

Society for Applied Philosophy
SHORT TERM POSTDOCTORAL RESEARCH GRANTS

DR SUSAN NOTESE

Institute for Medical Humanities; Durham University

**For the Life of the World: Choice-Worthy Risks in
Kidney Donation and Pregnancy**
RESEARCH ACTIVITY REPORT

Some risky, potentially harmful experiences are considered to be highly desirable, or choice-worthy. For example, pregnancy and childbirth involve nonnegligible medical risks that require careful management. Yet a healthy person's decision to have a child is typically accepted sensible, if not laudatory, given that the meaningful and valued project of building a family is uncontroversially taken to outweigh the risks in most cases.

During the summer, I was approved to be a nondirected (anonymous) kidney donor and had a nephrectomy operation in July. This concluded the year-long approval process, throughout which I had the opportunity to talk and reflect on questions of choice-worthy risks with a wide variety of family members, friends, acquaintances, and medical health care providers.

In my view, kidney donation seems like the kind of embodied, life-affirming project which should fit really well within our paradigm for thinking about choice-worthy risks such as pregnancy and childbirth. But this view is not common. We have very different attitudes toward these two projects of embodied life-giving. My research whilst holding this award explored the question: What explains this difference, and once we have explained it, does that explanation justify the difference in attitudes or undermine it? In addition to gathering informal anecdotal and autoethnographic perspectives on nephrectomy and obstetrics as choice-worthy risks, I read widely across philosophical literatures on kinship, parenthood, natality and anti-natalism,

obstetric injustice, corporeal generosity, gifts and sacrifice, and more. I also explored literatures from bioethics and medical humanities looking at embodiment, autonomy, and transplantation.

Synthesising all that I gathered from the above-listed explorations has been a monumental task, and one which I will no doubt carry on with for years to come. In addition to the resonances between live organ donation and natality, I came to appreciate the resonances with mortality as well. This was highlighted to me in conversations with my Surgeon and my Independent Assessor for the Human Tissue Authority. I completed a full Advanced Decision document prior to my operation—it is not frequently done for this sort of procedure, but I felt it was philosophically important to do so as part of fully exploring the relationships between gift, sacrifice, and mortality; between gratitude and grief. This new resonance guided my later reading as well.

Perhaps unsurprisingly, I have concluded that there is far more to these questions than can be explored in the two papers I originally proposed. Therefore, I changed my outputs. I have drafted one paper, which specifically deploys my prior research on conversational ethics to explore how normative pressure around procreative decisions is created through conversational habits, and how the nephrectomy option challenges us to change our conversational habits, in order to change the normative pressure to procreate. I have also arranged with The Polyphony—the blog of the Durham Institute for Medical Humanities—to publish a special entry giving an overview of this philosophical work and the methodological curiosity of undertaking the lived experience of a donor nephrectomy as part of my philosophical enterprise. Finally, I have begun work on a book proposal to explore these matters in fuller depth.

My sincerest gratitude is extended to the award committee for electing to support this project. I am hopeful that the work undertaken will continue to bear fruit for many years to come!