt, Spanish surgeons only performed corneal and kidney transplants. With the advent of democracy, kidney patients’ associations increased the pressure on the government to regulate and promote organ donation. In 1979, the Spanish chambers passed a new Organ Extraction and Transplantation Law. This was one of the first laws passed by the young Spanish democracy, together with other pieces of legislation that defined what the nation ought to become. The new law established an opt-out system based on presumed consent—which is not enforced in practice—and on principles of voluntariness, altruism, anonymity, gratuity and equity (Ley 30/1979; Matesanz 2008). A Royal Decree approved the following year provided detailed and protocols regarding donor and recipient eligibility, brain death, and organ extraction (Real Decreto 426/1980).
Although the law contemplated the creation of the ONT, the organization only existed nominally until 1989, when it was granted a budget and staff. The ONT developed what today is known as the “Spanish Model” of organ procurement, an organizational model nested at three levels: hospital, regional, and national (see Figure 3.1). At the hospital level, transplant coordinators monitor ICU units to identify potential donors and activate the appropriate procurement protocols. At the regional level, seventeen coordinators manage regional registries and waitlists, collect statistics, and organize promotional campaigns. At the national level, the ONT performs similar functions, and it also collaborates with international and supranational agencies.

Figure 3.1. The Spanish Model of Organ Procurement.

Source: Matesanz (2008), self-elaboration
organizations and authorizes hospitals to perform organ procurement operations. The seventeen regional coordinators and the ONT director conform the Transplant Commission, which makes policy decisions regarding organ transfer. These decisions are ratified by the Interterritorial Council, the institution, dependent on the Spanish Ministry of Health, that coordinates the Spanish National Health Care System to ensure equity in the access and quality of care across all of Spain’s territories (Matesanz 2008).

The model, combined with persistent promotional campaigns, proved to be outstandingly efficient. Organ donation rates raised dramatically in the next three years, and in 1992 - a year when a great deal of international attention was focused on Spain because of Seville’s Universal Exhibition and Barcelona’s Olympic Games (Atienza and Pombo 1994; Hargreaves and Garcia Ferrando 1997; Maddox 2004) - Spain became the global leader in organ donation rates. In the next decades, organ donation continued to soar (see Figure 3.2), and the ONT implemented an array of innovations that increased the donor pool, such as accepting older donors, and donors in cardiorespiratory death (Real Decreto 411/1996, Real Decreto 2070/1999).

Spain’s leading position in the global ranking of organ donation rates, far from being simply a quantitative reflection of the organization’s effectiveness, constitutes a cultural grammar that attributes value and legitimacy to the organization and, by proxy, to the country (Cooley and Snyder 2015; Espeland and Sauder 2007). International comparison and external recognition legitimize national institutions as preeminent global actors capable of designing, promoting, and enforcing policy models (Beckfield 2010; Meyer et al. 1997). By doing so, global networks bestow institutions with authority and grant them legitimacy both in the international field and with their local publics (Frank and McEneaney 1999).
Figure 3.2. Transplants, organ donors, and organ donor rates in Spain (1984-2019)

Source: (Oficina de Coordinación de Trasplantes, Complexo Hospitalario Universitario de Coruña, 2020), self-elaboration
This has been the case of the ONT since the Spanish Model became the international gold standard for organ procurement, worthy of being abstracted, translated, and applied in other countries (Boli 2005; Meyer et al. 1997). Not only the organization oversees European Council’s Newsletter Transplant; in 2010, Eurotransplant (the organization that promotes organ procurement across several European countries) established the Spanish Model as their benchmark model (Eurotransplant 2010:4). Outside of Europe, the ONT presides the Iberian-American Council/Network of Donation and Transplantation since its creation in 2005. Finally, the ONT manages the WHO’s Global Observatory of Organ Donation and Transplantation, becoming a WHO Collaborating Center in 2008 (Matesanz et al. 2009).

Nationally, the ONT received the prestigious Premio Príncipe de Asturias -awarded to people and institutions considered to have contributed the progress of Humankind- of International Cooperation in 2010. It also became honorary ambassador of Marca España (now called Global Spain, Spain’s nation-branding project) in 2013. Finally, Dr. Rafael Matesanz, founder and director of the ONT until 2017, received the Medal of Congress in the 40th anniversary of the Constitution for his commitment with the democratization and modernization of Spain in his role as the highest national authority in organ procurement.

After decades of praise and recognition, both national and international, it should not surprise that the social acceptance of organ procurement in Spain is outstanding. Several survey studies have shown that a large majority of Spain’s population rank organ transplantation as the scientific advancement that contributes the most to enhancing people’s quality of life (Centro de Investigaciones Sociológicas 2001), agree that the Spanish National Healthcare System should cover the cost of organ transplants (Centro de Investigaciones Sociológicas 2012), and believe
more efforts should be made to stimulate scientific and technological advancement in this area (Centro de Investigaciones Sociológicas 2004).

In Spain, then organ donation and transplantation have become a source of national pride, often marshalled as proof of the goodness of the Spanish citizenry, and an unexpected resource for the discursive construction of the nation.

3.2 The Spanish National Project and its Pitfalls

Successful processes of nation-building generate legitimacy and affective adherence to the symbols and institutions of the nation-state in the population (Koch 2013; Wimmer 2018). That is not entirely the case in Spain, where ideas about national identity and national symbols are vigorously contested (Balfour and Quiroga 2008; Bollen and Diez Medrano 1998; Humlebaek 2015; Núñez 2001). While examining the troubled history of Spain’s national construction is outside the scope of this dissertation⁷, in this section I identify three interrelated threats to the legitimacy of the Spanish national project: The existence of peripheral nationalisms, some of which seek independence from the Spanish state; persistent feelings of national inferiority in comparison with other Western countries, and ideological divides around the meaning of the Spanish national identity prompted by the francoist repression (1939-1975) and its aftermath.

The Spanish nation-state is, like many others, an amalgam of previously existing territories with their own political, social, and economic systems, cultures and, in some cases, languages. While the new state was centralized around Castille, the territories known today as the Basque

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⁷ For that purpose, see Balfour and Quiroga (2008), and Humlebaek (2015).
Country and Catalonia made sure to retain a certain degree of autonomy derived from their previous forms of self-government (Agirraezkuenaga 2014; Guibernau 2004). These areas were also economically and industrially more prosperous than other regions. In the nineteenth century, peripheral nationalisms emerged in these areas that grounded their claims on political, historical, cultural, and linguistic differences between these areas and the rest of the nation (Álvarez-Gálvez, Echavarren, and Coller 2018). While the moderate factions of both Basque and Catalan nationalism demanded greater autonomy within the Spanish state, secessionist factions advocated for complete independence. In the late nineteenth century, peripheral nationalisms emerged in other areas—like Galicia and Andalusia—to defend their territorial interests, although in these regions secessionist efforts are less prominent.

The francoist regime, which aimed to create a centralized Spanish state, brutally repressed peripheral nationalisms (Núñez 2001), to which some groups—like the Basque group ETA—responded with armed resistance and with underground political activity against the regime. After Franco’s death, nationalist groups from both territories proved themselves to be a key force for Spain’s democratization (Edles 1999; Guibernau 2004). In return, the 1978 Constitution attempted, if not to resolve, at least to accommodate territorial conflicts by creating an asymmetrical federal state where political competencies would be given back to the regions at different rates, with the Basque Country and Catalonia acquiring a higher degree of autonomy faster than other regions (Maldonado Gago 1995; Moreno 2008).

Despite having significant popular support, this model of decentralization still sparks territorial tensions (Martínez-Herrera 2002; Requejo 2005). In the Basque Country, for example, ETA continued armed action after Franco’s death. While nationalist sentiments were no longer prosecuted, during the 1980s and early 1990s ETA’s actions were met with instances of state
terrorism. Catalan nationalist parties, which had maintained a more moderate stance focused around gaining greater autonomy in terms of taxation and spending and in terms of cultural policy, initiated a secession process in October of 2017, which led to a strong police response to citizens’ actions, and to the incarceration of some of its leaders. These tensions are not only between these territories and the Spanish state, but also within the territories themselves and with their areas of influence, where supporters and detractors of nationalist positions, and especially of independence, are often in conflict (Pinho dos Santos 2021; Zabaltza 2019).

In sum, ongoing territorial conflicts, which map onto patterns of cultural and linguistic differences but also onto unequal trajectories of economic development (Bollen and Diez Medrano 1998), pose a threat to the legitimacy of Spain’s national project. In Spain’s system of nested identities, citizens choose between regional, national, and supranational identities (Díez Medrano and Gutiérrez 2001). While some can hold multiple identities simultaneously, which fosters a certain degree of diffuse support for the Spanish state, others find that these identities are intrinsically contradictory (Bollen and Diez Medrano 1998; Martínez-Herrera 2002; Moreno 2008).

Besides territorial conflicts, ongoing feelings of national inferiority also threaten the desirability of the Spanish national identity. For centuries, Spain had relied on its colonies as a source not only of resources, but also of international leverage and national pride. Cuba’s independence from Spain in 1898 had a strong cultural impact, revealing the extent of Spain’s industrial underdevelopment and lack of political and social modernization and putting an end to this façade of imperial grandeur (Álvarez Junco 1995). For many intellectuals - aptly deemed “the 1898 generation” - Spain suffered from “atraso” (“backwardness”), and desperately needed a social, political, and economic reform to catch up with its Western European counterparts. In its
most radical formulation, this reform involved negating the very idea of Spain, and denigrating Spanish traditions, cultural norms, and folklore as backwards and fully embracing a European, Western identity instead (Álvarez Junco 1995).

While this project did not succeed, the Second Spanish Republic (1931-1936) did push for a comprehensive political, social, and cultural change inspired by similar principles of modernization and Europeanization (Holguin 2003). However, Franco’s failed coup d’état and the subsequent Civil War (1936-1939) cut this project short. After the war, the francoist regime embraced a national project based on strict Catholicism, traditionalist values, and anti-intellectual ideas, a definition of Spain that previous reformist projects had tried to overcome. The new regime also cut off Spain from the rest of the world. By the time Spain became a democracy, it was a “impoverished and isolated nation emerging from a dictatorship” (Aronczyk 2013:35) that had to recast itself as modern and democratic to be considered a legitimate political actor (Núñez 2001). This was the main political goal of, for example, Seville’s Universal Exhibition and the Barcelona Olympic games, both held in 1992 (Hargreaves and Garcia Ferrando 1997; Maddox 2004), which made that year a considerably meaningful moment in Spain’s recent history\(^8\) (Atienza and Pombo 1994). Despite Spain’s accelerated process of democratization and modernization since 1978, feelings of national inferiority persisted (Corbin 1989).

Finally, the Spanish Civil War and the francoist dictatorship transformed the very meaning of the nation. The first modern form of Spanish nationalism had emerged around 1808 during the war against Napoleon Bonaparte’s occupying troops. It combined a liberal ideology with populist tropes about the goodness of the Spanish population. When this liberal political project failed to

\(^8\) This was, also, the year Spain became the global leader in organ donation.
enact the reforms necessary for Spain’s modernization, another version of Spanish nationalism emerged, based on the glorification of Spain’s imperial past and on a traditionalist ideology (Álvarez Junco 1995). Dictator Primo de Rivera (1923-1930) attempted to instill this version of Spanish nationalism in the public, while simultaneously “cleaning” the country of liberal, Marxist, and “foreign” influences. Although this indoctrination project backfired, strengthening the liberal, republican version of Spain’s national identity instead, its most fascisticized -romantic, illiberal, and antimodern- variety became the keystone of Franco’s national ideology (Álvarez Junco 1995; Quiroga 2007).

As mentioned above, after obliterating the short-lived reformist project of the Second Spanish Republic, Franco’s regime constructed a Spanish national identity based on political conservatism, traditionalism, and strict Catholicism. The regime labeled those whose ideas fell outside these parameters the “Anti-Spain” (“Anti-España”) as an excuse to prosecute, incarcerate, torture, and murder them (Sevillano Calero 2007). This project of dehumanization included medical definitions of the Spanish left as both physically and mentally unhealthy, dirty, and diseased (Carbayo-Abengózar 2001; Sevillano Calero 2007). For more than thirty years, francoism monopolized the production of Spanish national identity discourses and national symbols, from the most visible to the most banal yet insidious ones (Hernández Burgos 2021), effectively equating Spain with the regime.

In its path from authoritarianism to democracy Spain’s transition was focused on consensus and peace. Its success relied heavily on cultural myths of conviviality and reconciliation aggressively promoted by the media that left the francoist status quo unquestioned (Edles 1993, 1995). Transitioning to democracy after Franco’s death in 1975 did not break from the francoist
definition of the nation. As a result, the francoist nationalist agenda has continued to underlie conventional definitions of “Spain” (Flynn 2001; Núñez 2001).

Spain’s economic growth and integration in the EU has increased people’s confidence in the institutions of the state, which in turn strengthen nationalist feelings (Aronczyk 2013; Bonikowski 2013). Additionally, there has been an effort from different institutions and groups to resignify Spain around discourses of democratization, modernization, Europeanization and constitutional patriotism (Balfour and Quiroga 2008). For example, the Spanish national soccer team abandoned stereotypes of passion and sacrifice to embrace a public image based on strong ethics and team work that aims to portray Spain as a rational, modern, successful nation (Quiroga 2013).

Despite these efforts and their occasional successes, many in the Spanish left still see national symbols and discourses as representing an authoritarian political project that the francoist elites designed and imposed over the population (Núñez 2001). For those, Spain still evokes fascism, a sentiment that persists over time and across generations (Ruiz Jiménez, González-Fernández, and Jiménez Sánchez 2015). For others, coming to terms with their national identity requires further negotiations, like creating positive images of the nation centered around the welfare state and the provision of public goods (Custodi 2020; Núñez 2001; Ruiz Jiménez et al. 2015). The appropriation and weaponization of national symbols -including a fetishized version of the democratic Constitution (Resina 2002)- by conservative parties that still have strong links with the francoist regime only aggravates these conflicts (Balfour and Quiroga 2008). To further complicate things, the importance of peripheral nationalisms during Spain’s transition to democracy (Edles 1999; Guibernau 2004) made left-leaning Spaniards friendlier to peripheral
nationalisms and federal versions of Spain than to traditionalist ideas of Spain as a centralized nation (Kerr 2019; Ruiz Jiménez et al. 2015).

Given this history of conflict over national identities and symbols, Spain’s leadership in organ procurement provides a source of national pride based on positive moral values and scientific progress that is less likely to spark new waves of political conflict.
Chapter 4. Data and Methods

4.1 Data selection and collection

For this project, I relied on three sources of data: Newspaper articles mentioning organ donation and transplantation and published in seven Spanish national newspapers from 1954 to 2019, media messages produced and circulated by the ONT since 2017 to 2020, and the seven episodes of the television show *El Viaje de un Órgano* (“An Organ’s Journey”), which aired between January and February of 2019. I believe that, combined, these will provide a comprehensive enough overview of the public discourse on organ donation and transplantation in Spain. Studying these “documentary fragments” (Alexander et al. 1993:11) will allow me to reconstruct the imaginary surrounding organ donation and transplantation in Spain and to reveal the dominant cultural categories and representational structures around organ donation and transplantation in Spain (Jacobs and Townsley 2011). In the following pages I describe in some detail the sources that comprise my sample, and I introduce my analytical strategy.

4.1.1 Newspaper articles on organ donation and transplantation (1954-2019)

I selected 7 sources of newspaper data that provide a comprehensive overview of the Spanish news media environment, in terms of readership, political orientation, and years of activity. The reasons to select national news media are twofold. First, although a significant part of the Spanish National Healthcare System is administered at the regional level, organ transfer is, as mentioned before, centralized around the ONT. This institution depends directly on the Ministry of Health, Consumer Affairs and Social Welfare, and operates at the national level. Second, since this research focuses on the public discourse on organ donation and transplantation as a site where
a notion of national identity is negotiated, the national news media appear as the most fruitful site of research.

I collected data from the following national newspapers:

1. **La Vanguardia (1881-present, called La Vanguardia Española from 1939 to 1978):** Although during the Spanish Civil the newspaper was expropriated and its editorial line reflected Republican values, after the end of the war it was restituted to its owner, Carlos Godó, staying in relatively good terms with the regime. Nowadays, La Vanguardia can be considered a pro-catalan, moderate-right outlet.

2. **ABC (1903-present):** Conservative newspaper, openly Catholic and Monarchic. During the Spanish Civil War (1936-1939), ABC’s different locations were split, with some in the Republican side, and some in the francoist side. This resulted in two different editions of the newspaper with opposing editorial lines. With the defeat of the Second Spanish Republic, ABC went back to one single edition, friendly to the francoist regime (1939-1975).

3. **Ya (1935-1996):** Founded by the Spanish Episcopal Conference, this newspaper was amongst the most influential during the francoist dictatorship. After the Second Vatican Council, Ya began to advocate for a more open political system and for a gradual democratization of Spain. With the transition to democracy and the appearance of other newspapers, Ya started losing readership. In 1988 the Episcopal Conference sold the newspaper. This worsened Ya’s situation, and the newspaper shut down in 1996. Although this newspaper was active since 1935, data was only available at the Spanish National Library from 1970 onwards.
4. **Diario 16 (1976-2001):** One of the first liberal, left-leaning newspapers created in Spain after Franco’s death in 1975. Its commitment with investigative journalism and democratic values and ideas turned it into one of the symbols of Spain’s transition to democracy. However, after years of financial problems, Diario 16 finally shut down in 2001.

5. **El País (1976-present):** The other first liberal, left-leaning newspaper created after the end of Franco’s dictatorship, it is currently the most read newspaper in Spain (not including online newspapers). For several decades, its editorial line has been particularly friendly to the Partido Socialista Obrero Español, the Spanish socialist party. However, over the years, it has shifted towards a more conservative position, especially in comparison with newer, openly leftist newspapers.

6. **Público (2007-present):** The first openly left-leaning national newspaper of democratic Spain. Facing financial difficulties since the beginning, Público transitioned to a fully online format in 2012, focusing its commercial strategy on the use of social media.

7. **eldiario.es (2012-present):** After the transition of Público to a fully online format, former Público journalists started their own projects, maintaining its progressive editorial line. Among those, eldiario.es is the most successful one in terms of readership. In addition, its commitment to investigative journalism, which has led to the reveal of several political scandals, has increased eldiario.es’ social and cultural relevance in the past three years.

    Figure 4.1 summarizes the main characteristics of the selected news sources, in political orientation and years of activity.

    Some of the data were available online and free of charge on the newspapers’ digital archives, while other were available at the Spanish National Library (see Table 4.1). I began my data collection with a lexical search of the term *trasplante* (“transplant”). From the search results,
I selected pieces on organ donation and transplantation exclusively of human organs, which excludes artificial organs and xenotransplantation. Although these issues are relevant to the topic of organ transplantation broadly construed, they have different histories and raise arguments and debates that are outside the scope of this article. As a result, I collected 13,354 newspaper articles.

Table 4.1: Availability of newspaper data sources

<table>
<thead>
<tr>
<th>Publication</th>
<th>Years</th>
<th>From</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>La Vanguardia</em></td>
<td>1881-present</td>
<td>Digital archive</td>
</tr>
<tr>
<td><em>ABC</em></td>
<td>1903-present</td>
<td>Digital archive</td>
</tr>
<tr>
<td><em>Ya</em></td>
<td>1950-1996</td>
<td>Spanish National Library</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(only from 1970)</td>
</tr>
<tr>
<td><em>Diario 16</em></td>
<td>1976-2001</td>
<td>Spanish National Library</td>
</tr>
<tr>
<td><em>El País</em></td>
<td>1976-present</td>
<td>Digital archive</td>
</tr>
<tr>
<td><em>Público</em></td>
<td>2007-present</td>
<td>Digital archive</td>
</tr>
</tbody>
</table>
Data cleaning and management looked different for each of these sources. In the case of data from El País, Público, and eldiario.es, the data were in html format, so I was able to automatize the data collection using a web scraper, and the resulting dataset required very little cleaning. In the case of ABC and La Vanguardia, I downloaded each article retrieved by my lexical search that fit my inclusion criteria manually in pdf format. Then I employed an OCR reader to convert the data into a text format that I could use for computational analysis. The OCR, however, was not totally accurate, especially on earlier articles that were originally printed in older fonts and that have sustained some degree of deterioration, and I restored to cleaning each article manually. In the case of Ya and Diario 16, both newspapers were digitized and available at the Spanish National Library (Ya in a CD format and Diario 16 hosted at the library’s digital archive, both only accessible from the library building). However, the quality of the scans left much to be desired, and many of the articles appeared blurry, with some being impossible to read. I transcribed each article manually using the dictation function of Microsoft Word.

Except for the data from El País, Público, and eldiario.es, the data cleaning process was time consuming and tedious, almost partially defeating the purpose of employing computational techniques. However, it gave me the opportunity to become extremely familiar with the content of the articles, which, as I will explain in the second half of this chapter, became an unvaluable aid in identifying relevant pieces within each topic identified by the topic models algorithm.

4.1.2 Media messages by the Organización Nacional de Trasplantes

The ONT follows a carefully crafted strategy for engaging with both traditional and social media. The organization it routinely acts as a source (Karpf 1988) for traditional media by
providing press releases, statements, and even interviews to different outlets. For this project, I collected 43 ONT press releases (2017-2020), 27 media interviews with ONT representatives (2017-2020), and 3200 tweets (2017-2020) and 35 YouTube videos (2020) from the ONT’s accounts.

Table 4.2: Summary of other data sources

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Years</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Press releases (PR)</td>
<td>2017-2020</td>
<td>43</td>
</tr>
<tr>
<td>Interviews (IN)</td>
<td>2017-2020</td>
<td>27</td>
</tr>
<tr>
<td>Twitter (TW)</td>
<td>2017-2020</td>
<td>3200</td>
</tr>
<tr>
<td>YouTube (YT)</td>
<td>2020</td>
<td>35</td>
</tr>
</tbody>
</table>

I focus on the period between 2017 and 2020 because 2017 marks the arrival of Dr. Beatriz Domínguez-Gil as the new director of the ONT after Dr. Rafael Matesanz’s retirement. While the ONT has maintained a good working relationship with the media since its inception, under Dr. Beatriz Domínguez-Gil the organization’s efforts to be in contact with the media have increased. In an interview with the scientific journal Transplantation (Domínguez-Gil, 2020), ONT director Beatriz Domínguez-Gil explained that the ONT works

> very closely with the mass media [sic.], in a way that they have become true allies in promoting donation and transplantation; we have managed to be contacted by the media immediately to explain negative news, should they occur, aiming to offer a balanced information; we also have an opportunity in publishing good news on a periodical basis.

Since 2017, the ONT has also increased its social media presence, on both Twitter and YouTube. In another interview with the blog Donavida, Domínguez-Gil signaled the importance
of the organization’s social media activity, explaining that “undoubtedly, social media, which are accessed by more people each day, can become one more ally in our mission of giving patients more opportunities […] Social media are another very important way of communication that we must use” (Iglesias, 2020).

4.1.3 Television documentary series *El Viaje de un Órgano* (”An Organ’s Journey”)

The documentary series *El Viaje de un Órgano* was produced and broadcasted by La Primera, Channel 1 of Radio-Televisión Española (“Spanish Radio and Television”), Spain’s public network of national radio stations and television channels. Following the BBC model, the Spanish public television operates with the “general interest” in mind, favoring educational and informative content. Each of the seven episodes of the show follows the story of a transplant patient, this is, of someone who has received one or more transplants. Episodes last approximately 50 minutes and aired every Monday at 11:50 pm between January and February of 2019.

Television content will complement the newspaper data, first, because television is one of people’s main sources of information about organ donation and transplantation from. This is true for the United States (Quick, Kim, and Meyer 2009), and it is safe to assume it applies to Spain, too, since television is the most consumed form of media (Nafría 2018). In addition, the dramatized, heavily scripted character of television shows, even documentaries, adds an expressive dimension that may be absent in the newspaper articles due to their more referential character.
4.2 Data analysis

4.2.1 Newspaper data: From topic models to interpretive analysis

The chronological distribution of the sample reveals two moments of increased press coverage of organ transplantation (see Figure 4.2). The first one, in the late 1960s (1968-1970), was sparked by breakthroughs in human transplantation, particularly Dr. Christian Barnard’s first heart transplant in 1967 and the so-called “transplantation race” that followed. In the second one, in the mid-1980s (1984-1987), the discovery of immunosuppressant drug cyclosporine gave way to a second wave of transplants and a second surge in media interest, albeit less pronounced than the first one. After that, the press coverage of organ transfer remains relatively consistent.

In terms of its distribution across sources (Figure 4.3), La Vanguardia and ABC agglutinate most of the articles in the sample, probably because they have been active for a longer period of time than the other newspapers, and were in circulation during the first wave of transplants (1968-1970), which attracted the most press coverage. Younger newspapers, such as El País, Público, or eldiario.es have less years of activity and did not exist during this era of increased media attention.

To make such a large amount of complex textual data theoretically meaningful, my methodological strategy balances the breadth of computational text analysis techniques (Reed 2015) and the depth and nuance of qualitative interpretive analysis. I do so by applying and extending two of the three steps in Dr. Laura K. Nelson’s computational grounded theory approach. This mixed-methods approach begins with a pattern detection step that employs unsupervised machine learning to identify patterns in the data and follows with a pattern refinement step that employs deep reading and interpretive analysis of the most representative texts within each pattern. Dr. Nelson’s method ends with a pattern confirmation step where other
Figure 4.2 Articles on organ transfer published in the Spanish press, 1954-2019

Source: Self-elaboration
computational methods are applied to assess the validity and reliability of the results (Nelson 2017). Because my approach to her method relies more heavily on qualitative interpretation and is less concerned with the quest for reproducibility, I decided to forgo this last step.

For the first step, I employed structural topic models to identify patterns in the data. Topic models are an unsupervised machine learning technique used for text classification. It’s based on the premise that 1) each topic is comprised by clusters of words that tend to occur together, but that can be shared across topics and 2) each document -in this case, each newspaper article- can be comprised of different topics (Mohr and Bogdanov 2013; Silge and Robinson 2017).

I employed the R package stm to perform this first step. However, I made one change in the application of the stm function. The stm function lemmatizes words by default, this is, it

**Figure 4.3. Articles on organ transfer published in the Spanish press, by newspaper**

Source: Self-elaboration
removes inflectional endings and keeps only the root (lemma) of the word. This is part of the preprocessing steps that preface most unsupervised machine learning techniques. (Denny and Spirling 2018). Since automatized lemmatization in Spanish is often less than accurate, and several studies have found that lemmatization does not necessarily improve the quality of the results (Schofield et al. 2017; Schofield and Mimno 2016), I decided to forgo this step.

A preliminary analysis showed that a model with 40 topics would be the best option to

Figure 4.4: Diagnostic values by number of topics (10 to 50 topics)

Source: Self-elaboration
maximize the model’s ability to classify new documents (see Figure 4.4). This preliminary analysis also allowed me to select the model that maximized semantic coherence, this is, the likelihood that a the most prevalent set of words in a given topic will occur together in one document, and exclusivity, this is, the likelihood that the most prevalent words in a given topic will not appear together in another topic (see Figure 4.5).

Figure 4.5: Optimizing exclusivity and semantic coherence in topic models (k = 40).

The resulting 40 topics varied in prevalence and in the most prevalent words featured in each one of them (see Figure 4.6 and, for more details, see Appendix A).
Figure 4.6. Topics by prevalence with the top words that contribute to each topic.

With the top words that contribute to each topic:

- Operaciones, intervencion, pacientes, equinos, segun, ayer, medico
- Corazon, hospitales, operacion, paciente, doctor, transplantado, desoves

Source: Self-elaboration
For the second analytical step, Dr. Nelson recommends “computationally guided deep reading” (Nelson 2017:23), this is, a deep reading of the most representative texts within a topic and select representative quotes. Here, I depart from Dr. Nelson’s approach and argue that to leverage the depth of qualitative analysis, a more meticulous approach is needed that includes an analysis within topics and between topics.

By analyzing within topics I mean to perform a theoretically oriented, thick description (Geertz 1973) of the most representative documents of each topic, and beyond. In topic modeling, the most representative documents in a topic are those that mostly contain words from that specific topic. In other words, the most representative documents of each topic will be those with relatively little or no topic overlap. These, however, will not necessarily be the most interesting or semiotically richest documents. To identify relevant documents to each topic beyond the most representative ones, I relied on my own familiarity with the dataset -developed during the data cleaning and preprocessing step- and on a low-tech, Reader in Control of Hermeneutics (RiCH) approach (Breiger, Wagner-Pacifici, and Mohr 2018) consisting of identifying relevant keywords in order to select further documents. These keywords are not necessarily part of the topic’s most prevalent words but are selected for their significance to the topic. For example, a close reading of topic 7 revealed that this topic revolved around the role of solidarity and generosity in organ donation. However, “solidarity” and “generosity” were not part of the most prevalent words. However, a search for the keywords “solidarity” and “generosity” was able to identify documents that referred to the same topic but were not deemed representative by the structural topic models algorithm because there was too much overlap with other topics within the document.

By analyzing between topics, I mean to identify relationships between them. The topic model algorithm retrieves a list of topics but does not offer any insight as to the relationship
between them. For example, two topics may signal two contradictory trends in the interpretation of a social problem that must be interpreted vis-à-vis. Establishing connections between topics also allows the researcher to build a more meaningful narrative of their findings that is better suited to answering research questions and make theoretical arguments. In the case at hand, I was able to identify three overarching themes that encompassed most of the topics identified by the algorithm.

Finally, and although this step goes beyond the scope of this dissertation, this approach also allows for an analysis across topics or themes. By this, I mean to compare changes in the prevalence of different topics or themes over time and across sources. Comparing the prevalence of each topic over time allows the researcher to track changes in the discourses surrounding the issue of interest and to situate those changes in their wider sociocultural contexts and historical milieus. In addition, and although this step is beyond the scope of this project, comparing the prevalence of each topic or theme across sources allows the researcher to link specific rhetoric moves, topics of interest, narratives, etc., to proximate actors with their own set of interests. In this case, comparing the prevalence of different themes across the different newspapers would offer some insight into what cultural structures of interpretation is each newspaper speaking to, and what does that mean in terms how each newspaper envisions its readership.

Combined, these three steps integrate the main steps of structural hermeneutics, this is, hermeneutical reconstruction of the text (within-topic and between-topic analysis) and contextualization of the emergent symbolic patterns (across-topic analysis) (Alexander and Smith 2006) with a computational approach to initial text classification that allows the researcher to manage a large volume of textual data.
4.2.2 ONT media messages and television data

My analysis of the ONT media messages and of the seven episodes of *El Viaje de un Órgano* takes a more traditional qualitative approach to data analysis.

In the case of the ONT media messages, and oriented by previous scholarship on national identity discourses, I began my analysis by identifying instances of the first-person plural, specifically uses of “*nosotros/as*” (“we”), “*nuestro/a(s)*” (“our”), “*nos*” (“us”), and of the verbal conjugation “*-mos*”. These terms, which are part of what linguistics calls deixis, lack stable meaning; the reader must interpret them contextually from their own subject position (Ivanova 2016). Scholars have found that these terms play a role in reproducing the nation as a frame of identification, reminding the audience that the nation exists (Antonsich 2016; Billig 1995; Screti 2015). The first-person plural indexes both speaker and addressee, inviting the audience to consider itself part of the subject. They also imply consensus between speaker and audience, signal group membership, and encourage solidarity with other nationals and with the state (Mulderrig 2012; Petersoo 2007; Screti 2015). To overcome deixis’ inherent ambiguity, I placed them in context and conducted an interpretive predicate analysis of their surrounding discourse, which “construct[s] the thing named [in this case, the nation] as a particular sort of thing, with particular features and capacities” (Miliken 1999:232).

After that, I analyzed the data inductively in iteratively, going back and forth between disassembling, reassembling, and interpreting the data (Yin 2015) to find less evident “underlying meanings, patterns, and processes, rather than mere quantity or numerical relationships” (Altheide 2000:290). In a first round of close reading, I identified recurring discursive patterns in the data. Of those, I focused on the ones that made claims about the Spanish nation. The notion of national identity, broadly construed as a system of cultural representations (Hall 1992), operated as a
sensitizing concept that provided “a general sense of reference and guidance” (Blumer 1954:7) and allowed me to retain theoretically significant discursive patterns for further analysis. I then aggregated the identified patterns in broader, theoretically meaningful, and culturally significant themes. I did this through subsequent rounds of close reading of the data, where I compared, reconciled, and clarified patterns across sources and selected particularly illuminating quotes. I alternated this interpretive reading with memo-writing, an effective tool to connect data with abstract thinking (Charmaz 2006), with relevant theories on national identity discourses, and with historical knowledge about the Spanish context. After transcribing each episode, I also applied this approach to the television show El Viaje de un Órgano.
Chapter 5. The opening and closing of medical controversies

For the most part, the Spanish press has portrayed organ transfer as an innovation that advances medicine’s mission to heal and comfort the sick and does so in desperate cases where organ failure cannot be reverted with other, less invasive, medical techniques. In an editorial piece published in La Vanguardia in 1968, during the wave of internal organ transplants prompted by Dr. Barnard’s first heart transplant in December of 1967, Doctor Francisco Feria Carot stated that that “since always, the primordial goal of all medical studies, both as research and as the application of the acquired knowledge, has been to heal human ailments”, and added, “in their constant therapeutic search, when the physician cannot achieve his goals via chemical, biological, or surgical means, he attempts organ substitution, when possible: organ transplants” (La Vanguardia, 04/28/1968).

A closer examination of the history of organ transfer in Spain as reflected in its press coverage, however, reveals a more complex picture where that positive view of organ transfer has been challenged in three interlocking ways: clinical, ethico-legal, and organizational. These controversies reflect, in part, the complexity of organ transfer, which depends not only on mastering sophisticated clinical techniques, but also on securing socially and culturally acceptable ethical and legal frameworks to do so, and on building effective procurement systems to make it possible at large scale. When these puzzles become the object of media attention and different opinions on potential solutions weigh in, disputes about the clinical validity and moral acceptability of organ transplantation, and about the logistical organization of organ procurement arise. These controversies are eventually resolved as the new procedure morphs from a
breakthrough, experimental surgery to a relatively routine medical practice, only to reemerge when new medical frontiers are crossed.

From a clinical point of view, organ transfer -especially in the early days when transplantation surgery was massively invasive and transplant doctors had not mastered control of immunological rejection yet- faces obvious clinical challenges. Ensuring that the recipient will survive the operation is one of them, the other being solving issues of compatibility and immunological rejection. For example, an article published in La Vanguardia in 1968 explained that “first, the receiving patient must be in optimal condition to accept the transplanted organ and must be willing to be subjected to the intervention” and that “second, the donor must meet conditions such that their organ will not be rejected” (La Vanguardia, 01/11/1968). These factors, among others, determine the clinical feasibility of organ transfer. In times of medical discovery, when the surgical techniques and postoperative protocols involved in transplantation were still under development, and when the mechanisms behind immunological rejection were still largely unknown, establishing thresholds for success and predicting its likelihood was an almost impossible feat. This uncertainty, which sometimes translated into disagreements between physicians, created a scenario ripe for scientific controversies. This matches Eyal’s argument that situations where a new problem overwhelms the current state of knowledge tend to open up discussions that prompt the participation of many experts, some of whom will inevitable end up in disagreement (Eyal 2019). In turn, disagreement and lack of scientific consensus can undermine the credibility of scientific knowledge and innovations in the public sphere.

From an ethical point of view, certain aspects of organ transfer -mostly, the removal of organs from dead or dying bodies- make it especially susceptible to moral controversies. These include not only debates about the nature of death, but also about the nature of consent. In cases
where ethical conditions are not met, organ transfer becomes morally unacceptable. As transplantation becomes a routine, or almost routine medical procedure, however, an excessively strict legal framework can also become subject to moral criticism, for it hinders the transfer of organs to suffering -sometimes dying- patients. For example, this article published in El País and headlined “the law impedes a transplant” explains that “the transplant of two kidneys from a cadaver […] has been impeded in Barcelona by a rigorous application of a law about the declaration of death” (El País 03/06/1977). Similarly, a few years later Ya published another article denouncing “the slowness of the legal procedures and the interpretation of the law by the judge” (Ya 07/18/1980) as an obstacle to a life-saving transplant. Underlying this switch there is a tension between two moral principles: preserving the life and wishes of potential donors and saving the life of a terminally ill patient. Both principles fall under the set of moral mandates of medicine. As transplantation becomes normalized, and the organ shortage becomes a social problem, the focus shifts towards ensuring that enough organs are being harvested to meet the ever-growing demand. This is a case of technologically motivated cultural change that reflects the dynamic identified by some anthropologists (SchepervHughes 2000; Sharp 2006), where a new demand created by the expansion of a biomedical innovation creates a situation of scarcity that loosens the ethical, moral, and sometimes legal concerns around said innovation. In this case, it involved a redefinition of the notion of death that sought to facilitate transplantation (Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Death 1968; Giacomini 1997).

