Understanding Public Skepticism Toward Organ Donation and Its Commercialization: The Important Role of Reciprocity

M. Schweda, S. Wöhlke, and S. Schicktanz

ABSTRACT

Question. We explored ideas and motives behind public attitudes toward organ donation and its commercialization in the context of recent academic and political debates on attempts to increase the number of donor organs by means of financial incentives.

Methods. We analyzed 4 focus group discussions (FGs) conducted in Germany between 2005 and 2008 with various participants: (1) recipients of a cadaveric donation, (2) recipients of a living donation, (3) living organ donors, and (4) lay people. In our analysis we used the method of qualitative content analysis to extract the major argument classes and moral viewpoints about organ donation and its commercialization.

Results. We found a thorough concordance in the critical assessment of most commercial strategies over the 4 groups of participants. Slight deviations between groups were most likely due to different perspectives resulting from the various ways the groups were affected. Overall, we observed a strong tendency to assess the practice of organ procurement in terms of reciprocity.

Conclusions. The current political and legal discourse neglects the central role of reciprocity for lay people and patients. Targeted legal and practical solutions should (re) consider strategies to integrate the highly valued idea of reciprocity in organ donation practice: for example, the club model and the paradigm of anonymity in cadaveric organ allocation.

THE PRACTICE OF organ procurement has traditionally been oriented toward the model of altruistic “donation.” Providing an organ is promoted as a voluntary act based on charitable motives. However, with reference to “organ scarcity” and death on the waiting list, the altruistic system’s efficiency and legitimacy have been increasingly called into question. This raises the question whether commercial strategies creating financial incentives will reinforce public willingness to donate organs as many politicians and scholars in the Western world suggest.

Most arguments in the commercialization debate entail assumptions about public views of and attitudes toward cadaveric organ donation and living organ donation. The empirical basis of these arguments is often restricted to local quantitative surveys based on yes/no questionnaires about financial incentives and organ trade. These surveys have shown an overall tendency of public skepticism toward commercial strategies. However, quantitative questionnaires are typically designed to assess opinions in the limited framework of a given theory. Consequently, little is currently known about the actual viewpoints and motives behind this skepticism. Herein, we have explored potential reasons using a qualitative socioempirical study design. Our qualitative approach opens a complementary perspective to quantitative surveys. We sought to clarify public attitudes toward organ procurement while avoiding prejudice by a given theory. Our goal was to provide a deeper understanding of public opinions by investigating underlying values, moral viewpoints, and motives. Our results provided new information about the actual viewpoints and motives behind this skepticism. Herein, we have explored potential reasons using a qualitative socioempirical study design. Our qualitative approach opens a complementary perspective to quantitative surveys. We sought to clarify public attitudes toward organ procurement while avoiding prejudice by a given theory. Our goal was to provide a deeper understanding of public opinions by investigating underlying values, moral viewpoints, and motives. Our results provided new information about the actual viewpoints and motives behind this skepticism.

From the University of Goettingen, Department of Medical Ethics and History of Medicine, Goettingen, Germany.

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Address reprint requests to Mark Schweda, University of Goettingen, Department of Medical Ethics and History of Medicine, Humboldtallee 36, 37073 Goettingen, Germany. E-mail: Mark.Schweda@medizin.uni-goettingen.de

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starting points for the evaluation of current organ procurement practices, and helped to include ideas that are highly valued by lay people and patients that have been neglected in the current debate.

COMPOSITION OF SAMPLES AND METHOD OF DATA COLLECTION AND ANALYSIS

We analyzed focus groups, moderated group discussions with 8–10 participants, following a semistructured guideline (average length, 2 hours). Focus groups are a well-established empirical method that allows the exploration of common sense beliefs and “public topoi.” From these results, empirical qualitative hypotheses can be generated (phase 1), which then in turn can be used to instruct and interpret future quantitative studies (phase 2).

Our analysis was based on 4 focus groups conducted in Germany between 2005 and 2008. The focus groups differed with respect to the affectedness of the participants. One consisted of cadaveric organ recipients (n = 8), one of LOD recipients (n = 7), one of LOD donors (n = 5), and one of lay persons taking the role of potential donors (n = 10). Two of the FGs were recruited, organized and conducted in early 2005 within the framework of the EU Project, Challenges of Biomedicine, Contract No. SAS6-CT-2003-510238 by the Research Group Bioethics and Science Communication at the Max Delbrück Center for Molecular Medicine Berlin-Buch. The two other FGs were carried out in Germany in 2008 and included donors and recipients of LOD to complement the earlier FGs. Participants had been recruited using various strategies, such as advertisements and contacting self-aid groups and patient organizations. In total, 30 persons participated, 15 men and 15 women. Each group was approximately gender balanced. Furthermore, the selection of participants sought to cover various religious, secular and educational backgrounds.

Herein we have provided an analysis of the discussions based on a combination of qualitative content analysis and grounded theory in which we identified, analyzed, compared, and classified arguments.

EMPIRICAL RESULTS AND DISCUSSION: THERE IS MORE IN BETWEEN ALTRUISM AND PROFIT MAKING

Table 1 summarizes the major lines of the arguments separately for each of the 4 groups. We differentiated between arguments about organ donation in general (column 1) and about commercial strategies (column 2).

