



Organ donation in the lab: Preferences and votes on the priority rule[☆]



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ABSTRACT

An allocation rule that prioritizes registered donors increases the willingness to register for organ donation, as laboratory experiments show. In public opinion, however, this priority rule faces repugnance. We explore the discrepancy by implementing a vote on the rule in a donation experiment, and we also elicit opinion poll-like views. We find that two-thirds of the participants voted for the priority rule in the experiment. When asked about real-world implementation, participants of the donation experiment were more likely to support the rule than non-participants. We further confirm previous research in that the priority rule increases donation rates. Beyond that, we find medical school students donate more often than participants from other fields.

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1. Introduction

In an intriguing recent paper, [Kessler and Roth \(2012\)](#) analyze in an experiment the impact a priority rule has on the willingness to donate organs. Participants could decide whether to register as organ donors and (fictitiously) donate their organs in the case of brain death in several experimental rounds. Receiving an organ (say, a kidney) from a deceased donor enables participants to continue playing during that round if their organs fail, but the commitment to donate at death comes at a monetary cost (representing the psychological cost of donation decisions in the field). [Kessler and Roth's \(2012\)](#) main experimental treatment exogenously imposes a priority rule.² They find that giving priority on the waiting list to those who were themselves registered as donors significantly increases donor registration. [Kessler and Roth \(2012\)](#) also convincingly argue that the rule is superior to several other mechanisms in terms of overcoming legal hurdles when it comes to the implementation. They conclude that the priority rule seems feasible and can be implemented without major cost to the system, in addition to the rule being superior in terms of increasing registration rates for organ donation.

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² Presumably all organ donation systems “prioritize” with respect to some criteria, typically medical criteria (see the German example in [Table 5](#) in the Appendix). When we talk about “the priority rule” in this paper, we mean a reciprocal rule that prioritizes registered donors.

Having said that, the main problem with implementing the priority rule may be repugnance in ethics committees and in the general population. Indeed, [Kessler and Roth \(2012, p. 2044\)](#) expect “substantial debate and principled opposition” when changing the priorities for organ recipients. The superiority of the priority mechanism documented in the donation experiments may fail to have an impact when public opinion and experts are unaware or neglect such efficiency gains.

While a priority rule has been implemented in Israel and Singapore, it faces opposition in other countries. The United Kingdom’s National Health Service Blood and Transplant (NHSBT) authority recently published a new detailed strategy to improve organ donation ([NHSBT, 2013](#)). Whereas the NHSBT suggests several policies ready for implementation, the goals regarding a priority rule are modest: the NHSBT merely demands “national debates” as to whether registered donors themselves “should receive higher priority if they need to be placed on the Transplant Waiting List” (p. 16). The authority is presumably cautious because of an opinion poll it conducted before the formulation of the new strategy ([NHSBT, 2012](#)) where 56% of the population opposed the priority rule. For Germany, [Ahlert and Schwettmann \(2011\)](#) report that the priority rule faced little support in an opinion poll, and more than 90% of respondents indicated that they would not (or would even negatively) change their registration attitude if the priority rule was implemented. Moreover, the authority in charge of donation regulations appears reluctant to consider a priority rule.³ The only opinion poll we have been able to find for the US ([Spital, 2005](#)) had a more favorable conclusion: a small majority of 53% were in favor of a priority rule but 41% still opposed it.

In this paper, we try to explore the discrepancy between superior registration rates in the experiment on the one hand and repugnance in public opinion about the priority rule on the other. Building on [Kessler and Roth’s \(2012\)](#), we follow an *endogenous institutions* approach: a main novelty of our experiment is that we let subjects decide (in an incentivized majority vote) whether they wish to implement the priority rule after having played for several rounds both with and without the priority rule. This vote indicates participants’ consent or resistance to the rule, after having experienced its superior performance in the lab. The literature on endogenous institutions in dilemma games has found that democratic institutions may improve cooperation. For example, [Tyran and Feld \(2006\)](#), [Ertan et al. \(2009\)](#), and [Sutter et al. \(2010\)](#) find that punishment and rewards in public-good games have a larger effect on cooperation when these mechanisms are implemented democratically than when they are imposed exogenously. The design of [Dal Bó et al. \(2010\)](#) allows to control for selection effects (for example, participants who vote for or choose a policy may be affected differently by it). For our experiment, the literature on endogenous institutions in dilemma games (for example, [Dal Bó et al., 2010](#); [Sutter et al., 2010](#)) suggest that voting in favor of the priority rule, and thus implementing it, may increase donation rates even further.

On top of the vote on the priority rule, we also ask participants after the experiment (non-incentivized) whether they would be in favor or against the implementation of the priority mechanism in the real world. We contrast these preferences with the vote in the experiment and with the opinions of members of our subject pool who did not participate in the donation experiment. This may indicate whether participation in the experiment has the potential to change attitudes toward the priority rule.

Medical doctors are opinion leaders in the organ donation debate, so we specifically target students of medicine for our experiment. As future physicians or surgeons, they may have stronger views on the priority rule than students from other fields and these opinions may be rather influential. It thus seems intriguing to have disproportionately many students of medicine amongst our subjects.

To sum up, our research questions are as follows. Do participants prefer the priority rule in the lab if they have the choice? How do their preferences in the experiment relate to their opinions about the priority rule in the field? Does participation in the experiment change attitudes toward the priority rule? And finally, do students of medicine maintain different views than students from other fields of study?

Following [Kessler and Roth \(2012\)](#), which will be described in detail below, a number of papers have considered organ donation in experiments (see also [Kessler and Roth, 2014a](#)). [Li et al. \(2013\)](#) add several modifications to [Kessler and Roth \(2012\)](#): first, they show that compared to a decontextualized one a contextualized frame significantly increases the willingness to donate organs. Second, they run opt-out treatments and show that this regulation leads to significantly higher donation rates.⁴ Specifically, an opt-out scheme with priority leads to the highest donation rates, and increased donation rates are achievable using either a priority rule or an opt-out program separately.⁵ [Kessler and Roth \(2014b\)](#) experimentally analyze a loophole in Israel’s priority regulation. There, individuals can register to obtain priority but avoid ever being in

³ [Breyer and Kliemt \(2007\)](#) blame the gap between potential and actual donations on the “inappropriate social institutions” in Germany and call for reciprocity, which would help to close this gap. The German national ethics committee discussed the priority rule extremely briefly and did not consider it to be an option ([Nationaler Ethikrat, 2007](#)). The two reasons given are: first, they consider it unfair to treat patients differently because of prior behavior, and second, it cannot be ruled out that patients could opt out shortly before dying to avoid donation. The board of the German-speaking health economists association, by contrast, has repeatedly demanded (most recently in [DGGÖ, 2011](#)) that “reciprocity” (what we call the priority rule) be incorporated in a new law for organ donation—without success. But even economists disagree. Countering [Kliemt’s \(2001\)](#) arguments in favor of a priority rule, [Ockenfels and Weimann \(2001\)](#) argue that non-donors would be punished in a priority system, which could be compared to a “death penalty” (p. 282).

⁴ In an opt-out system, inhabitants have to register if they oppose donation. Such a regulation exists, for example, in Spain. In the more prevalent opt-in systems, inhabitants need to register if they are willing to donate.

⁵ See also [Kessler and Roth \(2014c\)](#). They exploit a natural field experiment in California where registration was changed from an opt-in frame to an active choice frame and show that this decreased registration rates. Further, individuals are more likely to support donating the organs of a deceased who did not opt-in than one who said “no” in an active choice frame.

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