From an organizational perspective, the need to find compatible recipients for donated organs, combined with the speed at which different organs deteriorate, creates logistical challenges that can be solved through both medical and organizational means. For example, the discovery of more effective forms of immunosuppression can decrease the importance of compatibility in
matching donors and recipients. In addition, the development of techniques to better preserve transplanted organs—which includes the use of ice, of different types of saline solution and, for a short moment in the late 1970s, of antifreeze solution—mitigates the urgency of finding a compatible recipient and delivering the organ. Regardless of whether chemical aids can alleviate, to an extent, these biological-cum-logistical constraints, a procurement organization is still necessary to make organ transfer possible at large scale. The specific features of the procurement organization, as well as the allocation of resources to run and maintain such system, are matters of public debate and sometimes objects of controversy and scandal.

Borrowing Gil Eyal’s (2019) terminology, the defensibility of organ transfer as a valuable medical and social practice takes place, then, on three lanes: A clinical lane where the medical viability of organ transfer is discussed, an ethico-legal lane deciding on its moral acceptability, and an organizational lane that debates whether society should collectively pursue organ transfer at the large scale, and how. In this chapter I separate these three lanes for analytic purposes, but they overlap empirically (see Figure 5.1). First, poor clinical results can yield the surgery immoral, for it is considered unethical to perform medical experiments without guarantee of success on patients. Conversely, positive clinical results can generate a need for transplant organs that questions the rigidity of certain moral positions. Clinical constraints—compatibility and the preservation of organs, but also transplant coordinators’ ability to use brain dead versus asystolic donors—also set conditions for the organ procurement system, resulting in varying needs for coordination.

Second, a negative moral evaluation of organ transfer can yield its clinical success meaningless, while the acceptance of organ transfer as a morally valuable medical practice can lead to a less zealous evaluation of its clinical results. Moral and ethical considerations around
organ transfer are, in turn, written into legal frameworks that shape procurement systems, dictating what transplant coordinators can legally and ethically do. At the same time, procurement needs - for example, to expand the donor pool to include previously excluded populations - can also call for the reform of the laws and regulations around organ transfer. In that sense, the media discussions around medical innovations go beyond whether they present them in a positive or a negative light and involve changing relationships between different frameworks of evaluation.

Figure 5.1: The three lanes of defensibility of organ transfer

While the factors that condition the rise and closure of controversies on these three lanes are for the most part external to the press, in the following pages I argue that the media reflects, but also amplifies and intervenes in these controversies. The press coverage of these controversies provides laypeople not only with access to conversations that take place in highly specialized settings, but also with the frameworks and vocabularies to talk, think, and feel about organ transfer. The media, then, turns an authoritative object into a conversational one (Shapin 1995).
The next three sections describe the clinical, ethics-legal, and organizational controversies around organ transfer that the Spanish press has covered in the past 65 years, while the fourth section describes the reemergence of these debates when new transplantation procedures (like bone marrow transplant between siblings and stem cell transplants) enter the scene and destabilize the extant consensuses around organ transfer practices. The last section of this chapter offers a theoretical reflection, prompted by my empirical findings, on the role of media in the production of (acceptable) medical knowledge and practices.

5.1 Clinical controversies: The feasibility of a cutting-edge surgery

5.1.1 Journalistic awe in times of medical discovery

Corneal and kidney transplants preceded other forms of transplantation, and quickly achieved considerable levels of clinical success. By 1957, La Vanguardia already considered that corneal transplant was “no longer something from out of this world” and was “considered part of ophthalmologists’ habitual practice” (La Vanguardia, 07/30/1957). Similarly, as early as in 1965, ABC proclaimed the success of cadaveric kidney transplantation: “The transplanted kidney works, at the moment, at 95% capacity, which means that the patient is in perfect condition” (ABC 08/29/1965), the article states, to then relate a list of patients awaiting a transplant by renowned surgeon Dr. Gil-Vernet. In the rest of the article, Dr. Gil-Vernet explains that the surgical aspect of kidney transfer has already been resolved, and that surgeons were currently perfecting operating techniques to make the surgery safer. The postoperative phase, however, still presents some difficulties, mostly derived from the patient’s reaction of immunological rejection against the foreign tissue.
This apparent normalization of corneal and -to an extent- kidney replacement, contrasts with the way in which the early coverage of organ transplantation emphasized its historical significance, presenting it as a milestone for the history of Medicine and human progress. Even before Christian Barnard surprised the world by performing the first heart transplant between humans, the press already spoke about organ transplantation with unbridled marvel. Reflecting on the first successful kidney transplant, performed in Boston between two identical twins, ABC describes the patient’s recovery as “one of the greatest prodigies of modern surgery” (ABC 12/21/1963). The sense of wonder persisted over the years. For example, when describing recent scientific developments, an ABC commentator explained that transplant surgeons had “performed experiments that cause awe, that cause wonder, and that, for a man like me, even instill terror” (ABC 02/08/1966).

This tone matches the general enthusiasm for science and technology that dominated the 1950s and 1960s, sometimes referred to as the “golden age of medicine”. At the time, medical innovations were acclaimed, and the faith in spectacular surgical feats was unquestioned. Media coverage like the articles presented above contributed to “reinforce the popular faith in the seemingly limitless possibilities of modern scientific medicine” (Blume 1997:42), where medical technologies represent a symbol of progress into a new frontier, denying the certainty of death. Simultaneously, at a time when a new and spectacular medical innovation put extant frameworks into question, some journalists and commentators relied on “science fiction imaginary, metaphors, and motifs,” such as the idea that biomedicine advances by its own, inexorable logic “towards an engineered future” (Petersen, Anderson, and Allan 2005:343).

Some features of organ transplantation make it particularly susceptible to such unrestrained fascination. Its spectacular nature is, without doubt, one of them, but it’s not the only one. The
potential of the new procedure to reverse organ failure of multiple different organs also made the
new procedure particularly worthy of media attention. Replacement of different organs could, in
the eyes of these early enthusiasts, help patients affected by cardiovascular diseases, liver
problems, end-stage kidney failure, cancer, and even diabetes. Not only could transplantation act
on all these different organs and systems, but it could also be used to cure pathologies of different
etiologies. A liver transplant could help a patient with liver cancer as much as it could help a
cirrhotic patient. Some surgeons, like Dr. Antonio Puigvert, issued early warnings about the
dangers of this unchecked scientific enthusiasm, calling attention to how some surgeons “try to
show off an inadmissible technical audacity, with the only goal to be the first ones to execute
surgical juggling acts with insufficient scientific support” (La Vanguardia 06/07/1964). In the
same article, Dr. Puigvert refers to the current attempts at human transplantation and to the public
attention that they attract, claiming that “public information about these attempts, which are worthy
of attention and merit, creates a state of mind in patients and their loved ones that makes them
believe that human viscera […] can be substituted or replaced like an engine piece” (La
Vanguardia 06/07/1964). Statements like this make evident the emergence of frictions between the
slow lane of science and the fast lane of media, public opinion, and policy (Eyal 2019)

Despite these warnings, over the next few years medical journalists and commentators
crafted impassioned narratives about the potential polyvalence of organ replacement, often
speculating with the possibility of replacing every part of the human body. While, as I will show,
those expectations were not met by real clinical results, the fantasy of a completely replaceable
body remained recurrent in the press coverage of organ transfer. For example, an article published
in Ya in 1978 -long after the initial enthusiasm had met the hard reality of organ rejection and low
patient survival rates, and cautious optimism had replaced the early fervor- claimed that “the
possibility exists that a person may be object of multiple organ transplants. Soon, science will be close to achieving the conservation of a complete human being” (Ya 08/20/1978).

The first heart transplant, performed in South Africa in December of 1967, exacerbated this trend toward medical sensationalism. A few days after the transplant, ABC announced “the operation of the century” (ABC 12/07/1967), in bold, black letters. Coverage of later organ transplants performed over the following months reinforce this portrayal of organ transplantation as an extraordinary medical achievement, and as a historical event of the utmost importance. A few weeks later, when other transplants had been attempted across the world, ABC published an in-depth article, titled “The Conquest of the Heart: From Science-Fiction to History”, that opened with the following statement about the significance of organ transplantation: “The feat of the first heart transplant from one human being to another […] constitutes without discussion a key milestone in the history of Medicine’s conquests” (ABC 12/26/1967).

Coverage of later organ transplants performed over the following months reinforce this trend. Even the press’ most sober coverage framed organ transplantation as a sign of Human progress. Comparisons with the Moon landing, for example, are relatively common, with some commentators arguing that organ transplantation was even more significant than Louis Armstrong’s first lunar steps. This fascination with organ replacement created immoderately high expectations for the procedure that, as I will show next, were not met in reality. This clash between hope and reality suggests a paradox at the core of the “golden age of medicine”: The same hopeful expectations that medical technology would prevent disease, reduce disability, and avoid death, which fueled people’s belief in modern medicine, could also fuel disillusionment and skepticism when reality failed to fulfill those dreams.
5.1.2 Clinical uncertainties and loss of trust in organ transplantation

Against this background of exceedingly high expectations, the clinical uncertainties that surrounded the first wave of solid organ transplants in the late 1960s became a matter of extensive discussion about the feasibility of the new procedure. During the so-called “transplantation fever” that followed the first heart transplant, the Spanish press reported on the progression of transplant patients around the world almost daily. While corneal and kidney transplants had been a therapeutic reality for a few years, transplantation of other organs was still a form of frontier medicine operating without references. As a result of this lack of data points, transplant professionals and medical journalists were forced to make statements about the feasibility of the new surgery by extrapolating from a few operations in order to answer the question of whether transplantation is clinically possible. In other words, during this first wave of transplants, each operation effectively acted as a metonym for an entire category of surgeries. This is particularly relevant considering Shapin’s (1995) argument that one of the tenets of the credibility of science are precisely those metonymic relationships between each particular case -or experiment- and a wider category of knowledge. In a scenario where the credibility of transplantation depended largely on each patient’s idiosyncrasy and trajectory, the clinical feasibility of the new procedure was constantly under question.

As mentioned before, the results of these operations were not as good as the initial triumphalism anticipated, and the continuous coverage resulted in a rollercoaster of survival and death, recovery and crisis. Let’s take, for example, the case of transplant recipient Mike Kasperak, who received a new heart on January 6th, 1968, in California. Immediately after the operation, his state was described as “satisfactory for now” (ABC 01/09/1968). An update added to the story that same day, however, explained that Kasperak was suffering from massive internal bleeding.
next day the bleeding had been resolved, and his new heart “functioned normally” (ABC 01/10/1968). Only a day later, he was reported to be in a “critical state” (ABC 01/11/1968). Two days later, however, ABC published that the patient was in recovery, and was able to sit up, write a letter to his wife, and even get up from his hospital bed (ABC 01/13/1968). The next day, Kasperak was reported to be “practically comatose” (ABC 01/14/1968). He remained in the same “extremely grave state” for a few days (ABC 01/16/1968), but improved after a few days, regaining consciousness and even being able to hold conversations (ABC 01/18/1968). Always according to ABC’s coverage, only a day later a new episode of internal bleeding required a new operation (ABC 01/19/1968), and another one the next day (ABC 01/20/1968). His team of doctors could not stop the bleeding, and he ended up dying of a heart attack (ABC 01/22/1968). This is only one example of a recurrent pattern where a patient would receive an initially successful transplant only to experience complications and eventually die. In a scenario where each transplant stood for the credibility of organ transplantation in general, this created a degree of unpredictability around the new procedure. As I will describe later, this made it very difficult to determine standards to distinguish successful transplants from unsuccessful ones.

These descriptions of the trajectories of specific patients were punctuated by more elaborate pieces that delved into the scientific aspects of organ transplantation and that sometimes included “soft news”, this is, opinions and commentary from journalists that can offer a clearer view of how organ transplantation was being constructed on the press (Earl et al. 2004). During the spring of 1968, for example, detailed and often quite complex explanations of the biological nature and functioning of antigens and antibodies, and of their role in identifying, attacking, and ultimately eliminating foreign tissue appeared in both ABC and La Vanguardia. These lessons in immunology would reappear from time to time, even after transplantation had become one more
weapon in physicians’ therapeutic arsenal, as if to keep readers up to date with the scientific aspects of transplantation.

However, the question of organ rejection during these early stages of organ transplantation was not how it worked, but how to overcome it, and the press would report on physicians and researchers’ attempts to come up with an effective immunosuppressant approach. For example, this article published amid the late-1960s transplantation race explains that “to impede or stop the phenomenon of rejection, the recipient is prepared by diminishing their defenses with immunosuppressants. This is achieved by irradiating specific groups or systems of glands with radioactive iodine at sublethal doses” (La Vanguardia 04/258/1968). The article went on to explain that this treatment left patients defenseless and in need of total isolation from potential pathogens and ended with a description of other possible ways of dealing with rejection, like, for example, meticulous matching between donor and recipient (La Vanguardia 04/28/1968). As months went by and new attempts at organ transplantation succeeded or failed, discussions of rejection became a routine talking point in the conversation about the feasibility of transplantation surgery, often featuring potential solutions. These range from scientifically sound ones -like the use of prednisone and cortisone-, to imaginative ones -like proposals of a sort of prophylactic exposure therapy geared toward producing tolerance to foreign tissues in the donor- to outright absurd and most likely dangerous ones -like the use of serums derived from lamb red blood cells, or a liberal use of the cobalt bomb and other forms of full body radiation that left the recipient without an immunological system.

Despite the sophistication of some of these scientific explanations of immunological rejection and the efforts of transplant professionals around the globe to control it, the reality is that, at the time, the results of transplantation surgery were very inconsistent, and as a result there was
simply no established threshold to clearly separate a successful transplant from a failed one. On the contrary, different sets of criteria are mobilized in different moments to ground competing claims about the feasibility and value of the procedure. For example, while organic function and initial survival are considered signs of success, they are often weighed against the patient’s dubious quality of life after the transplant. In an interview with ABC Dr. de la Peña denounced the alleged successes in transplantation as a “farce” and provided a bleak description of the effects that immunosuppressant drugs had on kidney transplant patients: “With those drugs the patient suffers a lot. Any bump, no matter how slight, produces a hemorrhage. Their hair falls off. They are constantly dejected and disoriented… It is depressing for both patients and their relatives” (ABC 01/09/1968). In this somber scenario, some questioned the meaning of the time added to transplant recipients’ existence, wondering, “is it worth it giving a man eighteen months of survival?” (ABC 01/31/1970).

Similarly, although the death of the patient can arguably be considered a medical failure, this is mitigated if the patient survives long enough to show signs of organic function. For example, ABC quoted/ Dr. Martínez-Bordiú’s defense of organ transplantation, where he claimed that “a heart transplant is a success for the mere fact that the transplanted heart beats again” (ABC 09/26/1968). The same optimism applies to those transplant patients that live longer than they would have had they not received a new organ. The right of patients with terminal organ failure to receive a new chance at life, then, compensates the risks involved in the operation.

In the face of these inconsistent results, two distinct positions around the value of organ transplantation -which ran parallel to two contrasting medical logics- began to crystalize. On one side, those who prioritized patient care within medicine’s humanistic mission regarded attempts at solid organ transplantation as questionable human experiments. This is the case of Dr. Vega Díaz,
who published an article on ABC criticizing organ transplantation where he claimed that “surgeon or not, the physician’s duty towards the patient is to try to heal him, not experiment with him and in him”, accused transplant surgeons of performing experiments “to see what would happen”, and characterized attempts at transplantation as a “monstrous adventure” (ABC 01/20/1968). On the other side, those who viewed medicine as a scientific enterprise oriented to producing new knowledge saw intrinsic value in the accumulated experience and insight, irrespective of the patient’s survival. For example, La Vanguardia commentator Manuel Pombo argued that “whether success follows the attempt is important, of course, but what can be achieved is even more important. The history of great scientific successes is usually marked by initial failures” (La Vanguardia 09/20/1968). Described as “human tributes to the progress of science” (ABC 01/19/1969), the dead transplant patients were considered an acceptable trade-off for the advancement of medicine.

With the new decade approaching, pressure mounted on transplant surgeons, who faced considerable pushback from commentators and colleagues alike. While the most zealous skeptics called for the complete rejection of the idea of organ transplantation itself, more moderate critics argued for a temporary interruption until better surgical techniques and immunosuppressant drugs were available. In this hostile climate, transplant advocates adjusted their expectations for the new procedure. Realistically, they argued, transplant could not be expected to cure the patient completely; transplants were, at best, palliative measures that extended patients’ lives for a limited amount of time and relieved their more severe symptoms. Despite these efforts to protect the credibility of organ transplantation from backlash by redefining the expectations around it, critical voices multiplied, calling for a suspension of transplantation. For example, the Spanish press reported on suspensions of transplantation programs in Canada (La Vanguardia 01/23/1969) and
California (ABC 09/30/1972), and even published an article titled “Surgeons No Longer Believe in Transplants” that announce that “the transplantation era has come to an end” (ABC 07/03/1977). By the early to mid-1970s, then, transplantation of solid organs had effectively come to a halt.

5.1.3 Effective immunosuppression and the routinization of organ transplantation

The impasse in solid organ transplantation prompted by its poor initial results would change with the development of immunosuppressant drug cyclosporine between the late 1970s and the early 1980s, which stabilized transplantation’s clinical results (Tilney 2003). Approved in 1983 by the FDA (Tilney 2003), cyclosporine differed from other drugs aimed at controlling immunological rejection in that it did not completely disable the patient’s immune system, but only targeted rejection to the foreign tissue. Although not without side effects, cyclosporine managed rejection without leaving the patient completely defenseless against opportunistic and latent infections, and potential malign tumors. Combined with more sophisticated patient care, cyclosporine made the management of tissue rejection less dependent on the -at the time poorly understood- compatibility between donor and recipient, and on the use of aggressive immunosuppressants. While other scientific developments -such as the drug known as FK-506, or even the use of monoclonal antibodies- have perfected immunosuppression for transplant recipients, minimizing its side effects, it was the introduction of cyclosporine what stabilized the results of organ transplants, and the accounts that the press circulated about it. With the introduction of cyclosporine, the reporting on organ transplantation became much more predictable.
First, the new wave of transplants in the mid-1980s yielded much more consistently satisfactory results. With immunological rejection and infections under control, patients enjoyed long life expectancies and a good quality of life, being able to return to their jobs, practice sports, have active social lives, etc. Spanish newspapers reported extensively on the first transplants performed in Spain around this time, updating readers in the patient’s progress. For example, the newspaper dedicated a two-page article to eleven-year-old heart recipient Dolores Ortega’s return to her hometown, describing in detail her livelihood and joy, and concluding that, after the transplant, the once moribund girl now “smiled happily” (ABC 11/22/1984). Later coverage painted a similarly bright picture of transplant recipients’ recovery, describing young patients playing and running like “normal” children, patients going on vacation (ABC 08/06/1987), singing at a chorus, and even collecting medals in sports competitions for transplant recipients (ABC 12/06/1992).

In these more optimistic circumstances, transplant side effects and potential complications were portrayed as minor inconveniences. For example, in the coverage of Dolores Ortega’s recovery, she is humorously quoted complaining that the doctors did not allow her to eat sweets (Diario 16 11/22/1984) and that “with the medicines that they give me, those cortisones, I grew a little moustache” (ABC 11/22/1984). In an interview with ABC, transplant surgeon Dr. Herreros offered a more serious description of recipients’ post-transplant life, claiming that transplant recipients “must go for medical checkups, but as time goes by, they become less frequent” (ABC 05/03/1987). With higher success rates and improved quality of life for the patient, transplantation is now consolidated as a clinically feasible therapeutic option.

Second, besides leveraging individual patients’ recovery as proof that transplantation was safe and effective, cyclosporine changed the metonymical relationship (Shapin 1995) between
each individual operation and transplantation surgery in general. While in the first wave of solid organ transplants each surgery stood for the feasibility of organ transplantation as a therapeutic option, since the 1980s transplant professionals and medical journalists could use other rhetorical devices -mainly statistics summarizing the results of a large number of transplants- to speak of the overall success of the surgery. For example, this article published in El País in 1984 focused on heart transplants performed at Stanford by explaining that

> of the almost 1,200 heart transplants performed so far in different countries, 350 have been performed by this team on a total of 315 patients [...] At this moment, the team at Stanford is successfully developing a technique to simultaneously transplant heart and lung. So far, they have performed 22, with a survival rate after a year of 74% (El País 10/12/1984).

Similarly, newspaper ABC also presented data on transplantation’s increasing survival rates, making claim such as that liver transplant success rates were around “80% in adults and 100% in children” (ABC 08/06/1987), and that, for kidney recipients, “patient survival approached 100% after a year, and graft survival neared 95%” (ABC 10/30/1987). An interview with renowned transplant surgeon Dr. Enrique Moreno published in Ya that same year echoes a similar sentiment and explains that “La Fe’s Hospital has a long history of experience with kidney transplantation, with 98% success rate” (Ya 06/22/1987). Deploying these statistics to speak of the success of organ flattens the highs and lows of each individual story of surgery and recovery, producing much more consistent and abstract narratives that transcend local experiences (Porter 1995). For example, a decrease of less than one percentage point in the survival rate of transplant patients because one patient died is less rhetorically and emotionally impactful than a several days long narrative describing the patient’s agony.
In sum, transplantation was now legitimized as a valid therapeutic option, and quickly became a routine medical procedure, instead of a spectacular medical innovation. For example, in an article published in Ya in 1988 and titled “Heart transplantation has become routine in Spain”, Dr. Antoni Valles de Luna explained that “heart transplant has gone from an experiment to a medical routine in Spain, and, in fact, at St. Pau’s Hospital in Barcelona, Drs. Caralps and Aris perform one to two transplants a month and in five years in Spain 120 hearts have been transplanted, most of them in the last few years” (Ya 08/19/1988).

By 1990 organ transplantation had lost its science-fiction aura and “despite its complexity and difficulty, is now perfectly integrated in medicine’s therapeutic arsenal” (ABC 07/01/1990). As a result, transplantation no longer evoked fantasies of unpredictable futures in the imaginations of Spanish journalists and commentators. Speculations about the future of transplantation are now spoken about in terms of specific scientific challenges and of scientists’ ability to conquer them given the existing knowledge and technologies. For example, in this excerpt from an article about the latest advances in immunology, physician and ABC contributor Dr. Fernández Rúa explains that “it is possible -according to European scientific circles- that in the next fifteen or twenty years we will be able to control the person’s immune system so that it accepts the transplanted organs” (06/03/1984). This sober scientific prediction contrasts with earlier, almost literary accounts of futures where people could achieve immortality via continuous organ replacement.

More importantly, by the late 1980s and 1990s organ transplantation had also lost newsworthiness. Reports of transplants on the Spanish press now focused not on the transplant itself, but on the circumstances surrounding the transplant. That was the case, for example, of the first time when two organs -heart and liver- from two different donors were inserted in one recipient, in what Ya called “a European milestone” (Ya 03/26/1986). Each surgery, taken
separately, was not particularly newsworthy. It was the double operation and the use of two different donors—and the fact that the surgery was performed in Spain at a time when the country was claiming its place in the second transplantation race, what made this surgery remarkable for the Spanish press.

Not only organ transplantation was becoming less shocking for the public; it was also becoming surgically less invasive for both donors and recipients. For example, in the early 2000s the Spanish press reported on the use of robotic arms in kidney transplant surgeries. According to El País, this device was controlled by the surgeon, but its motions were much more precise (El País 05/19/2005). Similarly, other sophisticated surgical techniques have reduced the recovery time for donors, using laparoscopy to extract the donated kidney, sometimes without incision and using the donor’s vagina, umbilicus, or anus as a point of entry.

In sum, since the 1950s until today, organ transplantation has gone through a process of medical normalization that has domesticated the way the press writes about it: cautious predictions have replaced unbridled fantasies of whole-body replacement, and large-scale positive results measured in abstract, impersonal percentages and rages have replaced the wild swings of individual patients’ recovery processes. Once the stuff of dreams and nightmares, organ transfer has become an (almost always) mundane routine.

5.2 Ethico-legal controversies: Ensuring the morality of organ extraction

Besides these clinical uncertainties, another source of controversy regarding organ transplantation was its ethical implications. The press coverage of organ transplantation reflected this uncertainty and contributed to cement it by explicitly admitting that organ transplantation
raised questions that were difficult to answer applying present cultural scripts. Grappling with the different ethical implications of the new procedure meant to dissect it and publicly examining one of those implications specifically: How does organ transfer affect the nature of the human? When is it acceptable to remove an organ -especially a vital organ that must be taken from a dead or dying body- from a donor? In the early years of organ transplantation, surgeons, medical experts, religious leaders, and intellectuals alike tried to solve these moral ambiguities and make sense of these first breakthroughs.

This fascination with organ replacement, which persisted over the next few years, made visible the extent to which the new procedure overwhelmed extant moral frameworks. In a piece reflecting on the wave of transplant that followed Dr. Barnard’s heart transplant, an ABC commentator admitted that “we are at a moment in the history of Medicine when old ways of doing have been surpassed, and when the norms of medical professional ethical will need to be restructured soon” (ABC 01/20/1968). A later piece further affirmed that “the law, our morals, our consciousness, have been overwhelmed by an event that escapes classical thought models” (ABC 06/22/1968). Current frameworks and scripts, in sum, were not adequate to evaluate the new practice.

5.2.1 Standardizing death and regulating organ harvesting

The main source of moral ambiguity regarding organ transplantation was the ethics of organ harvesting, this is, of extracting pieces of bodies to insert them into other bodies. On one hand, there is the question of distinguishing between “real death” and “apparent death” (La Vanguardia 12/08/1967). While most of the medical profession accepted brain death as real death,
this was a difficult concept to grasp for laypeople, especially since ventilators, defibrillators, and other technologies could reverse cardiorespiratory arrest. The possibility of doctors prematurely declaring their patients dead to harvest their organs horrified the public opinion, and even some physicians. In this venue, ABC published German Nobel Prize Dr. Werner Frossmann statement that “it is a harrowing scene, that of a group of physicians and surgeons that wait not to save a patient, but for him to die to disassemble his body. Let’s imagine a clinic whose doctors await severely injured patients not to cure them, but to degrade their individual humanity to mere transplant materials” (ABC 01/05/1968). In subsequent articles, ABC and La Vanguardia also informed of a so-called “psychosis” taking place in Brazil among victims of traffic accidents that refused to go to the hospital out of fear of having their organs removed (ABC 05/19/1968), and also about the accusation of homicide against transplant surgeons in Argentina (La Vanguardia 10/30/1968).

However, the fear of transplant surgeons overflying dying patients to secure organs for transplantation, like “vultures” (ABC 09/11/1968, La Vanguardia 09/13/1968), coexisted with the awareness that other medical innovations had been unfairly judged in the past by outdated evaluative frameworks. In an opinion piece, an ABC reader reminds transplantation critics that “thinking that way, perhaps your children [wouldn’t have been] vaccinated against any epidemic if Professor Pasteur hadn’t persisted in overcoming the barriers of his milieu” (ABC 02/17/1968). Similarly, in an interview with ABC, Dr. Denton Cooley, a heart transplant surgeon from the United States declared that “[the history of] Medicine is marked by events that looked like moments of insanity [for the public]. Our work has always seen itself burdened by a multitude of taboos” (ABC 11/29/1969). In the debate around the morality of organ transplantation, ethical issues and concerns are weighed against the life-saving potential of the new procedure and against
a reflexive metanarrative of science’s temporalities that conceptualizes moral and ethical objections as obstacles to be removed or dealt with.

Although it took years to settle the debate around the nature of death, standardization—a process that would subject each case of organ transfer to the same ethical criteria, equivalent and translatable across “cultures, time, and geography” (Timmermans and Epstein 2010:69)—appeared as a solution early on. Physicians and journalists alike argued that a consensual definition of death coupled with agreed upon instruments to establish it in practice would reduce moral uncertainty and potential arbitrariness. For example, La Vanguardia quoted WHO director Dr. Marcelino Gomes Caindau saying that “doctors should come to an agreement about the definition of death before cardiac transplants become common practice” (La Vanguardia 03/19/1968). The press echoed this sentiment often. For example, in an article covering a debate between Dr. Barnard and Italian surgeon Dr. Stefanini, the latter contends that

> [it is necessary] for those who are interested and dream with organ transplantation to obtain a rigorous definition of all the factors that determine, in a certain and axiomatic way, the biological death of a human being and, therefore, the moment when transplant organs can be extracted” (ABC 01/31/1968). As a commentator put it in an ABC opinion piece, the nature of death was “a moral problem with a technical solution” (ABC 11/12/1968).

Regulations—via legislation and clinical protocols—, commentators contended, would introduce guidelines and strategies to enforce those guidelines that would appease moral concerns by placing the locus of the decision in a rational, abstract set of rules instead of in the surgeon’s fallible, corruptible criteria. In that sense, regulations would achieve a similar result as
cyclosporine in the case of transplantation’s clinical result; it would move the narrative from local, individual stories of life and death decision making by specific surgeons and medical teams, towards more abstract accounts based on the application of impersonal rules regarding brain death, consent, and organ harvesting.

Within Spain’s borders, surgeons and transplant professionals started to express the “urgent need for a reform of the current legislation” (ABC 03/03/1968), which dated back from 1950, before transplantation of internal organs was possible. In this venue, ABC published surgeon and Attorney of the Court Dr. Alfonso de la Fuente Chaos’ opinion that “legislative norms cannot remain as behind of scientific advances as they are now” (ABC 04/25/1968). La Vanguardia also reported on Dr. de la Fuente Chaos’ plight to modernize Spain’s legislation, quoting his statement that “to pretend that the law from 1950 is adequate […] is living in our grandparents’ time” (La Vanguardia 06/11/1968). The new legislation, however, would not be approved until 1979 (Ley 30/1979), after Franco’s death and Spain’s transition to democracy.

Perhaps paradoxically, these ethical and moral concerns around the nature of death were resolved during the 1970s, during years of reduced transplantation activity and decreased media attention to organ transfer. In this period press coverage focused on kidney transplantation, which even in the early 1970s was an exception to the ongoing wave of defeat. Kidney rejection, less severe than rejection of other organs and foreign tissues, could be managed with tissue typing and the existing immunosuppressants. Kidney recipients enjoyed high survival rates, long life expectancies, and could return to their normal lives -with some adjustments- after recovering from the operation. At a time when solid organ transplantation had started to look like a pipedream, ABC described kidney transplantation as an “effective method to fight kidney failure” (ABC 07/18/1969). Kidney transplants, surgeons and other specialists argued, were effective and safe.
Drawing on these positive results, kidney transplantation advocates lobbied for the passing of Spain’s Transplantation Law in 1979 (Ley 30/1979) and of the decree detailing the specifics of the law in 1980 (Real Decreto 426/1980), both sponsored by the Socialist Party. Enacted eleven years after the Harvard Committee legitimized brain death as death (Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Death 1968), the new legislation provided a standardized, medical definition of death and detailed the instruments and measures to determine it. In addition, the law and the royal decree established a strict public control over the procurement and allocation of organs, defined the altruist and voluntary -despite of being based on an opt-out approach where every citizen is considered a donor- character of organ donation, and outlined the rights of both living and cadaveric donors, and of organ recipients.

During the months leading to the passing of the Law, and in contrast with the previous period, the Spanish press portrayed standardization via legislative regulation not as much as a matter of ensuring the morality of organ harvesting and transplantation by reducing potential arbitrariness, but as a matter of making organ procurement -and particularly kidney procurement- possible in large numbers, and efficient. Dialysis patients’ pressing need for transplant kidneys what drives the calls for new legislation, while moral concerns about brain death and cellular memory become progressively antiquated. Commentators criticized Spain’s lack of a legal framework for being “outdated” (Diario 16 04/21/1978, Ya 07/23/1978). Other articles noted that the small number of kidney transplants performed in Spain led to nearly 2,5000 death per year and that, in order to increase the number of transplants, the country had to update the current legislation (ABC 08/13/1978). The 1979 Transplantation Law, and the media advocacy work that kidney patient association did during the mid to late 1970s laid the ground for the tone that would dominate the coverage of organ transplantation a few years later, in which clinical need trumps
moral concerns. As the needs of transplant candidates became a more pressing social issue, sponsored by interest groups that actively shaped how media approached the topic of transplantation (Andsager 2000), the debate about brain death and organ harvesting settled. The real possibility of healing large numbers of people living with end stage renal disease trumps concerns about the dying and the dead. This process exemplifies, once again, the entanglements and tensions between different evaluative frameworks, which go beyond positive or negative media representations of medicine, and beyond questions about the veracity of the press’ reporting.

5.2.2 Cellular memory and the nature of the self

The nature of death, however, was not the only source of moral uncertainty surrounding organ transplantation. At a time of rapid scientific discovery, journalists and commentators took these attempts at human transplantation as grounds for speculation about possible futures where the replacement of bodily part gave way to new, unpredictable changes in our understanding of human nature. In this excerpt from an opinion piece, the author ponders that

We must accept the possibility, imaginary for now, of a recipient that lives with another person’s heart, uses a third person’s legs, sees with a fourth person’s eyes, and thus subsists indefinitely via continuous replacement of the parts of their body that atrophy or wear down. In that moment men could be born in the laboratory, made of a countless number of lives that have lost their bodies, or bodies that have lost their life (ABC 01/02/1968)
Here, organ transplantation confronts categories of the self as a body and of the self as lived experience, questioning the nature of the individual and fantasizing with the creation of human chimeras.

Another important source of moral ambiguity was the question of possible transformations in the recipient. The possibility of having port of the donor’s personality transplanted together with the organ, and of maintaining one’s identity after having an organ replaced were prolifically discussed and hypothesized about. Although the Vatican had already established that the soul does not reside in people’s organs -which is important considering that the Catholic Church was one of Spain’s highest moral authorities at the time- pieces speculating about the future of transplantation wondered whether science could create “a body with more than one life, or with several souls” (ABC 20/01/1968). In another article one of ABC’s recurrent columnists illustrated this concern with a story about a man who, after an accident, needs a nose transplant. When he refuses, the surgeon asks him why, and he responds that he has already had all his body parts transplanted and “the only thing that is really mine is my nose. Thanks to my nose and my brain I am still myself. If you give me a new nose, I will be trapped in an alien body” (ABC 05/01/1970). Questions about the nature of the self, then, appear not only in the form of speculations about the future, but as a moral concern that challenges the moral permissibility of organ transplantation.

The rationalization of the body as a combination or replaceable part appears around this time both as a moral assurance -since it dismissed ideas about cellular memory- and as a moral problem of its own that exposes the disenchantment of the modern, technologically advanced world. For example, in an opinion letter an ABC reader refers to Louis Washkansky, the first heart recipient, as
the first human being that could continue living with a borrowed heart, a replacement heart, as if he was a machine. This was what was astonishing, that such a special and delicate ‘machine’ as the human body has been so investigated, is so known and possible to be repaired like no more than a machine, inanimate and insensitive (ABC 01/06/1968).

Through this comparison between human and machine, the reader expresses a tension between the lure of scientific and medical progress and the danger of dehumanization and disenchantment.

In sum, standardizing the definition of death (and inscribing it into law), and secularizing the human body ensures that organ procurement happens in a morally acceptable manner.

5.3 Organizational controversies: Building transplant infrastructure

5.3.1 From pioneers to policies: Institutionalizing organ transfer

Organ transfer is not only a medical procedure; it is an organizational accomplishment. Immunological compatibility and ischemia (the amount of time an organ can be preserved outside of the donor’s body before becoming unusable) call for high levels of coordination and synchronization between hospitals, medical teams, transportation professionals, etc. Organ transfer cannot happen at a large scale - and therefore, cannot become routine medical practice - without a procurement system, this is, without a series of policies and protocols in place that ensure that the adequate organ arrives to the adequate recipient in time, and without the instruments and equipment necessary to ensure the survival of the patient. Simultaneously, the transition between the performance of individual, ad hoc surgeries and the implementation of an organ procurement
and transplantation system inserts organ transfer in networks and processes of policy and decision-making that can, perhaps paradoxically, generate further debate and make organ transfer vulnerable to scandal.

While, in the early days of transplantation, the press tended to focus on heroic, pioneering surgeons like Dr. Ramón Castroviejo, Dr. Christian Barnard or Dr. Denton Cooley, it did not take long for physicians, medical journalists, and commentators to start bringing attention to the need for organ procurement infrastructure. As early as in 1965, even before the first “transplantation race”, renowned urologist and surgeon Dr. José María Gil Vernet spoke to ABC about the lack of an adequate kidney procurement system. After reminding the readers of the plight of end stage renal failure patients, Dr. Gil Vernet explained that

*at the moment it is materially impossible to perform the number of surgeries that are needed. And this is because of lack of technical equipment. In the hospital we have only one sterile chamber, set up for this type of interventions in particular, and where the patient must stay between twelve and fifteen days [...]. This means that we can only perform, at maximum, two interventions a month* (ABC 08/29/1965)

At the time, and despite the vested interest that the Francoist regime had in making transplantation a reality, the Spanish healthcare system was ill-prepared to satisfy Dr. Gil Vernet’s demands for better technical equipment, or to achieve the level of coordination necessary to procure and allocate organs. Besides, the lack of a legal framework made the harvesting of organs from brain dead cadavers risky for surgeons. For the next fifteen years, the press would report on how other countries and regions of the world were building procurement systems (such as
Eurotransplant) and would periodically remind the audience of the number of lives that were being lost due to lack of transplant organs. Inside Spain’s borders, however, surgeons would perform a small number of transplants a year, mostly operating on a case to case, ad hoc manner.

