Blood and altruism

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To what extent can we—and to what extent should we—rely on altruism to provide for the needy? That is the overarching question of a provocative book published in 1970 by British social scientist Richard M. Titmuss. Recently restored to print in a revised edition,1 The Gift Relationship: From Human Blood to Social Policy approaches this issue through a painstaking and critical investigation of American methods of collecting blood for transfusion. Titmuss contrasted the American practice, in which recipients paid for blood, some of which was purchased from donors, with British practice, in which blood was freely given to patients and received from altruistic donors. He argued that more blood was wasted in America than in Britain, that American hospitals frequently ran short of blood, and that blood purchased from American donors was less safe and more likely to spread hepatitis among its recipients.

1 The book was reissued in the United States in 1997 by the New Press. The revised edition includes a slightly abridged version of Titmuss's original text, as well as essays by others that discuss current developments in British health-care policy in light of Titmuss's theories. My analysis is based on the 1970 text.
The book is a classic in the literature of muckraking and did much to alter the practices that it denounced. The American practice in which whole blood was sold, as opposed to freely donated, was abandoned not long after the book's publication.

But, as the book's subtitle suggests, Titmuss wrote his work less as a technical treatise on blood donation and transfusion than as a theoretical statement about social policy. This larger purpose aroused the interest of distinguished social scientists, including Kenneth J. Arrow, Nathan Glazer, and Robert M. Solow, each of whom devoted an extensive review essay to *The Gift Relationship*.² They were responding to Titmuss's warnings about the dangers of employing market mechanisms in administering social services:

If blood is morally sanctioned as something to be bought and sold, what ultimately is the justification for not promoting individualistic private markets in other component areas of medical care, and in education, social security, welfare services, child foster care, ... and other "social service" institutions and processes?

Because Titmuss's polemic was pervaded by this larger concern, *The Gift Relationship* has rightly been described as a book about blood in the sense that *Moby Dick* is a book about whales. His larger concern is grasped by science journalist Douglas Starr (writing in his recently published *Blood: An Epic History of Medicine and Commerce*), who says that Titmuss viewed the U.S. blood system "as the symbol of everything wrong with American-style capitalism."

Titmuss's critique of markets in which blood was bought and sold reflected his wider social vision. He was a vigorous proponent of the collectivist model of providing social services and a stern critic of attempts at privatization. Titmuss articulated this vision in many of his writings and has been justly described—in the introduction to a posthumous collection of some of his essays—as "the premier philosopher and sociologist of the Welfare State."

Much has changed since Titmuss's death in 1973. His contention that the state must do more if social problems are to be solved is more controversial now than it was then. And, as I have indicated, American blood-collection practices today

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² See Glazer's laconically titled "Blood" in *The Public Interest*, Number 24, Summer 1971.
differ greatly from those that he described. In part, these changes derived from the emergence of new and more lethal medical risks. When Titmuss wrote, the great danger faced by those receiving transfusions was hepatitis, not HIV.

With the benefit of a generation's worth of hindsight, how well does Titmuss's analysis stand up? Are the changes in our methods of collecting blood evidence of his prescience? How plausible is Titmuss's case that altruism is preferable to economic self-interest as the basis for social policy? To answer these questions, we must examine his critique of American blood collection as practiced in 1970.

**Titmuss's critique**

Titmuss argued that American efforts to procure blood for transfusion were defective because they were debased by commerce:

> The commercialized blood market fails. In terms of economic efficiency it is highly wasteful of blood; shortages, chronic and acute, characterize the demand and supply position.... Finally, in terms of quality, commercial markets are much more likely to distribute contaminated blood [than is a system in which blood is freely donated and transfused]; in other words, the risks for the patient of disease and death in the form of serum hepatitis are substantially higher.

But Titmuss's evidence for some of these charges was less than ironclad. (He himself repeatedly called attention to the inadequacy of available data concerning American blood collection.)

To begin with, just how commercialized was American blood collection when he wrote? In other words, what percentage of American blood donors were impelled by economic, as opposed to altruistic, considerations? In Titmuss's view, it was a "deeply held myth ... that the voluntary donor is the [American] norm." Instead, he calculated that less than 10 percent of Americans who gave blood could truly be described as voluntary donors, whereas almost a third were paid for their donations. These figures applied to donors of whole blood. If those providing only their plasma were included, the figure for paid donors rose to 47 percent.

