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Jacquelyn Burkell
The University of Western Ontario, jburkell@uwo.ca

Jennifer Chandler
Ottawa University

Sam D. Shemie
McGill University

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Attitudes toward Reciprocity Systems for Organ Donation and Allocation for Transplantation

J. A. Burkell
University of Western Ontario

J. A. Chandler
University of Ottawa

S. D. Shemie
Montreal Children’s Hospital, McGill University, University of Ottawa, and Canadian Blood Services

Abstract Many of those who support organ donation do not register to become organ donors. The use of reciprocity systems, under which some degree of priority is offered to registered donors who require an organ transplant, is one suggestion for increasing registration rates. This article uses a combination of survey and focus group methodologies to explore the reaction of Canadians to a reciprocity proposal. Our results suggest that the response is mixed. Participants are more convinced of the efficacy than they are of the fairness of a reciprocity system. Those more positive about donation (decided donors and those leaning toward donation) rate the system more positively. Although there is general endorsement of the notion that those who wish to receive should be prepared to give (the Golden Rule), this does not translate into universal support for a reciprocity system. In discussions of efficacy, decided donors focus on the positive impact of reciprocity, whereas undecided donors also reflect on the limits of reciprocity for promoting registration. The results demonstrate divided support for reciprocity systems in the Canadian context, with perceptions of efficacy at the cost of fairness. Further studies are warranted prior to considering a reciprocity system in Canada.

Introduction

Organ transplantation is a life-saving or life-preserving treatment for those facing end-stage organ failure. There are, however, more people who need organ transplants than there are organs available for transplantation (Shemie et al. 2011). Various forms of registration of donation intent are available throughout the world with unclear efficacy, as most registries suffer from low registration rates (Rosenblum et al. 2012). In Canada people may register their willingness to donate after their deaths through some provincial registries. Deceased registrants do not go on to
donate until and unless they die in such a way (typically in a hospital, after declaration of brain or cardiac death) that their organs are suitable for transplantation. When health care professionals identify a potential donor, they approach the family or significant others for consent for organ donation. If this consent is obtained, the organs are removed and transplanted into appropriate recipients. Family members and significant others may often refuse the option to donate, and although family consent is not required where a person has registered his or her intent, in practice the final decision on procurement rests with family members and significant others.

Prior registration is important for increasing consent rates, since family members are more likely to consent where the deceased was a registered donor (Environics 2001), perhaps because their decision can be eased by the knowledge of prior intent on the part of the potential donor. Although most people support deceased organ donation (Feeley 2007), many who express support do not actually register as organ donors (Cossé and Weisenberger 2000; Wong 2011; Hobeika et al. 2009).

Many strategies have been proposed to address the chronic shortage of organs for transplantation. Some proposed interventions address the families called on to consent to donation by a deceased loved one, typically offering a form of incentive to the family members or significant others who make the decision at the bedside. Specific proposals include contributions to funeral expenses and ceremonial acknowledgment of donors (e.g., through a “medal of honor”; see Delmonico et al. 2002). Prior donor registration, especially when the intention is communicated to family members, increases family consent to actual donation. Other interventions, therefore, are directed at increasing donation registrations, with the goal of reducing the gap between general support for organ donation and the much lower rates of actual registration. Strategies that fall into this category include mandated choice (Chouhan and Draper...
and opt-out (as opposed to the current opt-in in North America) approaches to donation registration (Johnson and Goldstein 2003). Another approach that has been suggested to increase donor registration is a “reciprocity,” “preference,” or “prioritization” system in which individuals who have signed their donor cards receive some degree of priority in organ allocation ahead of those who have not registered as donors (Chandler et al. in press {Aus: Chandler, Burkell, and Shemie}). For the purposes of this article, we use the terms reciprocity or priority to describe such systems.

Several countries have implemented national reciprocity systems, whereas limited reciprocity systems exist in several other jurisdictions. In Singapore an “opt-out” donation registration system is in effect, and those who remain registered (i.e., do not opt out) are given some degree of priority over nonparticipants in organ allocation decisions (Chandler et al. in press {Aus: Chandler, Burkell, and Shemie}; Human Organ Transplant Act 1987: s.12[1]). Israel has recently implemented a reciprocity system in the context of “opt-in” registration (Chandler et al. in press {Aus: Chandler, Burkell, and Shemie}; Israel n.d.; Siegal and Bonnie 2006). This system offers increased priority in organ allocation to registered donors and to their first-degree relatives. Recent changes to Japan’s transplant law allow organ donors to give priority to family members as recipients of their organs should those organs be procured (Aita 2011): this system effectively gives priority to family members on the basis of donation (and not simply registration, as is more typical). In the United States, the LifeSharers organization supports directed donation of organs to other members of the network (Bramstedt 2006), thus creating a limited reciprocity system within the group of LifeSharers members, although this has no operational authority in the United States.
One important goal of national reciprocity systems such as those implemented in Japan, Singapore, and Israel is to increase registration and donation rates, presumably by introducing a self-interest motive into the donation decision. The effect of these systems, however, remains unclear. Japan’s system is limited in scope and thus unlikely to have a significant impact on registration and donation at a national level. Singapore’s reciprocity system was implemented in tandem with an opt-out system, and it is thus difficult to assess the independent effect of reciprocity on registration and donation rates. The system in Israel has only recently come into effect, and to our knowledge there are not yet any published data on the effect of the new system on donation rates. A contrast of the Israeli registration and donation rates before and after the new law will eventually provide insight into the impact of reciprocity, subject to the concerns that limit the interpretability of all such natural experiments. That evidence, however, is not yet available; moreover, differences among societies limit the transferability of the results of the Israeli reciprocity system to other countries. Furthermore, it is known that public information campaigns about organ donation are themselves effective in raising donation rates (Feeley and Moon 2009), so it will be necessary to separate the influence of publicity on the new Israeli law from the impact of the new reciprocity policy should an increase in donation registration be observed. In the absence of strong and generalizable empirical evidence of the effectiveness of reciprocity systems on registration and organ donation, we must turn to other sources to determine whether these systems are a viable way to increase donation rates.

The ethics of reciprocity systems have been discussed frequently since the early days of organ transplantation, and the approach has both ardent supporters and equally ardent opponents (for a review of this literature, see Chandler et al. in press; see also Institute of Medicine 2006: 253–59). Those who support reciprocity systems
put forward two main justifications. The first is an efficacy argument, in which the claim is that reciprocity systems will increase organ donation rates. The second is a fairness argument, in which the claim is that it is unfair for someone unwilling to contribute to the pool of scarce life-saving resources to take from that pool ahead of someone willing to contribute, and that reciprocity systems reduce this possibility. Counterarguments are raised by those who do not support reciprocity systems. They argue that reciprocity could potentially reduce organ donation by disturbing the altruistic motive that drives many organ donors (Burdick et al. 1993). There is also the suggestion that reciprocity systems, rather than address fairness concerns, might unfairly penalize people with legitimate reasons for their unwillingness to donate, and that these systems may create inequities if donation rates differ across socially divisive lines such as ethnicity or religion, perhaps compounding the disadvantage faced already by socially vulnerable minority groups whose lower willingness to donate is related to that vulnerable status (e.g., Goering and Dula 2004).