Tissue procurement -this is, procurement of human materials such as skin, corneas, bones, etc. – became feasible at large scale earlier than the procurement of internal organs. These materials can be harvested from donors without a heartbeat, which bypasses some potential ethical problems. Simultaneously, they are easier to preserve and generate less immunological rejection than internal organs. These two characteristics made the harvesting, storage, and distribution of tissues easier to implement.

Corneal procurement was already successful in 1966, as reported by La Vanguardia: “A total of 3,000 postmortem donations have already arrived, properly legitimized, to the Regional Eye Bank, created in this capital [Bilbao] by newspaper ‘La Gaceta del Norte’’s initiative” (La Vanguardia 08/05/1966). Over the next few decades, the press would regularly call for corneal donations, like in this excerpt from a La Vanguardia article:

A man has just died. At his home or at the hospital bed, there is a commotion, a projection of the last breaths of agony. Even then, in that moment when a clock has stopped [...] there is hand, let’s call it pious or simply skilled, or calmer that approaches the inert body to close his eyes. Let’s stop here, in this gesture, in the hand that softly lands on the cold eyelids. This gesture, mechanical in part, can save a blind man. For a maximum of six hours, the visual organ of the deceased preserves the possibility of being useful again. Other eyes, now in the dark, will receive with those eyes their lost vision. In five days, if the generous donation does
not happen, the ophthalmologist said, the worms will have eaten them. It is a useless loss, an absurd selfishness that brings another death: the death of a sick man’s hope (La Vanguardia 07/13/1968).

Calls for corneal donation became common -although oftentimes used much less emotionally charged language- after other Eye Banks opened throughout the country. It would take two decades for skin and bone procurement to follow the same path with the creation of similar facilities for the storage and preservation of human tissue.

As for internal organs, it was not until the 1980s, when this type of surgeries started being successful and after Spain updated its human supply procurement legislation, that organ transplantation truly became part of Spain’s healthcare system.

5.3.2 Organ transplantation and its place in Spain's national healthcare system

In the 1980s, organ transplantation was one of the most sophisticated forms of medicine, which led to an interesting contradiction regarding its place within Spain’s healthcare system. On one side, its high level of sophistication made it a yardstick to measure the modernization of the Spanish healthcare system. Physicians, public authorities, medical journalists, and commentators would often marshal the development of an organ procurement system, and the generalization of organ transfer as proof that Spain finally had a modern healthcare system and was, by extension, a modern nation. This can only be fully understood against the backdrop of the feelings of national inferiority that threatened the legitimacy of the post-francoist, democratic national project. In this scenario, the routinization of organ transfer and the establishment of an effective organ procurement system becomes a form of national aspiration (Crowley-Matoka 2016).
In this venue, in this article published in ABC in 1985, Minister of Health Ernest Lluch\(^9\) mentioned some of the recent Ministry’s achievements, and made sure to mention the Ministry’s role in increasing the number of transplants performed every year, and added that “we hope that before this legislature ends, we get to a thousand transplants a year” (La Vanguardia 13/13/1985). Successive Health Ministers and health officials have used increases in the number of transplants as proof of their good management.

The organ procurement system stands for the value of the Spanish healthcare system in other ways, too. For example, when in the mid-nineties proponents of a privatized or hybrid healthcare system decried the lack of efficiency of Spain’s public healthcare system, the Head of the Health Department in Castilla-La Mancha, socialist Matilde Valentín, responded that

\[
\text{according to the criterion of economic efficiency, we would have to close all public hospitals” and that “we would not be able to perform dialysis, organ transplants, or cancer treatments to people with lower incomes, [because they are] very costly procedures that we now perform based on a principle of solidarity on which the national healthcare system operates} \quad \text{(La Vanguardia 10/06/1996).}
\]

Here, the ability to perform transplants stands for what the public healthcare system can do for the citizenry, which other healthcare models, according to the Head of the Health Department, would not be able to provide.

However, the organ procurement system is also a relatively costly infrastructure, not necessarily in monetary terms -actually, an organ transplant saves the healthcare system money.

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\(^9\) Socialist Minister Ernest Lluch was the architect behind Spain’s National Healthcare System and made a concentrated effort to normalize transplantation in Spain, although his efforts would not start truly yielding results until after he left the Ministry in 1986. He was murdered in the year 2000 by the terrorist group ETA.
compared to more expensive chronic treatments like dialysis-, but in terms of specialization and human resources. For this reason, discussions about the place of organ procurement and organ transplantation within the national healthcare system often reproduce the debate around whether to focus on and allocate resources to sophisticated medical treatments that will save the lives of a smaller number of severely ill patients, or to instead prioritize preventive medicine and medical assistance that could improve the lives of larger numbers of people. For example, in the early 200s when Hospital Clinic, located in Barcelona, decided to focus on highly specialized medicine, medical director Dr. Ginés Sanz explained to La Vanguardia that “if we do low complexity medicine, we cannot perform transplants at the same time” and added that “we are considering what problems could be resolved in lower-level hospitals” (La Vanguardia 06/11/2003).

This tension translates sometimes in a veiled criticism towards Spain’s public officials’ insistence on the value of transplantation. For example, in the 1980s, when the Spanish press was reporting on new transplantation successes almost daily, some commentators contrasted this with the precarious financial state of the hospitals. In this article, a commentator lamented that

the government that is now on its way out started its journey with the Catalan healthcare system on the headlines. While Sant Pau hospital achieved the important milestone of successfully performing the first serious heart transplant in the country, its coffers suffered the distress of an ever-growing deficit. The situation was the same practically in all mixed centers. In the hospitals belonging to the Social Security, which had also achieved great success in liver transplantation during 1984, the first symptoms of a reoccurring decapitalization (La Vanguardia 05/11/1988)
More subtly, other commentators would mention the latest news of transplantation in passing while trying to make a point about the misguided efforts of Spanish health officials. In that sense, the spectacular nature of organ transplantation and the media attention that it attracts becomes a point of criticism and of accusations of vanity and political opportunism by Spain’s public officials, and of sensationalism by the press. For example, a Diario 16 commentator complained that “there is no newscast without a corpse, a fetus, or a transplant” (Diario 16 11/17/1986). This position is, however, residual, and for the most part the organ procurement system and organ transfer in general are overall spoken about in positive terms.

Besides these controversies, the press coverage of organ transplantation offers a lens into the inner workings of the national healthcare system. For laypeople, the press -media in general- constitutes their primary point of access to policy discussions that often take place behind closed doors and between highly specialized experts and administrators. This was particularly true in the 1980s, when the Spanish organ procurement system was still under construction. For example, this La Vanguardia article revealed the government’s next steps in generalizing organ transplantation in Spain: “Regarding organ transplantation, he [Minister of Health Julián García Vargas] explained that the current programs would be maintained. Those like kidney and corneal transplants with higher success rates will be stimulated, but “we will not incentivize them [transplants] spectacularly, that may be counterproductive, which is something that has already started happening” (La Vanguardia 09/24/1986).

The reporting of the inner working of the organ procurement and national healthcare systems oftentimes disrupted the heroic narrative of healthcare modernization that accompanied the generalization of organ transplants, making it dependent on the mundane realities of policy planning. While, as I will show in a later chapter, the definite institutionalization of organ transfer
via the creation of the ONT and the consolidation of Spain’s success in organ procurement made discussions of policy less salient in the press coverage of organ transfer in Spain, they reemerged from time to time, especially whenever a new

Among the most contested areas regarding organ transfer policies is the allocation of resources. While the Spanish organ procurement system is, overall, financially efficient, that does not make it impervious to changes in public spending. This issue became particularly salient during the 2008 crisis and its aftermath, when Spain experienced a long, widespread economic recession that lasted well into 2010s. The response of both the European Union and of Spain’s government to this crisis was decreasing public spending and applying austerity measures. In 2013, it was the organ procurement system’s turn to see its budget cut. One of the first newspapers to report this was *El País*, with an article titled “[conservative Prime Minister Mariano] Rajoy will take away funding for transplant programs to those autonomous communities that do not comply with the deficit limit” (*El País* 03/20/2013). The article also included the socialist party’s reaction to this measure. Socialist spokesperson Soraya Rodríguez is quoted saying that “today we have woken up to the absurd news that you will not provide funding for organ transplantation programs to those communities that have not complied with the deficit limit” she said and added “I do not know how you are not ashamed of playing with people’s health” (*El País* 03/20/2013). The socialist reaction is all but unexpected. By 2013 the Spanish organ procurement system had been considered the crowning jewel of Spain’s healthcare system for twenty years, and austerity measures were extremely unpopular. Reducing funding to organ transplantation programs to a means to discipline autonomous communities into complying with austerity measures was taken by many as an insult. The measure did not impact organ donation and transplantation rates, or at least not as much as its
most ardent critics predicted, but it costed Mariano Rajoy’s government a scandal that put his austerity policies in question.

The other area of contention regarding the planning and implementation of organ procurement policies in Spain are the tensions between the national and the autonomous levels of government. The management of Spain’s healthcare system is transferred to the autonomous governments, which was a demand of independentist parties in Catalonia and the Basque Country during Spain’s transition to democracy. These are two of the most prosperous areas of the country, and it is also a common complaint by independentist parties and commentators that these two areas contribute disproportionately to the public coffers compared to other, poorer areas. These tensions often affect the healthcare system in general, and the organ procurement system in particular. For example, in an article published in 1989, a La Vanguardia commentator pointed out that “Catalan hospitals treat a great number of patients from all over Spain because of the degree of specialization achieved by some hospitals in heart, liver, or bone marrow transplantation. They also treat thousands of tourists and vacation goers” (La Vanguardia 03/23/1989).

Over the years, this has become a recurrent talking point for pro-catalan and independentist commentators. For example, an article published in 1997 in the same newspaper explained that the current model used to fund the healthcare system at the autonomous level was inadequate because it did not recognize differences in need and went on to explain that Catalonia had a bigger need for healthcare funding than other communities. One of the reasons adduced was that Catalonia had an older population with more healthcare needs. The other two are more directly related to territorial inequalities and tensions. First, the article claims that Catalan citizens were more likely to demand better healthcare services than their counterparts in less wealthy parts of Spain simply
because citizens of countries\textsuperscript{10} with higher incomes tend to require better healthcare, and “do not settle down with the basic services of being treated, which suffices in less prosper countries. They also want the feeling that they are healthy and the absolute security that the best resources are always available for them” (La Vanguardia 07/03/1997). Second, the article claims that, because Catalan hospitals are more highly specialized and have more sophisticated equipment -and here, the author mentions transplantation- they tend to attract patients from other, poorer autonomous communities that lack those resources. For this author -and for other commentators that demanded more funding for the Catalan healthcare system and other services- the current distribution of funds by the Spanish state treats Catalonia unfairly, punishing the region for its own prosperity.

However, the organ procurement system is also sometimes mobilized in the opposite direction; to criticize independentist positions. One of the most common critiques is that these arguments violate the principle of solidarity between communities that underlies Spain’s quasi-federal territorial organization, but it is not the only one. In the next years, and especially after the 2008 crisis, independentist sentiments in Catalonia became, if not stronger, at least more politically salient, which culminated in the 2017 Catalan independence referendum. For commentators critical with this movement, which see Catalan independence as little more than a pipedream, the organ procurement system is something that Catalonia could not achieve by itself, without the support of other autonomous communities and of the Spanish state. In 2012, La Vanguardia published a very critical analysis of the proposed Catalan state’s budget: “The fiscal estimates of an independent [Catalonia] that the Generalitat [Catalonia’s autonomous government] and Catalan nationalist parties handle do not resist a minimally serious analysis” (La Vanguardia 10/27/2012), the author claims, and goes on to explain how the amounts assigned to different areas of

\textsuperscript{10} Note the use of the word “countries” instead of “regions”, “areas”, “communities”, etc.
government are unrealistic and will not be able to meet Catalonia’s needs. The author refers to the nationalist budget as “ridiculous” and as an equivalent to the “multiplication of bread and fish” (La Vanguardia 10/27/2012). In the article’s last paragraphs, the author mentions that the nationalist budget does not include certain vital institutions, such as the Counsel for Nuclear Security, the Agency for Drug and Food Safety, and the ONT. While pro-catalan and nationalist authors tend to present the organ procurement system as proof of Catalonia’s higher levels of development, which separates the region from many other areas of the country, for those critical with the independentist movement organ procurement results from cooperation within the regions and with the Spanish state that could not be achieved by an independent Catalonia.

As shown above, the institutionalization of organ transfer allows for a systematic approach to organ procurement and for the performance of organ transplants at a large scale. Simultaneously, it inserts organ transfer in wider political discussions. In that way, organ procurement becomes a point of entre to -sometimes heated- debates about the functioning of the Spanish National Healthcare System.

5.3.3 The emergence and resolution of medical scandals

So far, I have covered some of the main controversies that affect the Spanish organ procurement system, and that relate to broad discussions about how the system should operate. Because the policy and organizational arena -or, borrowing from Eyal (2019) again, the policy lane- operates at a much faster pace than the other two, and because the type of media attention that these issues tend to attract is more quickly reactive, discussions around the organ procurement system are sometimes punctuated by scandals.
I purposely distinguish between scandals and controversies for several reasons. While the controversies described up until now were related to overarching, deeper questions about organ transfer and its organization (is transplantation possible? Is transplantation ethical? How should the organ procurement system be designed?), scandals emerge at moments when the system is suspicious of not living up to the established clinical and ethical standards. In addition, while the controversies described in the previous sections of this chapter required resolution, organ transfer scandals call for repair of the organ procurement system’s image, often achieved via judicial action. Judicial action, both as mechanism to adjudicate responsibility and as a truth-seeking practice, restores the image of the system. While the results of the judicial repair of organ transfer scandals do not always satisfy all the parties involved, it closes one of the windows through which the press gets access to the inner workings of the organ procurement system.

In the clinical realm, accusations of medical malpractice have, from time to time, questioned the functioning of the organ procurement system. The best-known case of medical malpractice accusations that has affected Spain’s organ procurement system was the accusation against four surgeons that had unknowingly transplanted two kidneys from a deceased donor that had had cancer in the past. The two kidneys carried cancerous cells, and both recipients - a construction worker and an engineer - died after some time. The surgeons were accused, according to Ya, of “not confirming that the donated kidneys came from a woman that suffered from cancer when they had the means at their disposal [to do so]” and of “lateness in taking action with one of the recipients when the situation became known” (Ya 02/05/1994). What made this scandal particularly salient is that it dragged for several years. The infamous transplant was performed in 1987, and the trial did not start until 1994. In those six years, Spain had become the global leader in organ donation, and the organ procurement system and the ONT had become more culturally
salient. In this scenario, the reemergence of the 1987 accusations casted doubts on an organization that was quickly becoming an exemplar within the Spanish healthcare system.

At the ethical level, behavior by different actors that may jeopardize the ethical principles behind the 1979 Transplantation Law are quick to become media scandals, mediated and amplified by the press. For example, in 2009 a physician incorrectly disposed of several transplant patients’ medical histories. La Vanguardia, among other newspapers, reported on this incident, explaining that the physician “negligently [threw out] the documents in a city paper recycling container” (La Vanguardia 11/11/2009) in such way that some of the papers were outside the container itself, only concealed by a semi-transparent trash bag. While unintentional, this action put the principle of anonymity in organ donation in jeopardy, which for the press warranted its treatment as a scandal.

While confidentiality and anonymity are important ethical tenets of Spain’s Transplantation Law, altruism constitutes its most culturally valued feature. This explains the ongoing media attention that Barcelona’s soccer player Éric Abidal’s liver transplant, and the suspicion that it may have involved organ trade, has received in the last few years. In 2011, the internationally acclaimed player was diagnosed with liver cancer. After having the tumor surgically removed, the cancer returned in 2012. This time, the only possible solution was a liver transplant. Abidal’s cousin, at the time residing in France, offered to donate part of his liver to the player. The transplant was successful, and Abidal was able to play for Barcelona again. However, some time later, rumors emerged that the donor was not actually related to Abidal, and that this was a case of organ sale. During police investigations related to Barcelona’s soccer team president Sandro Rosell’s corruption case, a recorded phone call was released to the press that implied that the team’s president had mediated the purchase of a liver for Abidal. The magnitude of this scandal eclipses any news of medical malpractice or confidentiality breaches that may have ever affected.
Spain’s organ procurement organization, to the point that the ONT volunteered as private accusation if any solid indication of organ sale were to be found.

In sum, both policy decisions and organizational behaviors are closely reported by the press, weaving clinical standards and ethico-legal regulations into fast-paced discussions about collective decision-making.

5.4 Retrospective legitimation, new frontiers, and the reemergence of controversies

While the previous sections present linear progression towards the successful resolution of problems, controversies, and scandals, reality is more complex, and the discussion around organ transfer contains multiple, sometimes conflictive temporalities. On one side, once transplantation became successful and normalized, pieces explaining the history of transplantation began to retrospectively legitimize the early, mostly unsuccessful, attempts at organ transplantation. This appears, in turn, as an effort to reconcile science’s “reversible time” –“science’s ability to roll time back and run the experiment again, modifying another element” (Eyal 2019:14) to achieve success-with media narratives that allow repetition, but not full reversibility. On the other side, when new scientifical and clinical frontiers are crossed clinical, ethical, and organizational controversies reemerge, reopening debates that had been settled and exposing their internal elements.

5.4.1 Acceptable sacrifices: The retrospective legitimation of organ transfer

As transplantation came off age as a valid therapeutic option and a routine medical procedure, the Spanish press began to publish pieces reevaluating its history and commemorating
its milestones. Looking back at the early, mostly failed, attempts at transplantation performed in the 1960s through the prism of current victories helps to retrospectively legitimize them. It does so, for example, with pieces that summarize the history of organ transplantation as “half a century of success” (ABC 12/23/2004). Transplant surgeons that had been harshly criticized in previous decades are now portrayed as medical pioneers, admirable in their ability to persevere in the face of failure and misjudgment. This excerpt encapsulates this sentiment: “In the 1950s and 1960s of last centuries, doctors were accused of ‘playing God’, especially after Barnard performed in 1967 the first heart transplant […]. Now, all of them have consolidated a set of techniques that are used in large numbers and in many countries as a daily practice” (ABC 12/23/2004). Similarly, stories and interviews with survivors of early transplant attempts are presented as proof that transplantation was possible all along, and worth pursuing. For example, ABC quoted kidney recipient Carmen Villanueva saying that her transplant “was a medical experiment in 1969 Spain”, to then add that “at 71 years old, Carmen Villanueva […] has lived for five decades with a kidney donated by her sister, becoming the longest-lived transplant patient in the world” (ABC 06/05/2019). An interview with another elderly kidney recipient, Liberto Raduá (El País, 10/27/2006), echoes a similar narrative where a then agonizing patient agreed to an uncertain, experimental surgery and then went to live long enough to witness the consolidation of the procedure that saved his life.

A counterfactual argument underlies many of these commemorative pieces: had persistent pioneers not persevered despite criticism, it would now be impossible to save the lives of thousands of patients that receive a lifesaving transplant each year. Although the discovery of cyclosporine was fortuitous and not necessarily resulted from surgeons’ perseverance (Tilney 2003), the press coverage makes a causal connection between transplant enthusiasts’ determination and the current
accomplishments in transplantation. This reexamination of the past indicates that legitimizing organ transplantation is not only a matter of regulating and normalizing the procedure, but of also smoothing the edges of its turbulent history.

5.4.2 Embryo selection, cell transplants, and stem cells: Rethinking the limits of life

In the 1990s, when solid organ transplantation had become generalized as a medical practice, medical technologies that allowed physicians to specifically select healthy embryos immunologically compatible with their ill siblings revolutionized one particular type of organ transfer: bone marrow transplants.

Besides explaining how embryo selection works, most of the coverage surrounding *bebés medicamento* (“medicine babies”) focuses on the parents’ hope to heal their older child, and on the medical and legal obstacles that these families face. For example, this El País article from 1990 explains that two California parents -these embryo selection techniques were available in the United States much earlier than in Spain- “had searched for donors for the last two years, unsuccessfully” and that the child’s father had to reverse his vasectomy to be able to conceive another child (El País 02/18/1990). In a later article, the child’s mother is quoted saying that “this is my daughter’s last opportunity, and I am willing to do anything to save her” (El País 02/20/1990). Generally, the coverage of this type of stories frames them as “a step towards the future” (ABC 10/04/2000) that “opened new perspectives for couples at risk of [congenital] diseases” (Diario 16 11/16/2000). An article covering the same case -also involving an American couple- the parents are quoted saying that “it was the most impressive and monumental experience of our lives. And yet, it was absolutely easy and calm” (La Vanguardia 10/04/2000).
Despite the press’ focus on the parents’ plight, controversies quickly arose. For example, in its coverage of the Californian couple, El País quotes physician Dr. Philip Poyle, who claims that “it is offensive that some people lend themselves to this type of games; the only reason why a woman should get pregnant is to give life to a new being, not to use it for other ends” (El País 02/20/1990). For several years, physicians and commentators warned about the ethical dilemmas implied in this type of medical procedures, reopening old debates around the limits of life and of medicine’s intervention in people’s lives: “Is it legitimate to select an embryo whose cells can be used for a transplant for an ill sister? […] What are the limits between medically acceptable analyses and the ones that merely satisfy the parents’ whims?” (La Vanguardia 10/04/2000). Dr. Josep Egozcue, Professor of Cellular Biology at Universidad Autónoma dismisses this possibility, explaining that “the fear that we start selecting healthy embryos and then we move to selecting beautiful or intelligent children is unfounded” (La Vanguardia 10/04/2000).

An additional problem with this type of procedures is what happens with the embryos that are not selected. The president of Christian Physicians of Catalonia Dr. Simon Castellvi considers the destruction of those leftover embryos “a problem of abortion, clear as day” (La Vanguardia 10/04/2000) and goes on to add that “an embryo is a human being. The only differences between an embryo and I are just food and time” (La Vanguardia 10/04/2000). In a later article published in El País, Dr. Antonio Pellicer, director of IVI, the leading center for assisted reproduction in Spain, expresses a more nuanced critique: “What happens if, after genetically analyzing the embryos, it turns out none of them is compatible? The discard them seems unacceptable to me” (El País 05/06/2004).

As it had happened with the concept of brain death decades before, standardizing embryo selection procedures via legal regulation appeared as the most effective solution to settle this
controversy. By 2004, Spain started the legal process to allow parents to select embryos to heal their older children, the Law 14/2006 regulating assisted reproduction passed in 2006 (Ley 14/2006), and by 2008 the first bebé medicamento was born.

Despite these regulations, anti-abortion groups have remained vigilant about the use of embryos in human supply procurement. For example, cell transplantation and regenerative medicine have received this sort of critique. Still not explored to the full extent of its potential, cellular therapy has shown promising results in mitigating and even partially reversing some neurodegenerative diseases such as Alzheimer’s and even spinal cord injuries. However, in many of these experiments the cells were harvested from discarded or cloned embryos. This sparked the same type of criticism that bebés medicamento had received.

Bebés medicamento and cellular therapy reignited bioethical controversies surrounding transplantation, but they did it in the opposite direction than the ones that took place during the first wave of organ transplants. While the earlier controversies dealt with the end of life, these more recent ones dealt with its beginning. In the 1960s and 1970s, the question was how to develop sufficiently precise instruments and protocols to distinguish life from death, while the controversies surrounding the manipulation of embryos and the distinction between life and non-existence are not conducive to technical solutions. Not only is the debate conceptually different, but it brings different actors to the conversation. While in the 1960s and 1970s most of these debates involved physicians, ethicists, theologians, and other experts, in the case of embryonic manipulation anti-abortion groups with clear political interests were also heavily involved in the conversation.
Cloning for therapeutic purposes was banned in the EU in the early 2000s, and the use of embryos became unnecessary for cellular therapy when scientists developed techniques to harvest and use stem cells from the umbilical cord. Using the umbilical cord bypassed some ethical questions.

However, stem cell transplantation sparked controversies around its procurement. Initially, Spain had only public umbilical cord banks, where the child’s parents can donate the child’s umbilical cord and anyone who needs it can receive it. In 2005, when Princess Leonor was born to King Felipe VI and Queen Letizia -then Prince and Princess-, they decided to store her umbilical cord in an elite private bank in Tucson, Arizona. In private banks like the one in Tucson, the child’s parents store the child’s umbilical cord and use it if their child develops a disease that can be cured using stem cells. Their decision sparked an immediate reaction from Spain’s progressive forces. For example, the Federation of Association for the Defense of Public Healthcare told El País that the Prince and Princess’ decision was “a bad example” and that “they have an obligation to act as role models for the citizenry in this matter since, at the end of the day, they live off of the public treasury” (El País 02/28/2006).

Shortly after, the first private banks started to request permission to operate in Spain, but this model was in direct and fundamental contradiction with the spirit that animates human supply procurement in the country. For public stem cell banks, the main ethical principles are altruism, voluntarism, and anonymity, the same as with other transplants from cadaveric or non-directed living donors. Meanwhile, the core ethical principle for private stem cell banks is preserving the parents’ rights over their child’s tissues. For proponents of private banks, the debate is about “defending the freedom of the parents to decide over the destiny of their children’s cells” (El País 03/07/2006). In addition to this conceptual debate, these discussions played out as a political
conflict between the socialist national government, which supported public umbilical cord banks, and some conservative autonomous governments (like Madrid’s), which supported the creation of private banks in Spain.

Since the beginning of the controversy, the ONT clearly positioned itself in favor of public banks and severely criticized the private option. For the ONT, preserving umbilical cords in private banks “contradicts the non-lucrative spirit of the Transplantation Law, because families pay between 1,500 and 2,000 euros for the transport and freezing of the cells” (El País 02/04/2006). Then ONT director Dr. Rafael Matesanz was particularly vocal about his opposition to private umbilical cord banks, explaining how the high price of preserving the umbilical cord in a private bank would mean that only wealthy people would be able to do it, and calling private banks “a wasp in our system, which is designed to avoid inequalities” (El País 01/27/2006). Dr. Matesanz then goes on to criticize the message that private banks send to parents: “we have no idea whether the cords that we keep are going to be useful in the future. The message that these companies are sending is a midsummer night’s dream” (El País 01/27/2006).

After a long debate about the scientific and ethical value of private umbilical cord banks, these were regulated by Royal Decree at the end of 2006 (Real Decreto 1301/2006). The decree tries to balance the constitutional right to freedom of enterprise with the ethical principles of altruism and anonymity of Spain’s organ procurement system, but it is heavily oriented to the latter goal. As a result, private umbilical cord banks are allowed to operate in Spain, but they are required to relinquish their samples if a patient needs them, and they cannot find a compatible donor in the public system. In addition, private banks are required to donate their profits to social causes or to

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11 In vernacular Spanish, this Shakespearean reference is used to characterize something as unrealistic.
reinvest them in the facilities themselves. The type of publicity that private banks can engage in was also regulated by that decree, and was later subjected to the ONT’s approval (Orden SSI/2512/2013). This regulation, in sum, was not necessarily oriented to resolving the controversy in a manner satisfactory to all the parties involved, but to protecting Spain’s organ procurement system from material and ideological competition.

5.4.3 Reconstructive transplants: Clinical and ethical dilemmas

The late 1990s and early 2000s saw an increased interest in reconstructive transplants, this is, limb and facial transplants. Up until then, microsurgical techniques were not adequate to perform that type of operation. Because of their spectacular nature, the Spanish press paid a great deal of attention to the first reconstructive transplants, especially after Isabelle Dinoire face transplant in 2005 and after Spanish surgeon Dr. Pedro Cavadas performed the first reconstructive transplant in Spain in 2006 by implanting a new pair of hands on a patient that had lost hers to a workplace injury.

Reconstructive transplants pose both clinical and moral dilemmas. At the clinical level, physicians and other medical experts do not necessarily agree that these transplants are medically justified. Reconstructive transplants are not life-saving procedures; patients can live without hands, feet, and even without parts of the face. They face difficulties in their daily lives, but their life is not at risk. A transplant, especially a reconstructive transplant, is an invasive surgery. In the short term, the surgery itself can cause blood vessel obstruction. In the long term, the patient may reject the foreign tissue, and the immunosuppressant drugs can leave the patient more vulnerable to infections and certain forms of cancer. El País summarized this dilemma, explaining that “in the
case of a life-saving transplant, like a heart or liver transplant, this [immunosuppressant] medication is, obviously, a lesser evil. But this is not true of cases of amputation that don’t threaten the patient’s life, like it is the case of a hand” (El País 05/02/2000). Other commentators had a more optimistic take on reconstructive surgery, particularly on face transplants: “We shall accept that a transplant of this kind will avoid humilliation, marginalization, and shame in people who have been burnt, have been in an accident, or have been attacked with acid. Just avoiding that pain makes this surgery an unquestionable moral advance” (El País 04/13/2009). These debates mirror previous discussions around the quality of life of transplant recipients that took place in the 1960s and 1970s. This is, today, an unsolved dilemma, and authorization to perform reconstructive transplants is only given on a case by case basis by the ONT.

On the moral side, face transplants raise a challenge to the principle of anonymity that most organ procurement systems operate on. Faces are the most recognizable part in most human bodies. This means that there is a possibility that the donor’s facial features will be recognizable after the transplant. Transplant surgeons agree that this is an extremely unlikely situation, because, after the swelling goes down, the transplanted flesh and skin eventually adapts to the recipient’s bone structure. However, at the conceptual level the debate still exists. Conversely, some commentators have wondered whether the transplant recipient will be able to adapt to their new face. On ABC, a commentator asked, “what sensation does it produce to look at oneself in the mirror and finding a stranger? It is probably more comforting that seeing the horrible scars left by a dog’s attack” (ABC 02/07/2006).

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12 Isabelle Dinoire, the first person in the world to sustain a face transplant, had suffered significant loss of facial tissue as a result of her dog attacking her while she was heavily sedated.
In sum, in the case of reconstructive transplants, the discussion about their clinical feasibility and their moral acceptability are not a discussion of survival versus death, but of what is worth risking in exchange for a better quality of life and a better chance at avoiding stigma.

5.5 Discussion: The press and the credibility of medical knowledge and practice

In this chapter I have shown that newspaper coverage, especially in the early days of transplantation constructs organ transfer as a series of interlocking puzzles and controversies, related to its clinical, ethico-legal, and organizational aspects. Disputes about the clinical validity and moral acceptability of organ transplantation, and about the logistical organization of organ procurement are eventually resolved as the new procedure morphs from a breakthrough, experimental surgery to a relatively routine medical practice. These debates tend to reemerge when new medical frontiers are crossed that raise new challenges and overwhelm our extant frameworks.

My findings warrant several theoretical observations. First, it is worth noting that multiple, overlapping evaluative frames (clinical, ethical, political, etc.) contribute to the defensibility (Eyal 2019) and credibility (Shapin 1995, 2001) of medical innovations and coexist in their media coverage. These multiple frames do not operate independently but affect each other. Questions of whether a new medical practice is clinically feasible, morally sound and organizationally possible are not resolve separate from each other, but in relation to each other. Two examples from my empirical data support this point. First, when early attempts at transplantation produced inconsistent results, the morality of the new procedure -and of the surgeons performing it- was called into question amidst veiled accusations of human experimentation. Second, when transplantation -particularly kidney transplantation- became a routine medical practice, its ability
to save the life of thousands of dialysis patients contributed to relax the ethical concerns about the morality of organ harvesting.

Second, there is an argument to be made about the somewhat paradoxical relationship between expectations and reality in the case of sophisticated medical innovations. When high expectations are met with a lackluster reality, science—in this case, medicine—experiences a loss of credibility, but the authority of science and medicine, especially during the “golden age” relied heavily on the expectation that they would be able to improve life, limit disability, and bestow—even conquer—death (Blume 1997). In that sense, managing expectations around new procedures means to manage medicine’s credibility, something that transplant surgeons attempted during the early 1970s by downgrading transplantation from a lifesaving surgery to a form of palliative care.

Third, my finding shows how the press—and media in general—contributes to the a “blackboxing” (Latour 1999) of scientific innovations by making some of its internal elements go from visible and explicitly discussed, to invisible and taken for granted in a process parallel to Ann Swindler’s distinction between settled and unsettled times (Swidler 1986). The discovery of cyclosporine and the establishment of laws and regulations governing organ harvesting settled multiple controversies around organ transfer and, although these two events took place outside the press, the process of cultural normalization of organ transfer took place, at least partially, through the press, via the domestication of the media narratives around it.

On one hand, cyclosporine made the results of transplantation themselves more consistent, more predictable, and just straight up better (which meant that organ transfer could be finally consistently associated with survival and recovery rather than with agony and death). More importantly, it also changed the metonymical relation (Shapin 1995) between each transplant
operation and transplantation in general. From the coverage of specific, individualized, local stories sometimes, the improvement in the clinical outcomes of transplantation and the proliferation of transplant programs allowed the press to move toward a more abstract coverage focusing on statistics and survival rates, providing it with an abstract vocabulary less vulnerable to the highs and lows of individual operations.

On the other hand, the standardization of death and the rationalization of the body via different forms of legislation achieved a similar goal. With the decision-making involved in organ transfer being codified into abstract procedures that are equivalent across cases (Timmermans and Epstein 2010), discussions around the morality of organ harvesting no longer hinge on the circumstances surrounding each specific donor, but on concepts such as “brain dead” or “asystolic donor”.

In that sense, the great contribution of cyclosporine and legislation around organ transfer toward the normalization of organ transplants is that they provide the press with a more abstract and more consistent vocabulary to speak about organ transfer. This language, in turn, effectively conceals some of the debates around the internal elements of transplantation’s clinical feasibility and moral acceptability. This process, however, is different when it comes to the institutionalization of organ transfer into systems of organ procurement. Although this systematizes organ transfer, it also inserts it in the fast pace of policy and collective decision-making.

Fourth, there is an argument to be made about how the press lays out multiple temporalities when it comes to the emergence and normalization of scientific-in this case, medical-innovations. On one side, it is tempting to see the story of organ transfer as one of linear progress. However,
the fact that attempts at retrospective legitimation started almost at the same time as organ transfer started to become, finally, a consistently feasible clinical practice points at a tension between science’s ability to reverse time with each successive trial (Eyal 2019) and the press’ lack of tolerance for reversibility. To normalize organ transfer, then, involved also to rewrite the narrative of its tumultuous beginnings. At the same time, however, innovations in the field of organ transfer reopened clinical and moral controversies that brought back discussions that had been settled for decades.

Finally, this project is as much about organ transfer as much as it is about processes of nation building and national identity formation in contemporary Spain. What does the normalization of organ transfer mean for Spain specifically, given its history and political context? In this chapter I have identified an intertwinement between narratives of medical and scientific progress and notions of modernization and state capacity. As organ transfer went from a foreign affair to a national specialty, Spain went from an impoverished, isolated country to a modern nation comparable to its European neighbors. Reading these two processes against each other helps clarify how a medical procedure became invested with national meanings.
Chapter 6. Cultivating donor populations and caring for the needs of strangers

A considerable proportion of what the Spanish press published about organ donation and transplantation during the 1980s and 1990s was oriented to cultivating in the audience a willingness to donate organs by instilling in the population the notion that organs are needed, that they should care about the needs of transplant candidates, and that they could do something about that by donating organs and having a positive attitude about organ donation.

Three strategies stand out: First, the constant deployment of human-interest stories about organ transfer which, by virtue of recurrence, become cultural scripts that prescribe to the audience what they should think and feel about the possibility of donating an organ. Second, persistent calls for organ donation as a form of solidarity and generosity made the readership constantly aware of the needs and the suffering of distant strangers (Boltanski 1999; Wilkinson and Kleinman 2016). Finally, the use of statistics and opinion polls that symbolically represent (Urla 1993) and describe the donor pool and its evolution. In addition, the promotion of organ donation oftentimes reveals healthcare and social needs that go beyond the need for a transplant organ, providing a lens to wider forms of social solidarity.

It is important to note that the promotion of organ donation by the press reached its peak in the late 1970s and 1980s, when Spain’s organ procurement system was under construction. The 1980s were a decade of heightened social conflict in Spain. The decade started off with a failed coup d’état in 1981, and extreme-right terrorism by groups nostalgic of the francoist regime continued after that. Simultaneously, terrorist group ETA was very active during these years. For example, 1980 was the year with the highest number of ETA victims in Spain’s history, and some
of the group’s most lethal attacks (like the car-bomb at department store *Hipercor* in Barcelona in 1987) took place during this decade. In addition, a process of industrial reconversion that was meant to help with Spain’s economic modernization resulted in a dramatic loss of jobs. Skyrocketing unemployment fueled social conflict, which oftentimes manifested itself in the form of violent riots. Finally, and relatedly, a heroin epidemic ravaged the country, affecting specifically working-class neighborhoods in every Spanish city. The late 1970s and 1980s were a time of “emancipation and violence, democracy and unemployment, self-determination and overdose” (Sáenz Serrano 2022:5).

These conflicts shared newspaper pages with news about organ transfer. In fact, they sometimes crossed over. For example, many victims of the Hipercor attack needed skin transplants, and in 1986, after a car-bomb killed 12 members of the Guardia Civil, one of the victims’ parents decided to donate his organs: “the body of Guardia Civil Santiago Iglesias Godino, 21 years old, who died at nine thirty at night on Monday at La Paz Hospital, will be transported to Jaen, after having his usable organs extracted, following his parents’ wishes” (La Vanguardia 07/16/1986). There is, therefore, a certain degree of intertextuality between news about organ transfer and news about social conflict in Spain.

