



# 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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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



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>

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

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### REFERENCES

1. Domen RE: The ethics of paid versus volunteer blood donation. *J Med Ethics* 1994; 20:269-270.
2. Huestis DW, Taswell HF: Donors and dollars (editorial). *Transfusion* 1994; 34:96-97.
3. Titmuss RM: *The Gift Relationship. From Human Blood to Social Policy*. London, George Allen & Unwin Ltd, 1970.
4. Hoffman ML: Is altruism, part of human nature? *J Personality and Social Psychology* 1981; 40:121-137.
5. Batson CD, Duncan BD, Ackerman P, Buckley T, Birch K: Is empathic emotion a source of altruistic motivation? *J Personality and Social Psychology* 1981; 40:290-302.
6. Johnson JB: The free-rider principle, the charity market and the economics of blood. *British J Social Psychology* 1982; 21:93-106.
7. Titmuss RM: Why give to strangers? *The Lancet* 1971; 123-125.
8. Pearce PL, Amato PR: A taxonomy of helping: a multidimensional scaling analysis. *Social Psychology Quarterly* 1980; 43:363-371.
9. Callero PL, Howard JA, Piliavin JA: Helping behavior as role behavior: disclosing social structure and history in the analysis of prosocial action. *Social Psychology Quarterly* 1987; 50:247-256.
10. Bowen GR: Cognitive and attributive processes in a real help-giving situation. *Dissertation Abstracts International-B* 1976; 37:2566.
11. Murray C: Evaluation of on-site cholesterol testing as a donor recruitment tool. *Transfusion* 1988; 28:56S.
12. Jason LA, Jackson K, Obradovic JL: Behavioral approaches in increasing blood donations. *Evaluation @ The Health Professions* 1986; 9:439-448.
13. Roberts RD, Wolkoff MJ: Improving the quality and quantity of whole blood supply: limits to voluntary arrangements. *J Health Politics, Policy and Law* 1988; 13:167-178.
14. Szymanski LS, Cushna B, Jackson CH, Szymanski IO: Motivation of plateletpheresis donors. *Transfusion* 1978; 18:64-68.
15. Conseil de l'Europe. *Guide pour la Préparation, l'Utilisation et l'Assurance de Qualité des Composants Sanguins*. Strasbourg: Editions du Conseil de l'Europe, 1997.
16. American Association of Blood Banks: Donor incentives. A report of the AABB Board of Directors. *Association Bulletin* 1994; 94-4:15.
17. Council Directive of June 14 1989 [89/381/CEE]: Official Bulletin of the European Communities L 181/44, 28.06.1989.
18. European Plasma Fractionation Association: Paper on blood self-sufficiency in the European Community, August 1993.
19. Pisani E: Regulatory framework for plasmapheresis in the European Union. Private industry's viewpoint, in Quality and Safety of Plasma Products. EAPPI-EFPA 2nd Regulatory Affairs Symposium EFPA & EAPPI, Brussels, 1995; 37-43.
20. André A: Aspects socio-économiques et juridiques de la transfusion sanguine, in Genetet B, Van Aken W (eds): *Médecine Transfusionnelle. Enseignement Européen de Transfusion Sanguine*. Vanves: Centre National d'Enseignement à distance, 1994; 451-475.
21. Mehta BC: Study of one hundred professional blood donors. *J Post Graduate Medicine* 1968; 14:112-120.
22. Harbour C, Foroozanfar N, Sharma MK, Ala F: Professional and voluntary blood. *Vox Sang* 1978; 34:87-91.
23. The gift of blood: a comparison of voluntary and commercial blood programmes (editorial). *The Medical J Australia* 1972; 2:61-63.
24. Hoofnagle JH, Gerety RJ, Thiel J, Barker LF: The prevalence of hepatitis B surface antigen in commercially prepared plasma products. *J Lab Clin Med* 1976; 88:102-113.
25. Canavaggio M, Leckie G, Allain JP, et al.: The prevalence of antibody to HTLV-I/II in United States plasma donors and in United States and French hemophiliacs. *Transfusion* 1990; 30:780-782.
26. Fiedler H: HIV seropositivity in paid blood donors. *The Lancet* 1992; 1:551.