



# Altruism and Payment in Blood Donation

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■ Paid blood donation still has its defenders, who cite economic doctrines denying the existence of altruism per se, the inability of most countries with exclusively voluntary donations to achieve self-sufficiency and the supposedly successful use of selected groups of paid donors. This paper argues that blood donation is an example of genuine altruism where the altruistic behaviour is incorporated into the self as a role. Unpaid donation is proven to be much safer for receivers and supply problems can be attributed fundamentally to inefficiencies in the organization of transfusion services. Voluntary and non-remunerated donation may be sufficient for a country/region to cover all its blood product needs, but requires an efficient organization and the elimination of "spurious altruism", non-monetary forms of compensation that harm the social image of voluntary donation and obstruct its further development. © 1997 Elsevier Science Ltd ■

## INTRODUCTION

The polemic between defenders of non-remunerated donation and those who uphold the need for paid donation is

constantly resuscitated.<sup>1,2</sup> It began after the 1970 publication by Titmuss of the book "The gift relationship. From human blood to social policy",<sup>3</sup> which had a pivotal influence on changes in the seventies helping to convert the blood bank sector from paid to unpaid donation. There are several reasons for the persistence of this controversy, in which philosophical, sociological, economic and health policy issues are often indiscriminately mixed.

The first is that, like it or not, both forms of donation have coexisted for a long time and will undoubtedly continue to do so. The second is that the vested interests involved are numerous and powerful. The third, hard to admit, is that despite institutional support for non-remunerated donation in most developed industrialized countries and some developing ones, these nations have not achieved self-sufficiency in blood products. In other words, the non-remunerated (voluntary) system still seems inadequate to the task,<sup>1</sup> as is also the paid system.

The main argument put forward by defenders of payment is based precisely on this unfortunately indisputable reality: very few countries are capable of satisfying their blood needs without acquiring at least one blood fraction from paid donors. A further defence is that even paid donation involves a certain level of *altruism*, with payment only covering travel expenses or the cost of the time spent on the donation.

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This paper aims to relate concepts of altruism to the activity of blood donation and to analyse some of the explicit elements in this debate, bearing in mind that they have often been poorly differentiated and confused.

### SOME PHILOSOPHICAL AND SOCIOLOGICAL ELEMENTS

#### Altruism and Helping Behaviours

Although attitudes to altruism are often loaded with prejudices on both sides, it can be stated that a majority of anthropologists and social psychologists today accept that the celebrated theory of the survival of the fittest is not accurate. On the contrary, present-day evolutionary theory recognises the need for social cooperation and affirms that this cooperation has helped the human species to survive. It seems clear that groups with the greatest number of altruistic individuals are best able to survive, because of the benefits that altruism provides to their members; for the low risk involved in individual altruism there is a long-term benefit for the group as a whole.<sup>4</sup> Perhaps this is why helping others is a universal behaviour and occurs in even the most competitive societies.

Altruism, otherwise known as helping behaviour, can be defined as behaviour that promotes the well-being of others without consciously taking account of self interest. Batson *et al.* state that "egoistically motivated helping is directed toward the end-state goal of increasing the helper's own welfare", while "altruistically motivated helping is directed toward the end-state of increasing the other's welfare".<sup>5</sup>

However, those who deny the existence of altruism normally argue that all who offer help do so in order to gain some personal benefit, that behind even the most apparently generous act there is always a desire for self-gratification, and that this prevents us from being able to talk about altruism as such. For some authors, even if this argument

were to be accepted there would still be good reasons for these helping actions because the individuals performing them offer real benefits to others,<sup>6</sup> while other writers identify sufficient reasons and proofs to claim that altruism exists in its own right and that, to express it colloquially, "truly" altruistic behaviours do happen.<sup>5</sup>

#### Blood donation as altruistic behaviour

Many authors believe that blood donation is a model altruistic or prosocial behaviour. Titmuss wrote the classic text<sup>3</sup> that sets out the different reasons why blood donation can be regarded as a prototype of the altruistic act: the impersonal nature of the act; the unawareness of who donates and who receives; the fact that only those selected for it can donate, with this selection made by people removed from the donor and recipient; the absence of demands on the part of the donor; the absence of obligations on the part of the recipient either towards the donor or towards the system itself; the lack of penalisation for those who do not donate, etc.