Given this background, it is possible to interpret these efforts to remind people that they should care for the pain and suffering of distant strangers as a tool of national reconstruction and reconciliation.

In the next three subsections I describe the press’ use of organ transfer stories as human-interest stories, the press’ role in promoting organ donation, and, finally, how news stories about organ donation sometimes open the door for a wider discussion about what we owe to each other.
In the last section of this chapter, I offer a more detailed theoretical reflection on how the media promotion of organ transfer contributed to create and expand the publicly available codes of social solidarity in Spain during times of social and political turmoil.

6.1. From human-interest stories to cultural scripts of action

Organ transfer stories are the perfect human interest stories, with an undeniable ability to elicit an emotional response from the reader: they involve life, death, misfortune, tragedy, the potential for a happy ending and the promise of goodness in people’s hearts.

6.1.1 The recipients’ story

Stories of transplant candidates tend to focus on the candidate’s suffering, their declining health and their abysmal quality of life while they wait for a life-saving organ. These harrowing narratives, undoubtedly crafted to elicit sympathy in the reader can be illustrated by this description published in El País in 1993:

‘Every hour feels like a century’ says Luisa García-Albi as she lies down in the living room of her parents’ house. For two years, Luisa has been connected day and night to an oxygen bottle because her lungs no longer work due to a rare disease called lymphangioleiomyomatosis. Last Christmas, the doctors announced to her that only a transplant could save her, and since then she sees time slowly go by while she waits for a call from the hospital that opens the doors to a solution for
her problem. ‘My life is that of a terminal, dying, chronic patient’ she affirms, and adds ‘I can’t think of what will happen after the transplant, but only of how I’m going to endure the next few months in this situation’ (El País 06/06/1993).

The rest of the article offers a detailed description of Luisa’s suffering and her sickly physical appearance. Similar descriptions of the pain and physical decline experienced by transplant candidates appear in other instances, like in this article published, also in El País, in 1999. It relates the story of Ángela Tejada Navarro, a kidney transplant patient about to give birth to her daughter who attempted suicide during her wait for a new kidney:

The first memories of her calvary date back to when she was three years old. At that age her ankles got swollen often already, and her bones started becoming deformed. At 11 years old, the doctors realized that her left kidney had dried out, and that her right kidney was in bad condition. Three years later they would diagnose her with juvenile chronic arthritis that left her almost paralyzed. She resisted until she was 24 years old, when she lost her last kidney. Then she had to go on dialysis, three days a week, four hours a day. ‘I had a terrible time; I could never adapt to it. And I somatized it’ she explains. It was during that time, when she was waiting for a kidney to arrive, when she tried to disappear... (El País 12/24/1999).

Most pre-transplant experiences of transplant recipients are described in these terms. These descriptions set the stage to portray the arrival of an organ as the almost miraculous solution to the problem.
In such circumstances, it is not surprising that the call from the hospital announcing the availability of an organ is described as an almost-miraculous source of relief. In Ángela Tejada’s story, the long-awaited kidney puts a sudden and definitive end to her suffering:

All of a sudden, the hospital lets her know that there is a kidney for her. She had been subjected to the tyranny of the dialysis machine for three years. ‘I never thought I would be so lucky. I knew people that had been waiting for a kidney for 12 years. I couldn’t believe it. I entered the operating room for the transplant as if it was a party, completely relaxed. It was January 21st of 1993. Everything went well. Someone had gifted me a life (El País 12/24/1999).

After the transplant, most narratives of organ reception highlight healing and recovery, minimizing the strict pharmacological regimes that transplant recipients must follow, the side effects of the immunosuppressant drugs, and the frequent medical exams. While those are mentioned, in the narratives that the press publishes following organ transfer stories their importance pales in comparison to the patients’ recoveries.

Recovery and success in these stories of organ transfer go beyond the reestablishment of organic function and is signaled by a return to “normal” social life and roles. As a result, it takes many forms. In Ángela Tejada’s story, motherhood marks recovery: “Ángela Tejada says she felt reborn with the new kidney. As she should. After recovering her health and finding a job, she got married and, six years later, last Tuesday December 14th of 1999, at 8.30 in the morning, she gave birth to a girl” (El País 12/24/1999). Likewise, for lung recipient Esther Mata, “her next challenge is to have children. ‘The doctors are optimistic, but there isn’t another case in Andalusia that is like mine to see how the pregnancy may turn out,’ she explains. But she claims she would have
them, no matter how” (El País, 11/03/2003). For others transplant patients, the ability to practice sports signals their return to a “normal” life, like the transplant recipient that claimed that “I used to get tired going upstairs, and now I can run 10 kilometers” (El País, 11/03/2003). Likewise, Arancha Díez de Juanes, a heart transplant recipient, explains that she may celebrate her two year transplant anniversary “like a year before: going down a ski slope at top speed” and adds that “I still go to periodic medical exams, but they’re becoming less frequent; I exercise, I take care of myself, I’ve gone back to work and to live alone” (La Vanguardia 01/22/2008).

While motherhood and sports depend largely on the patients’ health status after the transplant, other experiences less connected to the patient’s physical health are also marshalled as proof of recovery, like in the case of singer Raphael who “was reborn after a liver transplant and is happy to be able to sing again this Christmas Eve, and to have her granddaughter Manuela at home” (ABC 11/24/2003). Lung recipient Susana Javaloyes, on the other side, takes a more hedonistic approach to recovery: “When I feel good, I don’t let life pass me by. I have danced, I have drunk, and I have eaten e-v-e-r-y-t-h-i-n-g” (El País 03/08/2008). Social and affective relationships are also portrayed as a sign of recovery. For example, bone marrow transplant Ari (last name undisclosed) explains that, after spending a month in a sterilized chamber, she was finally allowed to see her families: “Suddenly I saw my father next to me and the doctor telling him ‘go hug your daughter!’” (La Vanguardia 02/10/2016).

In all these cases, receiving an organ appears as the long-awaited solution that rescues transplant candidates from the grip of death. These narratives highlight the life-saving character of organ transplantation and the heroic act of organ donation.

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13 In the article she is described syllabifying the word.
In the organ transfer stories in my sample, most transplant recipients respond to the gift of an organ with expressions of gratitude. These are especially salient in the letters to the editor written by transplant recipients that Spanish newspaper publish with relative frequency. For example, in the letter titled “I live again thanks to a transplant,” published in La Vanguardia, a female liver recipient writes:

_Last December 10th I celebrated the first birthday of the rest of my life thanks to the goodness and generosity of the human kind, who in the midst of the grief for the loss of a loved one were able to understand that their son’s liver (because the only think I know is that [the donor] was a 16-year-old boy) could give her life back to a woman that wouldn’t have lived to turn 50-years-old. [...] Now I’ve come back to life and I thank you._ (La Vanguardia 12/03/1997). In another article published in La Vanguardia, heart recipient Arancha Díez “confesses that she gives thanks every day for having received a healthy heart. ‘And I must take care of it, because it’s a gift. You can forget the bad moments, but not the gratitude’” (La Vanguardia 01/22/2008).

Sometimes, it is the transplant patient’s family who uses the opportunity to publish a letter to the editor to thank the donor, the transplant professionals, the media, and the citizenry in general for contributing to saving their loved one’s life, like in this letter published in El País in 1994:

_From these pages we want to thank Spain for its support and its humanity after learning about our daughter’s case. Thankfully, the little one was transplanted a new liver last January 27th. First, thanks to newspaper El País, which with the publication of our letter awoke the interest of the public opinion. Thanks to the_
National Organization for Transplants, and specifically to Doctor Matesanz, for his understanding, his support, and his prompt reaction. Thanks to everyone that, for one reason or another, were willing to help us [...]. Just that: A hundred thousand times thank you (El País 02/01/1994).

Expressions of gratitude towards the donor do not come only from transplanted patients and their families, but also from transplant professionals, like in this excerpt from an El País article where a transplant coordinator conveys appreciation for organ donors:

For professionals who work on transplant coordination and that get to meet donors’ families, for us organ donation is a wonderful, human action so loaded with altruism that we cannot let the opportunity pass to thank organ donors and their relatives for the act of donation, a true act of anonymous and free disinterestedness in giving something very precious but, unfortunately, unnecessary when death signals the end of life (El País 06/05/2003).

6.1.2 The donors’ story

In human-interest stories of organ transfer, the act of donation is portrayed simultaneously as a generous gift and as a sacrifice. No organ transfer story illustrates this better than the tragic story of Felipe Garza and Donna Ashlock, where 15-year-old Felipe suffered a cerebrovascular accident that left him brain dead and his family donated his heart to his terminally ill girlfriend Donna, who happened to be a compatible recipient. In a heart wrenching revelation, it turns out Felipe had told his mother a few days prior that he would die soon, and that he wanted to give his
heart to Donna. Although Donna would die of a rejection crisis some time later, the transplant succeeded initially, and news of her incipient recovery continued to trickle in the media after the initial peak of interest. Although the events took place in California, the Spanish press took keen interest in the story, and crafted a touching narrative around it. As Diario 16 announced it, this was “a true love story that has touched everyone in the United States, starred by two teenagers that loved each other until death” (Diario 16, 01/09/1986). The article goes on to describe the events, highlighting its emotional component at every turn:

Felipe’s nickname was “the smile of the family”, but his brother John started to notice that morning that Felipe was losing that smile and that he could barely talk [...] When Felipe arrived at the hospital, his brain was bleeding profusely. A vein rupture had produced the clinical death of young Felipe, who was only alive, like a plant, thanks to an artificial ventilator. The Garza family cried for his death [...] But when Felipe Sr. and his wife, Maria, were crying for the death of their young son, the mother remembered a phrase that her son had mysteriously said to her three weeks before his death: ‘I know I am going to die, and I want to give my heart to my girlfriend.’ It was then when, that day, the most emotive love story started to develop […]. Maria, the mother that remembered her son Felipe’s premonitory phrase, seeks comfort amongst her tears and says, ‘every time we see Donna around here, we will say to ourselves, my little Felipe did this. Part of him will be close to us” (01/09/1986)

The article includes a description of Felipe’s prior headaches, which probably indicated an underlying problem with his brain but that were ignored by his parents and teachers, the latter of whom attributed his poor performance at school to his family socioeconomic status and not to a
potential life-threatening issue. It also includes a narrative of Donna’s declining health and imminent death. Similar articles were published in other newspapers, all of them highlighting its human-interest component.

Domestic organ transfer stories were narrated in a similar way, portraying organ donation as a gift that turns a tragedy into an opportunity for positive moral action that leads to a happy ending for others. For example, El País described the death of 20-year-old electrician and organ donor Miguel Ángel Plata by explaining that

*his motorcycle, which did not follow him in his passion for life, went off a curve on the road from Granada to Armilla, curtailing his projects forever. It was 9 at night on Saturday, September 18th of 1999, and the summer was coming to an end. Miguel Ángel will never see the sunlight in Granada again, and he will not see the Fall announced by the changing leaves that he could see from the road. The young electrician, generous and solidary according to those who knew him, gave 11 people part of his life; his organs live in them now, and all of them, in some way, make Miguel Ángel’s heart continue to beat. [...] ‘My father didn’t even think about it, he understood right away what they [the transplant coordination team] were proposing,’ remembers Belén [Miguel Ángel’s sister]. ‘His siblings didn’t hesitate either. The only one that couldn’t accept it was my mother. However, now she is the first to remember that Miguel Ángel is helping other people live. And that soothes her grief,’ adds Belén. ‘This is like when you outgrow new clothes. What do you do with them, you throw them away? I think it’s best to give them away,’ reasons José Miguel Plata, who still preserves, intact, the pain for the loss of his
son. He is convinced that being an organ donor does not hurt anyone and brings only benefits.” (El País 12/24/1999).

Most organ donation stories highlight how, in cases like these, the saved life helps the family make peace with a tragic loss. In stories like these, which were especially common during the 1980s and early 1990s, the donor’s relatives honor his generous character by accepting their tragedy, overcoming their pain, and giving a stranger the opportunity to live with their family member’s organ.

In the case of living organ donors, the narrative is a quite different, because living donation bypasses the tragic element of the sudden death of a loved one. The gift (and the sacrifice) that living donors make is different. Most commonly, the donor and recipient have a relationship prior to the transplant -they are related by blood, or they are close friends who happen to be immunologically compatible-, and the organ transfer often reaffirms this relationship, extending the cultural codes that define it to the transplant itself. This is particularly visible in those cases where a mother gives an organ to their (young or adult) child. For example, in this 2005 article on El País, a kidney donor mother explains that:

‘Gifting a kidney to my daughter gave me life’, says 62-year-old Rosa Alonso, the donor. Her 33-year-old daughter Reyes Gutiérrez has only had her new kidney for a few months; a kidney that had lived with her mother for decades. In a way, her mother gave her life twice. ‘How was I going to let my daughter suffer? I looked at her and each day she was feeling worse. Immediately after the transplant her life changed’ (El País 08/03/2008)
In this case, the kidney donation is an extension of Rosa Alonso’s role and identity as a mother. Federico (last name undisclosed) narrates his liver donation to his daughter in equivalent terms of fatherly sacrifice:

*She was beautiful. It had only been a few hours since the transplant and that sickly skin, sometimes yellow, sometimes brown, had turned into a glowing white complexion... I will never forget it [...] We were afraid, very afraid. We feared that it wouldn’t work because it was the first time this surgery was done in Spain. That something would happen to me in the operating room, that I wouldn’t make it out alive and would leave my daughter and my eldest daughter alone [...] I have scar across my body, it looks like the Mercedes star (ABC 03/15/2008).*

If these stories are inserted the dominant scripts of parenthood, the stories of transplants between members of a couple are -like in the case of Felipe Garza and Donna Ashlock- are inserted in the dominant scripts of romantic love. In this ABC article from 2008, a kidney donor wife describes her decision to give her kidney to her husband:

*Things took a downward turn the day Pedro’s renal function reached the limit. Dolores started to move paperwork and make phone calls to organize everything and transfer her husband’s medical history from Burgos, where they live, to Madrid. I organized everything, I went to a psychiatrist, to the hospital’s Ethics Committee, to a judge, and through infinite medical tests [...]’ Dolores did not have time for hesitations nor fears. Pure courage, she says the that on the day of the transplant she jumped on the operating table. The surgeon was impressed [...] Dolores kidney quickly latched onto Pedro’s body [...] For Dolores and Pedro,
today, this is their best memory. His wife’s kidney is the greatest expression of love. ‘After this, what else can I ask from her?’ (ABC 03/15/2008).

In these cases, organ donation between relatives is interpreted in the light of the culturally patterned roles, identities, and obligations that those family relationships entail outside the transplant relationship.

Taken together, and by force of frequent repetition, these narratives provide readers with a script that makes sense out of, and attributes meaning to, the organ transfer process.

6.2. Learning to care for the needs of strangers

6.2.1 Organ donation promoters

Beyond reporting news of organ donation and transplantation, the Spanish press situates itself as an active promoter of organ donation, directly advocating for the “public good” of organ procurement. For example, an article published in La Vanguardia claims that “the recent stories that La Vanguardia has devoted to the topic of postmortem organ donation and transplantation bring out, again, the need and the convenience of having correct information about it [about organ donation]”. The article ends by stating that “it is sad to know that, in matters of altruism and solidarity, we are in the last places, perhaps due to ignorance and lack of knowledge of the topic” (La Vanguardia 12/18/1989). Sometimes, this interest in promoting organ donation coexisted across media platforms, like in this case where an article published in La Vanguardia praised TVE (Spanish public television) for a show “dedicated to the topic of organ transplantation and post-mortem organ donation […]. Truthful information that, eliminating prejudices and superstitions,
will result in a higher number of donations and, therefore, in new life chances for many patients that today are living through distressing situations” (La Vanguardia 03/27/1988). The similarity in the language indicates that La Vanguardia -and other newspapers publishing similar pieces- presents itself as an active participant in the promotion of organ donation.

Other times, the press promotes organ donation indirectly by featuring other actors who are invested in the advancement of organ transfer and who operate as interest groups that strategically employ media to influence how the public opinion views particular issues (Andsager 2000). A perhaps unexpected yet very active promoter of organ donation in Spain, for reasons that go beyond the scope of this dissertation, was the Spanish Catholic Church. In its press releases and press appearances, members of the Spanish Catholic Church defined organ transplantation as a form of medically-aided charity. For example, a pastoral letter reproduced on Spanish newspapers in 1984 and analyzed in detailed on this La Vanguardia article, claims that “organ transplants, as a scientific miracle, achieves a higher form of brotherliness” (La Vanguardia 10/24/1984). Similarly, an article published on ABC reproduced an excerpt from the same letter explaining that “it is often said that contemporary technical progress makes people increasingly selfish and locked into our own hearts. However, this progress also opens new and unexpected roads to charity” (ABC 10/28/1984). Here, religious moral principles are not deployed as a way of setting limits to scientific progress. On the contrary, scientific progress appears as a tool for moral human realization.

The Spanish Catholic Church deployed two main strategies to promote organ donation. First, it attributes religious meanings to organ donation, considering it a “precious form of love and solidarity” (La Vanguardia 11/02/1984) and equating it with imitating Jesus, “who gave his life for others” (ABC 10/28/1984) and who said that “there is no higher love than giving one life’s
for his friends” (ABC 10/28/1984). In the years to come, the Spanish Catholic Church would actively try to decouple organ donation from beliefs about the resurrection of the flesh, reminding Catholic readers that “the faith that Christians have in bodily resurrection does not pose any difficulties against this practice [organ donation]” (Ya 06/07/1990) and that organ donation is “a work of solidarity” (Ya 06/07/1990). Second, members of the Spanish Catholic Church sometimes publicized their own decisions to become an organ donor. For example, as early as in 1979 La Vanguardia reported on Auxiliary Bishop Monsignor Alberto Iniesta’s decision to donate his kidneys (La Vanguardia 06/15/1979) and on four other Bishops decision to become organ donors (La Vanguardia 11/02/1984).

While the case of the Spanish Catholic Church is undeniably interesting, the most active promoters of organ donation as a form of social solidarity were those involved in the organ transfer process. For example, in this article published on El País, a transplant coordinator asks those opposed to donation to

\textit{do some self-reflection. The patients that await a transplant are real people, children, young people, adults, with names and surnames, neighbors in our communities and whose lives depend dramatically on everybody’s awareness. When, in a potential donation, coordinators hear the answer ‘no’, it hurts us to think, simply to imagine, how those families are closing the doors to the future, for the possibility exists that they, themselves or their relatives, may one day be on the other side and demand from society the very same thing they are refusing to give. Any of us can need one day a vital organ transplant to be able to survive. We must recognize the usefulness of the body after death. Today it is for you, tomorrow for me or for my family. We all must act with reciprocity in mind and accept that}
ethical commitment to equity. Once dead, donating organs is the most beautiful inheritance that we can leave (El País, 06/05/2003).

In this excerpt, a medical professional relies on ideas of reciprocity and on a negative characterization of non-donors to portray organ donation as a civic duty.

As organ transplantation became a relatively safe and effective medical practice, and the organ shortage became the most pressing issue facing the nascent Spanish organ procurement system, a series of organizations and institutions emerged whose goal was to promote organ donation. For example, the Red Cross created a hotline for people to request information about organ donation and transplantation, with the objective of “facilitating any information about the issue of organ donation and transplantation, enable citizens to become donors, and coordinate, when possible, the extraction and transportation of organs to the hospitals that can use them” (Ya 12/21/1984). In an article published on ABC explaining the need for such service, the author claims that “organ transplantation has nothing but supporters. However, it is still difficult to break the barrier of indifference” (ABC 12/23/1984). The goal of this type of organizations and services, then, is to make potential donors aware of the needs of strangers.

Of the different organizations that emerged during the 1980s and 1990s whose goal was to promote organ donation, those formed by patients were some of the most active. For example, the organization Atcore (Association of Heart Transplant Recipients in the Basque Country), founded in 1995, lists among its goals to “collaborate in raising awareness in the citizenry so that they become sufficiently generous and solidary, becoming organ donors and thus helping those who are waiting for a fatal ending preserve their lives” (El País 11/25/1998).
Kidney patients’ organizations were particularly active in promoting organ donation. As early as in 1976, La Vanguardia announced the founding of the Association for the Fight Against Kidney Disease,

*promoted by kidney patients themselves and that aims to contribute, with its efforts, to solve the problems of the almost two thousand Spaniards affected by terminal kidney failure that die every year due to the impossibility of receiving adequate treatment, and the problems created by the lack of kidney donations, necessary to perform transplants* (La Vanguardia 05/20/1976)

In a different article published a few years later in El País, the organization claimed that theirs were “difficult and ambitious projects. Perhaps, but their realization constitutes, on one side, our need and, on the other hand, our obligation” (El País, 03/23/1979). The organization became salient during the 1980s for its relentless campaigns to increase the number of available transplant kidneys. In an article published in Diario 16 in 1980, a representative of the organization reminded readers that

*your kidneys can save two lives. Don’t throw them away, donate them […]. By 1982 the number of [terminal kidney] patients will reach 6,400 […]. The anguish of these families and their suffering, ill relatives could easily be relieved, since, in our country, an estimate of 14,000 people per year become brain dead. They would be ideal organ donors, and they would cover, by far, the needs of all the chronic kidney patients that exist in our territory* (Diario 16, 08/16/1980)

In the next few years this organization, and other such as the European Association for Dialysis and Kidney Transplant, the Association of Kidney Patients, and the organization of kidney
patients called Kidney continued to remind the public of the dire need for transplant kidneys, offering data on kidney needs and promoting organ donation campaigns. The organization Kidney, for example, distributed signs with the slogan “Thousands of patients, like Yolanda, await a kidney to live… Donate!” (ABC 03/08/1981), announcing a kidney donation campaign motivated by the fact that “as we know, transplant is the only hope for salvation for kidney patients” (ABC 03/08/1981).

Besides giving voice to organ donation promoters, the Spanish press also amplified and participated in media events oriented to promote donation. The clearest example of this is National Donor Day. In 1979, the first Wednesday in the month of June was declared National Organ Donor Day. This day brings together the media, public authorities, transplant professionals, transplant patients, and transplant patients’ organizations in a celebration geared, for the most part, to the promotion of organ donation and transplantation. The article, published in El País in 2003 and titled “We Must All Become Organ Donors”, which focused on the celebrations in Andalusia, is a particularly illuminating encapsulation of how different actors use this day to remind the readers of the importance of organ donation and of their duty to care for the needs of strangers:

we are convinced that, as the information about the beneficial and positive effects of organ donation and transplantation increases and improves, the solidarity that the Andalusian people has been showing will continue to be brought out and we hope that, in the near future, the small group of people that is still reluctant to donate, will be reduced to the minimum expression. On National Donor Day, we invite people to engage in serene reflection and to talk to their families and friends about their desire to become organ donors (El País 06/05/2003).
A few years later, El País published a similar account of National Donor Day, this time quoting transplant organizations directly:

*When the first days of June come about, the transplant patients’ associations take to the streets to make ourselves visible and bring out two questions vital for us. That transplant recipients live thanks to the altruist and disinterested generosity of donors, and that donations are very necessary. Many people are on the waitlist and live with hope and fear awaiting the phone call that will save their lives* (El País 06/08/2011).

These calls for altruist donation appear year after year, like in this article from 2016 which explained that

*Today, June 1st, is National Organ and Tissue Donor Day, a date that should not just go by. The are many motives to observe this day: To remember the reality of thousands of people who are waiting for a life-saving transplant that will also improve their quality of life, to use this opportunity to inform and raise awareness in the citizenry about the reality of organ and tissue donation, and offer them the possibility of becoming an organ donor* (El País 06/12/1990).

To summarize, my analysis so far has shown that different actors (the Spanish Catholic Church, transplant professionals, transplant patients, etc.) use different opportunities (the coverage of National Donor Day, the opportunity to send letters to the editor, etc.) to speak in favor of organ donation. Their calls rely for the most part in similar rhetorical resources, mostly revolving around invoking feelings of generosity and social solidarity, which are deployed in the press coverage of organ donation and transplantation in Spain.
6.2.2 Individual patients as promoters

Sometimes, transplant candidates and their relatives write directly to newspapers to explain their situation and to ask for the organ that they need. For example, in this letter published in Diario 16, Juan Carlos Berasategui implored for a new heart for his brother Eduardo, who had a terminal myocardiopathy:

_Eduardo is 23 years old and knows what his current situation is, he knows that his life depends on a person’s generosity, on a family that he does not know, and keeps the hope that this new heart may arrive in the next few days [...]. My letter comes from everybody who loves Eduardo and has a double intent. On one side, it’s directed to potential families that, in a situation of pain that I empathize with, must consider donating their deceased loved one’s heart, since by now they must know the great good that their decision can bring about. On the other side, I invite everybody that may read this letter to become organ donors; only when it hits close to home you realize the strong and human meaning of knowing that you can save a life_ (Diario 16, 05/07/1989).

Once the transplant has been successfully completed, transplant recipients often become advocates for organ donation and present their own stories of healing and recovery as living proof that organ donation is worth pursuing. In fact, many retellings of patients’ stories end with a call for donation. For example, in an article published in El País in 1993 that featured several transplant recipients, kidney recipient Inmaculada Romero explains that “from the moment we are recipients, we become donors. We cannot expect our bodies to belong to us when we have received so much
generosity from another person” (El País 02/28/1993). Similarly, in this letter to the editor, El País reader Pedro María Regúlez writes:

the undersigned is one of those who can do it [talk about the importance of organ transplants] thanks to the generosity of someone who decided to donate their organs. Anyone can be in that situation. We [transplant recipients], in the first place, for being direct beneficiaries, and everybody able to feel solidarity, must overcome selfishness and donate something that, in reality, we are not going to use (El País 11/25/1998).

In this, more recent, letter, titled “Organ Donation: Everybody’s Duty” and published in El País, a transplant recipient writes:

There are drops of hope, solidarity, and gratitude in this crisis-ridden society. Organ and tissue donation is the most solidary, disinterested, and anonymous gesture that a person can have, after death, to demonstrate that life does not end with the last heartbeat, that life continues, prolongs, and lengthens whenever there is a terminally ill person that needs it [an organ]. The solidary chain of donation does not end with the donation itself, and it does not end with the work of the healthcare professionals. It continues with the people that live thanks to an organ donation, and that thanks to the miracle of transplantation can breathe everyday (El País 11/28/2008).

The friends and family of transplant candidates and recipients are also often featured in the press, making calls for organ donation. For instance, in a letter to the editor published in La Vanguardia a few years later, a reader writes about a friend that needs a liver: “He is on the
transplant waitlist, like so many other people. Please! Let’s be aware that our death won’t take our bodies, that most times the body remains intact. Let’s donate our organs so that other can live longer, like my dear friend” (La Vanguardia 02/17/2002).

Even concerned readers who do not identify themselves as organ recipients or relatives or friends of an organ recipient are sometimes featured in the letters to the editor, showing the extent to which the organ donation shortage was established as a pressing social problem. In this letter to the editor to El País, a reader writes that “the lack of human transplant organs continues to create distressing, dramatic, and unjust situations […]. It is necessary that the highest number of healthy people consent that, once dead, their organs can be used” (El País 04/16/1995).

6.2.3 Mobilizing children’s disease

No other population group attracted media (and mediated) efforts to secure organs than terminally ill children. This is not surprising, since children are often portrayed as more deserving of empathy than other demographics. Children’s needs for a transplant are portrayed as a morally inescapable collective responsibility. For example, in 1986, following Juan Carlos Delgado’s breakthrough double transplant (heart and liver, from two different donors), ABC published an article on the five children that awaited a liver at La Paz Hospital in Madrid, explaining that

\textit{Juan Carlos Delgado’s case has served to raise awareness in the citizenry about the need to donate their organs. Five children, from 18 months to 15 years of age, await at La Paz Hospital, in Madrid, a liver transplant to survive. In the image, girl}
Margarita Gener Mol, the youngest of them and the one of the ones that more urgently need the transplant (ABC 07/26/1986)

A few years later, Ya published a similar story:

Eight children admitted to Valle de Hebrón Hospital are waiting for a liver donation to be subjected to a liver transplant. If that doesn’t happen, their lives would be in serious danger. The children, between 8 months and 10 years of age, have a life expectancy of barely 6 months and three of them, according to Doctor Martínez Ibáñez’s statement to EFE, are in an extreme situation that they can only overcome with an urgent transplant. The most severe case is Óscar Calvo Cabañas, aged 8 months old, who suffers from biliary atresia (Ya 10/30/1987).

The Spanish press also launched campaigns centered around individual children, highlighting the drama of a truncated childhood and of desperate parents resigned to watch their children languish and eventually die. The case of 5-year-old Daniel González, who needed a heart and, possibly, a new pair of lungs, attracted ongoing media attention. For example, in this story published in Diario 16, the mayor of Daniel’s hometown, Rota (Cádiz), implored for a new heart for Daniel: “Last November this child got one year to live if he did not receive a transplant. His family, of humble condition, adds the mayor’s office, is devastated, impotent before the worsening that the child has suffered, which demonstrates that his life is depleting” (Diario 16 04/21/1987). Daniel’s case gained a great deal of attention from the press, particularly from newspaper Ya, which started a campaign both asking for an organ donation and for funds to potentially send the child to the London, where it would be easier for him to recover. This campaign was, to an extent, politically motivated. Much of the coverage of Daniel’s story was framed from a pro-life/anti-
abortion perspective, a cause that Ya, as a Catholic outlet, was invested in. As part of this campaign, Ya published several emotionally charged articles, including one titled “We cannot let him die”, which started with a description of a traditional child funeral in rural Spain

there is something that we must not forget about those moments of our childhood, the screams of the mothers that had lost the fruit of their wombs. They stuck in the depths of our souls and now, when a child is at the verge of death, they come back with an unbelievable cruelty. [...] I tell all this, Daniel, so that the mothers that have the disgrace of losing the most beautiful part of their lives, a child, think of you, little Daniel, and of that heart that, if it serves you, they should give you so that your mother needs not close the door to hope. I have the feeling that Daniel will receive a heart [...] even if you need to go abroad [...] But I am also sure that it won’t be necessary, because nobody beats our mothers in altruism. [...] You will see how, very soon, your Grandpa, who spends his days beside the phone, will jump with happiness because you, from Ramón y Cajal Hospital in Madrid, will scream ‘I have a heart!’. All together we will keep you from dying (Ya 05/08/1987)

While Daniel’s story stands out for the attention it received and from the dramatic tone of some of the coverage, stories about children who needed transplants that were recurrent, especially in the late 1980s and 1990s. For instance, in 1993 a 4-year-old girl from Croatia Sabrina Illiajazovic needed a liver as well, as depicted in La Vanguardia, where doctor Fracisco Araño

14 Traditional funerary rites for children varied across regions, but usually they involved the ringing of the church’s bell, cancelling school for the day so that children could attend the burial, and burying the child in a white casket decorated with angels. After that, the family would lock themselves in the house for several days. As the author of the excerpt knows, it was common for the mothers and other women to express their sorrow by crying and screaming.
assured that “she has a life expectancy of under a year if she does not receive the transplant soon” (La Vanguardia 01/07/1993). Although livers were the most coveted organs for children - congenital liver problems are a relatively common cause of transplants in children-, Spanish newspapers also covered the stories of children that awaited other organs. For example, also in 1993, Diario 16 publicized the case of Ana Martínez Vila, a 14-year-old girl from Valencia that needed new lungs, under the headline “Little Ana Martínez asks for a lung to remain alive” (Diario 16 06/03/1993). In the body of the article, the girl is quoted as saying that “she feels alright, ‘although I get tired a lot’” and reminding readers that “more organs are needed” (Diario 16 06/03/1993).

Many of these calls for a new organ are supported by testimonials from both the children themselves and their families. Children testimonies often highlight their desire to go back to a normal, healthy childhood, and mention going back to school, playing with friends, etc. For example, Ana Isabel Dena Arrieta, who needed a heart and lung transplant and who ended up having to go to London for her surgery, was quoted saying that she had “the hope to go back to the normal life” and to “be back to being a normal girl that is able to go to school, and walk, and run, and go out with girlfriends” (La Vanguardia 01/27/1987). The family’s testimony usually highlights the child’s strength, and their ability to sustain long and sometimes painful treatments while they wait for the organ. For example, in the same case of Ana Isabel Dena Arrieta, her mother mentioned that “has carried her cross like an example of serenity and reflection” (ABC 01/27/1987). In these testimonials, the child expresses their desire to go back to their designated social roles, and the family vouches for the child’s moral character.

When a child finally received an organ, their recovery was widely celebrated and publicized, oftentimes highlighting their return to a normal life, even in its smallest forms. For
example, the coverage of María Dolores Ortega’s successful heart transplant included mentions of her playing with her doll or asking about her little brother as proof her recovery. When Rubén Iván Alonso, a child with a severe immunological disorder that forced him to live in an aseptic bubble (which earned him the title of niño burbuja or “bubble child”) returned from Germany after a bone marrow transplant, the press even reported on the child’s family vacation: “The niño burbuja from Bilbao, Rubén Iván Alonso, who was subjected a few months ago to a bone marrow transplant in Germany, is on vacation with his parents and grandparents in León’s town Valdellorma” (Ya 08/05/1985). Transplanted children often earned short of a celebrity status, their recovery a symbol of the skills of Spanish surgeons, the efficacy of the organ procurement system, and the generosity of (almost always\textsuperscript{15}) anonymous citizen donors.

When a child died, on the other hand, their death was often presented as a collective failure, especially in those cases where the child’s illness, deterioration and eventual agony had gained media traction. During the weeks or months prior to the child’s death, recurrent updates on their health and constant calls for an organ donation place the responsibility for the child’s survival in the citizenry, like in the excerpt presented above calling for a heart donation for Daniel González. In another example pertaining to the same case, the mother was quoted saying that “I understand the pain so intense that a couple whose child has died must go through, but from here I want to tell those families that for just one moment think of Dani, of his short life, if they consent to donate my son can be saved, and at the same time the life of that lost child will continue in mine” (Ya 04/29/1987). In another desperate call, the same mother made that appeal to people’s citizen duty even clearer: “I believe the Spanish people is generous and now that everybody knows my boy, I

\textsuperscript{15} Although anonymity was a central tenet of the 1979 transplantation law, it was not consistently enforced until the late 1980s, and especially until the creation of the ONT in 1989.
know we will be able to get him through this” (Ya 05/18/1987). In the following months, newspapers would continue to report on Daniel’s health, up until his death in 1989. From the pages of La Vanguardia, the audience was reminded that “since two years ago he waited for a heart transplant” (La Vanguardia 09/11/1989).

The case of 18-months-old Margarita Gener Mol illustrates how invested the press was in making the audience aware of child transplant candidates’ plight. In June, El País published the first piece on her case: “Margarita, 18-months-old, is staying at the children’s section of La Paz Hospital in Madrid, waiting for a donor to get a liver transplant. The girl, whose blood type is 0+, has a short life expectancy if she does not receive this urgent transplant” (El País, 06/11/1986). A little over a month later, in an article about the children that were waiting for an organ, ABC reminded the readers that Margarita, along with other children, was in a “very terminal phase, and if a transplant is not performed soon, the doctors predict they have few months left” (ABC 07/25/1986). The next day, the same newspaper insisted that, of all the children at La Paz Hospital, Margarita was “the youngest of them all and one of the ones that need a transplant more urgently (ABC 07/26/1986). In the same article, one of her nurses is quoted explaining that “she is a smart and happy girl, but now she is fussy because her belly swelled up badly” (ABC 07/26/1986). Two days later, ABC reiterated that “the child that [needs a transplant] more urgently is Margarita Gener, 18-months-old, whose life depends on a donation. Will her desperate wait yield fruits?” (ABC 07/28/1986). In this type of coverage dealing with young children awaiting organs, their survival and death are presented as something the citizenry as a whole should feel emotionally and socially invested in.

In sum, the stories of children’s need for a transplant are particularly emotionally appealing and had a central role in defining organ donation as a collective responsibility and civic duty.
6.3 Cultivating donor populations: The role of quantification

Whenever new data on organ donation becomes available, the press reproduces it, symbolically representing (Urla 1993) the donor population by circulating both descriptions of the most common donor profile and data on the number and type of organs donated. For example, the press often circulates information about the average age of organ donors, explaining how the aging of the population and the changes in road fatalities impact quantity and quality of donors available. For example, while in this excerpt from a 1996 article claimed that “the ONT sources note that the age of organ donors is increasing” (El País 05/11/1996), a few years later the same newspaper explained that “the data from 2000 show that 29% of organ donors died in a car accident and that close to one third were under 29-years-old” and that “this decline in donors’ average age allowed for a larger amount of usable organs” (El País 05/08/2001), which in that particular year helped compensate for a decline in the number of organ donors. A couple of years later, the average age had increased again, and the same publication explained that

*with the aging of those who donate their hearts, livers, and kidneys (but also their lungs, intestines, and pancreas), the causes of their death change, too. Victims of car accidents decline (they’re already less than one fifth) and older people who die of brain hemorrhage increase (since 2001 they are 59.9% of the total number of donors*) (El País 01/26/2005).

The transition between a majority of donors coming from road fatalities and a majority of donors coming from cerebrovascular accidents also impacts the procurement methods. For example, in 2017 newspaper Público explained that the good organ donation results for the year prior could be explained by “the increase in asistolic donors (one of four donors is currently an
asystolic donor) and to a greater collaboration from urgent care physicians in the identification of potential donors (donors identified in the emergency room are no 24% of the total number of donors)” (Public 01/11/2017).

