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About 5 million Americans need blood each year (American Red Cross), but the number of volunteer donors are small—a mere 5% of the eligible ones. The statistics suggest that motivational tactic of purely endorsing altruism is not effective enough. Thus, incentives are playing a larger role in garnering donors and preventing shortages. As President Dr. Healy of the Red Cross reports of a major blood shortage in the U.S. today, the Red Cross is boosting incentives even more to attract donors and combat blood shortages. At the blood drives, donors enjoy snacks and get a chance to win gift cards, trips, cars, electronic gadgets, and toys. The Red Cross might give away many prizes and benefits, but money is one thing the organization will not supply in exchange for donated blood used in transfusions. This is a policy of not only an international organization but also the U.S. Food and Drug Administration as well. Ever since the Congress approved the National Blood Policy, paid donors blood can no longer be used for transfusion; instead, the U.S. runs on a supply of volunteer blood (America’s Blood Centers). Paid donation, which assists production of medicines, should be allowed to coexist with voluntary donations, but as the FDA policy states, only voluntary donation should be utilized for blood transfusions.

Although the United States currently employs the all-voluntary blood donation system, some paid blood donations still do exist. The law eradicated paid donation of blood for transfusion purposes, but people are allowed to be paid by the blood centers for their donated blood, which will serve commercial and research purposes. Today, the issues of monetary rewards and incentives along with remunerated blood are debated among many people. The FDA identifies paid donor as “a person who receives monetary payment for a blood donation.” Should we be paid to donate blood? Remunerated blood, which transforms into medicines, cannot save a life directly or effectively. Should remunerated blood be allowed to be used in transfusions? Despite the possible benefits the remunerated blood may present, blood used in transfusions should only come from volunteer donors.

First and foremost, it should be called to the people’s attention that the word, “paid donation”, is an oxymoron. These contradictory terms may appear to be in conjunction at first but when evaluated its meaning doesn’t make sense. If we are paid to donate our blood, it defeats the purpose of donating, since donations are supposed to be given gratis. Richard Titmuss argued in his book, *The Gift Relationship: From Human Blood to Social Policy,* that the moral and social value of altruism may be in jeopardy if monetary compensation was provided for donated blood. Titmuss had predicted that such actions would crowd out voluntary efforts and lead to fewer donations. As he had feared, the results of some studies show how using incentives can negatively influence the donors. The study by Frey and Jegen (2001), as well as the work by Ariely, Bracha, and Meier (2008) prove that incentives discourage pro-social behaviors like donating blood and even lead to decrease in blood supply. But this does not mean that all incentives are bad. In their 2011 paper, Costa-Font, Jofre-Bonet, and Yen points out that their results confirm the idea that “altruistic behavior can be incentivized as long as the rewards do not conceal the identity of the blood giver as a ‘donor’.”Acceptingmoney, in this case, will certainly label the blood giver as a “seller”, not a “donor”. It is harsh to categorize all paid donors to be selfish and money-driven. It’s quite possible that some of the paid donors have the utmost honest intention while at the same time they desire a payment that will satisfy their monetary need. But it’s hard to determine the population of such well-wishers and distinguish them from those who are primarily concerned with monetary gain. Moreover, in the end, the life of a patient in need of blood transfusion should come first and the economic prospects from selling blood second on the priority list. Donating blood is an altruistic act; one pint of blood should be given voluntarily without expecting a single penny.

Donors may not earn money from donating their blood but there are many benefits awaiting them when they give their blood for free. One significant gain is the well-earned feeling of personal satisfaction that follows after giving blood. Though the weight of the donor’s wallet will not become heavier, voluntary donors can enjoy a boost in self-esteem from being charitable. Also, it’s been discovered that donating blood is a healthy habit for many people. It’s well-known that all donors must take and pass a mini-physical and a medical history examination. The physical process checks the donor’s blood pressure, pulse, temperature, and the level of hemoglobin (American Red Cross). Thus, donating blood provides the donor a free health checkup while helping to save other people’s lives. Furthermore, according to a study published in the Journal of the American Medical Association in2007, researchers suggest that blood donation may lower the risk of heart attacks, because it reduces the iron levels in the blood. Excessive iron level in the blood has been considered to contribute to heart disease because iron accelerates the oxidation process of cholesterol, which ultimately leads to development of cardiovascular disease (CNN). Previous studies have found that men who were regular donors—donating for at least once a year—had a lower risk of heart attack and other cardiac problems than those who did not donate (CNN).