These discussions among health policy experts, health care providers, ethicists, and researchers are certainly relevant to the question of whether a reciprocity system is an appropriate response to the problem of organ shortage. Arguably more critical, however, is the perspective of the laypeople whose individual decisions about donation registration stand to be influenced. Our recent review of published empirical studies of attitudes toward reciprocity systems (Chandler et al. in press) identified thirteen relevant surveys conducted from the 1980s to date (Batten and Prottas 1987; Kittur et al. 1991; Peters et al. 1996; Jasper et al. 1999; Ahlert, Gubernatis, and Klein 2001; Siminoff and Mercer 2001; Oz et al., 2003; Bennett and Savani 2004; Jasper et al. 2004; Spital 2005; Boulware et al. 2006; Decker et al. 2008; Lavee et al.)
The surveys vary in the population studied, the type of reciprocity system discussed, the framing of the reciprocity system within the overall study (e.g., whether subjects were to evaluate it alone or in comparison with other potential incentives). Despite this variation, the pattern that emerges from these prior studies is that public reactions to reciprocity systems are fairly evenly split. The average level of support commonly falls around 50 percent, although the studies indicated degrees of support ranging from 25 percent up to 75 percent.

The surveys that focused on members of the lay public as respondents are particularly relevant to the current work. Among these is Spital’s (2005) survey, in which a group of American adults was asked whether preferred status for registered organ donors was acceptable. Slightly over half (53 percent) responded “yes” or “probably yes,” and 41 percent took the opposite position (“no” or “probably no”; 5 percent did not respond). Ahlert and colleagues (2001) found that 73 percent of a group of German university students supported priority for former live organ donors, but only 44 percent supported priority for those who had previously registered their willingness to donate posthumously. Jasper et al. (1999) surveyed a group of American adults about their views on reciprocity systems, finding that on average respondents viewed priority status as slightly better than morally neutral; respondents were, however, split between those who thought it was morally inappropriate (31 percent), morally neutral (24 percent), and morally appropriate (45 percent). An interesting result from Jasper et al.’s (1999) study is the suggestion that, among the incentives studied, preferred status would be most effective in increasing registration among nondonors without simultaneously reducing donation among decided donors. Specifically, they found that only 14 percent of self-identified donors indicated they would not donate under a priority system, while 54 percent of self-identified nondonors responded that they would donate under such a system.
Guttman et al. (2011) conducted focus groups and interviews in Israel to examine the ethical response of laypeople to the recently implemented reciprocity policy. Participants identified fairness, efficacy, system accountability, and the reinforcement of organ donation decisions as potential benefits of the system. Perceptions of the limitations of reciprocity focused on the erosion of an altruistic motive, increased discrimination and inequity, coercion, disingenuous registrations, bias in the allocation system, selective impact on those predisposed toward registration, and neglect of alternative approaches. These results present a relatively complicated picture of the public response to reciprocity, suggesting that while reciprocity enters into lay public conceptions and discussions of deceased organ donation, support is not universal, and competing considerations (specifically altruistic motivation) are also prominent.

Another set of studies does not explore public reactions to reciprocity systems for organ allocation, but instead considers reciprocity-related themes in the organ donation context such as the extent to which people frame organ donation as a reciprocal exchange (Robertson 2007; Schweda and Schicktanz 2009; Schweda, Wöhlke, and Schicktanz 2009; Stijnen and Dijker 2011). These studies indicate that laypeople are sensitive to the principle of reciprocity, or the Golden Rule (“do unto others as you would have them do unto you”: Chandler et al., in press{Aus: Chandler, Burkell, and Shemie?}). In some studies, respondents framed organ donation in terms of reciprocity, suggesting that organs should be allocated only to those willing to donate (Schweda, Wöhlke, and Schicktanz 2009: 2511; see also Bednall and Bove 2011 in relation to reciprocity in the context of blood donation). A metasynthesis of qualitative studies on the public view of posthumous organ donation (Newton 2011) presents a slightly different view. The results confirm that reciprocity, or the Golden Rule, is a common consideration, but this
issue is identified less frequently than the notion of altruism as a defining characteristic of organ
donation.

One important issue not closely examined in previous research is the difference, if any, in
reactions to a reciprocity system based on donation intention (e.g., decided in favor of donation,
undecided). Although previous studies likely included both decided donors and those undecided
on the question of organ donation, few explicitly contrast the perspectives of these two groups.
The exception among the studies cited is the exploration by Jasper et al. (1999) of responses to
incentives. Their results, however, did not demonstrate any systematic differences between the
decided and undecided donors. It is important to understand how these two groups would react to
a reciprocity proposal. For example, one concern about reciprocity systems is that they may
negatively influence a preexisting donation intention. Donors and nondonors might be expected
to evaluate reciprocity differently in terms of fairness, since donors would stand to benefit from
such a system, whereas committed nondonors would suffer a negative impact. Previous research,
however, provides only limited insight into these and other differences that might arise between
donors and nondonors in their reactions to a reciprocity proposal.

The present article extends the previous literature in two ways. First, we add to the
research on the reaction of the lay public to priority systems for organ donation through a
combined survey and focus group exploration of the attitudes of a previously unstudied
population: the Canadian lay public. Second, we contrast the views of decided donors with those
of respondents holding different perspectives toward donation (leaning toward donation, leaning
against donation, decided against donation). In particular, we focus on two questions: do decided
and undecided donors believe that a reciprocity system would increase donor registration, and do
they think that a reciprocity system is fair?
**Survey**

**Methods**

Ipsos Reid, a Canadian polling firm, was commissioned to conduct an online survey of adult Canadians’ attitudes toward organ donation. The survey was completed between June 11 and June 22, 2009, by 2,567 adult Canadians selected from the Ipsos Canadian Online Household Panel.

Slightly over half of the respondents (1,325 or 51.6 percent) were female. Participants ranged in age from 18 to 75, with a mean age of 45.5 and a standard deviation of 16.89. For the purposes of analysis, respondents were grouped into four age categories: 18 to 25 (438; 18 percent), 26 to 40 (531; 21.8 percent), 41 to 55 (678; 27.8 percent), and over 55 (789; 43.4 percent). Another 131 subjects, or 5.1 percent, did not provide their age.

