WHAT DOES THE PUBLIC THINK ABOUT PAYING PEOPLE TO DONATE THEIR ORGANS?

Australian study finds support for eliminating disincentives but not for providing financial incentives

Highlights

- Members of the public in Australia considered reimbursement and justifiable recompensation of costs related to organ donation to be legitimate ways of supporting living donors.
- Financial payment beyond reimbursement was regarded as morally reprehensible.

Many patients waiting for a kidney transplant will die before a suitable organ becomes available.

Washington, DC (April 23, 2015) — To address the growing transplant organ shortage, members of the public seem to support eliminating disincentives, but are against providing financial incentives, to living kidney donors. The findings come from a study appearing in an upcoming issue of the Clinical Journal of the American Society of Nephrology (CJASN).

As transplant waiting lists around the world continue to grow longer over time, there is increasing debate about whether it’s ethical to provide incentives for living donations. Some say this could lead to exploitation of financially vulnerable individuals, and it might discourage altruistic donations that form the basis of current policies.

Allison Tong, PhD, MPH (The University of Sydney) and her colleagues conducted a study to gain in-depth insights into public opinion on this controversy. To do so, they established 12 focus groups with 113 participants who were recruited from the general public in 3 Australian states.

Participants considered reimbursement and justifiable recompensation of costs related to donation to be legitimate ways of supporting donors. Financial payment beyond reimbursement was regarded as morally reprehensible and would threaten community values of goodwill, human dignity, and fairness, with the potential for exploitative commercialism. Some participants believed that regulated compensation could be a
defensible strategy to increase donation rates provided that mechanisms are in place to protect donors.

“Our findings suggest that there could be strong public resistance to policies that would support financial inducement for living kidney donors. Instead, addressing the removal of disincentives would be more acceptable to the general public,” said Dr. Tong. Given that living kidney donation programs depend on members of the public to come forward to donate, the public should be actively engaged in ongoing debates, she added.

Study co-authors include Angelique Ralph, BPsych, Jeremy Chapman, MBBS, FRACP, Germaine Wong, MBBS, PhD, John Gill, MD, Michelle Josephson, MD, and Jonathan Craig, MBBS, PhD.

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