The number of donors, regardless of their age and cause of death, does not necessarily equate the number of transplants performed. To make sense of that mismatch, El País had to explain in this 2003 article that “last year, 1,411 people were organ donors (5.5% more than the 1,335 from 2001. 3,708 organs were used, which benefited more than 3,600 patients. Some of them received multiorgan transplants” (El País 01/26/2003). As part of the description of the donor pool, the press also circulates descriptions of the types of organs donated and used. As early as in 1994, newspaper Ya explained that

since January 1st of last year and until April 1st, the transplant activity has translated into 400 renal transplants versus the 311 that were performed according to the 1993 data, 152 liver transplants (in the same period last year they were 98, 78 heart transplants, twenty more than between January and April of 1993, 7 pancreatic transplants and another 7 lung transplants (Ya 04/12/1994).

These statistical descriptions of the donor pool follow the same pattern every year, probably because most of them are direct reproductions of press releases by the ONT, and they often include a reminder that organs are still needed to save transplant candidates’ lives. For example, in 2005 ABC reminded its readers that “despite the good results, there are still more than 5,000 people that are waiting for an organ transplant in Spain (ABC 06/09/2005). A few years later, Público published a more exhaustive description of the transplant organ waitlist, explaining that

161
currently, around 5,400 patients are on the waitlist to receive an organ. 4301 await a kidney, 722 a liver, 161 a lung, 81 a heart, 127 a pancreas, and 5 an intestine. The waiting time to receive a heart is less than two months, three months for a liver, 5 months for a lung, 6 months for a pancreas and 20 months for a kidney (Público 01/11/2010).

Beyond the statistical description of the donor pool and the transplant organ waitlist, the Spanish press also cultivates a donor population by reproducing and amplifying the results of opinion polls on organ donation, which cover not just the proportions of people who would or would not donate an organ, but also on the reasons why people do or do not donate. For example, newspaper Ya, in an article published in 1995, explained that a recent study indicated that “the main reasons that lead survey respondents to become donors are solidarity 47% and reciprocity 29. The reasons that hinder donation are not knowing how to become a donor and fear of a brain death misdiagnosis” (Ya 10/23/1995). These references to solidarity and reciprocity are not just descriptions of the respondents’ answers to the survey but become prescriptive as they become amplified by the press coverage.

References to a lack of information about the organ procurement processes and systems in place are also common. The same article published on Ya claims that “the majority of respondents, 58% ranks the information available about the national organ procurement simple as insufficient, but 79% of respondents think that transplants are a positive health care service” (Ya 10/23/1995). In another survey, conducted in Andalucía specifically and published on El País, the second reason respondents adduced to not donate their organs was “lack of information (38%); 25% of respondents reference their ignorance of the process to become an organ donor” (El País 01/28/2001). While in descriptions of respondents’ rationales to donate their organs there was a
prescriptive element directed to the general population, references to lack of information become a site from which to demand both better promotional efforts from the organ procurement organizations. For example, the article published on Ya informs the readers that “to increase the social support for organ donation, the study authors propose offering more information about the efficacy of transplants […]]. In addition, they claim that family debate about the issue should be promoted, and that easy procedures to obtain an organ donor card should be established” (Ya 12/23/1995). Likewise, transplant professionals quoted in the article published on El País and referenced above explain that “to raise awareness in the population about such a delicate issue, the more information is provided, the better” (El País 01/28/2001). A similar article, also published on El País, also implies the efficacy of organ donation promotion campaigns, claiming that “in the course of the year 2002, Andalusia has decreased the percentage of people who refuse donation to 21%, in contrast with the 29% from year 2001. This has led to 569 Andalusian patients receiving an organ transplant, something unthinkable a few years ago” (El País 06/05/2003).

In sum, the press’ use of statistics and opinion polls operate as both descriptive and prescriptive tools that symbolically represent organ donation as an act of solidarity that is based on feelings of reciprocity that the population should engage in and that public authorities should promote.

6.4 Beyond organ donation: Organ transfer as a window to social solidarity

Part of the contribution of the press coverage of organ transfer in Spain to the strengthening of social ties and the fostering of social solidarity goes beyond cultivating a willingness to donate organs in the population. In some cases, the social contracts being discussed went beyond organ
donation and led to conversations about who deserves to be considered a legitimate member of the body politic, and about what we owe to each other as members of a collectivity. In that sense, the coverage of organ transfer in Spain promotes expansive codes of belonging and deservingness that sometimes go beyond transplantation and include other forms of social protection. This happens in two ways. First, in instances where the limitations that the Spanish organ procurement system placed in the distribution of organs were questioned or criticized, which sometimes led to an expansion of the criteria of adjudication of transplant organs to include previously marginalized groups. Second, in instances where the need for an organ acts as a lens that reveal other needs that, as they were narrated in the press, also became a matter of collective concern.

6.4.1 The expansion of cultural codes of deservingness

Organs are a finite resource that rarely meet the demand. Most organ procurement systems in the world live in a state of perpetual shortage. As a result, transplant professionals need to make triage-like decisions about how to distribute the available organs, relying on and actualizing criteria for inclusion and exclusion that draw a set of boundaries around the body politic (Scheper-Hughes and Lock 1987). Criteria for organ allocation vary across procurement systems; in Spain, the royal decree from 1980 that elaborates the 1979 law establishes that organ allocation must be based on geographical and clinical criteria exclusively (Ley 30/1979, Real Decreto 426/1980). Social factors ought not to be part of the decision. However, the line between clinical and social is, as medical sociologists have repeatedly pointed out, blurrier than it seems. At moments when the porous quality of the clinico-social border is made apparent, debates about organ allocation, and therefore about who is considered a deserving member of the body politic, emerge.
No other case exemplifies this better than that of Aquilino Jiménez Jiménez, a young child of Roma ethnicity who, in 1993, gained media attention after being allegedly denied a liver transplant. The press reported prolifically on the story. The sentiment of most of the coverage of Aquilino’s case can be summarized in this headline published in ABC: “Polemic for the denial of a transplant for Roma child that needs a liver” (ABC 10/15/1993). The controversy allegedly started with an informal exchange between physicians from La Paz Hospital and Gregorio Marañón Hospital, where physicians advised against performing a liver transplant on Aquilino because his living conditions were not adequate for the recovery process of a transplant recipient.

Aquilino lived with his parents, who were 19 years old at the time, in a self-built shanty against the cemetery wall in Carabanchel, a working-class and low-income neighborhood in Madrid. Although the space had heat, “electricity, a washing machine, and color TV” (Ya 01/15/1993), most walls were made of cardboard and metal sheets. The space was poorly insulated and crowded, and did not meet the hygienic conditions that a transplant recipient -particularly one of such young age- would need in order to make a full recovery.

It is a clinical fact that transplant recipients are particularly vulnerable to infections, and in that sense the physicians’ prediction that the transplant would not succeed under those conditions was likely to be accurate. From a triage point of view that aims to optimize the use of a scarce resource, allocating that hypothetical liver to a different patient -one with access to the required level of cleanliness- would be a better choice. The question here is that access to cleanliness -in this case in the form of a home with reliable access to clean running water, etc.- is not evenly distributed across the population. Specifically, and as a result of centuries of prosecution, racism, and institutional neglect, a good portion of the Roma population in Spain lives like the Jiménez family, in self-built residences that often lack basic amenities. Despite the physicians’ efforts to
explain that “many circumstances can contraindicate a liver transplant, but never his race, as is demonstrated by the two out interventions of this kind performed on Roma children, out of the 98 performed at this hospital” (Ya 01/1989), excluding a potential transplant candidate on the basis of access to hygiene and certain standards of living means, de facto, to exclude most of the Roma population. In the coverage of Aquilino’s case, the clinical fact of transplant recipients’ higher vulnerability to infection becomes social by force of inequalities that systematically put certain demographics -in this case, the Roma population- at a higher risk.

Eventually, Aquilino was considered fit to receive a transplant, although his health improved enough to not need it for a few years. To reassure the public that Aquilino was not going to be discriminated against, ONT director Dr. Rafael Matesanz took to the press to insist that “Once [Aquilino] enters the waitlist, he will have the same chances to be transplant as any other Spanish citizen” (Ya 01/27/1993). In this case, the media and public pushback against the doctors’ decision to exclude Aquilino from the liver waitlist did away with one set of criteria for the allocation of organs, setting a precedent for future cases and therefore expanding the recipient pool to include marginalized populations sometimes considered undeserving of this type of sophisticated treatments due to their lack of access to hygienic living conditions.

Aquilino finally received a liver in 1998, as announced by Ya: “Aquilino, the Roma child, has been waiting for the promised liver for five years and a half: His doctors confirm that he is finally ready to receive it” (Ya 07/19/1998). While this is, undoubtly, a success in reclaiming Roma people’s right to access medical treatment, the press coverage that led to this moment did not challenge negative stereotypes against the Roma. The portrayal of Aquilino himself is certainly positive, as he is described “playing happily and smilingly” (El País 01/15/1993), which probably contributed to constructing him as deserving subject. However, the descriptions of his home
focused on its most negative aspect -the lack of hygiene- without mentioning other factors that may have aided Aquilino in his recovery. For example, the fact that there were four adults living with him (his parents and his grandparents), who would be able to help caring for the child during his recovery. Additionally, his father is quoted as saying that he would “rather have my child die at home than give him up” (Ya 01/15/1993), playing off the stereotype of the Roma people as overly emotional and incapable of rational decisions. This quote from an interview with Carmen Bañuelos, Pediatrics director at Gregorio Marañón Hospital, summarizes this negative sentiment: “Aquilino arrived for the first time to Gregorio Marañón a month and a half after his birth, with malnutrition symptoms and inadequate hygienic care” (El País 01/15/1993). Other sources in the same article added that “the few times the child has left the hospital, he has come back worse; I imagine that his parents do everything they can, but the reality is that a child with this pathology requires extensive care” (El País 01/15/1993). The coverage of Aquilino’s case, then, managed to expand the codes of who deserves an organ by relying on universalist ideas about people’s right to healthcare and by redefining protection against pathogens as a primarily social factor, not by challenging negative stereotypes about Roma people.

In another example of expanding codes of deservingness, HIV patients began to mobilize in 1998 to be included in liver transplant waitlists, something HIV patients need as they are often also affected by Hepatitis C. As this excerpt from an El País article explains, “at the moment, criteria for transplant candidacy excludes them [HIV] with the argument of their short life expectancy. But the latest treatments have increased their survival significantly, which is why they now reclaim their access to this therapeutic option” (El País 10/10/1998). One of the main talking points in this discussion was that, at the time, “Spain is the only country in Western Europe that excludes HIV positive people from organ transplant waitlists, despite being one of the countries
with a higher positivity rate and with a higher availability of organs” (El País, 10/16/1998). Here, the reference to other Western European countries is not casual; it is meant to define the inclusion of HIV patients in transplant waitlists as a matter of development. Other arguments in these discussions were that excluding HIV positive people from transplantation was unconstitutional and an affront against people’s fundamental rights. One of the experts involved in this mobilization went as far as to claim that “HIV positive patients with liver conditions not only should not have their possibility to receive a liver denied, but they should have priority on the waitlists” (El País 10/16/1998).

By March of 1999, the ONT reversed the exclusion of HIV patients from transplant waitlists. While this case resembles Aquilino’s in that social mobilization and media pressure led to the reversal of exclusionary organ allocation criteria, the case of HIV positive patients is slightly different. In this case, a clinical criterion was abandoned once other medical innovations - antiretroviral therapy- made it obsolete. However, this happened at the time when HIV positive status had become a marginalized social position in and of itself. In that sense, including HIV patients in liver transplant lists re-drew the clinico-social boundary of who is worthy of a transplant.

While these two examples are particularly illuminating, they are not the only examples where the press coverage of organ transfer in Spain touched on the question of who deserves to receive an organ, and even of who is allowed to donate one. For example, with the decline in road fatalities, the donor pool changed and became dominated by older donors suffering from catastrophic cerebrovascular accidents, something that was reflected in the way the press described the donor population. Simultaneously, as transplantation techniques and postoperative care became more sophisticated and effective, older and sicker patients started to be considered as
viable transplant candidates. Considering organ donation as a form of civic participation and considering organ transplantation as one element in people’s right to healthcare, developments like this expand the extant notions of who (and whose bodies) can belong to the body politic, and in what capacity.

6.4.2 What do we owe to each other? Social protections through the lens of organ transfer

In some instances, the coverage of organ transfer served as a lens to wider forms of social protection that went beyond the donation of a body part by an individual or a family. The most obvious ones are the ones where a transplant candidate, oftentimes a child, needed to go abroad to receive a surgery that was still not available in Spain. For example, in 1984 niño burbuja Rubén Iván Alonso had to travel to Germany to receive a bone marrow transplant. In the coverage of this case, newspapers announced that Spain’s National Institute of Health would cover the cost, which would go up to “around 100 million pesetas” (Diario 16 05/19/1984). Simultaneously, a nationwide crowdfunding campaign collected over a million pesetas, which “in case that the niño burbuja’s parents do not need this amount donated by individuals, it will be donated to a charity institution” (Diario 16 05/19/1984).

Two dynamics are at play in this case that expand the idea of what citizens owe to each other: First, as a collective entity funded by tax-payer money, the healthcare system here goes beyond its primary mission of providing treatment to ensuring that Spanish patients receive treatment, even if that meant sending said patients to a different country. While seemingly

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16 Pesetas were the coin that preceded euros in Spain.
unimportant, this distinction is significant, for it expands cultural codes of what the state, as a representative of the national community, is expected to do for its citizens. Second, the type of collective action that cases like this elicit goes beyond organ donation— to include monetary donations— and beyond organ donors— to include any private citizen. Here, the organ transfer relationship goes beyond the removal and insertion of a bodily organ to include an array of actors that may not be directly involved in the transplant but make the transplant possible.

There was, however, an unintended consequence to these campaigns, in that they oftentimes were meant to compensate for what the Spanish state itself could not offer its citizens. In other words, sending patients abroad, either using taxpayer money or funds raised through crowdfunding campaigns, reveals comparative weaknesses of the Spanish healthcare system. As the healthcare system began to seriously expand the range of treatments available to citizens, health officials started to discourage these campaigns and to insist on the availability of treatments through the national healthcare system, partially to signal state capacity, modernization, and development.

By the early 1990s, these campaigns started to receive criticism. For example, this article published in El País in 1994 quoted the National Commission for Bone Marrow Transplants saying that “crowdfunding campaigns for the performance of bone marrow transplants abroad only fill with uncertainty the patients and relatives that find themselves in similar situations and that perceive as their only hope for their problem this public charity to look for a miracle in the United States” (El País 11/04/1994). The article goes on to explain that Spain’s healthcare system offers bone marrow transplantation as a treatment option and does so for far less money than the cost of sending a patient to the United States. The article concludes with another quote from the Commission, stating that “we believe that the circulation of ambiguous, when not blatantly
erroneous, messages about the access and funding of these therapies [bone marrow transplants] constitutes an abuse of the good faith of the citizenry, whose solidarity is repeatedly tested” (El País 04/11/1994). In an article published the next day on Diario 16, ONT director Dr. Rafael Matesanz went even further, and denounced that private clinics in the United States were making large sums of money from this funneling of patients from the Spanish healthcare system (Diario 16 11/05/1994). Only a few days later, government officials announced that the Spanish public coffers would no longer fund patients’ treatment abroad. A La Vanguardia article quoted Minister of Health Ángeles Amador saying that “all medical problems that can be treated in any other country in the world can be resolved in Spain” (La Vanguardia 11/08/1994). ABC doubled down in this position, quoting Dr. Fernández Rañada saying that “Spain is at the same level as the United States in bone marrow transplants” (ABC 10/10/1994).

This controversy pits state capacity and citizen solidarity against each other. However, underlying this tension there is a larger question: the question of to which extent we are collectively responsible for the wellbeing of others.

Other instances where organ transfer opens up our notion of what we owe to each other include punctual cases where people have attempted to sell an organ to escape a dire financial situation. According to the 1979 law and the 1980 decree, organ sale is illegal in Spain. However, in these cases the press does not focus on the illicit character of these attempts at organ sale, but on the person’s desperate plight. For example, in 1982 Juan López, an unemployed father of three residing in Elche, offered to sell one of his corneas to support his family until he found work. He accompanied his offer with a dramatic narration of his family’s situation. Short after, his situation changed dramatically, as reported by Diario 16: “People’s generous reaction has surprised [Juan López] enormously. Not only have donations rained on him from various points of Spain and from
abroad, but Elche’s Town Hall has provided him with a job” (Diario 16 11/25/1982). In this case, Juan López effectively leveraged the spectacular character of organ transfer, and specifically of organ sale, to attract attention to his family’s situation. In doing so, he mobilized notions of social solidarity that include protection against the vulnerability of organ sale as part of the catalogue of safeties and shields which citizens should grant each other.

Finally, expansive codes of social solidarity also emerge when external factors threaten the recovery of transplanted patients. That was the gist of Aquilino Jiménez’s case; his precarious living conditions made it very unlikely that he would recover from such a delicate operation. In one of the articles published on El País, an anonymous hospital source is quoted saying that “if the parents lack the adequate means for his treatment, it must be social services who get involved and provide them with them” (El País 01/15/1993). Instead, social services offered to take Aquilino under its care or, alternatively, put him in a foster home. The family refused, and Aquilino’s father, Roberto Jiménez, was quoted claiming that he would prefer the child to die at home rather than giving him up. The mother, María Jiménez, offered a more tempered version of their refusal to let social services take Aquilino: “it is not the best place for my son to heal, but we do not have anything else, and I am not willing to give him to anybody nor to put him in a center. Even if they let me see him as many times as I want” (Ya 01/15/1993). In the same article, Aquilino’s grandmother asked social services for a “decent apartment with heat and a bathroom with hot water so that my grandson can heal with us, where he belongs” (Ya 01/15/1993). The public discussion around Aquilino’s right to receive an organ then, went well beyond the organ itself, and included a wider conversation about people’s right to adequate housing and about the right of families - particularly low-income families- to receive public assistance and remain together, as opposed to having their most vulnerable members placed under the care of the state.
In another, more recent case, two-year-old Irene Olea Alcaide, a heart transplant recipient, saw her recovery jeopardized by the constant truck traffic near her residence in Totalán (Málaga). Heart transplant patients, particularly vulnerable ones like young children, need to live in aseptic environments. In the case of Irene, that meant “using masks, exhaustive cleaning of her residence, and that her father, Manuel, a construction worker, cannot hug her right away after coming back from the work site” (El País 08/08/2002). This is because, according to a report from her medical team, exposure to cement dust and other environmental pollutants could be harmful for the young girl. Unfortunately, the family lived near a concrete factory, and the trucks coming in and out of the factory released large amounts of dust as they passed by the dried-up stream next to the girl’s home. Some of the truck drivers, also residents of Totalán, would try to slow down when passing Irene’s home, but many of them were unaware of her predicament or needed to make their deliveries on time to receive payment. The family ended up contacting Andalusia’s Ombudsman and creating a petition to force the concrete company to build an alternative access route to the factory. The Urban Planning councilman of Totalán, Jesús de Oses, authorized and encouraged the company to build this alternative route. The company failed to acknowledge this, and the Mayor of Totalán ended up closing the road next to the stream to truck traffic (El País 10/21/2002).

In both Aquilino’s and Irene’s cases, what is being discussed is not whether people should donate their organs, but a collective responsibility for ensuring that the conditions for the healing and recovery of transplant patients are met. This is something that is achieved outside of the operating room and outside of the hospital, in other sites of state intervention and citizen solidarity.
6.5 Discussion: Organ transfer and the production and expansion of bonds of solidarity

In this chapter I have shown that, since organ transfer became a viable therapeutic option for patients with different forms of end-stage organ failure, the Spanish press has been an active and enthusiastic participant in the promotion of organ donation. The extensive news coverage of organ donation stories acted as reminders to the readership that they are expected to care for the needs and the well-being of unknown strangers, recognizing a mutual belonging to the body politic. This caring for the needs of strangers, however, goes beyond donating body parts and invokes more open-ended contracts that go beyond the organ transfer relationship between donor and recipient. These contracts include access to treatment (even if it means covering to cost of sending a patient abroad), protection from vulnerability to organ trade, and the real opportunity to make a full recovery after the transplant, among others. These contracts, at the end, spell out a right to live a life free of disease and suffering, and a collective duty to realize that right through different mechanisms.

My findings warrant to theoretical reflections. First, they allow me to revisit Titmuss’ (1971) and Murray’s (1987) argument about the connection between altruism-based policies and broader forms of social solidarity, and to reflect on the role of mediated processes of meaning-making in establishing said connection. Second, and relatedly, they prompt further questions about what type of subject is interpellated through media promotion of organ donation.

In the book The Gift Relationship, Titmuss argues that altruism is a morally sound and economically efficient policy principle. Policies such as blood donation or organ procurement, when they are built around voluntary giving, institutionalize altruism and encourage the citizenry
to care for one another. This type of policies encourages people to give to strangers, extending their opportunities to behave in an altruist manner. By doing so, altruism-based policies shape broader social relations. For example, expansive giving contributes to social integration and increased tolerance, while segregationist forms of giving contribute to exacerbate social cleavages and conflicts. Specifically, systems of voluntary, anonymous, altruist gift-giving foster people's trust in the community and feelings of interconnectedness with their fellow citizens. In the face of the ever-growing influence of the market, altruism-based policies protect human sociality from the atomizing effects of economic exchange.

Furthermore, for Titmuss, altruism-based human supply procurement is particularly well-suited for the task of encouraging social solidarity. First, Titmuss views blood, and by extension, human biology, as a great equalizer that cuts through social and political cleavages and allows people to connect with each other on the basis of that shared biology. In an illuminating paragraph, he claims that

> there is a bond that links all men and women in the world so closely and intimately that every difference of color, religious belief and cultural heritage is insignificant beside it. Never varying in temperature more than five or six degrees, composed of 55 per cent water the life stream of blood that runs in the veins of every member of the human race proves that the family of man is a reality (Titmuss 1971:61).

Murray (1987), another proponent of altruism-based human supply procurement, expresses a similar sentiment:

> We're bound together by our often needy bodies (and by our other non-physiological needs) into a community of needs. In this community, really multiple
communities, sometimes overlapping, some like ripples extending wider and wider around a core, we can recognize the need of others through our shared embodiment, and we can minister to those needs by sharing the fruits, the very living tissues of the body. [...] These gifts of the body ministering to the needs of stranger, connect us in our mutual quest to relieve suffering and to pursue a good, separately and together (Murray 1987:38).

Second, Titmuss also makes an argument about the symbolic dimension of human supply gifting, claiming that blood and organs, in Western societies, mark the frontier between the social -including feelings of obligation towards strangers and, reciprocally, trust in the goodness of strangers- and the economic (Titmuss 1971:219). In a similar venue, Murray (1987) also argues that the symbolic weight of bodily gifts increases their ability to signal social solidarity, claiming that

blood represents individual life and vitality, and at the same time it signifies the oldest, most primitive tie that affirms solidarity and binds people to one another. [...] Blood is life, but also kinship. Giving blood to strangers is not just any gift, but the vital one that expresses and affirms our bonds with those strangers (Murray 1987:36)

Both Titmuss and Murray point at the impersonal character of altruism-based human supply procurement systems as a fundamental reason why these systems promote social solidarity. These systems extend our ability to care for others beyond our closest social circles to include unknown strangers. According to Murray, impersonal gifts regulate social relations not at the interpersonal level but at the societal -open-ended and not specifiable- one, where future
expectations are unknown and where the terms of the relationship “cannot be completely spelled out in advance” (Camenisch cited in Murray 1987:31). In that sense, altruist, voluntary, anonymous gift giving of bodily supplies express and fosters a relationship of interdependence between the members of the -most often, national- community.

What is unclear in Titmuss and Murray’s formulation, however, is the question of “how”: How do altruism-based policies create those feelings of interdependence and solidarity? To bridge the gap between policies and collective feelings, I suggest treating the ability and willingness to care for the needs of distant strangers not as an abstract virtue but as a cultural capacity that is built and reinforced through processes of meaning-making (Appadurai 2004). The media’s ability to circulate discourses -vocabularies, narratives, metaphors, scripts, etc.- makes it a fundamental actor in this process of capacity-building. Through the circulation of stories of organ transfer framed around expansive notions of altruism and solidarity, the media trains the audience in caring for the need of distant strangers (Wilkinson and Kleinman 2016) by making them aware of their predicament and by providing the cultural tools to make sense out of it and with the culturally sanctioned blueprints to help mitigate it.

In that sense, altruism-based policies do not produce social solidarity by virtue of their ontological force, but through mediated processes of meaning-making. It is possible, however, that certain policies “lend themselves” to specific types of narratives. Scholars have claimed that human supply procurement lends itself to narratives of social solidarity, even across social cleavages (Beck 2011; Copeman 2009; Munasinghe 2005), and I further argue that they do so perhaps because certain policy features -like voluntariness, altruism, and anonymity- operate as “symbolic affordances” that simultaneously create discursive opportunities and anchor those narratives of generosity and social solidarity. In other words, reading policy through the lens of
culture and mediated communication, we can see how policy shapes the way we relate to each other through the way we narrate those relationships. For example, it is possible the balance between the personalization of human-interest stories and the abstract depersonalization of numbers and statistics allows newspaper readers to both empathize with individual transplant patients and with the archetypical transplant patient and to imagine an scenario where a donated organ could potentially go to a range of different individuals - different in gender, race, ethnicity, age, geographical location and political ideology - recipients. Copeman (2009) calls this practice “enumeration” and argues that it helps people imagine scenarios of blood-mixing across social, ethnic, and political cleavages.

To bring this argument one step further, it is worth asking in what capacity are members of the audience interpellated by organ donation promotion stories, and what type of political subject are those stories centered around. Scholars of biopolitics have studied the effects that medical discourses and practices have on the constitution of political subjects, and of citizenship and governmentality (Foucault 2003; Rose 2001). Sociologists and anthropologists have paid less attention to the role of mass media in extending the influence of biomedicine in the production of the body politic (Briggs and Hallin 2007), despite the fact that, as Nikolas Rose claims, the media act as apparatuses that insert subjects into matrixes of moral and political categories (Rose 2007), and into social hierarchies.

Briggs and Hallin (Briggs and Hallin 2007, 2010) offer the term “biocommunicability” to refer to how “health-related information is produced, circulated, and received” (Briggs and Hallin 2007:48), which in turn points at the type of political subject that is being constituted through these media discourses. They identify three models of biocommunicability: biomedical authority, patient-consumer and public sphere. I argue that the promotion of organ donation in the Spanish
press fits best in the model of public sphere, with some caveats. In the public sphere model of biocommunicability, the readership is interpellated as citizens who will use the information not to improve their own health, but to advance the common good and the public interest (Briggs and Hallin 2010). However, this model also includes Habermasian expectations of public, open debate, an aspect that is largely absent from the media discourses of organ transfer described in this chapter. In these discourses, the reader-citizenship is not an interlocutor in public discussion, but a subject of rights and responsibilities linked to other citizens by bonds of shared needs, altruism, and reciprocity, and simultaneously a subject in need of education in the virtues of organ donation.

What makes these processes particularly interesting is that the bulk of this conversation takes place at a time of intense nation and state building and of heightened social conflict and mistrust. Against this backdrop, stories of citizen altruism and social protection act as a reminder of the (sometimes lifesaving) potential of democratic conviviality, pushing for national reconciliation. Simultaneously, and consequently, the same narratives of organ donation and social solidarity contribute to the production of a body politic defined by the circulation of organs where a shared biology sets the bases for wider social obligations.

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17 This implication could be found, perhaps, in the treatment of organ transfer as a component of the Spanish National Healthcare System described in Chapter 5, where issues of budgeting, policy design and resource allocation are discussed publicly.
Chapter 7. Organ transfer as a literary device

7.1 The literary uses of organ transfer

The spectacular nature of organ transfer becomes apparent in the literary style of some of its press, as well as in the sensationalism underlying some of the articles published on the topic. Especially in the early days of organ transplantation, journalist and commentators would recurrently engage in lengthy discussions on the nature of life, death, and human existence, about the speed of technological change and its consequences, about the possibility of immortality and of cellular memory, etc. While there were, during that time, expert discussions around some of these issues, in this section I separate those debates from the highly speculative pieces that seem more oriented to keeping readers engaged rather than to arriving to answers or consensuses. These pieces tend to rely heavily on rhetorical questions and wildly unlikely hypotheticals. For example, a piece published in La Vanguardia in 1969 began with the question: “If we transplant not just Man A’s organ, but all of them, slowly, to Man B, who will he be? A or B?” (La Vanguardia 05/15/1969). It wasn’t the first time a La Vanguardia commentator speculated with the possibility of cellular memory. In 1968, the newspaper published an article that affirmed that “brain transplantation will be possible” and asked, “will it be worth it to live with someone else’s consciousness?” (La Vanguardia 05/19/1968). Even in the early 1980s, when transplantation was starting to become a surgical routine, an ABC commentator wonder what would happen if hearts had memory: “What things would it remember? And how would those things move inside some other being’s chest? What loves would the latter feel inside himself, what inclinations, what type of revulsion or nostalgia?” (ABC 01/09/1983).
This fascination with organ transfer persisted despite the normalization of transplantation, and eventually turned organ transfer into a carrier for other meanings. For example, early transplant recipients became a symbol for bravery and courage, having agreed to undergo an experimental procedure. For example, an article published on ABC after Philip Blaiberg’s death, called him “a universal hero” and went on to explain that “with full knowledge of the biological problems and with an overwhelming chance of dying immediately, not only he accepted, but he encouraged great Christian Barnard spiritually to perform it [the transplant]” (ABC 10/01/1969).

In another example, transplants across racial, ethnic, religious, and political cleavages are often casted as symbols of reconciliation. That was the case of a heart transplant between a Jew and a Muslim, performed near Tel Aviv in 1978. In an op-ed, an ABC commentator asked a rhetorical question: “What would happen if, one day, a marvelous doctor transplanted the heart of our enemy into our own chest? Would it solve everything? Would friend and enemy merge into one only word: brother?” (ABC 05/06/1978). The commentator in question was skeptical, and answered “no. To achieve such wild utopia we would need to take whole peoples to the operating room […] Our very advanced science has not managed yet to transplant souls” (ABC 05/06/1978).

The possibility of organ transplantation as a mechanism of conflict resolution has remained a recurrent theme in the Spanish press. As recently as in 2017, an El País writer charged against politicians who build thick walls, who project exclusionary discourses, forget about the substance of their own beings. They forget about the fragility of our body, its vulnerability, a reality shared by all. There is an energy that constructs us all as transnational human beings […] We learned this from the generous gesture of someone who shares a piece of themselves so that another person survives (El País 04/29/2017).
This metaphor was often applied to the Spanish case. For example, in a retrospective article about Spain’s first democratic Prime Minister Adolfo Suárez, a La Vanguardia writer referred to him as “the symbol of the kind of transplanted democracy that this country invented: The grafting of a democracy in an authoritarian regime” (LA Vanguardia 06/17/1997).

Bravery and collective reconciliation aside, the Spanish press often used organ transfer as a metaphor for other, more mundane, processes. For example, a La Vanguardia article about Barcelona neighborhood Poble Sec described the neighborhood as “a non-transplantable heart” (La Vanguardia 11/08/1994) to refer to its importance for the identity of the city. Similarly, another La Vanguardia article described the rehabilitation of the neighborhood of El Carme in Valencia with the following metaphor: “the labyrinthic neighborhood of El Carme in Valencia was a dying patient that was opened up, had its rotten viscera emptied, was transplanted new organs and now recovers its pulse” (La Vanguardia 02/16/2003).

In sum, the spectacular character and the symbolic charge of organ transfer makes it a particularly powerful carrier for other meanings. While in many cases this does not go farther than a few relatively inconsequential metaphors, in the next chapter I will show how organ transfer came to stand for Spain’s national values.

7.2 Organ transfer as a biographical plot device

An organ transplant is a life-changing event for most people. For public figures -such as athletes, artists, or politicians- it becomes a character development device as it is narrated on the press and integrated into both their own life stories and into wider cultural scripts of what it means.
to be an athlete or an artist. One of the earlier examples of this is the case of Niki Lauda, the Austrian Formula One driver who, in 1976, suffered an accident that required a skin transplant. On an ABC article published only a few days after his accident, he is quoted as saying to be “dreaming about his comeback” (ABC 08/12/1976). In the press coverage that followed, his recovery from the accident is portrayed as a story of overcoming adversity with bravery and determination.

Similar accounts would follow the kidney transplants performed to basketball player Sean Elliot—who was described as scoring a “spectacular dunk” (Diario 16 03/16/2000) on his first match after his transplant—and to rugby player Jonah Lomu—who was described as having “the excitement of a teenager” (La Vanguardia 12/12/2005) about being able to play again.

Without doubt, however, the most reported on “celebrity transplant” was Barcelona’s player Eric Abidal’s liver transplant, performed in 2012. A few days after his release from the hospital, La Vanguardia offered a heartwarming description of his visit to his teammates (La Vanguardia 07/18/2012). After a few months, La Vanguardia explained that he had come back to training with his team, and that he was “visibly emotional” (La Vanguardia 12/02/2012). Finally, the same newspaper reported on Abidal’s return to the field and explained that “when the French [player] jumped on the field to warm up, the Celta’s fans started to applaud in an emotional ovation, as if he was a player from their own team, demonstrating that there are no teams in this fight” (La Vanguardia 03/31/2013). In sum, newspapers, and particularly La Vanguardia, inserted Abidal’s transplant in a narrative about personal strength and courage, but also about the moral values of teamwork and sportsmanship. The focus of this coverage is not the transplant itself, as a medical procedure—but by 2012 liver transplantation was a safe and relatively common medical practice,—but its role in Abidal’s individual trajectory and in Barcelona’s collective narrative.
While this type of narratives are especially common when the object of the transplant is an athlete (probably because sports are particularly amenable to stories of endurance and overcoming), they can also be found in stories about artists, actors, and other public figures. For example, the cases of Raphael and Camilo Sesto, two renowned Spanish singers, featured similar tropes of optimism and recovery.

What sets these stories apart from stories about anonymous -or semi-anonymous- transplant recipients is that the protagonists are famous for reasons other than their role as transplant patients. Each time a transplanted celebrity gains the attention of the press -for instance, each time Raphael releases a new record-, the transplant is mentioned, so becoming part of the character’s mythology.

7.3 Organ transfer as an object of popular culture

The “Culture” pages in Spanish newspapers provide a glimpse into the presence of organ transfer in other forms of media, especially television and cinema. As early as in 1971, the first heart transplant was featured in a documentary titled “The fabulous 60s” (La Vanguardia 06/22/1971).

Television channels often featured pieces about transplantation. During the 1980s, many of these segments had the barely concealed goal of making viewers aware of the plight of transplant candidates. Despite newspapers’ participation in this type of promotional campaigns, some writers thought that featuring desperate transplant candidates on television was excessively sensationalist. For example, an El País writer explained that “what bothers me the most is not the transplant itself,
but that blatant and reiterative presentation (with the excuse of make the public aware), during each lunch and dinner, that serves as the unhappy counterpoint for our apparent joy” (El País 07/23/1968).

The Spanish television even broadcasted a transplant as part of a scientific divulgation television shows. This was, for some commentators, a step too far. An ABC writer was concerned that

*we will be able to see, with all detail, a C-section, an intestinal reconstruction, a transplant [...]. I don’t doubt the scientific and informative value [...] but I really find it hard to imagine the show’s audience, that average family sitting in front of the television, watching, while they finish their dinner. The only aspect of our privacy that we had left to show on television, before millions of viewers, were our viscera; now I suppose they will not be a secret for anyone* (ABC 01/21/1994).

Transplantation was also often present in fiction. While this is way beyond the scope of this project, it is worth mentioning that over the past 65 years, transplantation has been featured in different television and cinema genres. The most obvious, considering the references to the Frankenstein monster that plague the transplantation literature, is horror, where short films like *El Trasplante*, by Narciso Ibáñez Serrador have explored the dystopia of a completely replaceable human body, and more recent films like *The Eye* have toyed with ideas of cellular memory and the transfer of paranormal abilities. Transplantation, specifically the possibility of transferring sexual organs, has also been featured in comedies. Other, less sexually explicit comedies like *Black Ghost* have played with the idea of interracial transplants as an antidote for racism. Finally, transplantation has been heavily featured in dramas like Paul Bogart’s *The Gift of Love*, and action
films like Clint Eastwood’s *Blood Work*. In television, transplantation is a common trope in medical dramas, some of which, like *Three Rivers*, *Heartbeat*, or the Spanish mystery show *Pulsaciones* feature transplantation as their focus. In other medical dramas, transplantation is often featured as single-episode issues.

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In sum, organ transfer attracts copious press attention. While, for the most part, organ transfer itself - as a medical procedure or as an act of generosity - is the focus of this press coverage, sometimes organ transfer acts as a vehicle to tell other stories, and so becomes a carrier for other meanings.
Chapter 8. Organ transfer and national identity discourses

In this chapter I combine newspaper data with three years of ONT media messages and an analysis of the television show *El Viaje de un Órgano*, produced by the Spanish public television to commemorate the 30th anniversary of the ONT. Together, they provide an overview of how the media coverage and official promotion of organ donation and transplantation in Spain have become carriers of national identity discourses. In the next few pages, I describe my findings, finishing the chapter with a section summarizing the main theoretical reflections deriving from them.