Survey respondents were asked to indicate their personal position on whether or not to be an organ donor (220 respondents, or 8.6 percent, did not respond to this question). Among those who responded, half (1,187; 50.6 percent) indicated that they had already signed their donor card, and a further 11.9 percent (280 respondents) had already decided to donate their organs but had not signed their cards. One-fifth of respondents (469; 20 percent) responded that they would “probably” donate their organs, 7.3 percent (172) indicated that they would “probably not” donate their organs, 2.6 percent (60) indicated they would “definitely not” donate their organs, and 7.6 percent (179) responded that it was not possible for them to donate their organs. For the purposes of most analyses, donation decision is collapsed into four groups: signed, decided yes/leaning yes, decided no/leaning no, and unable. To assess the reaction of undecided donors to a reciprocity proposal, we conducted a set of analyses contrasting those who felt they would probably donate (leaning yes) and those who felt they would probably not donate (leaning no).
The survey presented respondents with the following description of a reciprocity system:

There is a long waiting list to receive organs for transplant, and not every person who needs an organ gets one. One proposal to help address this problem is that patients who have previously registered to donate their organs when they die be given a better chance to receive organs for transplant than patients who have not previously registered to donate.

**Results**

The analysis of the survey results focuses on a set of questions that assess reaction to the described reciprocity system. Subjects were asked to indicate their responses, on an eleven-point scale from “strongly disagree” (0) to “strongly agree” (10; 5 marked the neutral point), to eight evaluative statements about the described system. Two negatively worded items were eliminated from further analysis because initial results revealed them to be uncorrelated with the other items, and it appeared that only some subjects recognized the negative wording of these items. (The eliminated items were the following: [1] This system would make me less confident that an organ would be available if I needed one; [2] This system would discourage me from signing an organ donor card.) Descriptive results for the retained six items are presented in table 1:

responses are collapsed into disagree (ratings of 0 to 4), neutral (ratings of 5), and agree (ratings of 6 to 10). Missing values ranged between 5 percent and 7 percent.

<Insert Table 1 about here.>

Overall, subjects appear to evaluate the system positively. For five of the six positively worded items, the proportion of subjects who agree with the statement is greater than the proportion that disagree, and in some cases the difference is substantial (e.g., 61 percent agree that the system would increase the supply of organs, whereas only 20 percent disagree with this
These results, however, should be tempered by the strength of the evaluation, as reflected in the average scores as opposed to the frequency counts. Average scores range from 6.4 (sd = 2.9) for the statement “This system would increase the supply of organs in Canada” to 5.0 (sd = 3.3) for “This system would be consistent with Canadian values”; see table 1 for average scores for all questions. These averages indicate that while more subjects agree than disagree with all but the final statement, they are expressing a relatively weak level of agreement.

The questions were designed to assess perceptions of both system efficacy and system fairness, with the intention of calculating separate “fairness” and “efficacy” scores for each subject. A factor analysis (a principal component analysis factor with Varimax rotation) was carried out to identify whether the items actually fell into the predicted groups or subscales. The factor analysis revealed that three “fairness” items (“this system would be fair to all potential organ recipients,” “this system would be fair to all Canadians,” and “this system would be consistent with Canadian values”) were selectively related to one factor, whereas two “efficacy” items (“this system would increase the supply of organs in Canada,” and “this system would encourage me to become an organ donor”) were selectively related to a second factor. The item “this system would be appropriate given the shortage of organ donors in Canada” proved moderately related to both groups and was therefore not included in either of the subscales, to make them as distinct as possible.

Based on the results of the factor analysis, two scores were created for each subject. The fairness score was the average of the responses to the following three items: “this system would be fair to all potential organ recipients,” “this system would be fair to all Canadians,” and “this system would be consistent with Canadian values.” The efficacy score was the average of the
responses for these two items: “this system would increase the supply of organs in Canada,” and “this system would encourage me to become an organ donor.” Internal consistency was very high for the fairness scale (Chronbach’s alpha = 0.93), and slightly lower but still acceptable for the efficacy scale (Chronbach’s alpha = 0.79). Because of missing data, we could not calculate scores for a small proportion of subjects (3.2 percent missing values for fairness, and 3.4 percent missing values for efficacy). Average scores for each subscale represented a slightly positive evaluation of the fairness of the described system (average 5.1.; sd = 3.2; scale range from 0 to 10, higher scores indicating a more positive evaluation, five representing a neutral response) and a somewhat more positive evaluation of efficacy (average 6.0; sd = 2.9). Fairness and efficacy scores showed a high correlation ($r = .58$), indicating that respondents who felt the system was fair also tended to feel that the system would be effective.

**Fairness**

Fairness ratings differed significantly across the four categories of donation decision (signed, decided yes/leaning yes, decided no/leaning no, and unable; $F[3,2824] = 8.28, p < .001$), with the signed donors and decided yes/leaning yes groups providing slightly positive ratings (means of 5.2 [s.d., 3.4] and 5.4 [s.d. 3.0], respectively) that are significantly different from the slightly negative ratings provided by those unable to donate and those who had decided or were leaning against donation (means of 4.5 [s.d., 2.9] and 4.5 [s.d., 3.1], respectively). Analysis of the undecided respondents only (leaning yes versus leaning no) revealed a similar pattern: those more positively disposed toward organ donation (leaning yes) rated the reciprocity system slightly positively in terms of fairness, whereas those leaning against registration provided a significantly different and slightly negative evaluation of
fairness (F[1,764] = 16.37, p < .001), averages of 5.6 (sd = 2.87) for leaning yes, and 4.6 (sd = 2.79) for leaning no).

**Efficacy**

Efficacy ratings also differed significantly across the four categories of donation intention (F[3,2820] = 36.51, p < .001). As with the fairness ratings, signed and decided yes/leaning yes groups evaluated the efficacy of a reciprocity system more positively (averages of 6.3 [sd = 3.1] and 6.5 [sd = 2.6]) than did the decided no/leaning no and unable to sign groups (averages of 4.7 [sd = 2.7] and 5.0 [sd = 2.7], respectively). When the analysis was restricted to undecided participants, those leaning yes rated the system significantly higher in terms of efficacy (F[1,761] = 35.87, p < .001) than did those leaning against donation (average of 6.4 [sd = 2.5] for Leaning Yes, and 5.1 [sd = 2.62] for leaning no).

**Discussion**

Overall, survey respondents gave a weakly positive evaluation (between 5 and 6 on a ten-point scale with 5 as a neutral point) of a described reciprocity system. They appear somewhat more convinced about the efficacy (average score of 6) as opposed to the fairness (average score of 5.1) of such a system. Respondents who have already signed their cards or are leaning toward doing so evaluate the system more positively than those unable to donate, those who have decided not to donate, and those who are leaning against donation. These differences appear in assessments of fairness and assessments of efficacy. When we examine only undecided donors, separating those who are leaning toward donation from those who are leaning against donation, a similar pattern occurs: those less likely to donate (in this case, those leaning against donation) evaluate the system less positively overall, less positively in terms of fairness, and less positively in terms of efficacy. The differences are not huge, nor do respondents ever take a strong for or
against position on reciprocity: the most positive of these evaluations (of the efficacy of the system by those leaning toward donation) is an average of 6.4, whereas the most negative (of system fairness by those unable to donate) is an average of 4.5. Nonetheless, they tell a consistent story: the more likely or able individuals are to sign their donor card, the more positive they are about reciprocity: they are more likely to view the system as fair and more likely to believe it would be effective in promoting organ donation.

