Attitudes surrounding organ donation In relation to Gender in Ireland.

Carried out and written by

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Abstract

The lack of organs available for donation all over the world is a serious issue. Without these organs, people in need of them are unable to live a life that is of the quality that they desire. In many cases, the result of there not being enough organs to meet demand is fatal. This study began with the intention of finding what the general attitude towards organ donation in Ireland was, and whether there was a difference in attitudes between males and females. We expected to find that there would be a significant difference in attitudes between the genders, and that females would hold a more positive attitude than men on this topic. We also inquired as to how people feel about schemes such as the Opt-out system, a practice that has increased the number of organs available in countries such as Spain, and the idea of financial reward in exchange for organ donations, which is a common practice in India. Do people need incentives to donate? Is either gender more inclined to respond to financial incentives in this situation than the other? Do people feel that it is better to assume consent unless a person specifies otherwise?

We collected these responses by means of an original questionnaire. 200 people voluntarily participated in the study. Responses were collected on a number of streets in Dublin City Centre, as well as Navan town centre, and the small country town of Kells, Co. Meath. A range of locations meant that it was more likely that the results we collected were not accidental, or influenced location.

Our results show that the connection between gender and attitude towards organ donation is more complicated than we had expected. Significant differences were found in relation to donating after death, attitude towards the possible introduction of an Opt-out system and whether they would consent to the donation of a family member’s organs, but there were no significant differences found between genders in their responses to donating in health, whether a financial incentive would make them more inclined to donate and whether they were more inclined to donate to a family member than they were a stranger.

The findings of this study have presented a multitude of issues, such as the lack of organ donor card holders in Ireland that, ideally, would be studied in greater detail at a later date.
Introduction and Literature Review-Social Science Final Year Thesis/Research Project

Introduction

The title of this piece of research is “Attitudes surrounding organ donation In relation to Gender in Ireland”. This study intends to uncover the mindset of people in relation to organ donation, to hopefully make the lack of organ donors in Ireland more understandable, and most importantly to compare and contrast differences in view point held by both males and females. We intend to not only uncover people’s attitudes towards organ donation in relation to the donation of their own organs, but how they feel about the donation of other peoples organs, if personal relationships influence their attitudes, as well as whether they are happy with the current system of donation in Ireland. There are a multitude of reasons that this topic is of interest, but before expanding on those, we must first explain what organ donation actually is and why it is thought to be so important.

Organ Donation

Organ donation is the process by which an organ is taken from one individual, and transplanted into another person. This process begins with a need; a patient’s need for a new organ when they are experiencing the failure of a vital organ (D.K. Cooper, 1996). More often than not, the organ donor is brain dead, but it is also possible to donate while alive. Organ donation in Ireland is not covered by legislation. People that wish to donate their organs in the event of their death are encouraged to carry an organ donor card, but this does not always ensure that the deceased organs are donated. It may be a case where through no fault of their own, they are unsuitable to donate due to illness or medical condition (Madden, 2010). It also depends on whether it is possible to retrieve their organs before they stop functioning completely, only then will those organs be used to save the life of someone in need of it to survive. Ideally, the person wishing to donate their organs would die in hospital, making it possible for surgeons to harvest the organs on time, as it is imperative that doctors and surgeons transplant the organ before it too fails. Obviously, this is not always possible, people die every day without warning, but all of these factors having to synchronize in order for a donation to be possible makes the small pool of people who want to donate in death even smaller.