8.1 Organ transfer and national identity discourses in the Spanish press

8.1.1 National heroes and medical propaganda during the Francoist regime

During the first wave of organ transplants, Spain’s healthcare system was ill-equipped to undertake comprehensive transplantation programs like the ones that were being implemented in elite medical center such as Stanford University Hospital in the United States, or Harefield Hospital in the United Kingdom. For many years, transplantation was a foreign affair, with a few exceptions such as the pioneer surgeons doctors Antonio Caralps, José María Gil-Vernet in kidney transplantation, and Ignacio and Joaquin Barraquer, and Ramón Castroviejo in corneal transplantation.

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18 For a historical analysis of the connection between the press coverage of organ transfer and Spanish nationalism during the first third of the 20th century and during the francoist regime, see Danet 2013; Danet and Medina-Doménech 2014, 2015.
Spain was also, at this time, an impoverished and isolated country under the yoke of an authoritarian regime. By 1954, when the first successful kidney transplant was performed in Boston, the country had not recovered from the loss of productivity caused by the Spanish Civil War (loss of fields, industries, etc.), agriculture was the primary productive area of the country’s economy, a majority of people lived in rural environments, food was still being distributed via ration cards, the country was still receiving humanitarian aid from the United States, and literacy rates were low compared to other European countries. Given this bleak panorama, it is not surprising the Francoist regime struggled with perceptions of Spain as backwards and underdeveloped, both internationally and domestically.

In such scenario, the press -which was tightly controlled by the regime- saw the surgical feats of pioneers like the ones listed above as an opportunity to flaunt Spain’s medical achievements and signal development to both the national and international publics. The press routinely reported on the new surgeries performed and new techniques developed by these surgeons, which became well known public figures and reached the status of national heroes. The press also reported on the awards and other forms of recognition bestowed upon these surgeons, and even on their public appearances at conferences, symposia, etc. This stories not only informed the public about scientific events and medical advances; they also solidified the figures of these early transplant surgeons as experts in medical matters, and casted Spain as worthy of being present in the international medical arena by virtue of a handful of successful surgeons.

One of the surgeons that earned this status early on was Jose María Gil-Vernet, a Barcelona based kidney surgeon who performed the first successful kidney transplant in Spain in 1965, which La Vanguardia reported on enthusiastically: “The success achieved in the past days by Dr. Mr. José María Gil-Vernet Vila and Dr. Caralp/s, transplanting a kidney extracted from a young man’s
cadaver into a thirty two-year-old woman, was the result of long studies and experimental work, which have enabled the happy achievement of the aforementioned intervention” (La Vanguardia 08/05/1965). Dr. Gil-Vernet later developed techniques that improved the results of this type of surgery. For example, his team perfected a technique to preserve the recipient’s ureter instead of using the donor’s, which made the surgery less invasive. His team also pioneered orthotopic kidney transplants, this is, transplants where the new kidney occupied its usual place in the body. Dr. Gil Vernet’s achievements were widely publicized in the Spanish press, and so were his appearances as a guest speaker in national and international conferences. For example, when in 1966 Dr. Gil-Vernet was invited to speak at two US-based universities, ABC explained the details of the trip: “Especially invited by the universities of Rochester and Missouri to speak at two conferences on Urology, tomorrow will leave to the United States Barcelona-based Dr. Mr. José Maria Gil-Vernet Vila […]. Dr. Gil-Vernet will present to his colleagues from all over the world the technique that he employs [in kidney transplants]” (ABC 09/24/1966). Other scientific trips to universities in Europe and the United States were also reported extensively, and so was his acceptance to the Spanish Royal Academy of Medicine.

While the press focused on Dr. Gil-Vernet’s -and, to a lesser extent, his partner Dr. Antonio Caralps’- medical achievements, in the case of ophthalmologists Drs. Ignacio and Joaquín Barraquer and Dr. Castroviejo it also emphasized their human and moral qualities. For example, the press published emotional, almost dramatic pieces after Dr. Ignacio Barraquer died and donated his corneas, which where transplanted by his son Dr. Joaquin Barraquer. In an article titled “The eyes of the father”, La Vanguardia describes how

They took off his glasses and the eyes appeared, hidden before by wrinkled, ashy eyelids.

Under the thin and slightly arched -as if in a constant look of mercy- eyebrows, the
intensely brilliant pupils awaited [...]. They lovingly lifted the eyelids and, inside the eye socket, barely covered with a thin and worn skin -an eighty-year-old skin- reappeared the sagacious eyes of Dr. Barraquer (ABC 05/22/1965)

The article continues with a description of Dr. Barraquer’s life as an eye surgeon, and of his patients, which are described as “monarchs and beggars, the powerful of the earth and the miserable of society, coming from everywhere in the world in a confused mix of the intelligent and illiterate, the disgraced by heritage and the victims of their own vices, had passed before those eyes” (ABC 05/22/1965). The article reaches its climax when it describes Dr. Ignacio Barraquer’s son, Dr. Joaquín Barraquer’s extracting the corneas from his father’s eyes:

The son must carry out a duty, because it is his father’s testamentary clause, and because the son is obligated, as a physician, to carry it out. Dr. Barraquer has left his eyes to the first poor19 patients that will need them after his death [...]. The son’s love and science meet each other, clash and fight inside the consciousness and the mind of the young ophthalmologist Dr. Barraquer who, together with his brother, holds the magnificent skull of the lost sage [...]. But science finally triumphs over love, and the hands, firm, straight, secure, of the son tear -with care and with a delicate surgical intervention- the eyes that looked at him so much and with so much love, to carry out the noble donation (ABC 05/22/1965).

Here, it is not only the doctors’ medical achievements what grant them the status of scientific heroes, but also their moral qualities. The description of Dr. Barraquer’s patients emphasizes his chariable character, mentioning both his wealthy and powerful patients -after all, Dr. Barraquer was a sought-after eminence in his field- as well as his less fortunate ones. The

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19 In the original Spanish, the word “poor” is used in the economic sense.
article also mentions that his corneal donation is specifically for “poor” patients. In sum, what makes Dr. Barraquer a notable figure in this article -and similar ones highlighting his charity work providing free eye care to impoverished patients- is a combination of his scientific mind and his generosity, which support and enable each other in the surgeon’s practice.

The coverage of ophthalmologist Dr. Ramón Castroviejo’s work exhibits similar characteristics and takes them even further. Dr. Castroviejo was one of the earliest developers of corneal transplantation, and even created surgical instruments that are still used today. Although he spent most of his professional life in New York, Dr. Castroviejo was a firm supporter of the Francoist regime. Conversely, the francoist regime often flaunted Dr. Castroviejo as an example of Spain’s scientific excellence. For example, in an article published in La Vanguardia the author claims that “Mr. Ramón Castroviejo has planted the Spanish flag on the pinnacle of North America [referring to New York City]” and later describes Dr. Castroviejo’s role in facilitating scientific exchange between Spain and the United States as an “exemplar of great patriotism” (La Vanguardia 01/15/1956). A few paragraphs down, Dr. Castroviejo is quoted saying that “What I have always tried to do is to intensify the relationship [between Spain and the United States] and to break the unfair siege that existed a few years ago, by telling the Spanish truth. To do that I have always tried to do my best in my professional and social environments. Thanks to God we have recovered the position that Spain deserves in the arena of the nations” (La Vanguardia 01/15/1956).

Thinly veiled in the last quote is Dr. Castroviejo’s support for the francoist regime, which was the reason behind the so-called “siege” (most Western democracies ostracized Spain during the years following the Spanish Civil War, which were, too, the worst years of the francoist repression). Perhaps because of this affinity, Dr. Castroviejo often used his role as a public figure to offer positive characterizations of Spain. For example, in this interview Dr. Castroviejo offers
an explanation as to why, according to the interviewer, “the best ophthalmologists are Spanish” (La Vanguardia 01/15/1956). Dr. Castroviejo explains that

Spaniards have a basic condition, the concept of craft. When you reach the possession of scientific knowledge [...] Spain produces exceptional physicians like Ramón y Cajal, Jiménez Díaz, Marañón. But if, to that knowledge, we add a condition of manual ability that ophthalmologists must have, then you reveal the secret of why there are so many great eye doctors in Spain; how that manual, artisan ability has created such great surgeons in Spain’s medical landscape (La Vanguardia 01/15/1956)

In a later interview, Dr. Castroviejo insisted on the same argument: “the Spaniard that can apply a scientific discipline and knowledge, like many foreigners do, adding his mental flexibility and his artistic and humanist spirit, peculiarly salient in us, can become what is often considered a genius” (La Vanguardia 02/01/1967).

In the coverage of Dr. Castroviejo’s trajectory, then, he is frequently portrayed as a representative not just of Spain’s scientific elite, but also of a more general Spanish traditional masculinity (Danet and Medina-Doménech 2014). In Dr. Castroviejo’s frequent appearances on the press, interviewers often emphasize his medical abilities, his charitable inclinations, and his hard-working, sober character. For example, in an interview published in 1955, Dr. Castroviejo defines himself as a “regular man” (La Vanguardia 04/20/1955) and as a committed professional that wishes he could spend more time with his family. In another interview, he is described as “plain and affectionate” and as “inspiring great confidence” (La Vanguardia 01/15/1956). His image as a representative not just of Spain’s ophthalmologists, but of a wider Spanish national character – a sort of volksgeist, consolidated over time, through headlines like “Ramón
Castroviejo: The glory of Spain in the world’s eyes” (ABC 07/06/1964), and “Castroviejo, the man that returns the light to the eyes” (ABC 02/03/1968).

At a time when organ transplantation was only anecdotical in Spain, these attempts at making specific surgeons stand as representatives of Spain’s medical capacity and virtuous moral character appear as a hybrid between character funneling (Jacobs and Sobieraj 2007) and political propaganda.

This trend reached its peak with the first attempt at heart transplantation in Spain, which took place in September of 1968\(^\text{20}\). The surgeon who performed the transplant was Dr. Cristóbal Martínez Bordiú, a cardiologist that, as mentioned earlier, was also dictator Francisco Franco’s son-in-law. In the early hours of September 18\(^\text{th}\), 1968, Dr. Martínez Bordiú extracted the heart of Aurelia Isidro Moreno and transplanted it to Juan Alfonso Rodríguez Grille. ABC broke the news with the all-caps headline “HEART TRANSPLANT IN MADRID” (ABC 09/18/1968). The news came as a surprise, since, as mentioned before, the Spanish healthcare system was not necessarily prepared for such a sophisticated surgery. In fact, samples from both donor and recipient had to be sent to Paris to find out whether they were compatible. In the hours prior to the transplant, rumors abounded, and several newspapers and news agencies stationed journalists at La Paz Hospital in Madrid. The media presence was so intense that the hospital called law enforcement to ensure journalists would not enter restricted access zones.

The following day, ABC celebrated the surgery with an article titled “Success of the first Spanish cardiac transplant”, and described the standing ovation that journalists, doctors, nurses

\(^{20}\) A version of the surgery description was published in Herrero Sáenz (2020), which also analyzes the link between organ transplantation, democratization, and the failure of Spain’s project of collective memory.
and other medical staff dedicated to Dr. Martínez Bordiú when he entered the hospital’s conference hall to debrief the press about the surgery (ABC 09/19/1968). In response to these accolades, Dr. Martínez Bordiú stated that he was only “the coordinator of the effort of a whole team” (ABC 09/19/1968). The rest of the article describes the intervention in detail, explaining how the medical team verified the donor’s death, extracted the heart, and placed it inside the recipient’s chest. That same day, La Vanguardia published a similar celebratory piece (La Vanguardia 09/19/1968), which opened with the following paragraph:

*Spain has entered the high scientific category of heart transplantation. The same as there is an atomic world, reserved for the sage and the great powers, there exists, as well, this other generous and humanitarian world, where the great men of medicine give their countries the opportunity and the glory to join a quest that has, as its goal, the salvation of a fellow man* (La Vanguardia 09/19/1968).

The article then moves on to describe the collective character of organ transfer—in contrast with earlier scientific discoveries, which the newspaper describes as individual achievements—and ends with another reference to Spain’s modernization:

*Because of that, beyond the merit, perseverance, and vocation of Dr. Cristóbal Bordiú and his team, the transplant performed yesterday make us proud as Spaniards. Regardless of its final result—in which factors alien to technique and science intervene— the fact remains that the transplant has been possible because Spain counts with medical installations of great quality, and because the level of Spanish medicine continues to be exceptional. That Spain can be among the four or five select [countries] that have performed a transplant, that the operation has not been an adventure but a hopeful*
scientific realization, is what is most comforting in this moment of awe and expectation that the whole of Spain is experiencing (La Vanguardia 09/19/1968).

Resignation quickly replaced triumphalism when Juan Alfonso Rodríguez Grille died a few hours later. After assuring that Juan Alfonso’s death was not the result of a medical error but of an external problem -his fragile state prior to the transplant and his long clinical history of tachycardia-, Dr. Martínez Bordiú insisted on his belief that “with this first operation a road full of possibilities has been opened for Spanish heart surgery” (ABC 09/20/1968) and expressed his intention to perform a new transplant if the opportunity arose. That same day, before the burial of the donor Aurelia Isidro Moreno, La Paz Hospital’s director spoke to the donor’s relatives, and told them that they had “done for Spain more than you think” (ABC 09/20/1968). Both the surgeons involved and the press, then portrayed this first heart transplant not just as a scientific feat but as a source of national pride.

National pride or not, the adventure was short-lived. Despite Dr. Martínez Bordiú’s insistence that he was ready to perform another heart transplant, that did not happen. As I will show in the next section, the next heart transplant performed in Spain took place in 1984, and Dr. Martínez Bordiú -whose career after Franco’s death declined until he was forced to retire from Ramón y Cajal Hospital- was not involved in it. Up until then, Spanish surgeons focused on kidney and corneal transplantation.

8.1.2 Organ transfer, modernization, and national pride

As mentioned in Chapter 5, the discovery of immunosuppressant drug cyclosporine gave way to a second wave of transplants around the world. The new wave of transplants generated a
similar form of reporting as the ones performed in the late 1960s, where news stories informed about new transplants -particularly difficult ones, like transplants performed on children-, and provided a description of the recipient and their recovery. These were, comparatively, much more successful than the ones performed during the previous wave.

Besides this difference in results, what makes this second wave of transplants particularly interesting for this part of my project is that this time Spain was an active participant from early on. By the early-to-mid-1980s, Spain was better prepared to undertake organ transfer at a larger scale. The Spanish healthcare system had accumulated some experience in organ procurement from two decades of kidney and corneal transplants, and there was a legal framework in place to regulate the practice. Most importantly, though, Spain was now a democracy in the process of building a public healthcare system comparable to those of its European neighbors. As a result, while during the first wave press coverage what was at stake was the clinical validity of organ transfer, in this second one the main question being discussed is whether Spain had the capacity to live up to the medical and logistical achievements of the Western world.

Similar to what had happened during the 1960s, heart transplants were particularly attractive for the press. The day after the first intervention of this kind after a 16-year hiatus, El País reported it in a news piece titled “A team of Catalan doctors performs the second heart transplant in Spain, 16 years after the first experience” (El País 05/09/1984). The article opens with the following statement from the Intensive Care Unit director at St. Pau’s Hospital: “‘When we saw that the heart [they had] just transplanted beat, the doctors and nurses in the operating room could not help but scream with happiness’, explained to El País Doctor Alvar Net” (El País 05/09/1984). Later in the article, El País reassures the readership and explains that “more than 500 [heart] transplants have been performed in the world. In 75% of cases [the patient] has survived
one year, almost 60% [have survived] over five years, and there are patients that live with a donor’s heart after 12 years” (El País 05/09/1984).

The press followed the recovery of this patient over the next few weeks, reporting on his progress every few days. This initial success was reported to “encourage new interventions” (El País 05/18/1984) and, less than two months later, a new heart transplant was performed in Pamplona, this time on a 16-year-old boy. Others followed suit, and soon heart transplantation had become frequent enough to lose some of its newsworthiness. Only a year after that second heart transplant was performed in Barcelona, new transplants at the national level were hardly news; it was new transplants at the regional level and even at the hospital level that attracted attention. For example, in September of 1984, Diario 16 informed of the first heart transplant performed in Madrid in 15 years (Dario 16 09/26/1984), and a few months later Ya reported that three more hospitals in Madrid were about to start performing transplants (Ya 12/01/1984). In the next few years, more hospitals developed cardiac transplantation programs, effectively integrating heart transplantation into the range of therapeutic procedures available to Spanish surgeons and citizens.

Liver transplantation also received a considerable amount of press coverage. Liver transplants are one of the riskiest transplants, and in the early days of transplantation it was not uncommon for patients to bleed out on the operating table before the surgery was even completed. The first liver transplant performed in Spain took place in Bellvitge Hospital, near Barcelona, in February of 1984 by Dr. Carles Margarit, who La Vanguardia described as “one of the few specialists able to perform these transplants which, on the other hand, have no guarantee of total success” (La Vanguardia 02/24/1984). The press showed keen interest in the evolution of this first liver patient, and in the months that followed also reported on new liver transplants -some successful, and some unsuccessful- being performed in different parts of the country.
Transplantation was, then, a valid therapeutic option; the question was now to make it a large-scale reality beyond the extant kidney and corneal transplant programs. Soon after the heart transplant performed in Barcelona, La Vanguardia informed that “the five hospitals in Barcelona that can perform transplants will be coordinated” (La Vanguardia 05/12/1984). The proliferation of transplants began to be portrayed not as a constellation of isolated surgeries, but as proof of that the Spanish healthcare system was prepared to incorporate these procedures to its medical armory and that medical authorities should “coordinate, channel, and stimulate all the well-demonstrated scientific and technical capacity of our professionals and our institutions” (El País 05/15/1984). The press often quoted physicians and hospital administrators that speculated with the number of transplants that they would be able to perform in a year under the right conditions. For example, a few days after the first liver transplant performed in Spain, La Vanguardia published an article making this type of prediction, claiming that “in two years it is expected to reach 20 liver transplants in Bellvitge” (La Vanguardia, 02/25/1984). Similarly, another La Vanguardia article quoted heart surgeon Dr. José María Caralps saying that “Saint Pau’s Hospital can perform between 15 and 23 transplants a year” (La Vanguardia 10/21/1984). As transplantation normalized, the press’ interest moved from its clinical aspect to the logistical challenges of procurement.

Particularly difficult transplants, sometimes the first of their kind, attracted increased press coverage, and elicited clearer references to medical advances as signs of modernization and sources of national pride. That was the case of Juan Carlos Delgado’s double transplant in 1986. Juan Carlos Delgado suffered from hypercholesterolemia, and when he was 12 years old his medical team informed him and his family that he would need a new liver and a new heart to survive. Ya was the first newspaper to report on his case, mentioning the difficulties in finding two organs and offering a friendly portrayal of the boy, who “handles his wheelchair with as much
dexterity as [Argentinian racing car driver] Fangio with his race cars” and asked the journalist to get Real Madrid’s players to come and visit him (Ya 02/19/1986). The following day, Diario 16 offered a less optimistic take on the boy’s situation, describing the wait for the new organs as “agonizing” (Diario 16 02/20/1986). Juan Carlos and his family also appeared on television explaining their case. Less than a month later, Juan Carlos received a new heart. The press reported on the surgery, and on Juan Carlos’ recovery over the next few months, often reminding the readers that, although the young boy was in recovery from the cardiac intervention, he still needed a new liver. For example, a few days after the surgery Diario 16 updated the readers on the boy’s situation, with an article titled “He will only survive with a second transplant” (Diario 16 03/05/1986). El País published a similar piece, titled “He needs another transplant” (El País, 03/05/1986). Meanwhile, in the boy’s hometown of Riolobos (Cáceres), his neighbors marched asking for people to become organ donors in a demonstration organized by the town hall to offer moral support to Juan Carlos’ family (Diario 16 03/10/1986).

The expectations surrounding this transplant were high, not only because the boy’s life depended on it, but because it was one of the first of its kind in the world: a double transplant of heart and liver. As La Vanguardia explained, Juan Carlos

is attracting the attention of the global medical profession […]. The liver transplant that will be performed […] after having implanted a heart will be the fourth [double heart and liver transplant] performed in the world, and the first one in Europe. The operation is creating great expectations because only one patient, a girl from Texas, has survived a double heart and liver transplant (La Vanguardia 03/12/1986).

Only a month after Juan Carlos’ heart transplant, he received a new liver. As ABC reported, the operation was unique in more ways than doctors and journalists themselves initially claimed.
It was the fourth double heart and liver transplant in the world, the first in Europe, and the first in the world using organs from different donors (ABC 03/25/1986). The newspaper highlighted not only the unique circumstances surrounding the intervention, but also a certain degree of surprise at seeing such a sophisticated surgery being performed in Spain, and by Spanish surgeons, for the first time: “This very important transplant performed yesterday has created unprecedented expectations not only among European specialists, but also among North American ones” (ABC 03/25/1986). Two days later, ABC insisted that “the importance of the intervention […] has kept the entire medical world with their eyes on Puerta de Hierro Hospital these days. Yesterday samples from the liver removed from Juan Carlos will leave to the United States” (ABC 03/27/1986). Juan Carlos’s transplant was taken as proof that Spain was prepared to play in the big medical leagues. As Ya reported a few days later “the team that has performed these operations allows Spaniards to feel proud of something that has never been common in Spain to feel proud of: science men” (Ya 04/03/1986).

As Spain entered the global transplantation scene not just as a country capable of performing transplants, but as one that could deliver cutting-edge surgeries, public and medical authorities made efforts to make organ transfer more culturally salient, and to invest those involved in organ procurement and transplantation with prestige. Since the early 1980s and during the 1990s, different public and private institutions organized contests and awards for individuals and organizations involved in organ procurement in different capacities. For instance, in 1993 the Íñigo Álvarez de Toledo Foundation offered a million pesetas for both basic and applied research project in nephrology and kidney transplantation (ABC 02/12/1993). Over the years, these contests and awards became an important source of stimulus for research in the area of transplantation. For example, in 2003 the Valencian Foundation of Advanced Studies awarded Dr. Antonio Bayes de
Luna an award in Clinical Medicine for his work on heart transplantation (ABC 06/11/2003).

Promotion of organ donation was also rewarded. For example, the Ministry of Health organized a contest, in 1985, offering a prize to “the best works about organ donation for transplants and blood donation, and human solidarity” (La Vanguardia 07/19/1985). These continued to take place during the 1980s and 1990s. For example, in 1994 the Íñigo Álvarez de Toledo Kidney Foundation offered a considerable sum at the time for “journalistic and advertising works circulated publicly or in the media in Spain, favoring organ and tissue transplantation” (Diario 16 03/11/1994). Through these contests, public institutions and private organizations incentivize the media to publish transplantation-friendly content.

While these awards reveal an effort to consolidate the legitimacy of organ transfer in Spain, to grasp the extent to which Spain’s public authorities were invested in bestowing organ transfer with prestige it is worth describing the role of the Príncipe de Asturias award. These awards reward people and institutions that are considered to have contributed to universal progress. In 1999, the Príncipe de Asturias Award in Medicine went to the surgeon Dr. Enrique Moreno, a pioneer of liver transplantation in Spain. As ONT representative stated to El País,

*The Príncipe de Asturias Award earned by surgeon Enrique Moreno is very positive for the field of transplantation […], since it recognizes both the awardee, a key actor in the development of transplantation in Spain, and the labor of many people in an aspect of medicine that requires participation and solidarity* (El País 06/10/1999).

Eleven years later, it was the ONT itself that received this prestigious recognition, this time in the area of International Cooperation. According to newspaper Público, the ONT “has placed
Spain at the top of all transplantation systems in the world” (Público 06/16/2010). In his acceptance speech, ONT director Dr. Rafael Matesanz declared that “it is a lot what Spain, through the ONT, has contributed to the international community to increase donations, improve organization and, in sum, make possible the salvation of thousands of lives all around the world” (Público 06/16/2010). While this is not the only public recognition awarded to the ONT or one of its representatives, it is the most prestigious one offered at the national level.

In sum, the extensive press coverage that accompanied the normalization of organ transplantation in Spain, together with these efforts to recognize the efforts of personalities and institutions within the field of transplantation show how organ transfer gained the considerable level of cultural salience that it enjoys today, and how the ONT, and the Spanish Model of organ procurement, became the crowning jewel of the Spanish healthcare system. As I will show in a later section, this has granted the ONT the authority and legitimacy to make claims about the Spanish nation.

8.1.3 Spain as a global organ procurement actor

During the mid-to-late 1980s, the organ donation rates began to increase rapidly in Spain. For example, this ABC article from 1985 announced that “in 1985 a thousand kidney transplants will be performed in Spain” and explained that this would mean “to reach 26.3 transplants per million population, a higher rate than in any country in the European Economic Community” (ABC 07/30/1985). News about increases in the organ donation rates continued to appear periodically over the next few years, especially after the creation of the ONT in 1989. In 1991, the Spanish press reported on a new achievement: Spain was the European country with the highest
voluntary organ donation rates. For example, an article published on Ya and titled “Spain leads Europe in transplantation” explained that “Spain is at a superior level in terms of organ recipients’ quality of life, survival, and number of interventions” (Ya 02/14/1991). A few days later, El País echoed this information, claiming that “Spain is in the first places in the world in organ transplants per million population” (El País 02/19/1991). In seven years, Spain had gone from performing only some kidney and corneal transplant per year, to leading international rankings, and the Spanish press made sure to make the public aware of this progress.

This trend would culminate in Spain’s proclamation as the global leader in voluntary organ donation only a year later. On January 8th of 1992, Ya’s cover read “Champions in transplantation”, and explained that Spain had become the country in the world with a higher rate of voluntary donation (Ya 01/08/1992). This focus on voluntary donation, as opposed to organ donation rates in strict opt-out systems -like Austria- where the number of donors depends on the ability of the organ procurement system to identify suitable donors and extract their organs, is key for understanding how organ donation became a symbol of the goodness of the national community in Spain. By focusing on voluntary donations where either the donor or their family must consent to donate, organ donation rates become a reflection of the moral character of the polity. Through the publicization of organ donation rates, the ethical actions of the Spanish citizenry -as opposed to simply the efficiency of the procurement model- become objectified and available for inspection as symbols of morality (see Keane cited in Copeman and Quack 2015:56).

To add to the press’ celebratory joy, Spain’s leadership came after a 40% increase in the number of organ donations over the previous three years (since the ONT was formed in 1989), which El País later described as “the higher percentage in the Western world” (El País 05/02/1992). On that year’s National Donor Day, all newspapers in the sample published articles lauding the
Spanish organ procurement system, and the citizens’ solidarity. This celebratory tone is recurrent. Year after year, early in the year (when the data on organ donation and transplantation become available) and on National Donor Day, a congratulatory article celebrating Spain’s leading position in the global organ donation and transplantation rankings appears in every newspaper.

Over the years, Spain’s leading position in organ donation rates has become a reason to be “proud of our solidarity” (La Vanguardia 07/16/1993), and something Spain “brags about” (El País 03/23/2010). To support these claims, newspapers often publish the latest data on organ donation available, once again creatively using statistics to amplify Spain’s success. For instance, an article in ABC mentioned that “According to the [Health] Minister, in 2004 a new historical record was reached in organ donation, with 13,000 transplants and a reduction of up to 17.8% in family refusal” (ABC 06/09/2005). This type of articles appears on the press year after year, explaining, for example, that “organ donation in Spain may break a new record after, in 2005, there were 1548 donors, which translates to 35.1 donors per million population, the highest in the world” (La Vanguardia 07/17/2006), or that “the number of transplants grows 7% in the first four months of the year” (Público 06/04/2008).

While many of the congratulatory articles refer to national organ donation rates, the press also reports extensively on new achievements at the regional level. For example, this article published on Ya explains that “A report by the Ministry of Health from last year highlights that the Canary Islands, the Basque Country, Asturias and Galicia are the autonomies with a higher organ donation rate, with rates over 30 donations per million population, a much higher number than the European average” (Ya 04/12/1994). La Vanguardia would publishes similarly celebratory pieces, focusing specifically on Catalonia, with headlines like “Catalonia is the community with the highest number of donors” (La Vanguardia 07/01/1998) or “Catalonia is in
the first places in organ transplantation at the global level” (La Vanguardia 12/27/1999). Other press coverage focuses on the Basque Country, like this El País article that explained that “only one out of ten Basque families refused, during 1999, to donate their deceased relatives’ organs, a good number compared to the rest of Spain, where refusals add up to 20%” (El País 11/26/2000). While some of the regional coverage tends to reproduce inequalities between regions -with more prosperous regions like Catalonia and the Basque Country achieving higher organ donation rates due to their better funded healthcare systems- this is not always the case. For example, Andalusia is a relatively poor region compared to Madrid, Catalonia, or the Basque Country, but its achievements in organ transfer are also reflected on the press. For instance, this article on El País informs the readers that “Andalusia, with 253 organ donors and 565 transplants in 2003, positions itself at the national top” (El País 01/17/2004). This back and forth between national and regional achievements balances a focus on national success -and national unity- and the recognition of regional particularities. Given Spain’s territorial conflicts, and the tensions that underlie ideas of national unity, this equilibrium manages to encourage national pride without relying on centralist notions of national identity that some consider a source of oppression.

When it comes to explaining the reasons behind Spain’s success, the press usually attributes it to two factors: the altruism and commitment of the Spanish citizenry, and the professionality of Spanish surgeons, nurses, transplant coordinators, etc. This excerpt from a Diario 16 article summarizes this explanatory framework, explaining that “The Ministry of Health foresees that the annual organ donation rate will reach this year 34.2 organ donors per million population, thanks to the solidarity of Spaniards and the work of professionals” (Diario 16 04/25/2000). In the press’ accounts of Spain’s success, these two factors are usually marshalled as complementary explanations of Spain’s leadership.
References to the positive moral character of the Spanish population abound. For instance, this article published on Diario 16 on Spain’s high heart donation rates claims that

*Spaniards have bigger hearts, by far, than the rest of inhabitants of the planet. Spain’s citizens consider useless to go into the other world intact, and prefer to shed their prejudices and give their neighbors everything that can be useful from their bodies [...] Nothing to do with the European Union, which is in decline with 13 or 14 donations per million population, or with the United States, where they barely reach 21* (Diario 16 10/19/1997)

References to Spaniards’ generosity recur over the years. For example, in this excerpt from a piece on organ donation increases in Andalusia, these increases are taken as “proof of the high level of maturity and social awareness of the citizenry” (El País 01/17/2004). In another article comparing Spain’s organ donation rates with those of other European countries, the Minister of Health is quoted saying that “the solidarity of the Spanish population” explained that Spain’s organ donation rates tripled those of countries like Germany and the United Kingdom (La Vanguardia 07/17/2006). Interestingly, most of these comparisons contrast Spain with countries historically considered more scientifically advanced than Spain (such as Germany or the United States), creating a narrative where collective values of altruism and generosity can trump a history of technical underdevelopment.

Another interesting aspect of this emphasis on citizen solidarity is that it is not limited to Spanish citizens; it also includes immigrant residents that are not necessarily citizens. For instance, this La Vanguardia piece reports an increase of “almost one point in the number of foreign national donors, reaching 5.5% of the total in 2005” (La Vanguardia 07/17/2006). Similarly, this El País article explaining the Andalusian organ donation rates describes how the Minister of Health had
“called attention to the fact that of 168 donations, 20 come from foreigners-most of them with stable residence in Andalusia-, despite the fact that in their countries of origin the organ donation refusal rates are high and that in Andalusia immigrants represent only 8% of the total population” (El País 08/19/2008). By highlighting the role of foreign nationals and immigrants in Spain’s success in organ donation, the press proposes an avenue for participation and belonging to the Spanish polity-and particularly to its positive moral character- that does not center birthright or citizenship, but people’s willingness to participate in the collective project of organ procurement.

Although a great portion of the congratulatory press coverage of organ transfer focuses on the generosity of organ donors, the technical aspect of organ transfer is not forgotten. For example, this El País article quotes ONT representative Dr. Blanca Miranda saying that the increase in donations is due to

> the perfecting of the process. We perform an exhaustive monitoring to control all the deaths that take place in an ICU. It is of the utmost importance to detect each death and to act immediately to maintain the viability of the organs. Before, we would lose 14% of potential brain-dead donors at the ICU, for example. Now, only 3%. To achieve this all we do is try to perfect the system, and to do that we need to continuously educate professionals (El País 04/25/2000).

In addition to the people’s willingness to donate organs, then, Spain’s success relies on a complex choreography or well-trained and perfectly coordinated professionals. While many times the focus is on particularly virtuous surgeons capable of performing sophisticated interventions, when the press speaks of Spain’s success in organ procurement, they tend to portray the procurement process as a result of synchronized teamwork. For example, in this letter to the editor signed by Dr. Blanca Miranda, she claims that “Spanish professionals working in the donation and
transplantation process are among the best in the world, for the efficiency of their work and the success in their results” (El País 05/03/2001). This other article celebrating Madrid’s third place in organ donation -after Catalonia and Andalusia- explains that this was achieved thanks to the “enormous effort and perfect coordination that health professionals have achieved, which manage to perform the transplants under the best possible conditions” (ABC 10/24/2002).

In sum, the press dedicates considerable attention to Spain’s leadership in organ procurement, frequently publishing pieces that celebrate Spain’s success. These pieces tend to balance Spain’s achievements at the national level with those at the regional level, speaking to Spain’s system of nested identities. It also proposes an explanatory framework for Spain’s success based on the generosity of the citizenry -widely defined since it includes foreign nationals and immigrants- and the high level of coordination and commitment of Spanish health professionals.

8.1.4 Foreign others, organ trafficking, and the defense of the Spanish Model

Spain’s leadership in organ procurement is not, or it is not only, a matter of organ donation rates, but of the degree of international legitimacy that the country derives from being a central actor in the global organ procurement landscape. This includes, on one hand, Spain’s involvement in transnational organ procurement systems and its role as an exemplar in organ transfer and, on the other hand, the efforts put in place to protect the Spanish Model from the symbolic pollution (Alexander 1990) of unethical procurement practices taking place at the international level.

Since the early days of organ transfer, healthcare systems and transplant programs have tried to create transnational organ sharing networks. The idea behind these systems is to create
larger donor and recipient pools to maximize the chances that a recipient will find a compatible organ, and vice versa. Ideally, sharing organs with other countries would make national procurement systems more effective and less wasteful. The first attempt at systematic transnational organ sharing is Eurotransplant, a procurement organization created in 1967 and initially comprised of Switzerland, the Netherlands, Luxembourg, Austria, and the Federal Republic of Germany (Eurotransplant 2022). Despite organ donors’ organizations’ opinion that “Spain must be integrated in Eurotransplant” (ABC 06/22/1971), Spain did not participate in this project. First, at the time Spain did not have the technical means to participate in such a complex coordination effort. Second, even if Spain’s healthcare system had been equipped for such an undertaking, the Eurotransplant countries were democratic nations that would have likely refused accepting a dictatorship in the project. Finally, the long distance between Spain and the Eurotransplant countries would make very difficult, logistically, to share organs. As former ONT director Dr. Rafael Matesanz would explain many years later, “we are a peripheral country […] we barely exchange organs with other countries” (El País 05/19/2010).

This does not mean, however, that Spain did not participate in any form of transnational organ sharing; it did so, if in an ad-hoc manner. Spain was initially a recipient of organs harvested in other countries. It was not until 1975 that Spain was able to send organs abroad, specifically a child’s kidneys that were donated to a man in Geneva. The Spanish press considered this a newsworthy achievement. La Vanguardia, for example, explained that “Spain, thus far an organ recipient, has been a donor” (La Vanguardia 05/09/1975). In this case, the transplant was possible thanks to Eurotransplant’s infrastructure. Although this did not lead to Spain’s integration in the project, it was enough for the Spanish press to consider it a signal of the country’s change in status.
As ABC put it, before that date “there had not been a case of sending organs outside of Spain, although our country had received some [organs] in several occasions” (ABC 05/10/1975).

As the Spanish organ procurement system developed and started to yield positive results, Spain’s ability to exchange organs with other nations increased. For example, in 1993, Spain became part of the Transplant Eurocomputer Network, a computerized network meant to facilitate organ exchange across borders, preferably for “children and patients in grave condition” (El País 11/27/1993). By then, Spain was becoming an organ exporter. With higher organ donation rates and reduced waitlists, it becomes more likely for an organ to not find a compatible recipient. This trend led the ONT to spearhead the creation of an organ exchange space in the South of Europe - called the Southern Alliance- including France, Italy, and Spain. According to ABC, “Spain sets the tone: In our country 21 cross-transplants have been performed, in Italy 11 and in France none yet” (ABC 10/10/2012). The idea behind this project was not only to facilitate organ exchange between the three countries, but also “to defend before international organisms their successful, public organ donation and transplantation systems, coordinated and directly dependent on their Ministries of Health, in contraposition to the private models from Northern and Central Europe” (ABC 10/10/2012).