Titmuss, one of the true standard bearers of non-remunerated blood donation, came to say that blood could constitute one of the last proofs of differentiation between the social and the economic in current Western societies,<sup>7</sup> thus emphasising the model character of blood donation as helping behaviour. Some authors regard it, alongside other forms of organized helping, as forms of "donating and sharing", in contrast to other types of helping, which could be termed "doing small favours for strangers" or "emergency helping".<sup>8</sup> Above all, it is interesting to note that, unlike other helping actions, blood donation is not an isolated act and that to be a "blood donor" is to take on a role. Individuals who donate define themselves as "donors", others expect them to act according to this role, they themselves see others according to this role, and their future

conduct depends on the degree to which they have adopted it.<sup>9</sup>

## ECONOMIC ELEMENTS

### Incentives, Altruism and Payment in Blood Donation

There are very few published works demonstrating that material incentives are useful in stimulating donation, and in our judgment they are not of the highest quality.<sup>10-12</sup> That these incentives do not attract sufficient donors to maintain a regular supply is confirmed by the historic and current difficulties of countries dependent on paid donations in reaching blood product self-sufficiency.

As regards voluntary and non-remunerated donors, a theory based on cost-benefit analysis would claim, as says Roberts, that potential donors would become active donors if the *benefits* they expected were higher than the costs they knew about, such as pain, time and possible risks.<sup>13</sup> However, what benefits does an unpaid blood donor really receive?

The most critical authors cite considerable emotional gratification as an important benefit of donation and as constituting a powerful motivation.<sup>14</sup>

In our opinion the regular donor, who forms the most solid base of a non remunerated system, does indeed receive *something* in exchange, but it is generally intangible. This something may be a feeling of self-esteem, of well-being towards oneself, of belonging to a group, etc. At most, some donors seek social recognition from their immediate environment, a desire which may be satisfied by compliments from the blood donor service itself, as the most immediate representation of their social ambit. In that case, when is a blood donation altruistic? We could remember here the Council of Europe's fairly accurate definition of non-remunerated donation, later adopted by the European Union,<sup>15</sup> that bans any "...

payment for it, either in the form of cash or in kind, which could be considered a substitute for money..." including "...time off work other than that reasonably needed for the donation and travel..." and accepts "...small tokens, refreshments and reimbursements of direct travel costs..."

This definition is similar to that agreed by the American Association of Blood Banks in 1994 that also bans "cash payments, or cash equivalents", "lottery tickets" "discounts on merchandise", "valuable merchandise", "tax deductions", etc., and includes a detailed list of items considered not to constitute payment such as "...tokens or prizes that are not of such a value as to motivate a potential donor to conceal detrimental medical background and that are made available to all potential donors..." and "recognition items for donation milestones".<sup>16</sup>

It may seem remarkable that an institution like the AABB has included such detail about what is and is not acceptable, but reality shows that this degree of precision is not superfluous. The debate we referred to at the beginning of this paper has continued in many arenas, above all after the EU directive 89/381/EEC<sup>17</sup> that established that member countries must adopt the necessary measures to promote Community self-sufficiency in human blood and plasma through voluntary and unpaid donations. As a result, some European countries (such as Germany) where plasma donation is still paid argue within the EU against the European Council definition and propose that their practice should not be considered as *remuneration* in the strict sense, but rather as *compensation* for hypothetical costs incurred by donors in their travel or loss of working hours. The EU directive is supported by the non-profit-making public plasma fractionation laboratories in the European Plasma Fractionation Association (EPFA),<sup>18</sup> and questioned by members of the European Association of the Plasma Products Industry

(EAPPI) who consider "justified the provision of an expense allowance to donors who have to recover costs...as long as it does not become the major motivation for donating..."<sup>19</sup> who are involved in a profit-making enterprise and regard the directive as a limitation on open competition and the free market.