The topic of organ donation can be a sensitive topic to discuss, but it is an area that is crying out for attention in the Ireland of today. Demand for organs exceeds the supply of donated organs (IHCA, 2009), and this fact is costing lives. Although there was a 60% increase of organ donations in 2010 compared to the previous year, this only equates to 248 organs being harvested and donated, leaving 650 people still waiting for a life saving organ (www.RTE.ie, 2012). A number of reasons for this obvious lack of organs available for donation have been suggested. Firstly, it is possible that due to staffing shortages, families of potential donors are not being approached with the intent of discussing the possible donation of their loved ones
organ donation after their passing. However, this suggestion was refuted by Intensive Care Unit staff (Seigne, P., 2011). It is also possible that the subject of organ donation is not receiving the attention it needs in order to acquire donations. It is possible that an issue affecting the amount of organ donors is awareness and the lack of it. Mark Murphy, Chief Executive of the Irish Kidney Association stated that he believed that the introduction of an Irish Organ Donor registry, to allow the public to voluntarily identify themselves on a database instead of needing to carry around a card that is in no way legally binding and allows for consent to be taken away by a possible donors next-of-kin, would increase Ireland’s levels of organs available for donation and transplantation (Carbery, 2012). A similar practice is carried out in the United Kingdom (Vize, 2012). There are currently 650 patients awaiting transplantation in Ireland. One donor can potentially help nine other people. (Health Information and Quality Authority, 2011)

It has been found that in Germany, 62% of women who did not hold an organ donation card were willing to donate their organs, while only 59% of men stated that were willing to. This does not seem like a significant difference, but when the participants have also been asked how willing they were to donate in life to a sick relative to close friend, the second set of results show that once again, men are trailing behind in their acceptance of the altruistic act of organ donation, with the exception of donating to their own child and in the case of donating to a living partner, where men appeared to be more willing to donate (Decker, et al., 2008).

**Media, Political and Personal Interest**

The amount of attention being directed at organ donation through the media has increased dramatically over the past number of years. In 2011, the subject of organ donation received a vast amount of media attention in relation to the case of Meadbhbh McGivern, the 14 year old girl who, due to mix-ups in the Irish health system, missed out on a liver transplant she desperately needed due to lack of transportation to London. (RTE.ie/news). Over 2 months later, she received the organ, but the fact that the only way Meadbhbh could undergo the transplantation was to leave Ireland forced Ireland’s organ donation practices to be scrutinised. This highlighted the lack of organs available in Ireland.

Health Minister James Reilly has recently stated his intention to bring about legal change to the organ donation system, possibly introducing an “Opt-out” policy (Hunter, N. 2011.), similar to those used in Spain and Austria. This would entail consent being assumed of all Irish Citizens that in the event of their death, unless otherwise indicated, they would allow their organs be removed from their bodies and transplanted in order to save someone’s life. It is for this reason that we will be asking people in our questionnaire how likely they are to be in favour of such a change.

The researcher has their own personal reasons for choosing this topic, having spent some time in the renal unit of Beaumont hospital and having met people waiting for organs.
Meeting people whose lives depend on someone else making the decision to donate their organs really brings into context the importance of the issue.

This piece of research intends to examine the difference in attitudes and opinions towards the process of organ donation held by males and females in Ireland. It is expected that firstly, there will a significant difference in attitudes, and secondly, that women will in fact hold a more positive attitudes towards the process than men do. The idea to examine the difference in attitudes towards organ donation between the genders is based on previous research that was carried out in Germany by Decker, Brahler and Winter (2008). The German study implies that both of the hypotheses used in this research will be proven to be correct if the Irish population is similar in attitudes to Germany.

Before carrying out this research, we must pay close attention to the whole host of variables that affect the choices made and views held by males and females, as some may play a larger role in a females decision making process and vice versa. Social Scientists have found that altruism, the idea of organs as a commodity, attitude towards charity and ethics surrounding the topic all play a part in moulding a person’s attitude towards the act of organ donation. Some of these factors may play a larger part in helping females make a decision about donating organs, and vice versa.