Focus Groups
The survey results provide an overview of attitudes toward reciprocity systems and allow us to contrast the results from decided and undecided donors. The focus group results provide deeper insights into the reasoning behind the positions expressed in the surveys.

Methods
Focus group participants were recruited with posters placed throughout the campus of a large Ontario university and various locations in the surrounding city, including public libraries, grocery stores, and health clinics. The posters provided a brief description of the research project and explicitly requested participation from decided donors and from those undecided on the issue of organ donation.

Ten groups were convened in June and July 2010. Each session lasted between one and two hours. A minimum of two participants was invited to each group, but in many cases some of the invited participants did not attend, and the actual size of the focus groups ranged from one to nine participants. We attempted to separate decided and undecided donors into different groups to minimize the impact of social desirability on discussions, but were only partly successful. Five groups included only decided donors, one group included only undecided donors, and four groups included both decided and undecided donors (usually with a preponderance of undecided
individuals in the group). We are not concerned that the inclusion of a small number of decided donors in these groups limited the focus group content. Discussion in all groups was open, the tone was respectful and tolerant, and all participants seemed to be equally engaged; in fact, the presence of some decided donors prompted exchanges that could not have occurred in the planned divided groups.

Forty-six individuals participated in the focus groups, ranging in age from eighteen to fifty-six (median age of thirty). Twenty-one of the participants were male. Among the participants, twenty-eight had made the decision to donate their organs, seventeen had not yet decided whether to donate, and one individual decided against donation for cultural reasons (this was despite explicit recruitment for individuals who were undecided or had already decided to donate). The participants included one individual on the transplant list and that person’s spouse (both decided donors), who were interviewed in a separate group.

Each focus group discussion was facilitated by one of the lead researchers, following an interview schedule that covered three key topics: the registration decision itself, including the factors that influence the donation decision; participant perceptions of the factors affecting organ allocation and the likelihood of needing and donating organs; and perceptions of and reactions to a reciprocity system proposal. The results reported in this article focus on the last topic, though relevant comments raised throughout the focus groups are included here as appropriate.

Focus group participants were alerted in the recruitment materials that one of the focus group topics was a reciprocity proposal. The researchers provided a brief description of a reciprocity system to the participants. Respondents were told that a reciprocity system offered priority to registered donors if all other considerations (particularly urgency of need and medical compatibility) were equivalent. Thus, under a reciprocity system, a prior donation decision
would provide a “tiebreaker” in organ allocation decisions. During the discussion that followed, participants were encouraged to consider the effectiveness and fairness of such a system. Existing priority systems, specifically the system in Israel, were briefly described to participants. Toward the end of each discussion, a specific scenario was introduced: that of individuals who indicate that they would accept an organ transplant but would not agree to donate their organs for transplantation.

Focus group recordings were transcribed with the consent of participants, and all identifying information was replaced with pseudonyms. A grounded theory approach was used for analysis, and open coding techniques were employed to identify concepts and themes in the focus group responses related to the primary research questions.

**Results**

**Fairness**

During the discussions, many participants were uncomfortable with the notion that someone might decide not to register as an organ donor despite being willing to accept an organ if needed: throughout this discussion we identify this adherence to a principle of reciprocity as the Golden Rule (see Chandler et al., in press) to clearly distinguish it from the formal reciprocity system under discussion.

Willingness to accept an organ but not to donate was characterized negatively by many participants, who described this position as greedy (Jason, male, 18, decided), and selfish (Sydney, female, 36, decided). Others used such words as bad, self-centered, weird way to think, mind-boggling, inconsistent, hypocritical, warped view of the world, and silly. Jenny (female, 18, undecided) asked, “How’s it right to get your back scratched, when you’re not scratching the other’s back?”
For some participants, the possibility that some people might take this position was sufficient to garner support for a reciprocity system. George (male, 29, decided) fell into this group:

I think I would prefer [a reciprocity system] because although I don’t understand everyone’s belief, I can’t really fathom a belief where you would not be comfortable having your organs going to someone else when you died, but it’s OK, you would feel clearly normal to have someone else’s organs inside you when you were alive?

Among most focus group participants, however, endorsement of the Golden Rule did not translate directly and necessarily into support for formal reciprocity system. Jenny (female, 18, undecided), for example, initially was very much against a reciprocity system, although she identified the importance of the Golden Rule as a principle:

I wouldn’t say that, if I’m not donating, I would want an organ when I need it. I think I wouldn’t take it. Just because I’m not donating, and I have specific reasons for it, and I don’t think I would be right in taking an organ when I’m not donating it, in my head. . . . Instead I would rather give it to some other person who’s in more need than me, or who’s in less need than me, just because I didn’t donate any organ.

After a discussion of specific situations in which religious considerations lead some individuals to be willing to accept organs but still refuse to donate, she changed her position, expressing support for a reciprocity system:

In that society, I guess it is right, because some people are too religious but they’re saying “yeah we’ll take all the organs you’ll give us, but we’re not giving you any organs,” and I don’t think that is right. So putting in priority is right in that society.
Stuart (male, 39, undecided), like Jenny, was steady in his opposition to a reciprocity system until he was asked to consider specifically individuals who would take but not give an organ. At that point, he shifted his position slightly, but he was clearly uncomfortable with the change:

It sounds awful to say, you almost want to say well they [people who would accept but not donate] should be knocked down a couple of notches, but you don’t want to say it to anyone though. So you got that kind of mixed feeling, you don’t want to ever say to someone, oh you’re not deserving, that’s just mean and awful to say that, but part of you says, well, you’re not being very nice, so . . . you know what I mean? You don’t ever want to say it to anyone, but I guess emotionally you feel that they’re not as deserving, but then you look at the whole fairness thing again and even though they’re like that they’re humans and everyone can be deserving, so . . . yeah, I’d say it’s more acceptable. It kind of changes it. You don’t want to hurt anyone, but I think if someone’s definitely not willing to help anyone else and only themselves. . . . I think I’m definitely starting to lean a little more towards saying—it doesn’t feel right doing it, if you ever knew anyone who needed an organ you’d probably feel really badly, but I can definitely say I’m leaning more toward a priority system then, especially when you put a label on it.

In contrast, Marley (male, 24, decided) remained ambivalent about a reciprocity system while acknowledging the importance of the Golden Rule:

They want to take something from someone else but they don’t want to give anything up to . . . so, like, I’m still hung up on more or less thinking past this priority system . . . even the term priority system is misleading to a certain extent—even though that’s exactly what it is. It is putting someone above someone else because they’ve chosen to go
a different way, but . . . should that be a deciding factor? I think so, I don’t think so, like

I, you know, internally battling myself here.

