

## Appendix C

### Public Attitudes

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Where do Americans stand on the issue of compensation for organs from deceased and living individuals? Overall, polls and surveys have shown the public to be amenable to the idea.<sup>1</sup>

Attitudes toward incentives for organ donation have been explored along two dimensions: attitudes regarding remuneration of donors as a matter of policy, and personal judgments about whether payment would influence respondents' motivation to donate their own organs or those of loved ones. Only one poll—the *Time/CNN* poll—posed the urgent question of what respondents would actually do if they themselves or a close relative had a fatal disease and needed an organ to be cured. In it, 56 percent of respondents said they would “purchase the necessary organ or tissue.”<sup>2</sup>

#### Incentives as Policy

Polls on incentives have yielded results generally favorable toward allowing them. An exception was one of the earliest—a 1986 government survey—in which a robust majority, 78 percent, rejected the idea that families should be paid for granting permission to retrieve organs. Notably, the survey presented a scenario in which grieving families were offered money at the time of their loved ones' death. This could have been interpreted as insensitive.<sup>3</sup>

Respondents to subsequent inquiries were considerably more receptive. In a joint survey by the United Network for Organ Sharing (UNOS) and the National Kidney Foundation (NKF), published in 1992, 48 percent felt

that some form of financial or nonfinancial compensation should be offered to increase the number of deceased-donor organs available, with 42 percent opposed and 10 percent undecided. Among those ages eighteen to twenty-four, 65 percent were in favor.<sup>4</sup> These findings prompted the NKF vice chairman at the time, Alan Hull, MD, to observe that “some states should be convinced to conduct pilot studies” on offering financial incentives.<sup>5</sup> Much more recently, a 2007 poll conducted by Harris Interactive for the *Wall Street Journal* found 49 percent of adults in Harris’s online panel sample somewhat or strongly in favor of incentives.<sup>6</sup> Notably, these respondents were assuming a traditional free-market model; a model in which non-cash incentives were offered to the donors and the organs distributed by algorithm would have helped resolve respondents’ concerns about privileging the wealthy at the expense of the poor.

Surveys conducted of groups other than nationally representative samples included a 1993 door-to-door survey of 150 Canadians (yielding 100 usable responses). Respondents were given two case vignettes and asked whether the needy individual in each vignette should “be allowed to buy a kidney.” Sixty-nine percent answered yes to one vignette and 74 percent to the other.<sup>7</sup> A 1999 poll found only 12 percent of 400 college students offended by the idea of offering incentives for donation at death, suggesting that age may play a meaningful role in attitudes toward donor compensation.<sup>8</sup> A 2005 academic survey of roughly 1,000 Pennsylvania residents reported 59 percent favorable to the general idea of incentives, with 53 percent saying direct payments to families of potential deceased donors would be acceptable.<sup>9</sup> Dialysis patients in a 1997 survey placed a greater emphasis on increasing the supply of kidneys through incentives than maintaining an altruistic system of organ donation.<sup>10</sup>

A 2006 national telephone survey of 845 individuals conducted by a team from the Johns Hopkins School of Public Health examined attitudes toward the acceptability of incentives by race and ethnicity.<sup>11</sup> Among African-American and Hispanic subjects who indicated willingness to become living donors, 50 percent and 70 percent, respectively, endorsed tax breaks, payment from government, or payment by employers to living donors.<sup>12</sup> Finally, a recent poll from the Netherlands reported 62 percent unopposed to a system of procurement based on compensation, although only one-fourth of those said they would personally participate in such a transaction.<sup>13</sup>

### Incentives and Personal Decision-Making

Across surveys, most respondents report that incentives would not affect their willingness to donate, but among those who say they would, the net effect was generally to increase motivation, especially among young adults. A nationwide sampling of over 6,000 Americans published in 1997 found that cash or in-kind rewards (unspecified in terms of monetary value) would inspire 12 percent to be more likely to donate their loved ones' organs while discouraging 5 percent.<sup>14</sup>

In other nationally representative polls, in 1993 and again in 2005, Gallup pollsters asked respondents whether they would be more or less likely to donate their own or family members' organs after death if compensation were available. In both cases, 12 percent of respondents said they would be more likely to donate if financial incentives were offered, while 5 percent answered less likely—a margin of seven percentage points in favor of giving either their own or their deceased family members' organs.<sup>15</sup>

The 2005 version of the Gallup poll found similar results. Asked whether “payments would make them more likely” to donate their own organs, 17 percent answered in the affirmative, while 9 percent said they would be “less likely” to donate—a margin of eight percentage points in favor of giving. When asked about willingness to give a family member's organs, 19 percent answered “more likely,” while 9 percent said “less likely,” a margin of ten percentage points in favor of donation.

