Incentives for Living Kidney Donation: What Does the Public Think?

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This mini-review describes a number of recent surveys that have been performed to study public opinion on the idea of introducing incentives for living kidney donation. The results of these surveys are comparable: about a quarter of the population is in favor of this idea, whereas the majority is opposed or undecided.

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The idea of introducing incentives, such as health insurance benefits, to increase the number of kidneys for transplantation is controversial. Advocates of such a system argue that it would be effective to solve the enormous waiting list problems, leading to decreased morbidity and mortality for kidney patients. In addition, they appeal to arguments of patient and donor autonomy, in that it is a free choice to buy or sell a kidney when both parties expect to benefit. Opponents object to this interpretation that it is difficult to speak of a free choice when a donor is forced by circumstances to sell a kidney. They warn against the exploitation of the poor and vulnerable (1). Another argument against introducing incentives is that this would negatively affect the number of altruistic donations. Because arguments used in the discussion speculate about the effectiveness of such a strategy, it is a logical step to study public opinion; would people indeed be more likely to donate if they were offered an attractive financial incentive? In attempting to answer this question, we focus on closed-border (national) incentive systems in the Western world, and not on the existing situation in the Middle East and Asia.

Given the intensity of the debate, one would expect there to be a substantial number of surveys of public opinion on this topic. Remarkably, this is not the case, in contrast to studies on other controversial methods to increase the number of kidneys for transplantation such as xenotransplantation or Samaritan donation (2, 3). Public opinion on rewarding bereaved family members to increase the number of deceased donor organs has also been studied (4–6). However, since the first surveys in the early 90s (4, 7), only a few studies have addressed the public attitude regarding financial offers to living donors.

An exception is a study by Boulware et al., who assessed attitudes regarding financial incentives for deceased and living donation in a representative sample of people from various ethnic groups (5). Of 845 participants, up to 35% were in favor of incentives for living donors, depending on the kind of incentive. The least popular incentive was (1) direct payment from the recipient to the donor (8% in favor), followed by (2) direct payment by the government (28% in favor), and (3) Government tax breaks or credits for the donor (35%).

A second exception is a survey performed by Haddow et al. (6). Just as Boulware et al., they studied incentive schemes for both living and deceased donation. They found that even though 70% (of 1009 respondents) believed that cash or reward would encourage others to donate, only a minority considered it (morally) acceptable to introduce an incentive system. If we look specifically to living donation, results of this survey show that 24% of the respondents would be more likely to donate a kidney while alive if they would receive a £2000 incentive, and 25% if they would receive a 10% reduction in life assurance premiums.

A third example where public opinion on introducing financial incentives was studied was in the Netherlands, where the debate on introducing financial incentives to increase the number of kidneys for transplantation recently intensified. The impetus for this debate was a report by the Centre for Ethics and Health to the Minister of Health on November 12, 2007 (8). The authors of the report concluded that under certain circumstances payment is morally justified, and that payment and the voluntary nature of the act of donation were not mutually exclusive. According to the report, the most expedient way to arrange these payments was through life-long payment of health insurance premiums for living kidney donors. Advantages of the health insurance ben-
efit (over compensation in cash), are that this option preserves the purpose and solidarity character of a donation, and is less likely to attract people in financial needs, or impulsive donors. After this report was published, a nation-wide poll was carried out among 22,000 respondents (9). The results of this poll showed that 22% of them agreed to the statement “People who donate a kidney during their lives should not have to pay health insurances taxes anymore.” These results are in line with outcomes from a study by Kranenburg et al., which was also carried out in the Netherlands (10). Results from this study showed that 25% were in favor of incentives offered by health insurance companies. Of all the respondents in this representative sample (n=550), 5.4% stated that they were (very) likely to donate a kidney to receive compensation if offered (4.9% likely; 0.5% very likely). Respondents with lower education levels (and consequently, lower incomes) were not more likely to donate for compensation, as might have been expected. This is congruent with the study of Haddow et al., who also did not find a relationship between income level and willingness to donate (6). These findings are remarkable, because a common expectation of incentive systems is that they are likely to attract the poor. On the other hand, significant results were found for younger age groups, in that they were more likely to donate in return for compensation, again confirming results from previous studies (4, 6).

Despite the hope expressed by Kittur et al. in 1991, that their initial survey would encourage further work to assess public attitudes, few studies in this area have been performed. Moreover, because of the differences in survey questions and methodology, results are hardly comparable. Surveys differ regarding whether or not information about organ scarcity was given, in the phrasing of the questions, the type of incentive and the amount of money that was offered, and in whether attitudes on incentives for deceased donation were also included in the same survey. In an imperfect attempt to make comparisons regarding the acceptability of introducing financial incentives, we find that results from the first surveys differ from results of more recent studies. The first surveys showed that approximately 60% were in favor of incentives (4, 7), whereas this percentage is approximately 25% in the more recent studies (5, 6, 9, 10). Results for effectiveness differ even more: in one study 24% of the respondents stated that even a relatively small incentive of £2000 would influence their willingness to donate, but in another study only 5.4% would be (very) likely to donate for compensation as high as €25 000 (£19895, $39530) (6, 10). Although these results differ, in both cases we need to be cautious in drawing conclusions from them, as surveys are seldom exact predictors of behavior. Probably the best example in this respect comes from a well-controlled study by Landolf et al. They found that as many as 29% of the public would be prepared to donate a kidney during their lives on an altruistic basis to a stranger (3). If this in fact was reality, the whole discussion about using financial incentives would probably have now become redundant. So, does this mean that surveys are useless? Probably, in predicting behavior. No, in that they clearly depict the Zeitgeist. In this respect, the public seems not convinced that introducing incentives for living kidney donation is the best way to go, anno 2008.

REFERENCES