In that sense, Spain’s integration in the international organ procurement landscape goes beyond exchanging organs and includes shaping these international efforts. For example, the World Health Organization charged the ONT -and, by extension, Spain- with the task of creating a global transplantation registry to “allow all patients in need of a transplant to access a safe and free organ donation system, avoiding organ commerce” (La Vanguardia 01/20/2004). In addition, in 2010 the European Union established the Spanish Model as the benchmark model for organ procurement in Europe in an effort to “double the number of organ donors in Europe” (La
Vanguardia 01/31/2008) and to go “from 18.1 per million population to the 34.4 that Spain registers” (La Vanguardia 03/24/2010). During the 1990s and especially during the early 2000s, then, the Spanish press highlighted the country’s transition from a global leader in organ procurement to a global exemplar and a role model for other countries.

Spain’s role as an exemplar, as represented by the press, is not only to increase organ donation rates in other countries, but also to ensure that organ procurement complies with moral and ethical standards. For example, as the European Union was elevating the Spanish Model to the category of gold standard for effective organ procurement, Minister of Health Trinidad Jiménez was quoted on ABC stating that “when the directive has been implemented in all the countries of the European Union the biggest organizational space for organ donation and transplantation will have been created, based on fundamental ethical principles such as altruism and solidarity” (ABC 05/19/2010).

This balance between efficiency and ethics would become a central element in the press’ portrayal of Spain’s leadership in organ donation. What differentiates the Spanish Model from others in this portrayal is that it achieves great levels of effectiveness without sacrificing morality to market forces or to state coercion.

Consequently, the Spanish press often represents instances of financially incentivized organ donation in a negative light. This was the case, for example, of an attempt to organ sale on Ebay in 1999. The auction for the kidney had started at 25,000 dollars, and soon reached 5.7 million dollars, which called the attention of Ebay moderators. Ebay soon cancelled the auction, stating that the company has “zero tolerance with illegal merchandise” (El País 09/04/1999). In the same article, El País explained that the previous day the company had had to cancel the auction
for a baby, where “the future parents -law students in Chicago- offered the possibility [...] to undertake IQ test” (El País 09/04/1999). In an article published a few days later, La Vanguardia attributed this event to the high number of auctions taking place on the platform -2.5 million at the time- which makes it “impossible to detect questionable offers” (La Vanguardia 09/07/1999). In this instance, then, unregulated markets have a corrupting effect over an organ procurement system -in this case, the American one- that otherwise bans organ sale.

Organ donation under state coercion is also portrayed negatively. The clearest example of this is the press coverage of organ procurement in China, which focuses mostly on the systematic harvesting of organs from executed prisoners. Some of the articles published on the topic describe how “some executions are carried out in a way that guarantees that the prisoners are not dead yet when the organs are extracted” and how “surgeons are present at ready at the executions to avoid wasting time and transplant the organs” (El País 08/30/1993). Other articles also include accusations that some of these organs are then given to Chinese high commissioners (El País 08/30/1993) or sold to wealthy foreign patients (El País 02/25/1998, Diario 16 12/10/2000). Specifically, the El País article reproduces the statement of two men arrested by the FBI that claimed that they had access to “the organs of at least 50 out of the 200 prisoners executed each year in the Chinese province of Hainan” (El País 02/25/1998). Always according to El País, these men also offered “trips to China that included a kidney transplant operation for a price between 20,000 and 30,000 dollars” (El País 02/25/1998). In these cases, corrupt Chinese officials and corrupt Western patients collude to obtain organs from defenseless prisoners. The Chinese government has systematically denied such accusations, but the Spanish press brings up the topic with relative frequency.
How a state or a government approaches organ procurement becomes, then, an indictment of its moral character. This is the case of China, and it is also the case of Venezuela. In 2019, ABC dedicated a series of articles to criticizing the poor state of the Venezuelan healthcare system, focusing on the dramatic plight of the children currently awaiting a bone marrow transplant. The children’s situation is, according to ABC, a direct result of “Nicolás Maduro’s government’s inaction” (05/28/2019). These articles were politically motivated and part of ABC’s attacks towards Spain’s new progressive government, which the newspaper often compares to Venezuelan authorities. In this comparisons, Venezuela’s delicate economic and political situation is used as a cautionary tale to warn readers about the dangers of having a left-leaning government. However, despite the clear political intention behind this coverage, what makes it interesting for this project is ABC’s attempt to make organ procurement -in this case, bone marrow procurement- stand for the moral character of the Venezuelan state and its willingness to provide care to Venezuelan citizens.

In addition to these stories of organ sale, state coercion and state inaction, the Spanish press has also dedicated some of its attention to international organ trafficking. Many of these stories involve countries in the Global South where a black market of organs takes advantage of defenseless citizens. Sometimes, this abuse takes the form of the kidnapping of children in impoverished countries such as Haiti (La Vanguardia 08/13/1988) and Uruguay (ABC 07/23/1989, Ya 07/24/1989), and also in other Latin American countries such as Argentina, where a documentary claimed several children had been snatched from a psychiatric hospital and had had their organs removed (Ya 11/21/1993). Most of these stories never come to a resolution, allowing the specter of organ trafficking in the Global South to continue to linger and to reemerge in subsequent press coverage as an unresolved injustice affecting the world’s most vulnerable.
These instances of organ sale, coerced donation, and organ trafficking are often taken simultaneously as a counterpoint and as a threat to Spain’s efficient yet morally virtuous organ procurement system. On one side, portrayal of other countries as morally deficient in different ways helps to highlight Spain’s unique achievement. On the other side, news of organ sale and coerced donation symbolically pollute (Alexander 1990) organ transfer, and that symbolic pollution can end up affecting the good image of the Spanish Model and the ONT. This was the core of the matter in soccer player Eric Abidal’s controversial liver transplant described in a previous chapter, and it is also the core of the matter of the media representation of unethical organ procurement in foreign countries. Conscious of this danger, Spanish health officials and ONT representatives are often quoted in the press defending the Spanish Model not just as free of such unethical practices, but as an antidote to them. For example, Health Minister Trinidad Jiménez was quoted on El País explaining that Spain’s leadership in organ procurement, and the adoption of the Spanish Model as a European benchmark for organ transfer had “a final goal applicable to every level (global, continental, and national): Achieve self-sufficiency and fight transplant tourism” (El País 03/23/2010). In other words, by adopting the Spanish Model (including its ethical principles), other countries could achieve organ donation rates high enough to make it unnecessary for patients to turn to organ commerce. Similarly, former ONT director Dr. Rafael Matesanz defended the international adoption of the Spanish Model as a “system that offers transparency, safety, and guarantees to the citizenry” (La Vanguardia 03/24/2010).

One of the clearest examples of the ONT and other Spanish health officials being portrayed in the press defending the ethical principles of the Spanish Model is German private, for-profit company DKMS’ attempt to recruit bone marrow donors in Spain in 2012. Newspaper Público was the first to report on this, with an article titled “a private foundation endangers the [organ]
transplantation system” (Público 01/17/2012). The body of the article explains that this company, belonging to transnational corporation Coty, had landed in Spain and implemented several campaigns, centered around particular transplant candidates, to recruit bone marrow donors. According to the article, ONT representatives claimed that DKMS’ actions were against Spain’s transplantation law, because the company acted for-profit. Additionally, they were not authorized to handle potential donors’ medical data. Finally, the ONT stated that DKMS’ representatives had contacted Spanish hematologists claiming, falsely, that they were authorized by the ONT to recruit donors. The company defended its actions by stating that they were only collecting data on potential donors, and not the bone marrows or any other bodily tissue itself. Then ONT director Rafael Matesanz is quoted in this article as calling DKMS’ activities “illegal” and warning that “the activities that this foundation-company has started to develop in Spain mean the privatization of the Spanish transplantation system” and that “DKMS’ practices clash frontally with the Spanish system, which is based on the donor’s altruism and the absence of profit” (Público 01/17/2012).

DKMS responded to these accusations by suing the ONT, and the ONT counterattacked by asking for a “more restrictive normative framework to avoid new irregularities like the ones committed by DKMS” (ABC 01/18/2012). In response, DKMS claimed that a private system “es better that any public system” and that “the Spanish system is not optimal” (El País 01/19/2012), in what Público considered a “condescending” and “demagogical” tone (Público 01/19/2012).

It transpires from the press coverage of this case that DKMS made several crucial mistakes in its attempt to establish itself in Spain. First, it questioned the authority of the ONT, the crowning jewel of Spain’s healthcare system. Second, it positioned itself, as a private, for-profit organization, against the public, altruism-based system currently operating in Spain. And third, it questioned the effectiveness of the Spanish transplantation system, deeming it “precarious:
(Público 01/19/2012). Not only did this elicit a media campaign against the company, where medical associations accused them of acting with “economic motives” and ONT director Dr. Rafael Matesanz described DKMS’ credibility as “close to zero” (Público 01/19/2012). It also led the Spanish government to take legal action against its activities. Only two days after the news broke on Público, the Ministry of Health declared DKMS’ practices “illegal” and ordered, by decree, that only one registry of bone marrow donors -the extant public one- would be allowed to operate in Spain, effectively banning DKMS from recruiting Spanish donors (La Vanguardia 01/20/2012). A few months later, a new decree banned organ donation campaigns focused around particular transplant candidates (Real Decreto 1723/2012), which had been common during the 1980s and 1990s but had also been DKMS’ main recruitment strategy.

In sum, Spain’s high organ donation rates has turned the country not only into a global leader, but also into a global exemplar in organ procurement with the legitimacy to shape international organ procurement policies. This, in turn, consolidates Spain as a legitimate international actor. In this scenario, the Spanish Model of organ procurement becomes a national asset for its ability to both produce results (high organ donation rates) and elicit positive characterizations of Spain as a modern nation with a mature and generous citizenry. As a national asset, the organ procurement system sometimes needs protection from potential sources of symbolic pollution, such as the commercialization of organ transfer. In cases like these, the Spanish press crafts narratives that push the sins of organ sale and organ trafficking onto foreign others, preserving the Spanish Model from criticism.

Most of these articles showcased in the previous sections reproduce press releases and statements by the ONT, which often acts as a source for both traditional and digital media as part of its media engagement strategy. As a result, and as I will show in a later section dedicated to the
ONT media messages, this portion of the press coverage of organ procurement reflects (and reinforces) the ONT’s role as an active producer of national identity discourses.

8.2 The ONT as a producer of national identity discourses

In my analysis of the ONT’s media messages, I find that, beyond explaining and promoting organ procurement, the organization’s discourse reproduces Spain as a frame of reference, redefines the bonds and boundaries of the national community by linking them to the circulation of organs, and attributes positive moral characteristics to the Spanish citizenry. It highlights Spain’s internal unity, presenting organ procurement as a national enterprise that binds together different social actors and territories in a common project. Finally, it publicizes the Spain’s leadership, situating the country in the world as a global leader and exemplar and as a modern social democracy comparable to its Western and Northern European counterparts. The organization strategically deploys these discourses, leveraging its reputation to increase the legitimacy of the Spanish national project and to generate adherence to the state institutions.

8.2.1 Spain as a frame of reference: The boundaries and values of the polity

Through its media messages, the ONT reproduces Spain as a frame of reference and collective identification, using rhetorical devices that recreate a notion of Spain as a community.

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21 This analysis was published in Herrera Sáenz (2022).
22 Throughout this section, I will use the following nomenclature to refer to each source of data: IN = Interview; PR = Press release, TW = Twitter, YT = YouTube.
Through the use of “little words” such as a national “nosotros” (“we”), a national “nuestro(s)” (“our”), a national “nos” (pronoun with a meaning similar to “us”) and a national “-mos” (first-person plural verb conjugation in Spanish), the ONT reminds the public of Spain’s existence (Antonsich 2016; Billig 1995; Ivanova 2016; Screti 2015).

The use of the first-person plural -plural sociativo in Spanish linguistics invites the audience to consider themselves part of what is being talked about (Ivanova 2016; Mulderrig 2012; Petersoo 2007; Screti 2015), in this case Spain's organ procurement system and its success. By repeatedly using the first-person plural, the ONT interpellates its audience to consider themselves part of the Spanish organ procurement system, and of the national community. In this example, the national character of the first-person plural is clear: “In Spain, 28% of donors are asystolic. Meanwhile, in Europe, asystolic donors only make up around 16%. Our country, our professionals, and the solidarity of our peoples show the way forward” (TW 10/18/2019, emphasis added).

Similarly, in an interview with Spanish magazine Pronto, Beatriz Domínguez-Gil spoke about how “our country has held the absolute leadership in organ donation and transplantation for the last 27 years” (IN 12/07/2020, emphasis added). The use of the first-person plural is also common in the ONT’s press releases, like in this excerpt where Domínguez Gil claims that “We are a record-breaking country and we want to continue to be” (PR 06/07/2017, emphasis added).

As a rhetorical device, the first-person plural constructs a national community by flattening social and political cleavages, neutralizing potential conflicts and conveying an image of consensus (Mulderrig 2012; Screti 2015). It also personalizes the discourse, conflating government and people to generate affective adherence to the state institutions (Mulderrig 2012).
The ONT’s media messages also define the borders of the national community. By conflating the polity with (potential) organ donors and recipients, who need not be legal citizens to participate, the organization proposes open, flexible codes of belonging to the Spanish nation, based on civic ties of solidarity derived from exchanging of organs. This blurs the boundaries of the polity, including residents that are not nationals. The clearest example of this is that the ONT often reminds its audience of the importance of immigrants for the Spanish organ procurement system. For example, in this tweet the organization explains that “In Spain, organ donations from people who were not born in our country amount to 9.7% of the total and have increased 8.3% in the past year. Thanks to all residents of Spain, regardless of whether they were born inside our borders, we are LEADERS in [organ] donation” (TW 10/18/2019, emphasis added). Similarly, in a statement to Onda Cero radio, former ONT director Dr. Rafael Matesanz insisted on this point, reminding listeners that “immigrants donate at the same rate as nationals” (IN 11/24/2019).

The ONT also makes claims about the moral character of the polity, highlighting values such as generosity, commitment, and maturity. The organization’s discourse presents generosity and altruism as defining traits of the Spanish citizenry. This is one of the clearest examples of this rhetoric: “The citizens of our country have demonstrated, year after year, their generosity and empathy with those who need an opportunity. Donation is one of the most generous acts, a gift of life for other people” (TW 02/072019, emphasis added). ONT representatives often repeat this mantra in interviews and public appearances, like in this excerpt from Beatriz Domínguez-Gil’s interview with online publication Con Salud: “[organ] donation helps us garner the best of the citizenry, putting on the table the kind of society that we are. It is an act of enormous solidarity, social responsibility, and love” (IN 06/03/2020, emphasis added). She makes a similar point in an interview with online newspaper Comercio Digital: “Spain’s society is very altruistic, and we get
to witness that. Every day, we see families that, in the worst moment of their lives, say yes to
donation and think of how, in the middle of the tragic loss of a loved one, they can help others”
(IN 05/09/2018). Press releases often echo this same sentiment, making clear that “the ONT also
recognizes the enormous generosity of the citizenry of our country, which continues to show a
very favorable attitude towards organ donation, even in the current circumstances [referring to the
coronavirus pandemic]” (PR 05/21/2020, emphasis added).

The organization, then, not only reproduces Spain as an “imagined community” (Anderson
2000), but as an imagined community of a particular kind, characterized by flexible borders and
altruistic moral values.

8.2.2 “La ONT somos todos”: Promoting unity in a disputed nation

The ONT’s communicative discourse presents Spain’s success in organ procurement as a
national achievement, as former ONT director Dr. Rafael Matesanz made clear in his interview
with Onda Cero, where he claimed that “organ donation in Spain is a source of national pride” (IN
11/24/2019). The organization often highlights the collective aspect of organ procurement,
presenting it as a national enterprise that requires everyone’s participation. When explaining
Spain’s achievements, the ONT often links that success to the harmonious collaboration between
diverse social, political, and territorial actors, emphasizing their role in the good functioning of the
system and thus binding them together and to the Spanish state (Koch 2013:43).

The organization often insists explicitly on the collective aspect of organ procurement: “We
must feel proud of the Spanish transplantation system. The entire Spanish society has contributed
to its development [...]” (TW 12/132018). In a later tweet, it even claims that the ONT “is all of us” (TW 02/12/2019). In an interview with *Transplantation*, Beatriz Domínguez Gil states that “in our country, even if you are not actively seeking to be trained in organ donation, you will be so at a given moment”, and explains that “the entire country (professionals and the society as a whole) feel to be part of the system and proud of our mission as a collective success. During the last economic crisis in Spain, people used to say, ‘at least we are good in soccer and tennis… and in organ donation’” (IN 08/01/2020). She had previously made similar claims to CBC, explaining that

> we have managed somehow to make the Spanish population consider themselves part of the system. We don't forget that transplantation is a collective success. It's not one individual, but it's society, it's professionals, it's all together who make transplantation happen. This is the sort of stories and the sort of information that we transfer to our community (IN 11/19/2019).

The ONT places the organization itself, Spain’s medical professionals, and the Spanish citizenry at the core of Spain’s success in organ procurement. Beatriz Domínguez-Gil’s intervention in one of the ONT’s YouTube videos summarizes this trend: “[Spain success in organ donation] results from the excellent work of our healthcare professionals and our transplant coordinators, and, of course, from the enormous generosity of the Spanish citizenry” (YT 05/19/2020).

This is a recurrent statement in ONT’s representatives’ interviews and media appearances as well. In an interview with newspaper *Comercio Digital*, Beatriz Domínguez-Gil claims that “the key of Spain's success, besides solidarity and our national healthcare system, is a good organization: having the right professionals in the right place, with the right skills and perfectly
orchestrated” (IN 05/09/2018). In another interview with healthcare publication *Sanidad*, Rafael Matesanz explained that “[Spain’s] success is on one side the population’s sensitivity, but also an organizational system, a management system, a system to manage donation. Donations happen because of people’s generosity but it is necessary to manage it” (IN 02/21/2019). In a later interview with newspaper *La Verdad*, Beatriz Domínguez Gil echoed a similar sentiment, explaining that “if the system was not prepared to detect those exceptional death circumstances [that allow donation], nor to approach the family in their grief in a professional and respectful manner, these results would not be possible” (IN 06/14/2019).

In addition to these elements, the ONT also frequently recognizes the role of Spain’s civil society, media, airports and airlines, law enforcement, etc. As ONT coordinator Juan José Egea-Guerrero explains in an interview with *Diario de Sevilla*, “[organ transplantation] depends on medical teams, but also on transportation professionals, emergency teams, judges and medical examiners, the law enforcement bodies, the media’s outreach efforts, and, above all, on the families that say yes to donation. Everybody’s involvement counts for our success” (IN 11/12/2018). Even laypeople who cannot donate organs are encouraged to participate in Spain’s achievements, like in this tweet promoting bone marrow donation: “Are you already registered? Can’t you register because you are over 40 years old? Maybe you have an autoimmune disease? Whatever the reason, you can always help us with promotion” (TW 10/28/2019). Statements like this highlight national unity and collaboration while recognizing diversity of roles and contributions.

In this venue, the ONT also emphasizes the importance of territorial cohesion for the success of Spain’s organ procurement system, without neglecting Spain’s territorial diversity and quasi-federal political organization. The organization often showcases the importance of exchanging organs between communities: “In our country, 23% of transplants is performed with
donors that come from a different autonomous community. Solidarity unites us!” (TW 11/17/2017). In a later tweet, the organization explains its role in integrating different territories more clearly: “Transplants contribute socially to: 1. Improve social cohesion, thanks to organ exchanges between different [autonomous] communities. 2. The sustainability of the national health care system, because of the money they save to the public coffers” (TW 01/23/2019).

Territorial cooperation is a recurrent talking point for the ONT. In an interview with blog Donavida, Beatriz Domínguez-Gil explicitly claims that “Our values are altruism in organ donations, equity in the access to transplants, territorial cohesion, and transparency” (IN 01/16/2020, emphasis added). The organization’s press releases often insist on territorial question, claiming that “the national organ donation and transplantation system is an excellent example of cohesion and cooperation between autonomous communities within our health care system” (PR 05/21/2020). In another press release, the ONT explains the exchange of transplant organs between communities “showcases the role of the Spanish organ procurement system as a factor of cohesion” (PR 01/10/2020).

Simultaneously, the ONT also highlights the importance of “respecting autonomic competencies” (TW 11/21/2017), and signals Spain’s the territorial diversity. It does so, for example, by singling out the achievement of specific communities. In this excerpt from a press release, the organization explains that “Cantabria leads the ranking with an organ donation rate of 74.1 donors per million population. La Rioja (71.0), País Vasco (70.3), Navarra (70.3) and Murcia (66.0) follow suit” (PR 01/11/2018). The ONT also celebrates communities’ regional holidays by bringing up their achievements in organ procurement. For instance, after La Rioja’s regional holiday, the organization tweeted: “We can’t forget about the people of La Rioja, who celebrated
their day yesterday. A land where generosity has tripled bone marrow donations in the first five months of 2019” (TW 06/10/2019).

In sum, the ONT’s communicative discourse presents an image of Spain where diverse social, political, and territorial actors work together in unison towards the same goals. Such emphasis on national consensus is particularly relevant against the backdrop of a violent 20th century that fostered political division and mistrust (Balfour and Quiroga 2008; Douglass 1991; Flynn 2001). Emphasizing national unity around organ procurement provides grounds for solidarity between actors that would otherwise be in conflict (Anderson 2000; Wimmer 2018). In this case, however, unity is not based on shared preconditions -although generosity and altruism are presented as national traits- but on the active pursuit of a project of national solidarity (Calhoun 2002) through the exchange of bodily organs. This allows the ONT to bolster Spain’s national cohesion without sparking controversies over territorial question, by appealing to a comprehensive polity without imposing notions of national unity that many find repressive (Humlebaek and Ruiz Jiménez 2018; Martínez-Herrera 2002; Moreno 2008).

8.2.3 The Spanish Model: From global leader to global exemplar

The ONT periodically reminds the public of Spain’s success in organ procurement, and of its implications for Spain’s place in the world. The organization publicizes Spain’s leadership in organ donation and transplantation rankings to present the nation as a global exemplar admired and imitated abroad.
Frequently, the organization treats Spain’s success as a given that needs no further explanation: “Spain has the best [organ] donation and transplantation system in the world, a model that offers hope to thousands of patients” (YT 06/10/2020). In an interview with popular magazine Pronto, Beatriz Domínguez-Gil insists: “Our country continues to be a global leader organ donation, with great differences in donation and transplantation activity in comparison with any other country in the world” (IN 12/07/2019). This triumphal tone is recurrent in the ONT’s messages.

To support such enthusiastic claims, the ONT circulates data on organ donation and transplantation rates, which are the backbone of Spain’s success. For example, in an interview with blog Donavida, Beatriz Domínguez-Gil reproduced the most recent data: “Spain is the global leader in organ donation and transplantation. According to our last report, which we published a few days ago, we were the leaders again in 2019, with 48.9 donors per million population (pmp), and 5,449 transplants (116 pmp)” (IN 01/16/2020). The organization updates this information as new data becomes available, creating recurrent images of success.

The ONT also finds other ways to express Spain’s leadership, aggregating and disaggregating the data by organ, or by type of patient, and adding information on wait times and family refusal rates. This allows the organization to amplify Spain’s achievements. For example, in this press release from January of 2019, the ONT offers a detailed explanation of the organ transplantation activity data from the previous year, breaking it down in different ways:

According to these data, Spain has reached new historical records both in the total number of organ donors, with a total of 2,241 donors, and of solid organ transplants, with a total of 5,318. We also registered historical records in kidney and lung
transplantation, and a slight decrease in liver transplants, probably due to a decreasing need thanks to the new antiviral medications against Hepatitis C […] The waitlists decrease for all organ transplants, except heart and small bowel, going from a total of 4,891 [waitlisted patients] on December 31st of 2017 to 4,804 on the same date of 2018. [...] Asystolic donation takes hold as the best way to expand transplantation, with a total of 629 donors, which constitutes an increase of 10% compared to last year. One of every 3 donors are asystolic […] Family refusals are at 14.8%, and decrease to an 8.8% in the case of asystolic donors (PR 01/14/2019)

In this type of messages, the ONT creatively uses statistics to symbolically represent the goodness of the nation (Urla 1993:819).

To contextualize Spain’s success, the ONT compares Spain with other countries, like in this tweet: “Spain, 47 donors per million population. Germany, 9 donors per million population. They can’t explain it. As for us, we are proud of the Spanish Model of organ donation and transplantation and of the generosity of the citizenry” (TW 10/30/2018). Such comparisons, however, are not casual, but always with countries historically more developed than Spain: “In 2018 our country reached an organ donation rate of 48.3 donors per million population, which is way higher than the average in the United States (32.8) and more than doubles the average in the European Union” (PR 10/25/2019).

External recognition is another fundamental component of the ONT’s discourse about Spain’s success. The organization circulates celebratory messages whenever an international institution -like the WHO, the European Union, or, like in this example, a leading scientific publication- praises the Spanish organ procurement system: “[The Spanish Model] is a role model to expand transplantation in the rest of the world […] This statement was made by the editorial
board of the *American Journal of Transplantation* (AJT), the most prestigious and influential publication in the world in the field of [organ] donation and transplantation” (PR 02/01/2017).

When the organization speaks about Spain’s leadership, it also reflects on Spain’s place in the world, promoting the Spanish Model as an exemplar, and a guarantee for success: “Transplantation grows in countries such as Portugal, Italy, the United Kingdom, Austria, or Canada, that have adopted the Spanish Model of transplantation or at least some of its policies” (PR 09/08/2017). This tweet quoting former director Dr. Rafael Matesanz’s honorary doctorate acceptance speech encapsulates this sentiment: “Probably, the Spanish Model of the ONT has already saved more lives outside of our borders than in our own country, because many others have followed our steps” (TW 02/15/2018).

In this venue, the ONT often informs the public about visits from foreign health officials, highlighting other countries’ eagerness to imitate the Spanish Model. For example, in January of 2019 an expert committee from India visited the organization’s headquarters:

> *Faustino Blanco, Secretary General of Health and Consumption, and ONT director Beatriz Domínguez-Gil, held a technical meeting this past Wednesday with a delegation from India. The goal was to put in common both countries’ transplantation systems, and to detect opportunities for improvement for India’s current system. The visiting delegation […] aims to build a stronger and safer system that allows them to increase the number of transplants performed in their country* (PR 01/09/2019).

Other times, the organization sends representatives abroad to publicize Spain’s achievements: “Our director […] has explained the Spanish organ procurement system to the
German Parliament. She traveled to Berlin, invited by the Health Commission of the Bundestag. For Germany, the Spanish system is a role model” (TW 05/13/2019).

The case of Latin America is especially interesting, given Spain’s colonial past. One of the most celebrated sites of collaboration between Spain and Latin America is the **Máster Alianza** (“Alliance Master”), a program that hosts several Latin American transplantation professionals every year so that they learn to apply the Spanish model in their own countries. The ONT often links increases in organ donation and transplantation in Latin America to **Máster Alianza** and, more broadly, to Spain’s mentorship: “The Global Knowledge Base on Transplantation says so: Latin America is the only region in the world where organ donation and transplantation increase significantly, especially since Spain launched **Máster Alianza** in 2005” (TW 01/30/2018). This excerpt from a 2019 press release reproduces similar ideas:

> Latin America, with whom Spain has collaborated for more than 14 years through the Red/Consejo Iberoamericano de Donación y Trasplante (RCIDT), both as an advisor and through the training of transplant coordination professional, has also improved its organ donation rate, reaching 9.5 donors pmp, which has allowed 17,169 transplants. The cumulative growth in the region since the beginning of Spain’s involvement surpasses 85%, the highest in the world. Uruguay (with 18.9 donors pmp), Brazil (16.3 donors pmp) and Argentina (13.4 donors pmp) lead the organ donation rankings in Latin America (PR 08/29/2019).

As part of Spain’s role as a global reference in organ procurement, the ONT often highlights Spain’s responsibility in policing international organ trafficking, like in this tweet: “Spain leads a global battle against organ trafficking. Our country has been key in passing several resolutions, both at the European Council and in the UN, to develop supranational initiatives to fight this
burden” (TW 11/22/2019). The organization had expressed a similar sentiment in previous communications: “Spain, global leader in [organ] donation and transplantation, also leads the fight against organ trafficking and transplant tourism in the face of the international community. Our country has presented a draft resolution before the UN to be applied globally” (PR 07/12/2017).

In summary, the organization presents Spain’s leadership as a matter of donation and transplantation rates, but also of international responsibility: “When the world talks about transplants, everybody thinks of Spain and of our successful model. Being an international reference is a great responsibility and, because of that, we work every day to uphold our own quality standards” (TW 10/10/2019). Through messages like this, the ONT presents Spain as a legitimate global actor, capable of designing policy models worthy of international diffusion, and reliable enough to enforce them (Meyer et al. 1997).

8.2.4 Democracy, modernity, and international legitimacy through the lens of organ procurement

The ONT consistently describes Spain as a particular kind of nation, a modern social democracy comparable to its Western and Northern European counterparts. The clearest example of this trend are the tweets that the ONT posted to celebrate the 40th anniversary of the Spanish Constitution, where it claims that “[…] In these years the Spanish society has taken giant steps, among others, the construction of our organ procurement system, the best rated in the world” (TW 12/07/2018). This other tweet connects democratization, modernization, and leadership in organ procurement even more explicitly: “[The Spanish Constitution] was the step from a black and white to a multicolor Spain, which allowed us to create our organization and to set the basis of the
Spanish Model of transplants” (TW 11/11/2018). A few months later, also to celebrate the 40th constitutional anniversary, former ONT director Rafael Matesanz, received a Congressional Medal for his “commitment with the Constitution” (IN 03/13/2019). In these messages, the organization and its representatives present Spain’s success in organ procurement as reflecting Spain’s democratization and modernization in the last 40 years. Simultaneously, the organization presents itself as a relevant political actor in consolidating the Spanish democracy. In other words, the ONT invokes notions of democracy, citizenship, and rights -which are part of the scripts of Western and Northern European modernity- to present Spain as a legitimate political project.

The ONT also emphasizes that the Spanish organ procurement system is strictly regulated -according to principles of voluntarism, altruism, gratuity, anonymity, and equity (Ley 30/1979)-, leaving no room for corruption and arbitrariness. For example, in this tweet the organization explains: “The Spanish Transplantation Law guarantees two fundamental principles: altruism in donation and equity in access to transplants. Equality in these processes is guaranteed” (TW 06/20/2019). In an interview with health care journal Sanidad, Beatriz Domínguez-Gil highlighted the ethical character of the law and, therefore, Spain’s organ procurement system: “I believe the system works because it is altruistic, because it is anonymous, because it is public, and because it is universal” (IN 02/21/2019). Besides highlighting the moral values that underlie the law, the ONT also reminds the public that they have the legal instruments and the willingness to enforce them. For example, in this interview with El Comercio Digital, Beatriz Domínguez-Gil explained:

*We have a very rigid organ procurement system. There have been [organ trafficking] attempts, but they were identified and nipped in the bud. The system has a zero-tolerance policy against organ trafficking. We are very strict punishing that crime, and it is impossible for it to happen* (IN 05/09/2018).
A few months later and responding to the controversy surrounding Barcelona’s soccer player Eric Abidal’ liver transplants, the ONT released an institutional statement reiterating their “zero-tolerance policy against organ trafficking. [The ONT] also deems necessary to punish every action that the criminal justice system considers linked to organ trafficking, with the severity established in the Spanish penal code in article 156 bis” (PR 08/30/2018). Such emphasis on the importance of regulation and transparency goes beyond explaining the functioning of the Spanish organ procurement system; it is a reminder that the Spanish state has legal, institutional, and clinical mechanisms to ensure the protection of both donors’ and recipients’ rights.

In addition, the ONT is part of Spain’s National Healthcare System, and therefore part of Spain’s welfare state of a wider net of social safeties that the Spanish state offers its citizens. For example, in this excerpt from a YouTube video, ONT director Beatriz Domínguez-Gil explains that “the national organ procurement system is not an island within our health care system. In fact, its success is largely due to the excellent functioning of the National Healthcare System” (YT 05/19/2020). Praise for the Spanish National Healthcare System is frequent in the ONT’s media messages, attributing part of the organization’s success to “the excellence of our National Healthcare System, which is high quality, public, and universal” (IN 01/16/2020). In turn, the organization also emphasizes its contribution to the sustainability of the public healthcare system, providing one-time, surgical solutions to illnesses that would otherwise require costly chronic treatments. For example, in this press release the organization explains that “from a budgetary point of view, the data reveal that the increase in kidney transplants generates an important economic return to the public healthcare system, which can use those savings for other activities” (PR 04/04/2018). The organization presents its success not only as a quest for excellence, but as one of the mechanisms that the Spanish state offers citizens to guarantee their health and safety.
Finally, the ONT often signals other markers of cosmopolitan modernity, such as international cooperation, openness, multiculturalism, and the importance of science and evidence in policy design. Contrasting with historical stereotypes that paint Spanish people as backwards, primitive, and unable to rule themselves, and with feelings of national inferiority derived from that perceived backwardness, the ONT presents a version of Spain as a modern nation. Through these public demonstrations of commitment to democratic procedures, social democratic systems of protection, and cosmopolitan values, the ONT appropriates frameworks of Western and Northern European modernity that are accepted markers of development to describe domestic experiences (Beckfield 2010; Gorman 2016). The organization strategically deploys these scripts to gain legitimacy for the institutions of the Spanish state (Boli 2005; Heger Boyle, Songora, and Foss 2001).

8.3 Beyond the press: El Viaje de un Órgano

So far, I have shown that the press had a central role in the cultural construction of organ transfer in Spain, specifically as a source of national pride and identity. I have also shown that the ONT actively and strategically uses both traditional and social media to explain and promote organ donation and transplantation, but also to produce and circulate national identity discourses. At this point it is worth it to also pay attention to how television fits in this ecology of narratives and messages since, in Spain, as in most countries, more people get their news from television than they do from the press (Nafría 2018). Besides, the ONT has also been present on television, sending representatives as guests or interviewees, and also acting as a consultant for television shows.
Specifically, in the next few pages I focus on the television show *El Viaje de un Órgano* (EVO). This documentary show received input from the ONT and from medical professionals from different Spanish hospitals. The show consists of 7 episodes - each one following the trajectory of a different transplant patient - that aired in the Spanish public television network between January and February of 2019 to celebrate the 30th anniversary of the creation of the ONT. In what follows, I present an analysis of this show, focusing on the way it reproduces celebratory talking points about Spain’s success in organ procurement, on how it narrates the patients’ stories, and on how it portrays the relationships between patient, donor, medical professionals, and families.

Although each episode of *El Viaje de un Órgano* focuses on a particular transplant patient, their stories are framed within the context of Spain’s successes in organ procurement. Each episode begins with a voiceover making the following statement: “Spain is the global leader in organ transplants and donations since 27 years ago. We perform more than 5,000 transplants per year, 14 a day in average, and everything is possible thanks to the generosity of more than 2,000 donors”. After that, the voiceover gives some more data, now specifically pertaining to the organ or group of organs that the episode will be talking about. For example, the seventh episode follows a kidney transplant patient named Albert, who received a new organ from his friend Paco, and the voiceover explains that “in the last decade 3,172 living donor kidney transplants have been performed” (EVO, episode 7). On the third episode, however, the focus is on pediatric multivisceral transplants, so the voiceover’s statement mentions that “we are one of the few countries that performs pediatric multivisceral transplants, this is, up to 7 organs [transplanted] at the same time. In addition, we are a global reference with almost 3,500 transplanted children” (EVO, episode 3). After that message, each episode introduces the recipient’s story as “a miracle come true”.

233
Besides these framing statements at the beginning of each episode, other statements throughout each episode help remind the audience of the connection between each patient’s recovery and Spain’s success in organ procurement. For example, on the second episode of the show, the protagonist, a lung recipient, is described as “a living example of the success of our transplantation system, and of a solidary society” (EVO, episode 2). In each episode, then, there is a visible effort to portray individual recoveries as examples of a larger, nation-wide success in organ transfer. Even the transplant recipients themselves express great confidence in the procurement and healthcare systems. As Raquel, the transplant recipient portrayed in episode two puts it: “I knew I was in the best place in the world” (EVO, episode 2).

Throughout each episode, the voiceover introduces some data about the Spanish organ procurement system. For instance, in the first episode the voiceover mentions that “Today, 77% of families accept to donate when the time comes” (EVO, episode 1) and, later in the episode, reminds the audience that “despite its complexity, 10% of all liver transplants are performed in Spain” (EVO, episode 1). On episode four, the focus is on the renal waiting lists, and a medical professional explains that “we have the shortest renal transplant waitlist in the world, with less than 4,000 potential recipients. This allows that patients like Fran […] can wait for the ideal donor” (EVO, episode 4). Episode five makes a similar statement about heart transplants, explaining that “the heart waitlist is usually 500 patients a year. The average waiting time to get an organ is 78 days” (EVO, episode 5).

While a good portion of the information included in each episode focuses on quantitative data on organ procurement, the show also makes an educational effort to explain how the Spanish organ procurement system works. For example, on the second episode of the show a ONT representative focuses on the system inclusiveness by stating that
there is no other country in the world where access to a transplant is so extraordinary as it is in Spain. It is a public system where any person that resides in our country has access to, for free. The ONT guarantees that any person that needs a transplant is included in the waitlist to assign them an organ based off a mixed model that includes both geographical and clinical criteria (EVO, episode 2).