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3 In plasma donations, also known as plasmapheresis, the liquid part of the blood (the plasma) is separated out from the red cells and other suspended elements; the suspended elements are then injected back into the donor.
But these statistics, like all statistics, depend on the precise definition of terms. What is a “voluntary” donor? Is someone who receives a day off from work as an inducement to give blood a voluntary donor? Titmuss would have said—and explicitly did say—“no.” Or suppose he is given a meal after donating? Or fruit juice and cookies (items offered to virtually all blood donors)? In each of these cases donors are offered some sort of “payment” for their service; yet most of us would probably say that these donors acted altruistically (just as someone who gives $100 to charity can be said to act altruistically, even though he can take a tax deduction if he itemizes).

Titmuss’s classification of American blood donors relied heavily on definitions that can be contested. Most notably, he asserted that four-fifths of those donating blood to the American Red Cross—by Titmuss’s own calculations the collector of 40 percent of all American blood donations—should not be classified as voluntary donors, even though he acknowledged that “no payment is made by the Red Cross to donors.” Instead, these donors were replacing blood previously given to family members, or insuring themselves and their families against a future need for transfusions. When Titmuss’s somewhat tendentious classification is taken into account, it becomes clear, Starr contends, that his critique is “unfair,” criticizing “not the complex reality of America’s blood resource, but a caricature.” As Starr points out, a study by the National Academy of Sciences in 1971 (a year after The Gift Relationship was published) concluded that “only 15 percent of the American blood supply came from professional donors, while the rest could broadly be assumed to come from volunteers.”

Because of the paucity of reliable data, Titmuss had little evidence to substantiate his claims that much blood was wasted in America and that American hospitals frequently ran short of blood. Yet he referred to a 1956 study showing that the proportion of American blood that was outdated and wasted—the shelf life of whole blood was only three weeks when Titmuss wrote—“may well be 10 percent or more,” whereas only 1 percent of blood was said to be wasted in Britain. Similarly,

4 Whole blood now is normally separated into its component parts. Red blood cells can be stored for up to six weeks; plasma can be kept in a frozen state for a year.
Titmuss could muster only anecdotal evidence to buttress his claim that the supply of blood often ran short in the United States, referring to “widespread reports from many areas and by numerous experts of actual and potential demand exceeding the available supply.”

Because there was little hard evidence behind these claims, it is not surprising that they have been contested by other researchers, who argued that problems of waste and shortages hampered the altruistic British system no less than the more commercialized American one. For example, *The American Blood Supply*, a 1982 study by Alvin W. Drake, Stan N. Finkelstein, and Harvey M. Sapolsky, cited a 1971 survey showing that 12.9 percent of American blood was outdated before it could be used; but they noted that the 1971 British figure of 11.8 percent was quite comparable.5

Drake and his colleagues also cited anecdotal evidence showing that blood shortages occasionally befell British doctors—and patients—as well as their American counterparts. Another researcher noted that British physicians could request a transfusion only if blood was available, whereas Americans could call for one and expect the hospital to procure the blood. If that was the case, shortages of blood, understood as the inability to perform transfusions when requested, by definition could exist only in the United States.

A fundamental consideration, however, is that waste is, to some extent, the solution to the problem of shortages. To guarantee against shortages of blood, some waste is inevitable, as blood’s shelf life is short and several blood types are rare. Thus to complain that blood is “wasted” in the effort to ward off shortages is like saying that paying your annual premium for life insurance is a waste if you are so unfortunate as not to die in that year.

**Disease and stigma**

Titmuss, however, had far more persuasive evidence showing that a commercialized system distributed blood that was dangerous and sometimes fatal to its recipients. By calling

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attention to this danger, he helped to initiate an important change in America's blood-collection practices. Titmuss trumpeted evidence showing that serum hepatitis—commonly referred to today as hepatitis B—was contracted by an alarmingly high percentage—somewhere between 3 and 6 percent—of all hospital patients who received transfusions. He also pointed to a 1966 study showing that blood transfusions caused death in one out of every 150 transfusions in persons over 40 (most transfusions are given to those over 40) by infecting them with serum hepatitis. Significantly, serum hepatitis was most prevalent among the poor, in particular the denizens of skid row, who were most likely to sell their blood. In fact, studies showed that serum hepatitis was 10 times more common among skid row donors for pay than among voluntary donors (who were predominantly prosperous).