**Altruism**

“How does one explain the persistence of traits that reduce fitness, if evolution is, in fact, a game of survival of the fittest?” (Harman, 2011)

“Altruism is generally understood to be behaviour that benefits others at a personal cost to the behaving individual” (Kerr, 2004). In many cases, this selflessness may put the person doing the deed at a disadvantage, while not benefiting them in any way apart from giving them the satisfaction of helping another human being. An example of altruistic behaviour would be a man coming out of a deli and handing a homeless man sitting beside the bank machine a sandwich. The man in question is not looking for anything in return. It is not something that is done with the expectation that the recipient will one day return the favour. The act of organ donation can be viewed as the ultimate act of altruism, especially when a person donates in good health, because although slight, there is a risk to the person donating in going through with a serious operation. “Most organs for transplantation come from cadavers, but as these have failed to meet the growing need for organs, attention has turned to organs from living donors” (Truog, R., D., 2005). This is why the altruistic actions of people are so important in terms of collecting organs. Human society is and always has been based on “a detailed division of labour and cooperation between genetically unrelated individuals in large groups”, as far back as the hunter gatherers (Fehr, E., Fischbacher, U., p.24, 2003). There are many reasons behind a person’s decision to act altruistically. They can vary from the hope that your actions will encourage altruistic behaviour in others, a personal gain of satisfaction from knowing you have helped someone, guilt, feeling sympathy towards others, improving your social image, and even punishment. Altruism involves other-interest rather than self-interest.
C. Daniel Batson of the Department of Psychology in the University of Kansas stated that although it may seem that if self-interest is not moral, and altruism is not self-interest, then altruism is moral, this logic is flawed (Batson, 2008). According to Spital, unrelated donors may experience an even more enhanced sense of self-esteem compared to related donors, due to the fact that no sense of obligation exists that family members may feel they have, making altruistic organ donation an even more unusual human action (Spital, 1998) which would imply that donating an organ based on a feeling of duty or moral obligation may not be altruism is its truest form.

**Organs as Commodities**

This leads on to the next topic, which is the idea of organs as a commodity. Organs being viewed as a commodity would mean that in return for donating an organ, before or after death, you or your family would receive a payment of some sort, usually financial. Although there are a number of ethical issues attached to this, and the possibility that the practice could be abused as it has been in a number of countries, if done correctly, there is a chance it may increase the number of organs donated in Ireland. Steinman (2006) pointed out in her journal article “Gender Disparity in Organ Donation”, one of the reasons many people would feel it was ethically and morally wrong to partake in this process is that in poor countries, young girls and women may be expected to sell their organs to help their families financially, as well as the possibility of organs being trafficked from country to country, after being harvested from prisoners. The human rights other these people are being violated, as they have been put in a position where they have no control over their own bodies. It is possible that families in financial stress would encourage or force their children to sell their organs in an attempt to raise money. Some countries do allow the sale of organs, but while many countries attempt to control it by having laws that limit the sale of organs within the country, only organs sold within the borders of that country are monitored, and organs that are being sold across borders are being ignored, putting many people in danger (Steinman, J., L., 2006).

Decker found that German people generally rejected the idea of receiving compensation for donating, with only 43.2% of the population being in favour of a financial benefit being exchanged for an organ. It is important to note that there was a significant difference in responses from males and females in regard to this question, with only 37% of those in favour of financially incentivised being female, the remainder were male. According to AJ Ghods, “An ethical consensus has developed around the world that there should be no payment for transplantable organs” and one of the reasons for this is that there is a “possibility of abuse of the practice without sufficient monitoring” (Ghods, A., J, 2004). Unfortunately, depending on peoples altruistic tendencies has so far not met the worldwide demand for organ, leading to a shortage. From this, we see that altruism alone may not be enough to satisfy the needs of the thousands of patients on organ waiting lists.
Gender Differences

People in need of organs are not the only ones who benefit from altruism. Charities are also reliant on the goodwill of people who don’t expect anything in return. Well known charities such as the “Irish Guide Dogs for the Blind” have experienced huge drops in donation levels, amassing to a total loss of €1 million between the years 2009 and 2010 (Deegan, 2011). The decrease in altruistic behaviour in Ireland over the last number of years is visible when figures such as these are produced. With women being thought of as socially orientated while males being commonly seen as self orientated, it was important to examine the difference in charitable donations given based on gender. The findings of Catherine C. Eckel and Philip J. Grossman concluded that on average, females are twice as generous with their money as men. They found this carrying out an experiment that consisted of splitting people into pairs, the dictator and the respondent. Each dictator was handed $10, and told to divide it between themselves and their partners, as they saw fit. The dictator then must choose to act fairly and divide the money equally, or keep all or most of the money. Although almost 47% of women and 60% of men donated none of the money to their respondent, 15% of women gave their respondent half of their money, in comparison to 3.33% of males. (Eckel, C., et al. 1998).