Interestingly, on the fourth episode, which focuses on kidney transplantation, the voiceover explains how, given the high cost of dialysis, transplantation is the most efficient solution for end-stage renal disease, since just one transplant saves the system enough money in dialysis to fund the entire organ procurement system. By highlighting this, *El Viaje de un Órgano* preemptively dispels any potential criticism that may aim to portray the ONT as an expensive institution that prioritizes spectacular surgeries over preventive medicine that can reach a higher number of people.

*El Viaje de un Órgano* makes similar causal attributions about Spain’s success in organ procurement as the ones that I previously identified in the press and in the ONT’s media messages. On one hand, claims about the generosity of the Spanish population abound. For instance, on the first episode of the show, the patient claims that “you are here, alive, thanks to a solidary society, and you are obligated to do something for other people” (EVO, episode 1). On the other hand, congratulatory statements about the good work of Spain’s medical professionals are also common. For example, on the second episode of the show an ONT representative mentions that “transplant coordinators do a fantastic work at the hospitals, they are the intermediaries” (EVO, episode 2). The same episode describes the procurement process as “a mechanism that depends on many pieces; more than 100 professionals” (EVO, episode 2).
While *El Viaje de un Órgano* attributes a lot of the patient’s recovery to the collective success of the organ procurement system, the individual stories of each patient are also interesting. The similarities between them make these narratives appear as cultural scripts that teach the audience how to think, feel, and act in the role of a transplant recipient. While the structure of the narratives are very similar to the ones that the press circulated during the 1980s and 1990s, which I described in a previous chapter, some details differ, and speak to notions of what is a good transplant patient that are based on the patient’s attitude towards their illness and towards the transplant. Across episodes, patients are described as “strong”, “dynamic”, “happy”, “positive”, etc., and part of the success of their transplants is attributed to these personality features. These descriptions of the recovered transplant recipients match the archetype of the “good patient”- and Talcott Parson’s “sick role” (Parsons 1991)- who goes to the doctor when something is wrong, listen to what physicians and other medical professionals have to say, and do so while maintaining an optimistic attitude that is presented as a curative factor. As one of the physicians that participated in the show put it, “when you come to the hospital, don’t come with fear, but with joy” (EVO, episode 6).

Besides these personal characteristics, the patients’ recovery is also inserted in a matrix of relationships that go well beyond the doctor-patient or the donor-recipient one, in two ways. First, because they involve a larger number of people than those two dyads imply. Family, friends, hospital staff, and donors’ relatives are included within the patient’s recovery process. In that sense, recovery is portrayed as a collective effort. Second, because the relationship between these parties does not necessarily adjust to the parameters that we conventionally apply to the doctor-patient relationship. The doctor-patient relationship is often understood as one of emotional neutrality and communicative transparency. In *El Viaje de un Órgano*, none of these characteristics
apply. Medical staff is portrayed as often forging a deep emotional connection with the patients. For example, on episode three a transplant surgeon is quoted as saying that “when something goes sideways, that hurts us and affects us” (EVO, episode 3). On episode one, a transplant physician describes his relationship with the patient saying: “I love her a lot” (EVO, episode 1). In some cases, the emotional aspect of this trumps clinical protocols put in place to preserve asepsis. For example, on episode six multiple nurses and physicians are described as violating the patient’s isolation to give her a hug, hold her hand, or giving the patient her daughter’s stuffed animals (EVO, episode 6).

In addition, physicians -sometimes the transplant surgeons themselves- are portrayed as sometimes concealing information from the patients to preserve their optimism. For example, also on the first episode of the show, when the patient initially refuses to be transplanted, the medical team performs the necessary tests without disclosing that said tests are part of the protocol to place a patient on the waitlist. Throughout the episode, physicians’ efforts to conceal negative information are described as “sweet” and “loving”. On episode six, the recipient of a bone marrow transplant explains these behaviors as “to avoid damaging me with negative emotions during my illness” (EVO, episode 6). In sum, the doctor-patient relationship on El Viaje de un Órgano is one that sometimes crosses the conventional ethical boundaries that we often attribute to this type of exchanges.

In sum, El Viaje de un Órgano presents individual stories of success as the direct result of the good functioning of the Spanish organ procurement system. It also provides the audience with specific data and information about the system. In addition, the show attributes the success of the system to the generosity of the Spanish population and to the good work of Spanish health professionals. Finally, it portrays recovery from terminal disease as a result, partially, of the
patient’s personality, and paints a healthcare landscape where the emotional burden of medical decision-making is distributed across different actors in ways that partially contradict supposedly universal ethical principles governing clinical encounters.

8.4 Discussion: Media, organ transfer, and nationalism

In this chapter I have shown that the media coverage of organ transfer in Spain goes beyond explaining and even promoting organ procurement and becomes a source of national pride and identity discourses. By linking Spain’s identity as a nation to a highly valued -both scientifically and morally- medical practice, the media coverage of organ transfer provides the audience with a repertoire of national meanings that bypass traditionalist ways of understanding Spain that many disagree with or find oppressive.

I have presented the Spanish case as that of a fractured society where discourses around organ transfer have become invested with national pride. In that sense, media discourses about Spain’s success in organ procurement gives the country the opportunity to craft a new national cultural repertoire that may be able to navigate its difficult and conflictive history around national identities in a way that other attempts have failed to do. It is important to keep in mind that much of what the media discourses on organ transfer say about Spain echoes historical points of conflict around the Spanish national project -like delayed democratization, political and territorial division, and feelings of national inferiority- which are still areas of contestation today (Balfour and Quiroga 2008; Humlebaek 2015).

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23 Elements of this analysis can be found in Herrero Sáenz (2022).
Beyond the case of Spain, this third observation raises three theoretical questions about the role of unconventional - in this case, medical - producers of national meanings. First, the somewhat surprising overlap between organ procurement and national identity discourses can only be understood against the backdrop of Spain’s long history of underdevelopment, isolation, and conflict over national identities. In that sense, the encumberment of Spain’s success in organ procurement to the category of national pride and source of national identity is partially a matter of correcting a damaged national reputation (Simons 2011). Future research should assess whether this points at situated patterns of nation-building where countries with troubled histories of national construction rely more on alternative sources of national pride and identity formation. It is plausible that, in countries where conventional national symbols - the flag, the national anthem- and identity discourses - the nation’s foundational myths and narratives (Hall 1992) - are symbolically polluted (Alexander and Smith 1993; Douglas 1967), unusual producers of national meanings are more effective in fostering identification and pride without sparking renewed waves of conflict.

This gives way to a second theoretical question. By presenting Spain’s success in organ procurement - a field of high scientific and moral value - as proof of the goodness of the Spanish nation, the press (and the ONT) leverages the field’s reputation as a rhetorical asset to legitimize its discourse about Spain. This goes well beyond explaining, and even promoting, organ transfer. Previous scholarship has shown that international comparison and external recognition legitimize institutions and organizations at both the domestic and the international level (Boli 2005; Cooley and Snyder 2015; Espeland and Sauder 2007; Meyer et al. 1997), but how has organ transfer - specifically - leaped to an unrelated area of meaning-making?
Finally, the media discourse on organ transfer in Spain promotes a civic (Smith 2005) version of the Spanish national identity, where the boundaries of the national community are flexible, belonging is voluntary, and collective action produces social solidarity (Calhoun 2002). Whether this is a strategic decision, or a spontaneous effect of the Spanish organ procurement system being an anonymous gift-giving system, warrants further reflection. Future studies should explore whether impersonal gift-giving systems are more likely to promote civic, open-ended ideas of the nation than other institutions. This is plausible considering what many authors have theorized about the role, discussed in a previous chapter, of altruistic human supplies procurement in promoting ties of social solidarity, and in extending them beyond people’s known others onto unknown strangers (Murray 1987; Singer 1973; Titmuss 1971). Altruistic, anonymous human supply donation may come with ready-made interpretations built into itself by virtue of the dominant “gift of life” paradigm (Healy 2006), that are conducive to integrative national identity discourses rather than particularistic ones (Copeman 2009).
Chapter 9. Conclusions

In this study I have examined how the media coverage of organ transfer has evolved in Spain since 1954 to 2019, relying on three sources of data - newspaper articles, media messages produced and circulated by the Spanish organ procurement organization, and a television show - and on a combination of computational and qualitative analytical techniques. By focusing on media representations and narratives, my study examines, simultaneously and from a historical perspective, the cultural production of scientific - in this case, medical - knowledge and practices, the media promotion of organ donation and of social solidarity in general, and the cultural phenomenon by which organ transfer becomes a carrier of other meanings, in this case of national pride and identity discourses.

As a result, in this project I have identified three areas of media discourse on organ transfer that are particularly interesting. First, I have demonstrated that the media - in this case, the press is part of the institutional matrix (Eyal 2013) that produces and publicly validates scientific knowledge. I have further shown that the processes by which this happens are more complex than they seem. Clinical, moral, and organizational frameworks of what is possible and what is acceptable overlap and intersect in ways that sometimes reinforce and sometimes contradict each other. Simultaneously, these frameworks operate against the backdrop of a set of expectations - also co-produced by media narratives - that can both facilitate and hinder science’s - in this case, medicine’s - quest for social and cultural acceptability.

This general process matters beyond the case of Spain and organ transfer, where it is likely that positive media representations of organ transfer contributed to its high social acceptance and, consequently, to generating higher organ donation rates. In contemporary societies, which are
unprecedentedly dependent on science (Eyal 2019), media engagement with scientific -in this case, medical- controversies is at the center of political discourse, and people’s reaction to such engagements is at the center of our social and political fabric. That has been the case of the so-called “politization” of the COVID-19 pandemic in the United States. In the last two years, scientific controversies about the safety effectiveness of different preventive measures -like social isolation, mask-wearing, or vaccination- have coexisted in tension with cultural and moral codes about individual rights and political freedom. In addition, overly optimistic expectations about the ability of certain measures to end the pandemic completely have contributed to narratives of mistrust in science and public health authorities. Far from being a discussion between specialized experts taking place behind closed doors, these controversies have fundamentally shaped the current political moment in the United States.

Second, studying the promotion of organ donation opens a door to revisit Titmuss’ argument that altruism-based social and healthcare policies produce social solidarity (Titmuss 1971). While this might be true, the question here is that they do not do so on by virtue of their ontological force, but because they become the object of mediated processes of meaning-making that provide the audience with the cultural tools necessary to interpret these policies in particular ways that remind them of their duty to care for the needs of distant strangers. Of course, the question that arises at this point is how far can meaning making go, and whether some policies have cultural scripts of social solidarity built into them so that they lend themselves to specific types of narratives. While this question is way outside the scope of this project, it is an important cultural sociology question that deserves ongoing attention.

Third, I present the Spanish case as one where, after a long history of conflict around national symbols and identities (Balfour and Quiroga 2008; Humlebaek 2015), public authorities
and officials, journalists, commentators, and even laypeople have found an alternative reference point for identity formation in the success of the Spanish organ procurement system. This, in turn, points at situated patterns of nation-building where 1) unexpected sources of national pride and identity provide the country with an opportunity to create a national repertoire that bypasses historical points of conflict and where 2) a successful and prestigious institution has been able to encroach into an unrelated area of meaning-making.

My research has some limitations. By focusing on media representations, my study brackets questions of production and reception that are essential to the study of media. On the side of news production, future research should address what actors - medical professionals, political elites, journalists - and what kind of power relations encouraged different narratives and frames around organ transplantation. This question is particularly important in settings where media is not independent, like in the case of Spain, which was a military dictatorship at the time the first experiments in transplantation were taking place, and where media is highly politized and not as independent as in other parts of the world (Hallin and Mancini 2004). The first heart transplant in Spanish history, performed by dictator Francisco Franco’s son-in-law in 1968, is an illuminating example of this unanswered question. Celebrated as a national achievement at the time, it was not until several decades later that the donor and recipient’s families revealed that they were pressured to participate in the surgery, and that, based on inconsistent diagnoses, it is not even clear whether the recipient needed a heart transplant (Herrero Sáenz 2020). The absence of these alternative, critical narratives points at the influence of power dynamics and political pressures on the way newspapers approached the topic.

On the side of news reception, future research should investigate whether the media portrayal of organ transfer is, at least partially, responsible for its high social acceptance in Spain.
Scholarship in the sociology of media has shown that media influences the way the public perceives issues and events and influences individual and collective action, including people’s acceptance of organ transplantation (Matesanz 2003; Morgan et al. 2005, 2008; Quick et al. 2007; Yoo and Tian 2011), but my research cannot attest to the specific mechanisms that connect changing valuations of organ transplantation in Spain and its social acceptance.

Similarly, my study cannot attest to whether the claims about the Spanish nation that the press circulates in its coverage of organ transfer, or the institutional messages produced and publicized by the ONT influence people’s subjective experience of the nation nor their political preferences. Studies have shown that national symbols and discourses orient people’s action (Wodak et al. 2009), and that understandings of the nation predict political preferences and electoral behavior (Alemán and Woods 2018; Ariely 2016; Bonikowski 2013; De Figueiredo and Elkins 2003), but reality is more complex. National identity discourses are multiple and contested (Bonikowski 2013, 2016; Geisler 2005), and the Spanish public is continuously exposed to other discourses of the Spanish national identity that may differ from and even contradict what the press or the ONT says about Spain when speaking of organ transfer.

In addition, people are not passive recipients of institutional messages and discourses. They actively engage with the content they encounter in their daily lives, arriving to unexpected readings and interpretations of the messages that they receive. An approach focusing on audience research, on individual and group agency, and on contextual interaction -using, for example, interviews, focus groups, or ethnographic research- would yield much needed insight on the effects of the media discourse on how Spanish people understand and experience their national identity. Scholarship on “everyday nationalism” has successfully employed this approach (Goode and Stroup 2015; Hearn and Antonsich 2018).
Incongruences between media representations and people’s experience are especially likely to arise in this case, once again, due to Spain’s history of conflict over national identities. Although the press’ insistence on the positive character of the Spanish nation may facilitate collective agreement, it also avoids a critical examination of potential conflicts (Aronczyk 2013; Kaneva 2011). In a country where democratic transition bypassed civil repair (Alexander 2016), positive images of the nation -even if they prompt emotional attachment- may fail to resolve underlying conflicts (Spasić 2017). The tension between national resignification and civil repair deserves more attention than I have been able to give it in this project. It is possible that, without repair -be it judicial, social, cultural, or even financial-, attempts at national reconciliation based solely on transforming the meaning of the nation as a symbolic construct by producing new narratives of national achievement, constructing new sources of national pride, and generating new reference points for national identity construction, etc. may not be effective.

Despite these limitations, my project makes a large point about the role of medicine in collective life. A considerable amount of the medical sociology research that focuses on uncovering the moral and symbolic patterns that underlie medicine, health care, and public health has highlighted how these fields create patterns of inclusion and exclusion that marginalize and stigmatize underprivileged populations (Decoteau 2013; Herrero Sáenz and Hoppe 2020). This directly impacts people’s survival chances, operating as a form of social triage which decides who has the right to live and thrive. Most of these critiques draw upon the Foucauldian paradigm, and they focus on the effects of medical discourse and its role in normalizing, classifying, regulating, and ordering populations.

While this body of research is undoubtedly valuable, my project proposes and scenario where -with certain limitations, as a mentioned in previous paragraphs- medical discourses can
function as a “facilitating input” (Alexander 2006a) in our road towards more open, inclusive democracies. The last two years, marked by the COVID-19 pandemic and the mass disabling event that long COVID is shaping up to be, have continuously reminded us of the inextricable connection that exists between medicine and social solidarity, pointing at how the medical sciences and the delivery of health care both reflect and shape the ties that link us to each other. As questions like these gain traction in the public sphere, researching instances where medicine and health care are harnessed to mitigate conflict and achieve social collaboration will be crucial to understand the post-pandemic world.
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Appendix 1. Description of topic models

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description of topic models</th>
<th>Highest Prob:</th>
<th>FREX:</th>
<th>Lift:</th>
<th>Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Quantification and statistical description of the organ procurement system</td>
<td>donantes, organos, donaciones, numero, año, donacion, millon</td>
<td>achatado, cantabrica, complexo, contabilizaban, euskalduna, interanual, laredo</td>
<td>donantes, donaciones, tasa, organos, donacion, año, habitantes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Trascending tragedy through organ donation</td>
<td>habia, ayer, madrid, horas, manana, tarde, esposa</td>
<td>cobos, avioneta, aeropuerto, helicoptero, avion, natalia, ambulancia</td>
<td>cobos, aeropuerto, bordiu, raphael, avioneta, esposa, helicoptero</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Judicial repair of organ procurement scandals</td>
<td>hospital, caso, juez, barcelona, abidal, higado, medicos</td>
<td>abdelhak, altuve, archivando, atribuirme, barriles, baylson, bocanegra</td>
<td>abidal, rosell, juez, fiscalia, primo, juzgado, mejias</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Transplantation as a solution for multiple medical problems</td>
<td>puede, ser, paciente, casos, problema, problemas, pueden</td>
<td>aclararse, exteriorizado, vencemos, turbina, carmat, recargables, controlables</td>
<td>paciente, casos, puede, pacientes, solucion, problema, pueden</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The ethico-legal dilemmas of organ transfer</td>
<td>muerte, corazon, cerebro, cerebral, vida, organos, doctor</td>
<td>rectilineo, agudizacion, arbitros, arreactividad, arreflexia, atinada, atonia</td>
<td>cerebro, corazon, muerte, cerebral, electroencefalograma, artificial, organos</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Organ transplantation in the Spanish healthcare system</td>
<td>sanidad, hospitales, medicos, publica, sanitaria, ministerio, servicios</td>
<td>acometido, afiliaciones, alianca, andorranos, aseguramiento, atrasos, audit</td>
<td>sanidad, generalitat, insalud, cataluna, ministerio, ministro, comunidades</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Calls for organ donation and social solidarity</td>
<td>organos, donacion, personas, donantes, donar, familiares, donaciones</td>
<td>acogemos, alimentamos, atcore, atrapa, buxarrais, cupon, extraeria</td>
<td>donacion, organos, donar, donantes, donaciones, solidaridad, familiares</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Bioethical debates around organ transfer</td>
<td>vida, derecho, etica, medico, ser, muerte, moral</td>
<td>acarreara, afectividad, aggiornamento, boschetto, circunvoluciones, comb, cremona</td>
<td>eutanasia, bioetica, aborto, etica, derechos, embriones, embrion</td>
<td></td>
</tr>
</tbody>
</table>

24 “Highest Prob” refers to the most likely words to appear in a specific topic; “FREX” refers to words that help us distinguish between topics because they are frequent in the topic at hand but infrequent in others; “Lift” and “Score” refer to representative words within the topic calculated by other methods.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Stem-cell and umbilical cord transplantation</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Highest Prob: cordon, bancos, sangre, celulas, umbilical, privados, madre</td>
</tr>
<tr>
<td></td>
<td>FREX: cordones, cordon, privados, bancos, umbilical, umbilicales, scu</td>
</tr>
<tr>
<td></td>
<td>Lift: aap, adscritas, agotara, almacenen, biostab, bornstein, cartilaginosos</td>
</tr>
<tr>
<td></td>
<td>Score: cordon, umbilical, celulas, cordones, bancos, decreto, privados</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic</th>
<th>Rhetorical uses of organ transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Highest Prob: usted, siempre, ahora, ser, vez, mejor, hacer</td>
</tr>
<tr>
<td></td>
<td>FREX: usted, gusta, mire, voy, naci, gustan, bata</td>
</tr>
<tr>
<td></td>
<td>Lift: abanicos, abrazas, abuelita, acariciaba, aquañas, aperitivos, apetezca</td>
</tr>
<tr>
<td></td>
<td>Score: usted, voy, gente, alma, amor, gusta, raphael</td>
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<table>
<thead>
<tr>
<th>Topic</th>
<th>Spain’s 1979 Transplantation Law</th>
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<tbody>
<tr>
<td>11</td>
<td>Highest Prob: ley, organos, extraccion, legislacion, proyecto, articulo, medicos</td>
</tr>
<tr>
<td></td>
<td>FREX: proposicion, andropov, ley, autopsias, senado, oposicion, reglamento</td>
</tr>
<tr>
<td></td>
<td>Lift: adquiria, aeroportuarios, agilizando, akchurin, anatoli, andrei, andropov</td>
</tr>
<tr>
<td></td>
<td>Score: ley, proposicion, legislacion, organos, andropov, decreto, senado</td>
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<tr>
<th>Topic</th>
<th>Kidney organizations as promoters of organ donation</th>
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<tbody>
<tr>
<td>12</td>
<td>Highest Prob: riñon, renal, dialisis, enfermos, renales, insuficiencia, tratamiento</td>
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<tr>
<td></td>
<td>FREX: hemodialisis, peritoneal, ader, nefrologia, dialisis, renal, alcer</td>
</tr>
<tr>
<td></td>
<td>Lift: dializarse, uremia, alardeado, amigdales, atentatorias, autoservicio, banegas</td>
</tr>
<tr>
<td></td>
<td>Score: dialisis, renal, riñon, renales, hemodialisis, nefrologia, alcer</td>
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<tr>
<th>Topic</th>
<th>Cell transplantation and cellular therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Highest Prob: celulas, madre, investigacion, cerebro, cientificos, investigadores, tejido</td>
</tr>
<tr>
<td></td>
<td>FREX: dopamina, parkinson, hitchings, elion, genes, neuronas, ratas</td>
</tr>
<tr>
<td></td>
<td>Lift: alelos, antioxidante, astrocitos, ateroesclerosis, autorregeneracion, badimon, blaese</td>
</tr>
<tr>
<td></td>
<td>Score: celulas, parkinson, ratones, cerebro, neuronas, genica, genes</td>
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<thead>
<tr>
<th>Topic</th>
<th>Human-interest stories of organ transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Highest Prob: vida, habia, madre, tenia, hijo, familia, dia</td>
</tr>
<tr>
<td></td>
<td>FREX: pense, sabia, ganas, chico, regalo, dijeron, relata</td>
</tr>
<tr>
<td></td>
<td>Lift: abrazamos, abrochados, acordandose, acuesta, acupuntores, afrontalo, aguantas</td>
</tr>
<tr>
<td></td>
<td>Score: madre, hija, hijo, loli, padre, marido, vida</td>
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<tr>
<th>Topic</th>
<th>The post-1967 transplantation race</th>
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<tr>
<td>15</td>
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<tr>
<td></td>
<td>FREX: denton, vitria, hollié, cuhna, everett, cooley, houston</td>
</tr>
<tr>
<td></td>
<td>Lift: acoplada, addenbrooke, almanza, anick, anolik, arlington, asche</td>
</tr>
<tr>
<td></td>
<td>Score: corazon, cooley, boolué, kasperak, hospital, denton, houston</td>
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<tr>
<th>Topic</th>
<th>External threats to the pretransplant and posttransplant body</th>
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<tbody>
<tr>
<td>16</td>
<td>Highest Prob: virus, sida, hepatitis, enfermedad, pacientes, personas, tratamiento</td>
</tr>
<tr>
<td></td>
<td>FREX: vih, arystil, sida, virus, hepatitis, javaloyes, infectados</td>
</tr>
<tr>
<td></td>
<td>Lift: aerografiado, aeroman, alcoia, algarve, antifungico, arystil, atgam</td>
</tr>
<tr>
<td></td>
<td>Score: virus, vih, sida, hepatitis, arystil, fibrosis, vacuna</td>
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<table>
<thead>
<tr>
<th>Topic</th>
<th>Coordination and organ procurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Highest Prob: donante, riñon, organo, organos, receptor, riñones, vivo</td>
</tr>
<tr>
<td></td>
<td>FREX: receptor, donante, vivo, organo, riñones, vivos, receptores</td>
</tr>
<tr>
<td></td>
<td>Lift: computaron, desestimados, distorsione, ercolano, especificaran, eurotrango, kochi</td>
</tr>
<tr>
<td></td>
<td>Score: donante, riñon, riñones, receptor, organo, organos, extraccion</td>
</tr>
<tr>
<td>Topic</td>
<td>Tissue procurement and transplantation</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>18</td>
<td>Highest Prob: sangre, piel, tejidos, huesos, cuerpo, banco, tejido</td>
</tr>
<tr>
<td></td>
<td>FREX: huesos, hueso, liquido, grados, jesica, temperatura, temperaturas</td>
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<tr>
<td></td>
<td>Lift: acelulares, acetabular, aeronauticas, arroscopica, caducan, calientan, cecchini</td>
</tr>
<tr>
<td></td>
<td>Score: sangre, huesos, piel, tejidos, jesica, hueso, quemaduras</td>
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<tr>
<th>Topic</th>
<th>Pioneering surgical techniques</th>
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<td>19</td>
<td>Highest Prob: cirugia, tecnicas, cirujano, cornea, tecnicas, ojo, operaciones</td>
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<tr>
<td></td>
<td>FREX: laser, lente, ojo, robotica, cataratas, alcaraz, cirugia</td>
</tr>
<tr>
<td></td>
<td>Lift: anestesicas, aortocoronario, bionica, corazopulmon, correccion, curvatura, estrin</td>
</tr>
<tr>
<td></td>
<td>Score: cirugia, laser, cornea, ojo, tecnica, cirujano, retina</td>
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<thead>
<tr>
<th>Topic</th>
<th>Breaking the body’s immunological barrier</th>
</tr>
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<tbody>
<tr>
<td>20</td>
<td>Highest Prob: rechazo, organismo, sistema, celular, organos, anticuerpos, injerto</td>
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<tr>
<td></td>
<td>FREX: antigenos, ciclosporina, anticuerpos, inmunidad, monoclonales, linfocitos, anticuerpo</td>
</tr>
<tr>
<td></td>
<td>Lift: acantonadas, actinomicina, acumulos, adormecen, allison, aminoacid, antifungicas</td>
</tr>
<tr>
<td></td>
<td>Score: celular, anticuerpos, ciclosporina, antigenos, linfocitos, rechazo, monoclonales</td>
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<table>
<thead>
<tr>
<th>Topic</th>
<th>Children’s needs as a collective responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Highest Prob: ninos, jose, hospital, maria, reina, padres, pequenos</td>
</tr>
<tr>
<td></td>
<td>FREX: sofia, reina, cordoba, ruben, burbuja, miguel, ulm</td>
</tr>
<tr>
<td></td>
<td>Lift: geminis, hurguedas, iñatenko, intranet, ivima, necquer, adevida</td>
</tr>
<tr>
<td></td>
<td>Score: sofia, reina, burbuja, cordoba, ninos, rocio, ruben</td>
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<table>
<thead>
<tr>
<th>Topic</th>
<th>Children as transplant patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Highest Prob: ninos, higado, paz, pequenos, hospital, infantil, padres</td>
</tr>
<tr>
<td></td>
<td>FREX: maraion, gregorio, infantil, ibai, atresia, intestino, aquilino</td>
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<tr>
<td></td>
<td>Lift: alcaloide, amanitas, ariceta, arterioso, cachafeiro, chabolistas, cheyenne</td>
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<tr>
<td></td>
<td>Score: ninos, higado, infantil, paz, intestino, nino, bebe</td>
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<table>
<thead>
<tr>
<th>Topic</th>
<th>The past of organ transfer</th>
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<tbody>
<tr>
<td>23</td>
<td>Highest Prob: hace, solo, cada, vida, tiempo, ahora, menos</td>
</tr>
<tr>
<td></td>
<td>FREX: cada, casi, tiempo, menos, unas, esperanza, hace</td>
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<td></td>
<td>Lift: cuiden, empezaban, durar, morian, cien, maltrechos, casi</td>
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<td>Score: cada, ciento, vida, tiempo, solo, estan, hace</td>
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<thead>
<tr>
<th>Topic</th>
<th>Facial transplantation</th>
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<tbody>
<tr>
<td>24</td>
<td>Highest Prob: cara, rostro, cavadas, paciente, cirujano, primer, mundo</td>
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<tr>
<td></td>
<td>FREX: cavadas, isabelle, jobs, dinoire, apple, lantieri, rostro</td>
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<tr>
<td></td>
<td>Lift: barbilla, lantieri, abro, adivinando, aguantarlas, albeniz, ally</td>
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<td></td>
<td>Score: cavadas, rostro, cara, isabelle, dinoire, jobs, apple</td>
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<thead>
<tr>
<th>Topic</th>
<th>The first heart transplants</th>
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<tbody>
<tr>
<td>25</td>
<td>Highest Prob: corazón, barnard, doctor, blaiberg, cirujano, operacion, cabo</td>
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<tr>
<td></td>
<td>FREX: barnard, blaiberg, washkansky, groote, schuur, haupt, christian</td>
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<tr>
<td></td>
<td>Lift: bamard, abandonarse, abreu, aburria, acuatico, adiestrado, afrikaans</td>
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<tr>
<td></td>
<td>Score: barnard, blaiberg, washkansky, groote, schuur, christian, corazon</td>
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<table>
<thead>
<tr>
<th>Topic</th>
<th>Organ sale and organ trafficking</th>
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<tbody>
<tr>
<td>26</td>
<td>Highest Prob: organos, trafico, paises, euros, dinero, millones, ninos</td>
</tr>
<tr>
<td></td>
<td>FREX: mafias, venta, comercio, ejecutados, dolares, vender, compraventa</td>
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<tr>
<td></td>
<td>Lift: abonadas, acualadados, adineradas, ajusticamientos, alquileres, amit, anunciante</td>
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<td></td>
<td>Score: china, euros, organos, ilegal, comercio, ejecutados, venta</td>
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<tr>
<td>Topic</td>
<td>The Organización Nacional de Trasplantes as a global reference</td>
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<tr>
<td>Highest Prob: españa, nacional, organizacion, ont, mateszanz, donantes, sistema</td>
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<td>FRELX: mateszanz, ont, organizacion, dkms, rafael, nacional, miranda</td>
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<tr>
<td>Lift: aclararlo, amparan, antiviirda, aspe, beatirz, blindar, caladero</td>
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<tr>
<td>Score: ont, mateszanz, dkms, donantes, organizacion, españa, rafael</td>
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<tr>
<td>Topic</td>
<td>Transplant as a polyvalent solution</td>
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<tr>
<td>Highest Prob: cancer, tratamiento, enfermedades, enfermedad, diabetes, pancreas, insulina</td>
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<tr>
<td>FRELX: islotes, insulina, diabeticos, diabetes, diabetico, tabaco, pancreaticos</td>
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<tr>
<td>Lift: acarbosa, administraria, amiel, amonio, anal, angiotensina, antibacteriana</td>
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<tr>
<td>Score: insulina, islotes, diabetes, diabeticos, pancreas, cancer, pancreaticos</td>
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<tr>
<td>Topic</td>
<td>The second wave of organ transplants in Spain (1984)</td>
</tr>
<tr>
<td>Highest Prob: operacion, intervencion, paciente, equipo, segun, ayer, medico</td>
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<tr>
<td>FRELX: favorablemente, intervencion, evolucion, padecia, estibaliz, residencia, reali</td>
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<td>Lift: anguas, anoxica, antoinette, apesadumbrados, arzanegu, bronquiectasia, capellades</td>
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<tr>
<td>Score: paciente, estibaliz, operacion, higado, evolucion, intervencion, jaurrieta</td>
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<tr>
<td>Topic</td>
<td>Organ transfer in national and international politics</td>
</tr>
<tr>
<td>Highest Prob: partido, politica, gobierno, presidente, guerra, pais, ayer</td>
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<tr>
<td>FRELX: bloise, gorbachov, corbyn, berlusconi, gorbachev, raisa, dirigente</td>
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<tr>
<td>Lift: gaza, afgana, agachar, agitan, alejamiento, alema, almanaque</td>
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<td>Score: bloise, corbyn, raisa, marino, israelies, socialista, berlusconi</td>
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<tr>
<td>Topic</td>
<td>Reconstructive transplants</td>
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<tr>
<td>Highest Prob: medicos, mano, operacion, mujer, rechazo, despues, meses</td>
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<tr>
<td>FRELX: hallam, mano, lyon, clint, alba, traquca, hannah</td>
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<tr>
<td>Lift: amputaran, atsuko, davidson, hakim, hereford, hollander, kaylee</td>
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<td>Score: hallam, mano, clint, hannah, dubernard, lyon, mujer</td>
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<tr>
<td>Topic</td>
<td>Generosity, citizen altruism and social solidarity</td>
</tr>
<tr>
<td>Highest Prob: hacer, hecho, puede, personas, caso, cualquier, medios</td>
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<tr>
<td>FRELX: quiere, medios, gente, carta, comunicacion, ayudar, hacer</td>
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<tr>
<td>Lift: azaro, totalan, beton, colapsados, consienci, moviendonos, kety</td>
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<td>Score: gente, carta, medios, puede, decision, familia, quiere</td>
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<tr>
<td>Topic</td>
<td>Organ transfer in art</td>
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<tr>
<td>Highest Prob: cine, pelicula, tambien, television, serie, libro, gran</td>
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<tr>
<td>FRELX: irving, eastwood, novela, cineasta, bnn, narrativa, dali</td>
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<tr>
<td>Lift: abeto, abisales, abulia, acrobacias, actorales, adkins, admiradora</td>
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<tr>
<td>Score: novela, cine, pelicula, cantante, irving, teatro, filme</td>
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<tr>
<td>Topic</td>
<td>Literary uses of organ transfer</td>
</tr>
<tr>
<td>Highest Prob: hombre, ser, ciencia, tan, medicina, humano, mundo</td>
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<tr>
<td>FRELX: acaso, humanidad, lector, inteligencia, ciencia, siglos, projimo</td>
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<tr>
<td>Lift: masriera, acompanarme, aludi, apasionamiento, arcaicas, avences, comprobables</td>
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<tr>
<td>Score: usted, hombre, ciencia, amor, acaso, humanidad, alma</td>
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<tr>
<td>Topic</td>
<td>Organ transfer in sports</td>
</tr>
<tr>
<td>Highest Prob: abidal, futbol, equipo, higado, barcelona, despues, jugador</td>
<td></td>
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<tr>
<td>FRELX: jugadores, lomo, entrenador, lauda, hagman, jonah, guardiola</td>
<td></td>
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<tr>
<td>Lift: beatle, breithorn, pele, champions, entrenamientos, eurocopa, guardiola</td>
<td></td>
</tr>
<tr>
<td>Score: abidal, lomo, barsa, jugador, futbol, lauda, jonah</td>
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<tr>
<td>Topic</td>
<td><strong>Bone marrow transfer</strong></td>
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<tr>
<td>36</td>
<td>Highest Prob: medula, osea, leucemia, donante, tratamiento, celulas, carreras</td>
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<tr>
<td></td>
<td>FREX: ovario, leucemia, medula, ivi, osea, utero, hutchinson</td>
</tr>
<tr>
<td></td>
<td>Lift: akdeniz, amigosdepati, antileucemicos, apgar, azpiazu, badell, barajar</td>
</tr>
<tr>
<td></td>
<td>Score: medula, osea, leucemia, celulas, carreras, cordon, utero</td>
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<table>
<thead>
<tr>
<th>Topic</th>
<th><strong>Awards and recognition to organ transfer professionals and organizations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>Highest Prob: investigacion, premio, fundacion, medicina, nobel, trabajo, mundo</td>
</tr>
<tr>
<td></td>
<td>FREX: premios, premio, nobel, marato, ayudas, galardon, galardonados</td>
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<tr>
<td></td>
<td>Lift: barruch, bassas, candau, concentrador, congregara, direccio, edimsa</td>
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<td></td>
<td>Score: premio, nobel, investigacion, premios, fundacion, marato, iñigo</td>
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<thead>
<tr>
<th>Topic</th>
<th><strong>The institutionalization of organ procurement in Spain</strong></th>
</tr>
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<tbody>
<tr>
<td>38</td>
<td>Highest Prob: hospital, españa, pacientes, barcelona, centro, servicio, programa</td>
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<tr>
<td></td>
<td>FREX: clinico, programa, clinic, bellvitge, unidad, intervenciones, hospital</td>
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<tr>
<td></td>
<td>Lift: archives, interdisciplinaria, merion, metabolopatias, reincorporandose, rostock, splits</td>
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<tr>
<td></td>
<td>Score: hospital, hebron, clinic, vall, bellvitge, barcelona, pacientes</td>
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<tr>
<th>Topic</th>
<th><strong>Heart transplants in Spain after 1984</strong></th>
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<tbody>
<tr>
<td>39</td>
<td>Highest Prob: corazon, clinica, juan, puerta, hierro, doctor, artificial</td>
</tr>
<tr>
<td></td>
<td>FREX: figuera, aris, jarvik, pamplona, aymerich, hierro, universitaria</td>
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<tr>
<td></td>
<td>Lift: becares, aris, aymerich, cienfuegos, villamartin, agonizar, aimerich</td>
</tr>
<tr>
<td></td>
<td>Score: corazon, hierro, aris, jarvik, pamplona, universitaria, caralps</td>
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<thead>
<tr>
<th>Topic</th>
<th><strong>Transplant surgeons as public figures</strong></th>
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<tbody>
<tr>
<td>40</td>
<td>Highest Prob: doctor, ojos, profesor, congreso, barcelona, universidad, don</td>
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<tr>
<td></td>
<td>FREX: barraquer, castroviejo, vernet, don, gil, ojos, facultad</td>
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<td></td>
<td>Lift: acrecentar, afamados, alix, amabile, amico, arandes, archivadas</td>
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<tr>
<td></td>
<td>Score: barraquer, vernet, castroviejo, don, gil, ojos, congreso</td>
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