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Professional and Public Attitudes Toward Incentives for Organ Donation

Abstract

The U.S. faces a widening gap between the need for, and the supply of, transplantable organs. The waiting list for transplants increased 150% in the past decade; last year, about 6,000 people died awaiting a transplant. This need has rekindled debate about the morality and feasibility of using incentives to encourage posthumous organ donation. This Issue Brief explores attitudes of the public and health professionals in the transplant community about using financial and nonfinancial incentives to increase the supply of cadaver organs for transplant.

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Professional and public attitudes toward incentives for organ donation

Editor's note: The U.S. faces a widening gap between the need for, and the supply of, transplantable organs. The waiting list for transplants increased 150% in the past decade; last year, about 6,000 people died awaiting a transplant. This need has rekindled debate about the morality and feasibility of using incentives to encourage posthumous organ donation. This Issue Brief explores attitudes of the public and health professionals in the transplant community about using financial and non-financial incentives to increase the supply of cadaver organs for transplant.

Demand for cadaver organs far exceeds supply

Although the public generally expresses favorable attitudes toward organ donation, relatively few individuals agree to donate before they die or consent to have family members' organs donated upon their death. The current system, which relies on altruism and good will, has not been effective in procuring enough organs to meet the demand. One suggested alternative approach would offer incentives to families of deceased or dying individuals to encourage their consent for organ donation.

- Those in favor of offering incentives contend that they will encourage donation, citing longstanding and successful practices of payment for blood, blood products, sperm, and eggs.
- Opponents claim that incentives are unethical and that health professionals do not want to be in the position of offering incentives to the bereaved family of the donor. They also claim that incentives would undermine the altruistic appeal of the current system and ultimately discourage donation.
- In 2002, the American Medical Association and the United Network for Organ Sharing endorsed the idea of limited trials of financial incentives for posthumous organ donations.
- The National Organ Transplant Act of 1984 prohibits the purchase of organs for transplantation. This federal law would most likely need to be changed before any financial incentives could be tried, even on a limited basis.

Mailed survey explores attitudes of transplant community toward incentives

Dr. Jasper and colleagues examined the attitudes of 3 groups of health care professionals—transplant surgeons, transplant coordinators, and critical care nurses—toward current policies of altruistic donation and alternative policies offering incentives to the donor family.

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- The investigators surveyed 400 transplant surgeons, 200 transplant coordinators, and 200 critical-care nurses. Response rates for these groups were 64%, 74%, and 69%, respectively.
 - The survey asked about the moral appropriateness, likely success, and decision to implement six alternative policies.
 - Incentives included 1) priority on the waiting list should a family member ever need a transplant; 2) a \$1500 contribution to a favorite charity; 3) a \$1500 payment toward the donor's funeral expenses; 4) \$1500 in cash; 5) a \$1500 rebate or premium reduction on health insurance; and 6) recognition such as the donor's name on a plaque or memorial.
 - A value of \$1500 was selected because it was in the middle range of payment proposed by others, and seemed large enough to act as an incentive but small enough not to be coercive.

Transplant community judges nonmonetary incentives and indirect monetary incentives morally acceptable

Although some differences among the professions exist, the transplant community generally agrees on the moral appropriateness of nonmonetary incentives (such as donor recognition or preferred status) and indirect monetary incentives (such as \$1500 toward funeral expenses or to a charity).

- When rating the alternatives, all 3 professions made clear and very similar distinctions among policies. The current policy and a policy offering donor recognition had the highest ratings of appropriateness, and a policy of \$1500 in cash had the lowest rating.
- All 3 professions believed the current policy and a policy offering donor recognition to be morally appropriate; a policy offering \$1500 toward funeral expenses to be morally neutral, and a policy offering a \$1500 cash or a \$1500 health insurance rebate to be morally inappropriate.
- Surgeons believed a policy offering a \$1500 contribution to charity to be morally appropriate; coordinators and nurses believed this policy to be morally neutral. Surgeons and coordinators believed a policy offering preferred status to be morally neutral; nurses believed this policy to be morally inappropriate.

Most respondents think alternative policies would increase organ donations

All 3 professions believed the current policy to be at best only moderately successful in recruiting organ donors, and nearly 50% of all respondents suggested changes to the current policy. Most thought that all of the incentives described would increase organ donation relative to the current policy of altruistic donation.