It was of great importance to Titmuss's argument that no scientific test for serum hepatitis existed when he wrote, so the only way to prevent transfusions of infected blood was not to draw it from those who were infected. Thus Titmuss could argue, quite plausibly, that altruistic donors, who were giving blood only to benefit others, would have no incentive to give infected blood; whereas commercial donors (and, by extension, commercial blood banks), who were in it only for the money, had an obvious financial incentive to give blood, even if it might harm recipients.

One possible solution to the problem publicized by Titmuss was advanced by a free-market economist named Reuben A. Kessel: Impose a liability upon commercial establishments selling infected blood, which would give profit-seeking blood banks an incentive to be more selective in their choice of donors. I will say something about Titmuss's reaction to proposals like this later. For the moment, though, I want to call attention to a notable irony in the rhetoric that Titmuss employed.

In his writings about social welfare, Titmuss argued tirelessly for the unity and indivisibility of the social community, for the responsibility of the rich to care for the poor, and against the injustice of stigmatizing the poor. In contrast, The Gift Relationship achieved its undeniable influence on American blood-collection policy precisely by stigmatizing the poor, calling attention to the dangers that they pose to the rest of
the community. Who, after all, were the donors that exchanged their blood for the money of others? According to Titmuss,

The paid donors have been variously described ... as narcotics, dope addicts, liars, degenerates, unemployed derelicts, prison narcotic users, bums, the faceless, the undernourished and unwashed, junkies, hustlers, and ooze-for-booze donors.

Writing today, Starr describes donors like these as “an underclass,” whom he contrasts with the donors of an earlier era, “carefully monitored citizens,” who were held to “a strict lifestyle and quasi-moral code.” The word “underclass” was not in common use in 1970, but in listing the moral failings of those who sold their blood, Titmuss was calling attention to its prototype. In any event, it is noteworthy that Titmuss’s characterization of the underprivileged in The Gift Relationship does not so much inspire compassion for the poor as revulsion at the danger that they pose.

**Economic imperialism**

Ultimately, Titmuss was less interested in reforming American blood-collection practices than in condemning a school of economic thinking which holds that all human behavior is, or ought to be, self-regarding and materialistic. If human blood is understood as a commodity, he contended, “the only values that would count are those that can be measured in terms of money and pursued in the dialectic of hedonism.” Quite presciently, he feared that if blood could be sold for money, “then ultimately human hearts, kidneys, eyes and other organs of the body may also come to be treated as commodities to be bought and sold in the marketplace.”

Titmuss was arguing against a society characterized by the imperialism of economic thinking—a society in which everything would be commercialized and understood in terms of monetary profit or loss. Such a society would be blind to the importance and beneficence of altruism, because “no money values can be attached to the presence or absence of a spirit of altruism.” Titmuss feared that America’s single-minded commercialism was reflected in its selfishness and its tendency to employ monetary inducements, rather than appeals to social solidarity, in the effort to procure blood. “Atomistic private
market systems ‘free’ men from any sense of obligation to or for other men regardless of the consequences to others who cannot reciprocate.” His charge that Americans were bleeding for pay can be viewed as an important precursor of Robert Putnam’s more recent observation that we are “bowling alone.”

Titmuss exaggerated the causes for concern and minimized the extent to which Americans were motivated to give blood for altruistic, rather than purely economic, reasons. Nevertheless, he was right about one thing: American proponents of markets did come to endorse the sale of human organs. Had he lived until 1978, he would have witnessed the publication of an article (coauthored by Richard Posner) advocating the legalization of markets in which babies could freely be bought and sold.

Economic imperialism is a genuine danger. Everything should not be bought and sold. Price differentials, reflecting differences in quality, are not acceptable in every domain. It is one thing to have a clothing market in which cashmere is available for the rich and polyester for the poor; it would be rather more worrisome to have a blood market in which safe blood was available for the rich and potentially lethal blood available for the poor.