There are further reasons for a strict definition of what is and what is not *unpaid donation*, because the profit sector and some authors have cast doubt on the ethics of some compensations received (or sought) by certain blood donors or donor groups and we consider that this criticism may contain some elements of truth. Any observer will agree that not all that surrounds non-remunerated donation is completely altruistic and that sometimes too much use is made in some countries of forms of compensation or gratification that are not monetary but nevertheless have value. Trips, meals, attendance at meetings, etc., represent real, and sometimes very high, costs for these non-remunerated donations.<sup>1</sup> Especially serious, for the distortion they cause in the image of altruism, are compensations in the form of social advantages or of personal or group power, particularly accepted in countries like Spain or Italy. These forms of restitution, that we could call *spurious altruism*, have in our opinion higher value than the economic ones and are much more serious, as they can cause damage to the principles of unpaid donation. Although it is true that only a minority of donors receive such advantages (generally, their so-called "representatives"), they are sometimes the most visible to the general population.

### THE DEBATE

#### Support for and Opposition to Paid Donation and Non-remunerated Donation

The argument for paid donation has been well expounded by Johnson,<sup>6</sup> in his

review of what could be called the *economist* position. He claims that economic theory does not support Titmuss or the doctrine he defends and that most economists believe the paid donation system could supply all needs if blood donation were considered as a private rather than a public good and were supplied by the market system as are other types of medical care. Moreover, they see the claimed increase of infections (in paid donation) as due to the low prices paid and to blood being regarded as a service and not subject to the same legislation as products. Finally, they think that paid donors may also be altruistic and (again) that the ethical superiority of the voluntary system is questionable given that many donors receive free time, tickets to shows, etc., or act under pressure from their social environment.

According to this economic approach, in order to compare one system with the other, all costs must be taken into consideration and the most efficient should then be chosen. It is recognised that if only cost is taken into account, private industry procedures may be less expensive than those of public and non-remunerated systems.<sup>20</sup> However, this probably depends on the ability of commercial bodies to extract amounts of plasma per donor per year that far exceed the guidelines followed by most international organisations, and on levels of compensation that could be considered exploitative.

Supporters of non-remunerated donation counter the economic approach with such arguments and introduce other factors, such as safety. They consider that the more that is paid for blood, the worse is its quality, an economic paradox not true for other market goods. Moreover they believe that a system based on payment cannot ensure supply (in fact, this was the main reason for changing the U.S. system in the mid-seventies). They also claim that it is well known that the sanitary conditions in which paid donations are made are often inferior to those in the non-remunerated sector. This has been

denounced for some time by developing countries, where remunerated donation has been and remains the norm. Paid donors are poorly monitored, belong to lower social classes and are often malnourished. There are abundant reports in the literature of paid donations having higher rates of transmissible disease.<sup>21-27</sup> It therefore seems reasonable to think that they are, despite advances in viral inactivation, a less safe source of blood products than are voluntary and non-remunerated donations. In a recent survey 71% of current donors thought it possible that "if people were paid to give blood the quality collected may be reduced".<sup>28</sup>

It is not only monetary reward that incurs these risks. It has been reported that even gifts as apparently innocent as publicity T-shirts can increase the prevalence of infectious markers and cause donations from those who have been previously excluded and should not donate.<sup>29</sup>

Some defenders of payment propose it in a limited form, where paid donors are strictly selected and controlled, thus avoiding, according to them, any increase in infection risk. This point of view is sustained by the private sector dedicated to plasmapheresis. Strauss *et al.*<sup>30</sup> reported that in a panel of donors of this type the rate of seroconversion for hepatitis and HIV was very low, with a similar level of post-transfusion infections to that in non-remunerated donors. But the arguments against this kind of trial were well expressed by Huestis and Taswell<sup>2</sup> in their criticism of a recent experiment with paid cytopheresis donors.<sup>31</sup> In their opinion the use of laboratory markers of infectious diseases (as in the Strauss study) does not sufficiently guarantee low levels of infection and all the real transfusion-associated illnesses suffered by the recipients must be taken into account. They also claimed that these experiments had a very limited setting, and that what could work for a concrete case in a given community (e.g. an isolated hospital, as in the study in question)

could not be extrapolated for general application.

We would finally mention a further weak area in many unpaid systems also pin-pointed by Domen,<sup>1</sup> namely the inadequate explanation of possible profits generated by the transformation of the donated plasma into blood products.