- Providing incentives to the family or potential donor was the change most frequently suggested by surgeons and coordinators, followed closely by providing better education to health professionals and the public; the latter change was most frequently suggested by the nurses.
 - Surgeons and nurses believed that each alternative policy would increase the likelihood of donation. With one exception (a policy offering a \$1500 contribution to charity), coordinators also believed each alternative would increase the likelihood of donation. All professions believed that a policy offering \$1500 in cash or funeral expenses would be most successful, and a policy offering a \$1500 contribution to charity would be the least successful at increasing the number of organs donated.
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Transplant community favors implementing donor recognition, but not direct cash incentives

For respondents in all 3 professions, the decision about whether each policy should be implemented was more frequently related to its moral appropriateness than to the perceived likelihood of success in increasing donations.

- A policy offering donor recognition had a significantly higher percentage of advocates than did any other alternative policy, with at least 75% of respondents in each profession believing that the policy should be implemented despite its relatively low likelihood-of-success rating.
- Only 7%-16% of respondents in each profession thought that a policy of \$1500 in cash should be implemented, despite its relatively high likelihood-of-success rating.
- About half of the surgeons and half of the coordinators advocated implementing a policy of \$1500 toward funeral expenses, with a somewhat lower percentage of nurses advocating implementation. Policies offering preferred status, a \$1500 contribution to charity, or a \$1500 health insurance rebate were favored by 24%-45% of each profession.

Professional attitudes toward incentives for organ donation consistent with public's attitudes

The transplant community's attitudes toward incentives are similar to those of the public. In an earlier study, Jasper and colleagues surveyed 300 prospective jurors in Philadelphia County and asked them about the moral appropriateness of incentives for organ donation, and about what effect incentives might have on their intentions to donate. They asked about the same six incentives used in the transplant community survey, plus three others: a \$1500 payment for uninsured medical expenses, a \$1500 federal income tax credit, and free drivers' licenses and tags.

- None of the policy alternatives was considered morally inappropriate by the majority of respondents. In other words, the majority of respondents rated each policy as morally "neutral" or "appropriate."
- In general, indirect monetary incentives (such as a \$1500 payment toward funeral expenses or uninsured medical expenses) were considered more appropriate than policies offering more direct monetary incentives (such as \$1500 in cash or a \$1500 income tax credit.).
- To gauge the likely effect of each incentive, the investigators examined whether each policy would change the intentions of present donors and nondonors (as indicated on a current driver's license or other official document). In every case, the percentage of nondonors responding positively was higher than donors responding negatively; thus, the net effect would appear to increase the supply of organs.

POLICY IMPLICATIONS

In contrast to most of the published work in this area, these two studies provide empiric evidence to the debate on incentives for organ donation. Only a market test can demonstrate conclusively the impact that financial incentives would have on the supply of donated organs. However, such market tests are currently illegal, and studies of the attitudes of the public and health care professionals toward incentives may provide useful insights in lieu of such tests.

- Stakeholders do not view all incentives in the same way. For both the transplant community and the public, the acceptability of incentives varies by the kind of

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POLICY IMPLICATIONS

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incentive and the directness of each approach. Studies of financial and non-financial incentives should always specify the nature and form of each incentive.

- These findings indicate support for some change to the current policy of altruistic donation, which has not met and is unlikely ever to meet the demand for organs. Further exploration of incentives that meet the tests of moral appropriateness and likely effectiveness is warranted.
- Congress is currently considering a bill that would defray some travel and housing expenses for living donors to increase the supply of certain organs such as kidneys or livers. As policymakers debate the wisdom of such financial incentives for living donors, they should also consider revisions to federal law or regulation that would allow the piloting of innovative incentives for posthumous donation.

This Issue Brief is based on the following articles: J.D. Jasper, C.A.E. Nickerson, P.A. Ubel, D.A. Asch. Altruism, incentives, and organ donation: attitudes of the transplant community. Medical Care, April 2004, vol. 42, pp. 378-386; J.D. Jasper, C.A.E. Nickerson, J.C. Hershey, D.A. Asch. The public's attitudes toward incentives for organ donation. Transplantation Proceedings, 1999, vol. 31, pp.2181-2184.

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