Titmuss was also right to call attention to an unfortunate professional trait that characterizes many economists. Contrary to much economic literature, humans are not motivated exclusively by the desire for gain—and, from a moral standpoint, it’s a good thing. By the same token, altruism is not invariably ineffective or a sham. Adam Smith did not espouse such a crude psychology. The most important and influential proponent of markets understood that people were motivated by forces other than their cupidity. “How selfish soever man may be supposed, there are evidently some principles in his nature, which interest him in the fortune of others, and render their happiness necessary to him, though he derives nothing from it, except the pleasure of seeing it.”

Titmuss had reason to emphasize the dangers of crude economic thinking. One can wonder, however, about the effectiveness of altruism as a solution to social problems. Indeed, various post-1970 developments in the collection of blood illustrate the limited efficacy of altruism.
The role of science

Because science was powerless to detect blood infected with hepatitis B when Titmuss wrote, he could argue persuasively that only altruism could mitigate the dangers of paid blood donations. With the benefit of hindsight, it is clear that it is primarily scientific progress—not the spread of altruism—that has increased the safety of the American blood supply. Writing shortly after the publication of *The Gift Relationship*, one physician predicted that we would eliminate the transmission of hepatitis B through scientific advances in our understanding of the virus—the shift to voluntary donors, desirable as it was, would not achieve this goal by itself.

That prediction has been borne out. Today, about one recipient in 12,000 contracts hepatitis B—a far cry from the calamitous figure cited by Titmuss. Although the shift to voluntary donors is partially responsible for the decline, the development in 1985 of scientific tests to detect the antibody to hepatitis B deserves most of the credit.

In fairness, scientific testing can never eliminate medical risk entirely, because there is always a window between a potential donor's contraction of a disease and the appearance of the relevant antibodies in his blood. (Incidentally, medical advances are constantly reducing the size of these windows.) For this reason, not only is the blood of potential donors tested but the donors themselves must fill out questionnaires designed to detect medical risks that do not show up in the tests. These questionnaires—when filled out accurately and honestly—result in the rejection of some potential donors even when scientific tests indicate no cause for concern. In other words, we rely primarily on science to ensure the safety of our blood supply, but the honesty of donors—something Titmuss stressed—will always be an important auxiliary precaution.

Yet, in two respects, our efforts to secure safe blood demonstrate the relevance of the economists’ perspective, which Titmuss tended to disdain. First, safe blood—scientifically tested blood—is necessarily more expensive. According to Starr, the

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6 Hepatitis B is now thought to be transmitted by about one out of every 66,000 screened units of blood. (A unit is roughly equivalent to a pint.) Since recipients are provided with multiple units of blood from different donors, in practice the risk translates to about one infection in 12,000 recipients.
array of tests instituted in response to AIDS has raised the cost of a unit of blood by about $30, making its current price $150 to $200. Donors may not be paid for their blood—and recipients under socialized medicine may not pay for transfusions—but there are inexorable costs that someone must pay. To paraphrase Milton Friedman, there is no such thing as free blood.

In a sense, Titmuss wrote *The Gift Relationship* to disprove the existence of trade-offs, at least in the realm of blood collection. He argued that Britain’s blood supply was not only cheaper but also safer than America’s. But trade-offs are omnipresent. The most effective way of making blood safer also raises its cost.

A second trade-off is also worth noting. Starr calls attention to anecdotal evidence showing that the increasingly intrusive questionnaires now given to potential donors sometimes discourage altruistic donations. For example, questionnaires today ask male donors whether they have ever had sex with another man, “even once.” One longtime donor complained that his blood center had made the donation process “so ugly and repugnant” that he stopped giving blood. In short, our efforts to make the blood supply safer may actually reduce the supply to some extent. But, as economists tell us, we must often choose between competing goods. Is it better to have a slightly smaller amount of blood that is more safe or a slightly larger amount of blood that is less safe?

**The dangers of altruism**

Once again with the benefit of hindsight, it is now clear that altruism, no less than commercialism, can spread disease. Hepatitis B was indeed, as Titmuss argued, a disease spread through the blood supply by indigents seeking a quick buck. But, in contemplating recent dangers affecting the blood supply, we now think of a more lethal disease—HIV. And HIV, unlike hepatitis B, was at first spread through the blood supply by comparatively affluent altruists.