Some participants endorsed the Golden Rule, but noted that “giving back” could be
realized in ways other than donor registration. Participants who raised this issue felt that a
reciprocity system would unfairly penalize these individuals who were making important
contributions in ways other than registering as an organ donor. The following comments by
decided and undecided participants exemplify this position:

I think, though, . . . they can still donate in other ways, like give money toward research
or support for things, so that’s why I think [a reciprocity system is] a bit iffy myself.
(Mavis, female, 46, undecided)

Are they contributing members, like are they just . . . like do they give . . . well that’s
. . . what I was going to say is like do they give back in other ways, like are they involved
in like committees, or helping kids go to school, or if they’re like helping kids in
developing areas or countries? (Natalia, female, 30, decided)

But then I go to thinking, why is [registration] the deciding factor? What if one person
has spent their entire life giving to charity and building bonds and all that good stuff, and
the other person has just lived, I don’t know, a normal life not really giving so much but
they decided to give an organ. So like why is giving the organ the deciding factor in this
case? (Jill, female, 22, decided)

This sensitivity to the possibility of various forms of “giving back” was evident in both decided
and undecided donors, leading in these cases to a reluctance to support a formal reciprocity
system for organ donation.
Much of the discussion of reciprocity focused on why someone might not be registered as a donor. Implicit in these discussions were two considerations that in general led to reduced support for a reciprocity system: a reluctance to “punish” those who had actively decided to take but not donate or those who were precluded from donating, and the perspective among some participants that some reasons for refusal were “legitimate.”

We noted that participants who cast themselves in the role of making organ allocation decisions (reflected, for example, in the use of personal pronouns when discussing priority decisions) were generally uncomfortable with the notion of reciprocity, expressing their discomfort with the judgment implicit in the reciprocity system. Ron (male, 53, undecided), for example, remarked, “I wouldn’t make it my choice to decide who gets it because they don’t choose to donate” when discussing his lack of support for reciprocity. This reaction was more common among decided donors, perhaps because they were more likely to think of themselves as the “decision makers” in the position of “giving” priority in organ allocation under a reciprocity system. The comments of Sydney (female, 36, decided) and Ben (male, 18, decided) were typical of this perspective:

I wouldn’t be able to decide which one got it because they still should be both equal. . . . just because one didn’t make that decision shouldn’t give anyone more that much more priority. Maybe at that time in their life . . . they had their donor card, they didn’t want to but I don’t know, maybe someone stopped them, or it doesn’t mean like, not in their heart they didn’t want to do it. (Sydney, female, 36, decided)

Well, honestly, given the choice I would still rather my organs go to them . . . and I don’t agree with any kind of low priority system. . . . their reasons are their own. I’d still rather be able to help them. (Ben, male, 18, decided)
These comments were not inconsistent with or separate from support for the Golden Rule as a principle. Instead, participants were simply uncomfortable with a reciprocity system that would invoke consequences for decisions inconsistent with the Golden Rule.

Some participants raised the concern that a reciprocity system could be unfair to those unable to donate:

Like I don’t know about the fairness of that, because the other person who wouldn’t sign up, might not have access to the sign-up center, so he or she wasn’t able to sign up earlier, so it doesn’t mean that they didn’t want to donate, it just means that they didn’t have the access, the opportunity. (Karen, female, 22, undecided)

Benoit (male, 20, undecided) brought up the issues of ineligibility to donate, noting that this is a justifiable reason for not registering:

The only one that I see as really justified is medical reason. If you choose not to want to donate then it’s kind of greedy to say that I should be on equal in terms of getting it. So I think it is really fair except for the people who are excluded for medical reasons.

When the issue of ineligibility or lack of opportunity to register was raised in the focus groups, there was general agreement that a reciprocity system would have to be designed so as to eliminate any potential negative consequences for individuals in these positions.

With respect to other reasons for nonregistration, reactions were more mixed. Ron (male, 53, undecided) supported religious and cultural reasons as sufficient justification for refusal to register:

Maybe there’s religious reasons is why he doesn’t want to donate, so you know I can’t judge anyone, their reasoning behind it. You know, is it fair? ’Cause he doesn’t want to
donate his and I don’t know what to think. . . . It might be they don’t want to have their body violated after they’re dead or something, I don’t know.

Justin (male, 47, undecided) was willing to support an even greater range of reasons:

The last one you said that if someone donates they’re more likely, they’re more of a candidate. . . . I don’t agree with that . . . I don’t think it’s fair. Some people, like for religious beliefs, don’t donate, and other people their culture doesn’t believe it, and some people just don’t do it because they don’t think it’s right or whatever, I don’t think that should be a factor. . . . I think that would be unfair.

In general, religious and cultural factors were identified as “better” reasons for refusal than was squeamishness. Karen (female, 22, undecided), reflected the position of many participants when she indicated that not wanting to think about organ donation “is not a good reason for you not to donate, to take someone else’s instead.”

Some decided participants insisted that a decision not to donate, irrespective of the motivation, was not sufficient to justify lower priority. Patricia (female, no age given, decided) reflected this perspective when she commented, “That’s their body, they can do whatever they want with it.” Arlene (female, 55, decided) remarked:

Arlene: Maybe the person would like to save their own life, and so they would accept one, they don’t have a problem with the concept, but they’re just too squeamish or too afraid or nervous if they need their organs in the afterlife or if it would hurt them in some way. Or if it would freak out their family. You don’t know what’s behind it.

Researcher: And that’s, all that’s OK?
Arlene: Yeah, I think if you’re looking at it, selfless gift, you can’t make too many rules, you know?

Ben (male, 18, decided) thought that “whether they’re being selfish or if they’re just squeamish, I just have a problem with thinking that it should affect their priority either way.”

Patricia (female, no age given, decided) felt that reasons for not registering were simply irrelevant:

It’s their own decision . . . I mean, they have their own personal beliefs. Their own belief system, so I guess you can’t really judge them or point a finger or anything like that.

These participants were simply unwilling to accept a reciprocity system under any circumstances. Interestingly, the participants who took this position were all decided donors.

Relatively few participants explicitly identified that reciprocity might increase or even create religious or culturally based discrimination. When these concerns were identified, they tended to come up in the context of discussion of the reciprocity system in Israel, which differentially affects members of the secular and ultra-orthodox Jewish communities. Maggy (female, 19, decided) felt that in this context the system “could create even more tension if . . . every time two people came up for the part, the secular Jew got it.” Eduard (male, 29, undecided) raised the concern that a reciprocity system “might actually cause a little bit of a problem because some people could consider [it to be] segregation,” and he specifically focused on the situation of Palestinians within Israel, although there had been no prior group discussion about donation rates among the Palestinian community in Israel. Beth (female, 36, undecided), indicated that the reciprocity system could “actually serve to stigmatize certain groups,” whereas Lola (female, 21, undecided) remarked that the reciprocity system in Israel could “elevate religious issues.” For some respondents, including Mavis (female, 46, undecided), reciprocity
was viewed as potentially coercive, representing a threat to the right to hold individual beliefs, including religious beliefs:

I don’t think people should be forced to go against their religion, I mean, for instance Jehovah’s Witnesses, I don’t agree with all their kind of beliefs around health and blood transfusions and things but there’s no way that I wouldn’t support what they want as long as it’s reasonable.