The primary objective behind the decision to ban the use of remunerated blood in transfusion was to protect the health of the people in the U.S. During the 1970’s scientists found that paid blood donors were more likely to be carriers of hepatitis than non-paid voluntary donors (California Research Bureau). Likewise, other studies show that “paid blood or plasma donors still have higher rates for infectious disease markers than unpaid donors” (Van Der Poel, Seifried, and Schaasberg). Three decades ago, hepatitis virus ran rampant as many people experimented with injection drugs. At that time, people were paid for their donated blood, which supplied blood needed for transfusions. Some donors lied about their medical histories in order to profit from blood donation, putting other people’s lives in danger. Self-interested people have deceived others and tainted the blood supply before. And there’s no guarantee that the unfortunate event will not happen again. Thus, current blood supply must only originate from volunteer donors. However, this is not to say that all volunteer donors provide a safe blood supply. Instead of monetary compensation, some “voluntary” people seek tests for pathogens and free physical the blood donation process provides (Tan, Khan, and Hawk). Even though voluntary donation is imperfect, its risk is much lower when compared to that of paid donations. Additionally, the use of compensated blood brings economic implications. Statistically speaking, people in need of money—and belonging to a lower income bracket—are are more likely to have poor health and even diseases. And numerous blood donations from ineligible donors, who might be unaware of their health status and donate to earn money, will result in loss of many pints of un-useable blood and accumulation of expenses needed for the blood donation process.

Blood collection services strive to encourage first-time donors to contribute and all donors to regularly participate in the donation process. It is difficult to motivate people to be unselfishly concerned for the welfare of others, let alone make them continually commit themselves to a noble cause. The statistics show that people’s willingness to donate hasn’t been altered much despite the offers of non-monetary incentives and vigorous motivational campaign that appeals to the sense of social responsibility and altruism. Some people might believe that monetary payment will encourage eligible donors to contribute and curtail the blood shortage. However, monetary incentives work only for a brief period and accepting the blood of paid donors for transfusions can complicate the blood supply as it had done in the past. Because blood is vital for to life and health of all people, we cannot risk taking even the slightest chance of blood contamination. All in all, the act of giving blood gratuitously is healthy, ensures a safe supply of transfusable blood, promotes altruism, and ultimately results in a mutual gain. Donors give without necessarily expecting anything in return, but in the end both the donor and the recipient benefit—a win-win situation.

Works Cited

*ABC Supports Voluntary Donation of Blood, Organs, and Stem Cells*. Rep. American's Blood Centers. Web. 23 Apr. 2012.

Alvear, Michael. "Evidence Suggests That Giving Blood Has Health Benefits." *CNN*. Cable News Network, 26 Apr. 2000. Web. 23 Apr. 2012. <http://articles.cnn.com/2000-04-26/health/give.blood.wmd\_1\_iron-levels-heart-disease-lower-risk?\_s=PM:HEALTH>.

Ariely D, Bracha A, Meier S. Doing good or doing well? Image motivation and monetary incentives in behaving prosocially. *Am Econ Rev*. (2008); 99: 7-9.

Costa-i-Font, Joan and Jofre-Bonet, Mireia and Yen, Steven T. (2011) *Not all incentives wash out the warm glow: the case of blood donation revisited.* CESifo working paper, no. 3527.

Frey BS, Jegen R. Motivational crowding theory: A survey of the empirical evidence. *J Econ Surv*. (2001); 15: 589-611.

"Blood Facts and Statistics." *American Red Cross*. American National Red Cross. Web. 23 Apr. 2012. <http://www.redcrossblood.org/learn-about-blood/blood-facts-and-statistics>.

Hu FB. The iron-heart hypothesis: search for the ironclad evidence. *JAMA*. (2007); 297: 639-641.

McGregor, Maurice. "Pragmatic Altruism (review of The Gift Relationship: From Human Blood to Social Policy)." *Canadian Medical Association Journal* 160.1 (1999): 91. *Canadian Medical Association*. Canadian Medical Association. Web. 23 Apr. 2012.

Rasada, Pamela. *Hepatitis C: Public Policy Implications of a Silent Virus*. Rep. California Research Bureau, July 2008. Web. 23 Apr. 2012.

Tan, L., M.K. Khan, and J.C. Hawk. "Use of Blood Therapeutically Drawn from Hemochromatosis Patients." *Transfusion* 39.9 (1999): 1018-026. Print.

Van Der Poel, C. L., E. Seifried, and W. P. Schaasberg. "Paying for Blood Donations: Still a Risk?" *Vox Sanguinis* 83.4 (2002): 285-93. Print.

"Why Donate Blood?" *American Red Cross*. American National Red Cross. Web. 23 Apr. 2012. <http://www.redcrossblood.org/donating-blood/why-donate-blood>.

Zabarenko, Deborah. "The Nation Has a Major Blood Shortage." *ABC News*. ABC News Network, 17 Sept. 0000. Web. 23 Apr. 2012. <http://abcnews.go.com/Health/story?id=117954>.