Clearly, skepticism concerning commercial models was expressed by all groups. Arguments against commercial models mainly referred to injustice, exploitation of the poor, and commodification of the human body (Table 1, column 2). In contrast, the present model of donation also raises problems, because it is seen as inefficient and emotionally problematic for the recipients of cadaveric organs (column 1, row 1) as well as for the LOD donors and recipients (column 1, row 3). Slight deviations in arguments between groups such as the LOD patients’ focus on donor–recipient relations (column 1, rows 2 and 3), the recipients’ concerns about voluntariness of donation (column 2, rows 1 and 2), and the argumentation about who should be entitled to receive organs (column 2, rows 3 and 4) are worth noting.

Table 1. Main Arguments and Tendencies in the Four Different Groups

<table>
<thead>
<tr>
<th>Donation</th>
<th>Commercialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cadaveric Organ Recipients</td>
<td>If at all, compensation is acceptable because the donors’ generosity and dedication deserve to be acknowledged and counterbalanced.</td>
</tr>
<tr>
<td>The donation system is adequate, but it does not provide enough donor organs.</td>
<td>Other forms of commercialization are unacceptable because they would lead to exploitation, injustice, and illegal organ trafficking.</td>
</tr>
<tr>
<td>The opt-in practice in cadaveric donation should be extended or changed (e.g., opt-out system).</td>
<td>Financial incentives would nurture doubts about the voluntariness of donation.</td>
</tr>
<tr>
<td>The paradigm of anonymity in cadaveric donation is problematic because one wants to give something back.</td>
<td></td>
</tr>
<tr>
<td>LOD Donors</td>
<td></td>
</tr>
<tr>
<td>The donation system is adequate, but it does not provide enough donor organs.</td>
<td>Any form of commercialization is unacceptable.</td>
</tr>
<tr>
<td>LOD can be emotionally difficult for recipients as they may feel guilty.</td>
<td>Organ trafficking cannot be ruled out.</td>
</tr>
<tr>
<td>The circle of potential donors in LOD should be extended.</td>
<td>Money should rather be used to improve the system’s efficiency.</td>
</tr>
<tr>
<td>LOD Recipients</td>
<td></td>
</tr>
<tr>
<td>In principle, the donation system is adequate, but it should be better financed.</td>
<td>Any form of commercialization is unacceptable.</td>
</tr>
<tr>
<td>LOD can be emotionally difficult for recipients as they may feel guilty.</td>
<td>Financial incentives would nurture doubts about the voluntariness of donation.</td>
</tr>
<tr>
<td>The circle of potential donors in LOD should be extended.</td>
<td></td>
</tr>
<tr>
<td>Lay people</td>
<td></td>
</tr>
<tr>
<td>The donation system is adequate.</td>
<td>Any form of commercialization is unacceptable.</td>
</tr>
<tr>
<td>The system of cadaveric donation is intransparent; abuse cannot be ruled out.</td>
<td>Commercialization would lead to exploitation, injustice, and a morally problematic commodification of the human body.</td>
</tr>
<tr>
<td>Only those who are willing to donate should be entitled to receive organs because it is unjust and illiberal to benefit from others’ generosity without wanting to give something back.</td>
<td></td>
</tr>
</tbody>
</table>
and 3) or the lay persons' distrust in the system of cadaveric donation (column 1, row 4) are expected owing to the different perspectives of recipients versus donors, LOD versus cadaveric donation patients and potential donors versus directly affected persons.  

Importantly, however, comparing columns 1 and 2, it is striking that many arguments on both sides seem to share the same basis: the idea of organ transplantation as a reciprocal social interaction between donor and recipient. Apparently, the reciprocal spirit of gift exchange, of giving, accepting and returning “gifts” (here organs and social goods such as love, affection, recognition) constitutes a central paradigm for the participants' description, discussion, and evaluation of both the traditional model of donation and the recent commercial strategies. Thus, among the cadaveric donation recipients group, the wish to “give something back” leads participants to question the anonymity model. This motive might also explain their openness for the idea of compensation, while at the same time this group rejected any further form of commercialization beyond the idea of compensation as “exploitative” and “unjust.” Furthermore, in both LOD groups, there was a strong sense that organ donation causes feelings of gratitude, but that LOD can also burden the relationship with guilt and indebtedness. Finally, speakers in the lay groups explicitly demanded that only those who are willing to donate should be entitled to receive a cadaveric organ.

DISCUSSION

The observed role of reciprocity has important implications. First, models involving money may not be perceived as objectionable per se as long as they are compatible with the principle of reciprocity, for example, compensation and rewarded gifting. Second, exaggeratedly altruistic models require critical reevaluation insofar as they conceptualize organ donation as a moral 1-way street and neglect the aspect of receiving and returning. These conclusions are consistent with recent theoretical considerations and quantitative empirical findings.

Our findings are important for the political, legal, and public relations frameworks around organ donation in different ways. They indicated that the 2 prominent dichotomies—donation versus sale and altruism versus economics—do not provide an adequate model reflecting the problems of organ procurement. Moreover, they suggested that more attention should be paid to the idea of organ transplantation as a reciprocal social interaction between donor and recipient.

We suggest 3 perspectives to further explore reciprocity as a rational value in the organ donation framework. (1) The so-called club model that links organ procurement and allocation by making willingness to give a precondition of claims to receive. This model could provide considerations on deeply rooted intuitions of justice and solidarity in organ donation. (2) The anonymity paradigm in cadaveric organ allocation should be reconsidered regarding options of dedicated organ donation that do not undermine a fair allocation process, for example, by institutionalizing gratitude rites. (3) Psychological counseling for living organ donors and recipients as well as for relatives of cadaveric donors may help in case of unbalanced feelings of gratitude, indebtedness or social expectations.

REFERENCES