Those who freely donate their blood tend to be disproportionately affluent. Titmuss demonstrated this in Britain a generation ago. In the United States today, according to the American Association of Blood Banks (AABB), “The average donor is a college-educated white male, between the ages of 30 and
50, who is married and has an above-average income." But, as it happens, HIV contaminated much of the American blood supply because of donations by people who acted with the best and most altruistic intentions, to whom much of this profile applied. At its outset, AIDS was often a disease of the affluent: homosexuals, many of whom fit the AABB profile in almost every respect, being youthful college-educated white males with above-average incomes.

These early victims of AIDS, like everyone else then, understood neither the gravity of nor the means of propagating the disease that would soon claim so many lives. As a result, in many cases, they unknowingly transmitted HIV by donating their blood, thereby doing enormous damage to the health of many Americans. Most notably, the transfusion of blood tainted by HIV caused a majority of American hemophiliacs—more than 8,000 individuals—to contract AIDS.

Most tragically, the extensive damage resulted in no small measure from the actions of genuinely altruistic donors. As Starr observes, "well-educated and civic-minded" gays were among the most loyal donor groups, providing about 20 percent of the supply for one San Francisco blood bank. It is not surprising that blood banks were initially reluctant to discourage donations from good donors, or that they feared discriminating against homosexuals. As a result, unchecked altruism—just like unchecked commercialism—did much to propagate disease through the American blood supply.

But the dangers of unchecked altruism became clearer still in France. The French blood supply was contaminated, Starr contends, because its administrators believed that blood given freely was "inherently safe," so that testing it scientifically was unnecessary. In particular, AIDS infected the French blood supply because of administrative idealism. Prisoners, many of them carriers of HIV, were encouraged to give blood, which was thought to help in, and testify to, their rehabilitation.

In short, altruism and idealism promote public health—except when they do not. Reflecting on the AIDS epidemic, Starr reasonably concludes that altruism offers nothing like a guarantee against infected blood.

In examining the tainted-blood tragedies of the 1980s, it becomes clear that no system was immune from mistakes, whether capital-
ist or socialist.... Countries that emerged from the crisis with relatively low blood-borne disease rates had a few simple, common elements: diligent people in charge who fostered rapid response, open communications, and close control over the source of their supplies. Safety is a matter of practice, not ideology.

**Blood commerce**

Blood-collection practices today reveal a final lesson about altruism: It is not a particularly powerful force. For that reason, Titmuss's arguments have had only a limited influence. Although we now rely exclusively on altruism for donations of whole blood, there continues to be a lively market in which plasma is sold—primarily to pharmaceutical firms, which then convert it into products such as gamma globulins or antibodies that resist various diseases.

Each year, America's nonprofit blood banks collect about 14 million units of whole blood, given by volunteer donors. But that total is matched almost exactly by the figure for plasma collections, for which payments are made. There are 13 million annual plasmapheresis donations in the United States, for which each "donor" receives $15 to $20. All together, collection facilities pay plasma donors well over $200 million each year. The plasma-products industry, facilitated by these transactions, generates more than $4 billion in revenues worldwide. American firms are responsible for more than 60 percent of these sales. America exports plasma and plasma products to 90 percent of the world's nations.

If whole blood is donated in sufficient amounts by altruistic volunteers, why do we rely on monetary payments to spur donations of plasma? An illuminating answer is provided in a 1997 General Accounting Office (GAO) assessment of the nation's blood supply: "Plasma centers still pay donors because a cash incentive is deemed necessary if they are to sit through the 2-hour procedure (whole-blood donations often take less than 1 hour)."

Time really is money. Enough people may be sufficiently altruistic to sacrifice an hour of their time at the altar of humanitarianism; but once two hours is asked of them, they prefer a more tangible compensation. It is a melancholy truth that altruism simply does not run very deep in most people.
Adam Smith's economics, fueled by the recognition that we rely not on the butcher's and the baker's "benevolence" but on "their regard to their own interest," properly begins with that premise.

And, if altruism seldom runs deep, it is also not very broad. Not many people display even the comparatively shallow altruism of those willing to spend an hour giving blood. The best evidence of this derives from Titmuss's own analysis. Although he celebrated the altruism of Britain's voluntary blood donors, he also found that only 6 percent of potential British donors—a group excluding the sick, the old, the young, and expectant and nursing mothers—actually gave blood in 1968. That figure is not notably higher than the 5 percent of potential American donors who currently donate whole blood.