The Consequentialist Argument

Harold (male, 47, who is on the waitlist for an organ transplant) and his partner, Amelia (female, 48, decided), were immediately and emphatically in support of a reciprocity system. Their discussion focused largely on the availability of organs, and Harold cast reciprocity as one strategy that would help achieve the goal of an adequate supply of organs for transplantation. For him, the argument was largely consequentialist: he firmly believed that there would be sufficient organs available for transplantation if those Canadians who express interest in donation but have not actually signed their cards were to commit to being donors, and he saw reciprocity as a way to further this goal. Harold would like to see organ donation become a social norm, and he believes that a reciprocity system might help achieve this outcome.

If you did a graph between the, the accidents that happen and those sort of raw numbers, and then did a similar graph . . . the people that say they would yet don’t actually engage, my guess is if, and maybe I’m wrong, but it just seems to be the match would be easily be there. Just by the population in our country anyway there’d be an easy match for all the supply that you would ever need. People actually just took the time to fill in the right paperwork so that the right thing happened when it had to. And you mentioned reciprocity, um, I don’t know if there’s some little checkmark that you get against your
name in your driver’s license, you know that if you’re, if you need a kidney later in life
because you’ve been on the organ list since age 3, you know, that you, you know, you’re
up in the, up in the chart to receive. . . . I just think the numbers would [be there].

This same efficacy argument was raised by other participants. Lola (female, 21,
undecided), for example, remarked:

It’s fair because by looking into a longer period of time, people who are in need of organs
would benefit, eventually, so I think there would be a long-term benefit.

Lewis (male, 21, undecided) took a similar position.

I think my first thought is it would be a fair system because it would increase the odds of
an organ being donated. . . . If you look at it in a long span of time then you’d find there
would be more organs available for those in need, so it’s a very good system. . . . It’s fair
because by looking into a longer period of time, people who are in need of organs would
benefit . . . eventually.

Although these participants identified efficacy as a strong argument in support of
reciprocity, others (decided and undecided) were more circumspect in their evaluation. Kyle
(male, 28, decided) expressed a cautious willingness to support a reciprocity system provided
that it decreased the discrepancy between donation support and registration by encouraging more
registrations:

I think I would support it if it could be, like if your actuarial scientists could demonstrate
that this system would decrease that discrepancy, so then I would agree with it.

Mason (male, 22, undecided) was somewhat equivocal in his opinion about the fairness of a
reciprocity system, but eventually he identified efficacy as sufficient justification for his support:
Yeah, it’s hard. I’m not a very yes, very no, but maybe more toward the yes. Like
[George] said, it’s good because it encourages people to make organ donations, which
obviously benefits our health care system. . . .

I think something that makes people less inclined to donate is that if, let’s say the
majority of the population does not give, donate their organs, then they would feel like an
outlier sort of or, “why would I have to give up me organs if most people don’t do this
altruistic thing?” But if that sort of shifts and most people are doing it then it would
probably pick up in popularity, which is obviously good.

Efficacy obviously mattered to both Kyle and Mason in their evaluation of a reciprocity system,
but although they might regard the system as justifiable on the basis of its positive consequences,
this did not necessarily mean they viewed the system as “fair.”

**Efficacy**

One focus of discussion was the “suspect” nature of the self-interest motivation that reciprocity
would introduce, with the attendant concern, expressed by some participants, that this could have
a negative effect on donation registration. Natalia (female, 30, decided) was concerned that
reciprocity

kind of takes away from the purpose of it, it’s like giving an organ should be a thankless
thing, you should just do it and not have to worry about getting the gratuities after it, or
getting the benefits, or, and . . . if you donate it’s not like you’re getting a prize and
therefore you should be able to get the organ before Jane Doe does because she did give.

It takes away from the whole goodness.
Her comment triggered similar responses in other members of the same focus group (all decided). Arlene (female, 55, decided), for example, was concerned about the impact on decided donors (herself included):

I agree with you because I think that’s the, negate all the good feelings you would get throughout your life knowing that you had committed and you had said that you’d donate and that was so selfless and all of a sudden there’s an attachment of, “hmmm, I’m going, this could do well for me, so I’d better look after myself,” you know, sort of thing? It takes away that feeling, and I think that feeling is really important in humanity and I wouldn’t like to see that taken away.

For some decided donors, however, questions about the “rightness” of the motivation for donation were secondary to utilitarian considerations:

I think that [reciprocity] brings up almost an ethical debate in that sense because maybe you’ll get more people registering for the quote unquote wrong reasons but in the end, who cares? Right? So I mean it comes down to whether you’re comfortable being like, “uhhh, I only want to give because I want to get.” But I mean I personally don’t care, if you’re going to give your organs, that’s great. (Jill, female, 22, decided)

Introducing reciprocity raises the specter of selfishness, according to Marley (male, 24, decided):

It almost seems really selfish to be honest because you weren’t willing to donate in the first place, even though you could possibly save someone’s life, but as soon as the tables are turned and, you’re going to be looked at higher than someone than someone{Aus: Delete the repeated “than someone”?} who hasn’t, then you all of a sudden want to
jump on the bandwagon and be there next in line, sort of, because you don’t know when you’re going to need an organ. You could need it the second after you check your box off, and now you’re automatically on the same plane as someone else, so, yeah, I don’t know, it just seems more or less like a selfish act.

Concerns about the “pollution” of an altruistic motivation for donation were more commonly expressed by decided donors, but some undecided donors also discussed this issue. Stuart (male, 39, undecided), for example, was also concerned about selfishness:

Researcher: So, who’s being selfish?

Stuart: Uhhh, the people that are donating, or are thinking of donating. Because they’re like, “well you know, oh well then I can get one too, I’m on a higher list if anything was going to happen to me.” It’s kind of like, you’re actually not really giving, but you’re giving but you’re expecting something in return. So it’s not that free giving.

Although he was undecided about donating his organs, when he considered organ donation Stuart thought of himself as a donor, and reciprocity made him uncomfortable because he would, under that system, be unable to give freely.

One important question about a reciprocity system is whether it would affect the commitment of decided donors. Many participants who had already decided to sign their donor cards indicated that the introduction of a reciprocity motive for signing would not influence them, one going so far as to say, “If we did put that system in place . . . obviously it would not affect my decision” (Harmony, female, 22, decided). Some decided donors viewed reciprocity-motivated decisions as morally suspect, compromising or even “mocking” the common motivation for organ donation: Arlene (female, 55, decided) epitomizes this perspective in
deeming reciprocity an “improper” motive for organ donation. This distaste did not, however, translate into the feeling that a reciprocity system would change the decision of decided donors. In fact, our focus group participants provided no support for the notion that introduction of a self-interest motivation for organ donation could disturb the intentions of altruistically motivated donors: no decided donors among the focus group participants expressed the sense or concern that they or other decided donors would change their decision to donate should a reciprocity system be introduced. Instead they tended to affirm that their decision to donate would remain in place.