Notably, in both surveys, motivation to donate was highest among the youngest respondents. In 1993, 30 percent of eighteen- to twenty-four-year-olds surveyed said they would be “more likely” to donate their own organs for an incentive, while 7 percent said “less likely.” For donation of family members' organs, the responses were 27 percent and 9 percent, respectively. In 2005, 34 percent of those eighteen to thirty-four years old said they would be more “more likely” to donate their own organs for payment, while only 6 percent said “less likely.” The offer of incentives prompted 33 percent to say they would be “more likely” to give a family member's organs and 7 percent to say “less likely.”<sup>16</sup>

Among polls of other populations, a 1999 survey of a random sample of 300 prospective jurors at the Philadelphia County Courthouse found that incentives markedly increased the intent to offer both deceased-donor and

living-donor organs among respondents who had not planned to do so, more than they suppressed the intent to donate among those who had already believed they would do so.<sup>17</sup> The 2005 survey of Pennsylvania residents cited above found that attitudes of the majority were unchanged by the prospect of incentives, but among those who said that incentives made a difference, the net effect was to increase willingness to donate.<sup>18</sup>

For a 2006 report in *Transplantation*, researchers interviewed over 500 family members who had suffered the loss of a loved one within the previous few months and who, at that time, had been approached about donating the deceased's organs. Of individuals who had given consent, 61 percent said that they would not have done so had financial incentives been offered at the time. Conversely, 59 percent of those who refused to give consent when their loved died said that an offer of a financial incentive at the time would have led them to consent.<sup>19</sup> A study published in 2006 surveyed over 1,000 adults in Scotland and found that the proposal of a cash allowance of two thousand pounds toward crematorium costs or for charity enhanced willingness to donate at death by four or three times, respectively. The prospect of receiving a payment as a living donor encouraged more respondents than it discouraged, but by very little.<sup>20</sup>

In summary, the preponderance of survey evidence regarding the acceptability of incentives as motivators for donation, at both policy and personal levels, is positive. Younger cohorts seem to be especially receptive. None of the polls was designed to inquire about the acceptability of a donor compensation system in which all patients, not just the financially well-off who could afford to purchase organs, benefited. If those conditions had been presented to respondents, thereby allaying concerns about uneven distribution of organs, it is plausible that higher endorsement rates would have been obtained.<sup>21</sup>

## Appendix C

1. Unless otherwise noted, all polls mentioned in this appendix are of representative random samples of American adults eighteen years of age or older.
2. Yankelovich Clancy Shulman, “The Ethical Questions of Organ Donation,” poll conducted for *Time/CNN*, June 4–5, 1991.

3. Poll commissioned by the Health Care Financing Administration, as cited in Jeffrey M. Prottas, “Buying Human Organs: Evidence that Money Doesn’t Change Everything,” *Transplantation* 53, no. 6 (June 1992): 1371–73.

4. United Network for Organ Sharing, “Public Attitudes on Organ Donation: Quantitative Results of a UNOS/NKF Study,” *UNOS Update*, 1992.

5. “Nearly Half of Americans Support Some Kind of Incentive for Donation,” *Transplant News* 2, no. 23 (December 17, 1992): 2.

6. Becky Bright, “Americans Are Divided on Offering Financial Incentives to Organ Donors,” *Wall Street Journal Online*, May 17, 2007, [http://online.wsj.com/article\\_print/SB117889765086700017.html](http://online.wsj.com/article_print/SB117889765086700017.html) (accessed March 3, 2008). The survey’s design implied a traditional free market, which would be advantageous to the wealthy because they could afford to purchase organs. About 70 percent agreed that incentives would benefit the rich, and the poor would “resort to organ donation as a means to make money.”