In fairness, I must add that the scarcity of altruism does not invalidate the very real dangers of commercialism to which Titmuss pointed. Thus the GAO study noted that "paid donors have a higher likelihood of being infected with HIV and other diseases than volunteer donors." In 1994, for example, .016 percent of paid donors at plasma centers in California tested positive for HIV, as contrasted with only .0002 percent of donors at blood facilities that offer no payment. Again, though, a trade-off applies here: Ultimately, it is better to rely on cash payments to generate more donations of plasma, instead of relying on altruism to generate fewer. This is true even though a greater proportion of purchased plasma will be unusable; scientific tests can be relied upon to compensate for the absence of altruism by excluding almost all of the diseased blood.

In any event, it is hardly an accident that the United States openly maintains a market in plasma—and that it is also able to export its products to the countries that are too morally pure to permit such a market. As Starr explains, although the European nations enjoy having "the moral pleasure of condemning the Americans" for their crassly commercial practice of buying and selling plasma, they have had no recourse but to purchase it from America, "the OPEC of plasma." The Europeans may proclaim that it is immoral to pay blood donors; but then it is no less immoral for them to traffic in plasma, importing it from the United States, knowing that it comes from paid donors.
Doctors know best?

Let us turn now from Titmuss’s specific concern about blood collection to his broader social vision. If its humanitarianism is in many ways attractive, its inegalitarianism is not. Titmuss depicted a world marked by ineradicable dependency, in which recipients of the largesse bestowed by altruists were expected to show gratitude rather than to aspire toward self-sufficiency. This surprising endorsement of social deference from the disadvantaged is apparent, for example, in the one aspect of Titmuss’s thought that is similar to contemporary conservative doctrine: He was an implacable opponent of the baneful influence of malpractice lawyers.

Titmuss blamed malpractice lawyers for unjustifiably raising the costs of medical care. Specifically, he deplored the “dramatic increases in the number and cost of malpractice and negligence suits in the whole field of medical care.” Furthermore, he approvingly cited an editorial in a British medical journal lamenting the American belief that “there is cause for suit if the patient before consenting to a procedure was not informed and did not comprehend every possible disaster that could befall.”

In a narrow sense, Titmuss thought this development could be blamed on ambulance chasers—plaintiffs’ attorneys who worked for contingency fees approaching 50 percent of the awards received by their clients. But, in a broader sense, he explained their rise—and here he departs from conservative criticism of malpractice law—as a consequence of “the growth of commercial practices in certain sectors of medical care and the increasing application of the laws of the marketplace—of legalized and legitimated doctor-patient hostility.”

The similarity between Titmuss’s views and those of contemporary proponents of reforms in liability law is striking and unexpected. Ultimately, though, his argument is less plausible and far more radical than the contemporary conservative critique of malpractice law. The difference, I believe, is discernible in Titmuss’s evident horror at the idea of “legalized and legitimated doctor-patient hostility.” Titmuss disliked malpractice law because he wanted to think of doctors as benevolent authority figures who devoted themselves to the good of their patients. The idea that doctors could be self-interested, and that
their performance might in some cases be improved by the self-interested recognition that their negligence was legally actionable, made him uncomfortable. He preferred to understand the doctor-patient relationship as a harmonious union between well-meaning altruists and their grateful beneficiaries.\(^7\)

To their credit, conservatives tend to be less romantic than Titmuss, and more comfortable with the reality and the defensibility of self-interest. They also tend to be more comfortable with systems of checks and balances, in which it is not just humanitarianism but also self-interest (as in a doctor’s prudential recognition that his incompetence may cause him to lose patients, if not lawsuits) that spurs good performance. In other words, most conservatives today criticize the application of malpractice law—in which many frivolous lawsuits against doctors are filed and then won—and not the principle underlying it. By contrast, even the principle seemed unwarranted to Titmuss, who found fault with a society marked by sometimes antagonistic self-interest, judging it by the standard of a utopian vision of harmony and benevolence.