Some undecided donors reflected on how such a system might influence their own donation decisions, revealing mixed predictions about the impact of such a system. Among focus group participants, Mason (male, 22, undecided) was the only undecided donor who explicitly indicated that a reciprocity proposal would positively influence his own decision to register.

Yeah, I’d be more inclined to sign . . . and I think other people would too, I think there is a reasonable assumption there.

Emily (female, 22, undecided) and Stuart (male, 29, undecided) both noted that they would be motivated to sign by a reciprocity system that extended priority to family members. Neither, however, indicated that priority for themselves alone would influence their decision. One undecided donor (Mavis, female, 46) remarked that a reciprocity system would make her less likely to donate. She indicated that such a system would “put her off”: this followed her assertion that if she were to decide to donate her organs, she would do it “wholeheartedly, freely, with no agenda.” Beth (female, 36, undecided) asserted that a reciprocity system would have no effect on her decision. She commented that, for her, the organ donation decision is an emotional one,
noting that she fears the process of donation. She indicated that although she has a “sense of reciprocity,” a priority system

wouldn’t deter me, but it wouldn’t encourage me, and I wouldn’t say to my sister “if you were sick, well, you better go check off . . . get more points.”

Only one among the undecided donors indicated that he would be motivated to sign a donor card by a reciprocity system that provided direct priority status (rather than priority status for family members); we cannot, however, rule out the possibility that the social undesirability of admitting to self-interested behavior may have affected the responses of focus group members.

Reflections of the effect of reciprocity on the decisions of others were also offered by some decided and undecided participants. Although the presumption of an effect was implicit in much of the discussion, we focus here on explicit discussion of the impact of reciprocity on the decisions of undecided donors.

Among those decided donors who commented on effectiveness, there was a tendency to think that a reciprocity system would encourage registration among at least some undecided donors. This presumed effect was attributed to a self-interest motive. George (male, 29, decided), for example, remarked that people “on the tipping point” would be more likely to sign up under such a system “out of self-preservation or also to have priority and not hurt their own chances”; Ben (male, 18, decided) phrased it as “an insurance idea . . . looking after yourself as opposed to trying to help others.” Laura (female, 18, decided) elaborated, suggesting that reciprocity would encourage undecided donors to consider their position as potential recipients of organs as well as potential donors, presumably resulting in an increased likelihood of registration to improve their chances of receiving an organ:
It’s making things more real, right? Like it’s putting you in both positions of like being a donor and a recipient, but like it’s focusing more on using yourself as a recipient when they do say that if you are a donor you’ll get priority. So I think it makes a little difference.

Maggy (female, 19, decided) was unique among decided donors in that she explicitly noted that the reason for refusal could determine the impact of a reciprocity system:

It might work with some people, like people who are just indecisive and hadn’t taken the time or effort to do it. But some people who are devoutly religious and stuff, I don’t think that would change their perception.

Sydney (female, 36, decided) noted that a reciprocity system is “asking people to be pragmatic about it, so you are only getting a portion of the population that will look at it in a commonsense way,” implying that many do not take a “common sense” approach to the question of organ donation. Her comment reflects Beth’s characterization of the donation decision as emotional, and thus (presumably) not subject to the sort of logical analysis that would lead undecided donors to register under a reciprocity system.

Comments from undecided donors on the impact of a reciprocity system reflected Maggy’s nuanced position. Jenny (female, 18, undecided), for example, discussed the different effects on potential donors influenced by self-interest and by other considerations. Her initial response was as follows:

Maybe more people will sign up just because they want to be sure that they will get an organ if they need it.

She remarked shortly afterward that
people who are truly religious are not going to change their mind if you put a policy in place.

Jenny’s comments may reflect her personal position, since her reluctance to donate was partly rooted in cultural considerations. Stuart (male, 39, undecided) also felt that the policy would influence “people on the selfish side,” but not those who (like himself) are very squeamish about the idea of donation, noting that “it is hard to get past that ‘ick’ factor.”

Thus the comments of decided and undecided donors on the influence of reciprocity systems on the decisions of others reflect the same themes: the feeling that the system would increase donation among those who could be motivated by self-interest, but would be less likely to influence those whose indecision is motivated by considerations such as squeamishness or religion. The two groups differ in the emphasis they place on these two perspectives: whereas decided donors tended to focus on the positive impact of reciprocity on donation decisions, presuming that the self-interest motivation could be prompted in many if not all undecided donors, undecided donors were more likely to explicitly indicate that undecided donors for whom squeamishness or religious and cultural considerations were paramount would be unlikely to be influenced by a reciprocity system.

**General Discussion**

We set out to explore the reaction of the lay public in Canada to a reciprocity system for organ donation, including an examination of the responses of decided versus undecided donors. Our particular focus was on perceptions of the fairness and efficacy of such a system.

Our survey results provide no evidence of a strong reaction—positive or negative—to the fairness of a reciprocity system. Average evaluations of fairness are very close to the neutral point (average score 5.1; neutral point on the scale 5). There is a slight but significant tendency
for those who have decided to donate or who are leaning toward donation to rate the system as
more fair, but even the strongest positive evaluation of fairness (among those undecided
participants leaning toward donation) moves very little above the neutral point (to 5.6, maximum
on the scale of 10). The focus group results revealed a complicated set of fairness considerations.
For some participants, presumed efficacy was enough to justify a reciprocity system; these
participants took a utilitarian perspective on the question of the justifiability of a reciprocity
system. Consistent with previous research (Newton 2011; Schweda, Wöhlke, and Schicktanz
2009), the principle of reciprocity figured prominently in focus group discussions. However,
whereas most participants agreed that it was unfair to accept an organ while being unwilling to
donate, thus endorsing the reciprocity principle, few were comfortable with the seemingly
natural extension to the idea that a formalized reciprocity or priority system was, therefore, fair.
Instead, their comments tended to focus on the notion of autonomy (undermined, in their
estimation, by a reciprocity system), the introduction of a self-interest motivation into a decision
otherwise characterized as altruistic gift-giving, and discomfort with applying reciprocity-based
moral judgment in organ allocation decisions. The last of these prompted a significant amount of
discussion. One concern was the potential for in inappropriate judgment: participants were worried
that a reciprocity system might inappropriately punish individuals with legitimate reasons for
refusal to donate. There was also, among decided participants in particular, a reluctance to
engage in imposing transplant-related consequences for organ donation decisions. In this case, it
was the very process of judgment, rather than the basis of judgment, that evoked discomfort.
This is reminiscent of recent experimental results by Stijnen and Dijker (2011) suggesting that
need (for an organ) aroused forgiveness for “free riding.” Where discussions focused on the
details of the implementation of a reciprocity system, there was concern that reciprocity might result in discrimination.