7. Alex Guttman and Ronald D. Guttman, “Attitudes of Healthcare Professionals and the Public towards the Sale of Kidneys for Transplantation,” *Journal of Medical Ethics* 19, no. 3 (1993): 151.

8. A. Frank Adams III, A. H. Barnett, and David L. Kaserman, “Markets for Organs: The Question of Supply,” *Contemporary Economic Policy* 17, no. 2 (April 1999): 147–55.

9. Cindy L. Bryce, Laura A. Siminoff, Peter A. Ubel, H. Nathan, Arthur L. Caplan, and Robert M. Arnold, “Do Incentives Matter? Providing Benefits to Families of Organ Donors,” *American Journal of Transplantation* 5, no. 12 (December 2005): 2999–3007.

10. Ashwini R. Sehgal, S. O. LeBeau, and Stuart J. Youngner, “Dialysis Patient Attitudes toward Financial Incentives for Kidney Donation,” *American Journal of Kidney Diseases* 29, no. 3 (March 1997): 410–18.

11. L. Ebony Boulware, Misty U. Troll, and Nae Y. Wang, “Public Attitudes toward Incentives for Organ Donation: A National Study of Different Racial/Ethnic and Income Groups,” *American Journal of Transplantation* 6, no. 11 (November 2006): 2774–85. Note that despite the title of the article, which incorporates the word “incentives,” study subjects were merely queried as to whether there should be rewards for acts of donation already committed, not whether an offer of material gain would enhance willingness of oneself or others to give.

12. Boulware et al. did not provide the actual percentages of African Americans (total n=102) and Hispanics (total n =130) in the study who said they were willing to be living donors.

13. The poll was commissioned by the Erasmus Medical Center. Leonieke Kranenburg, Andre Schram, Willij Zuidema, Wilem Weimar, et al., “Public Survey of Financial Incentives for Kidney Donation,” *Nephrology Dialysis Transplantation* 23, no. 3 (2008): 1039–42. Most respondents believed that benefits would not influence their own behavior, but among those who said that they would make a difference, the net effect was to encourage donation; see Bryce et al., “Do Incentives Matter?”

14. William DeJong, Jessica Drachman, Steven L. Gortmaker, Carol Beasley, and Michael J. Evanisko, “Options for Increasing Organ Donation: The Potential Role of

Incentives, Standardized Hospital Procedures, and Public Education to Promote Family Discussion,” *Milbank Quarterly* 73, no. 3 (1995): 463–79.

15. Partnership for Organ Donation and the Harvard School of Public Health, “The American Public’s Attitudes toward Organ Donation and Transplantation,” 1993, table 32, [http://www.transweb.org/reference/articles/gallup\\_survey/gallup\\_index.html](http://www.transweb.org/reference/articles/gallup_survey/gallup_index.html) (accessed March 3, 2008).

16. U.S. Department of Health and Human Services, Health Resources and Services Administration, Division of Transplantation, *2005 National Survey of Organ and Tissue Donation Attitudes and Behaviors*, conducted by the Gallup Organization, Summer/Fall 2005, 24, <http://www.organdonor.gov/survey2005> (accessed July 7, 2008).

17. John D. Jasper, Carol A. Nickerson, John C. Hershey, and David A. Asch, “The Public’s Attitudes toward Incentives for Organ Donation,” *Transplantation Proceedings* 31, no. 5 (August 1999): 2181–84.

18. Bryce et al., “Do Incentives Matter?”

19. James R. Rodrigue, Danielle L. Cornell, and Richard J. Howard, “Attitudes toward Financial Incentives, Donor Authorization, and Presumed Consent among Next-of-Kin Who Consented vs. Refused Organ Donation,” *Transplantation* 91, no. 9 (May 2006): 1249–56.

20. Gill Haddow, “Because You’re Worth It? The Taking and Selling of Transplantable Organs,” *Journal of Medical Ethics* 32, no. 6 (2006): 324–28.

21. See note 6, above.