In practice, it is worth noting, some measure of authoritarianism would necessarily characterize Titmuss’s utopia. It would be a world where doctors know best, in which it would be unseemly of patients to question their judgment. It would not be a particularly egalitarian world, if one considers the advantages in status and income that doctors generally have over patients. The prominent economist Robert M. Solow called attention to this unattractive aspect of Titmuss’s thought many years ago in his review of *The Gift Relationship*. As Solow nicely put it, Titmuss “seems to believe that ordinary people ought to be happy to have many decisions made for them by professional experts who will, fortunately, often turn out to be moderately well-born Englishmen.”

**Better to give than to receive**

Titmuss’s larger argument in behalf of the welfare state was also weakened by the tendency, to which I have pointed, to magnify the importance of altruism and belittle the legitimacy

\(^7\) For this reason Reuben Kessel’s proposal to increase the safety of America’s blood supply by imposing liability on the purveyors of diseased blood did not appeal to Titmuss; he wished to improve matters not by appealing to self-interest but by transcending it.
of self-interest. Consider his argument that "the historical emergence of social welfare institutions in the West" could be understood—just like the voluntary and uncompensated provision of blood for transfusion—as a manifestation of "altruism by strangers for strangers." But the analogy between the transfusion of blood given to patients and the infusion of cash given the indigent is faulty in two respects. First, the voluntary donation of blood is genuinely altruistic because it is not compulsory; no one is forced to give blood. By contrast, the welfare state is financed by tax payments that are compulsory. Titmuss himself noted that the welfare state "has ... to be formally organized, to be administered by strangers, and to be paid for collectively by strangers"—"has to be," of course, is the language of compulsion, not the language of voluntary donation. We simply do not manifest altruism by paying our taxes.

The more important distinction, though, centers not on the donors but the recipients. It would be absurd to expect the injured and diseased to achieve self-sufficiency in blood, to demand that they themselves supply the blood that they need, when they need it. By contrast, it is much more plausible to suggest that in many, if not all, cases the poor can, and properly should, aspire to economic self-sufficiency. The goal of the poor should be—and often is—to achieve self-reliance. It should not be—and seldom is—to accept with gratitude the long-term assistance offered by the benevolent. On moral grounds, the self-reliance of the poor is preferable to their reliance on the altruism of others.

Unfortunately, Titmuss was largely unconcerned about the aspirations of the poor to self-reliance. He had much to say about the nobility of giving, but nothing whatsoever to say about the indignity of continual receiving. Thus, for all his praise of altruism, he never seriously considered the wisdom of the adage that "it is better to give than to receive." Giving is generally a good thing, but past a certain point, receiving from others what we could provide for ourselves is genuinely bad.

Titmuss was silent about the evils of long-term dependency because he did not believe that the poor could reasonably aspire to self-sufficiency. Thus he contended that the American "victims of technological displacement ... [we]re permanently out of work; permanently liberated from work"—a view
that does not seem plausible today (and was probably not plausible when Titmuss stated it in 1965). Nevertheless, believing that the poor were unemployable, he called for a "major shift in values," to be marked by a rejection of the belief in hard work as a virtue.

Skeptical as he was of the capacity of the poor to attain self-sufficiency, Titmuss was oblivious to—if not disdainful of—the prudential virtues of self-reliance that often enable the disadvantaged to dispense with the aid of prosperous altruists. Thus Titmuss criticized a British pension law of 1908 on the grounds that it withheld pensions from those "who had habitually failed to work according to ability and need and [from] those who had failed to save money regularly." That attempt to promote the diligence and thrift of the poor—not to attack them but to assist them—was incomprehensible to him. Similarly, he had contempt for those who sought to encourage the poor to improve their condition by manifesting the prudential virtues. Their attempt to lead the poor "through sanitation, soap and thrift to a better station in life" was simply a manifestation of "the spiritual squalor of the lower-middle classes."

While it is well and good to encourage altruism, there is also a case to be made for encouraging the virtues that can help its beneficiaries do without it. Titmuss made too much of the virtue of altruism, because he consistently depreciated the rival virtue of self-reliance. However, Titmuss's critique of the imperialism of economic thinking continues to teach us. He was right to realize that there are important costs that cannot be calculated by cost-benefit analyses. But, at the same time, altruism brings with it problems of its own. Establishing altruism as the principal social virtue would require us to pay costs—moral as well as economic—that are, and should be, unacceptable.