Due to the fact that in Europe, women are slightly more inclined to donate their organs (European Commission, 2007), The large amount of research carried out previously on the topic of gender differences in organ donation has suggested that females donate organs more frequently than do men, which implies that women have a more positive attitude towards the idea of organ donation than men. Steinman states that “although organs in and of themselves are gender neutral and can be exchanged between the sexes, women account for up to two thirds of all organ donations”, (Steinman, J., L. (2006). The lack of willingness to donate organs the majority of men show would be easier to understand if they were against the idea of organ donation altogether, but the fact that the majority or organ donation recipients would imply that it is the giving of the organ that is the problem, not the idea of organ donation. This makes for very interesting reading, because it would appear that there are a whole host of reasons behind the differences in giving between the sexes, not only surrounding organ donation. Decker’s study could offer no reason for the difference in attitudes towards organ donation, but could state from the findings in their study that, in general, men tended to reject organ donation (22.5%; women 16.5%) and women were more generally willing to donate, even when they were organ donor cardholders. (Women: 62.1%; Men: 59.2 %;) (Decker, 2008).

Ethics & Values

The ethical beliefs, norms and values held by people may vary between the sexes, which would directly impact a person’s willingness to donate. In the piece “Gender and Values”, Ann M. Beutel and Margaret Mooney Marini examined the fundamental value differences between males and females by breaking the term “value” up into 3 different measures. These
were compassion, materialism and meaning. Meaning in this context refers to how concerned participants are with finding a meaning or understanding for their lives. Differences were found between the genders in each measure. Women scored higher in levels of compassion, which is unsurprising when we consider the differences in social interaction between males and females, with females typically having more emotional intimacy and support in their friendships. (Beutel, A., M., 1995). Women are more inclined to agree with and support their friends, while men in general may be more inclined to disagree and volunteer advice and air their opinions more openly, even when they hold an opposing opinion to their friend.

There are 3 types of organ donation, each with its own set of ethical issues (Trueg, R., D., 2005). These include directed donation, where the donor knows the recipient, non directed donation, where the donor donates without having anyone in particular in mind as a recipient, the organ is put in the general pool and given to the person highest on the list, and then there is directed donation to a stranger, where a person decides to donate an organ without really knowing a person, but with the intention of giving the organ to that person. With directed donation, there is a possibility the person is being put under pressure to donate in order to save their loved ones life or simply feels obligated to, in the case of indirect donation, it must be ensured that the person offering their organs for donation is of sound mental wellbeing: such a serious act of altruism to strangers must not be a decision made lightly. Ethical issues connected to directed donation to a stranger include the fact that it threatens the idea of a donation as a gift of life, and it borders on turning the organ into a commodity, especially in a case where a person has advertised their organ (Trueg, R., D., 2005). The sale of organs, as in the monetary compensation for transplantable organs, either from living or deceased persons, has been seen as unethical in most countries since a US physician by the name of Dr. H Barry Jacobs set up the “International Kidney Exchange Ltd.” and called for the National Organ Transplant Act to become law in America in 1984 (Ghods, A.J., 2004).