Across all respondents, ratings of efficacy appear to be more positive than ratings of fairness (average score of 6), and the responses of all groups except the combined Leaning No/Decided No group were positive (i.e., above 5 on the scale). The survey results indicate that those more positively disposed toward registration (donors, those leaning toward donation) tend to evaluate more positively the efficacy of such a system in increasing organ donation rates. In particular, those Leaning Yes evaluate efficacy more positively than do those Leaning No, suggesting that the system might be more effective in increasing registrations among the former group. The focus group results provide some additional insight into the effect of reciprocity on registration decisions. Those results suggest that decided donors and undecided donors alike acknowledge that undecided donors whose reservations about donation relate to religious or cultural factors and those who are deeply disturbed by the notion of organ donation are unlikely to be motivated by a reciprocity system. The effect of such a system, participants suggest, would be limited to undecided donors without such deep objections, who are therefore susceptible to a self-interest motivation. If we consider the self-interest motive to be “rational,” and squeamish reactions (in particular) to be emotional, this is consistent with research suggesting that the organ donation decision is driven by emotional, rather than rational, factors (Morgan et al. 2008; O’Carroll et al. 2011). Whereas decided donors were more likely to think that a self-interest motivation would encourage registration by undecided donors, undecided donors (who presumably have a greater understanding of the perspective) were less likely to identify this motivation as likely to influence their decisions or that of other undecided donors. This difference could be due to the influence of social desirability, which might lead undecided
donors to be reluctant to attribute to other undecided donors or themselves a responsiveness to reciprocity resulting from self-interest.

Our data provide no support for the contention that a reciprocity system might disturb the intentions of decided donors. The general perspective among decided donors was that, even if a reciprocity system was slightly distasteful in that it introduced an element of self-interest into what was for many a decision bereft of personal consideration, reciprocity would not negatively affect their donation decision. With respect to evaluations of fairness and efficacy in increasing registrations, we might predict that decided and undecided donors would evaluate a reciprocity system differently, since the system would have different implications for the two groups. The survey results, however, do not show a significant difference between the responses of those who indicate they have signed a donor card and those who indicated they have decided to donate or are leaning toward donation. Instead, reaction to a reciprocity system seems to be related to the valence of donation intention, with those leaning toward donation evaluating the system more positively than those leaning against donation. In focus group discussions, decided and undecided donors differ in the emphasis they place on the impact of self-interest and other factors (cultural, religious, squeamishness) on the decisions of undecided donors. Decided donors tended to focus on the positive impact of reciprocity on donation decisions, highlighting the self-interest motive that the system would enhance, whereas undecided donors tended also to reflect on the limits of a self-interest motive, discussing situations in which reciprocity would not affect decisions.

This research reveals a rather complex and ambivalent public attitude toward reciprocity systems. Respondents invoked different forms of moral reasoning based on principles of distributive justice (which for some suggested that organs should be allocated preferentially to
those who demonstrated their willingness to donate, but for others suggested that allocation
ought not to be based on this judgment of the recipients’ behavior), as well as on
consequentialism (which led some to support reciprocity systems in the belief they would
increase registrations but led others to reject reciprocity systems in the belief it would discourage
registration or lead to social divisiveness). Moreover, this analysis takes place within a society in
which the dominant framing of organ donation is as an altruistic gift (see, e.g., the Ontario
governmental website Trillium Gift of Life)—a default frame that may make Canadians
predisposed to regard a reciprocity system as inappropriate, as it is clearly inconsistent with an
altruistic gift model.

This research provides a description of lay public reactions to a hypothetical reciprocity
proposal. Although reactions to hypothetical scenarios are less than perfectly predictive of actual
attitudes or behaviors (Lerman et al. 2002; Vallone et al. 1990), reactions to hypothetical
scenarios have proved useful in various health care contexts to provide some insight into how
people will behave or decide in the actual situation (e.g., Hughes and Huby 2002; Strasser and
in the current study about the effectiveness of a reciprocity system in increasing donation rates
should make policy makers cautious if the system is also associated with countervailing costs
(e.g., in increased complexity of the system). In addition, it does not appear that a strong moral
judgment in support of reciprocity based on the Golden Rule or quid pro quo is elicited among
research participants (at least by the simple description of a reciprocity system provided in our
survey). Instead, survey respondents offer a neutral evaluation of fairness, and focus group
participants identify various fairness-related concerns about a reciprocity system. As we note in
Chandler et al. (in press{Aus: Chandler, Burkell, and Shemie?}), there may be broader societal
risks in adopting reciprocity policies. The policy creates a distinction between donors and
nondonors that may reflect and perhaps deepen other social divisions (such as ethnic or religious
divisions) or reinforce a minority group’s sense of outsider status. These risks, and the weak
support for the fairness and efficacy of reciprocity systems demonstrated in the present research,
cause us to doubt the advisability of adopting a reciprocity system in Canada. We note that the
recent adoption of a reciprocity system in Israel provides a useful future opportunity to assess the
actual effects—positive and negative—of a real reciprocity system. This may inform future
organ donation policy making. Meanwhile, the strong endorsement in our focus groups of the
Golden Rule as a principle of moral reasoning for organ donation and transplantation might offer
another way to encourage the public to register to donate. Appeals to the principle of reciprocity
are used in public messaging in the context of blood donation, and future research could explore
whether a similar message is useful for increasing registration rates in the context of organ
donation (Chandler et al., in press[Aus: Chandler, Burkell, and Shemie?]).

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Table 1. Reactions to Proposed Reciprocity System

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<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Average (sd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This system would increase the supply of organs in Canada.</td>
<td>61%</td>
<td>19%</td>
<td>20%</td>
<td>6.4 (2.9)</td>
</tr>
<tr>
<td>This system would encourage me to become a registered organ donor.</td>
<td>52%</td>
<td>18%</td>
<td>30%</td>
<td>5.7 (3.5)</td>
</tr>
<tr>
<td>This system would be appropriate given the shortage of organ donors in Canada.</td>
<td>54%</td>
<td>17%</td>
<td>29%</td>
<td>5.8 (3.3)</td>
</tr>
<tr>
<td>Statement</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td># (SD)</td>
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<tr>
<td>This system would be fair to all potential organ recipients.</td>
<td>46%</td>
<td>17%</td>
<td>37%</td>
<td>5.2 (3.4)</td>
</tr>
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<td>This system would be fair to all Canadians.</td>
<td>44%</td>
<td>16%</td>
<td>39%</td>
<td>5.1 (3.5)</td>
</tr>
<tr>
<td>This system would be consistent with Canadian values.</td>
<td>37%</td>
<td>20%</td>
<td>43%</td>
<td>5.0 (3.3)</td>
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