In our opinion, neither this question, nor the spurious altruism referred to above have been addressed to date with sufficient clarity and firmness for voluntary and non-remunerated systems to be able to present an impeccable image to the general public. Recent French history has shown, among other things, that although these matters are not discussed during good times they sooner or later come to light and cause serious harm to the image of voluntary and unpaid systems.

Some authors have contemplated the introduction of a paid donation system to coexist with the voluntary one,<sup>28,32</sup> and it has been reported that some current voluntary donors would continue to donate if they were offered money for it, but also that a large number of donors would stop donating in such circumstances and that donation would be difficult to manage in the storm of public protest that would follow.<sup>28</sup> In Spain, where paid donation disappeared 20 years ago, 20% of donors still fear the possibility of commercial exploitation of their donations.<sup>33</sup> In fact, some recent changes in the organisation of British transfusion services, which had no effect on the altruistic aspect and were in our view reasonable measures, were misunderstood and accused of responding to an economic interest.<sup>34,35</sup> This gives a foretaste of the problems that could be created by the introduction of a paid element into a traditionally voluntary blood donation system, and as Howden-Chapman wrote: "if even a small number of donors cease donating...there are policy implications. Donor numbers have been hard to maintain, and even a 10% reduction would severely compromise the service".<sup>28</sup>

### Supply Problems in Non-remunerated Systems

For the time being, paid donation is an undeniable fact. The EU in 1993 reported a plasma deficit ranging between 1.4 and 2.42 million litres in meeting demand for factor VIII concentrates.<sup>36</sup> Particular plasma fractions from hyper-immune donors requiring antigen stimulus are supplied in even higher proportions by the industry.

There are several explanations for the lack of countries that do not need to acquire some plasma fractions from paid sources. First, the non-remunerated system is essentially unable to achieve this self-sufficiency because people's generosity is limited and will never be enough to meet demand; second, there are very few countries where blood donation is well organised. The former argument is the one used by the supporters of paid donation but we are inclined to support the second explanation and to see self-sufficiency as attainable through the regionalised organisation of efficient centres specifically dedicated to this work, always in the context of a nationally coordinated network acting according to planned criteria and transmitting confidence to the population. International collaboration is of course essential.

The enormous heterogeneity in the organisation of blood programmes studied by McCllough<sup>37</sup> demonstrates how far we have to go in the search for the most efficient management model. An evidently essential prerequisite is a national blood policy, but this only exists in 80% of developed industrialised countries (World Bank classifications), 61% of developing countries and 32% of the least-developed nations.<sup>38</sup>

A national blood programme can be organised in many different ways. As Von Schubert<sup>39</sup> said, you can choose any combination from a range that goes from "public financing, public supply, and public production..." to "...private financing, private supply and private production...", with "...the optimal

arrangement (depending) on the general institutional environment or cultural background". However, within all this possible variability it is clear that some nations have efficient blood policies and others do not. For example, most of the developed nations with more efficient blood programmes have a central body organising this programme and/or a small number of regional centres. In contrast, European countries with lower donation rates (Portugal, Italy, Greece and Spain)<sup>36</sup> either have no such central body or one very limited authority, and there are a large number of institutions acting as blood banks.

In this respect, a passionate and instantly useful research objective would be to identify factors that are common to the most efficient countries (such as Finland or Norway) and that could be applied elsewhere.

### CONCLUSIONS

We conclude by paraphrasing the title of a work by Mayer<sup>40</sup> and stating that voluntary and non-remunerated donors remain the best possible source of donation and everything possible must be done for them because they provide most of the donations that are used. However, we believe that this declaration of principle, too often employed in vain, is not enough for exclusively non-remunerated systems to achieve their objectives. Unpaid systems must eliminate far from exemplary practices which compromise their credibility and make progress difficult and must also make an effort to be more transparent to the general public.

We believe that an exclusively non-remunerated system can achieve self-sufficiency either within or between nations. It requires adequate national organisation and international cooperation.

We must adopt efficient organisational models, learn from the most successful nations in this field, and abandon obsolete and even counter-



productive formulae that maintain supply shortfalls and which increase dependence on paid donation.

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