Conclusion

The literature that has been reviewed for this study have proven to be invaluable, and have moulded the question and study in a way that would not have been possible if they had not been read. We intend to examine the difference in attitudes to organ donation in Ireland, focusing on the areas of altruism, charity, ethics or ethical issues and the idea of organs as a commodity and will modify the approach we have taken on the study based on the results. In relation to altruism, this research intends to find out whether the Irish populations lack of altruism is to blame for the lack of donors in this country. The research we have examined in these areas leads up to believe that altruistic tendencies are often present in people who choose to donate their organs, but other factors such as the moralistic beliefs of the individual, the religious views of said person, and the attitude towards charity held and created by society as a whole influence a person’s attitude towards organ donation. Would it be possible to increase the amount of people interested in potentially donating their organs before or after death if incentives were offered? Is it a case where altruism is not a norm valued as strongly as others nowadays? Have organs become a commodity, in some way? As previously stated,
we expect to find that there is not only a difference in attitudes towards organ donation, but that females will hold the more positive attitude.
Method Section

Introduction

The method by which data is collected and calculated is of high importance in relation to results. It is imperative that the researcher has weighed up the pros and cons of each style of research methods in relation to their particular topic, allowing them to choose the one most suited to their study, in turn, ensuring that their results represent the views and opinions held by their sample choice as much as it possibly can. It is a common misconception by many students that the research method chosen for a piece of research is referring to how the data is collected. A researcher must decide what research method works best for their study, and only then can “data-collecting instruments be designed to do the job” (Bell, 2005).

Aims and Objectives

The main goal of this study to determine whether there is, in fact, a difference in attitudes between the two genders in relation to organ donation. Our hypothesis states that not only will a difference be found, but that females will in general hold a more positive attitude towards the process of organ donation. We found ensured that we gathered a valid and well-rounded response by asking questions that would determine their attitude towards organ donation in a variety of situation, for example, organ donation in exchange for financial reward and the donation of relative’s organs. This is done with the intention of removing personal fear or greed as possible factors that may affect the results.

Materials

The material used in this study consists of a questionnaire designed specifically to suit this research topic. The benefits of using a questionnaire to obtain information are that a greater amount of information can be collected during a shorter period of time, and although it is not possible to get an in-depth look at a certain topic, it is easy to find the general view or belief held about a certain subject or issue. This original questionnaire consists of 12 questions, half of which are multiple choices, the remainder of questions based on the Likert Scale, allowing the data to have a numerical value to find the average attitude. The Likert Scale “consists of a series of statements that express either a favourable or unfavourable attitude toward the concept under study” (McDaniel & Gates, 1998). Although the style of questions in this study only allows for certain responses, it is hoped that by also using Likert Scale questions, it will be possible to obtain a greater insight into the attitudes towards organ donation held by both males and females in Ireland.
Participants

Indenitifying the correct target population for a study is extremely important, because if the target population is either too big or too small in relation to the study, it invalidates the findings, as this study is interested in the opinions of people in the greater Dublin areas, random sampling was used. This means that participants were chosen at random, to ensure an honest response could be collected. “This is probably the fairest way of choosing a sample” within our chosen target population, as “everyone has an equal chance of being picked” (Brain, 2002), meaning that results found should be representative of our target groups views. The criteria needed to participate in this study was very straight forward, male or female and over 18. To ensure there was optimum diversity in response and that responses are not merely coincidental due to any particular variable, 200 participants will be to a minimum target sample size, 100 males and 100 females. In general, samples for quantitative studies are better when the number of subjects is high (Hatch, 2002). Data was collected from 4 locations, two busy main streets in Dublin, and two rural towns in Meath. All participants were over the age of 18. This was clarified before any survey was undertaken by them. To encourage respondents to answer truthfully, the issue of anonymity was dealt with accordingly.

Design

The research design chosen for this particular study is quasi experimental in nature. This means that although the researcher is unable to have any kind of control over the attitudes of participants in relation to organ donation, the fact that respondents have already been naturally assigned to a gender and that responses will be split based on gender in some cases, the study is partially controlled. This research consists of two variables, the IV (Independent Variable) and the DV (Dependant Variable). The IV in this particular case is gender, while the DV is attitudes towards organ donation.

This study intends to find if something occurs, as opposed to describing a phenomenon that is already known to happen. Quasi experimental research design calls for the use of quantitative methods. When carried out correctly, quantitative research collects responses from groups with a whole spectrum of ideas and opinions on a topic, which would be reflected in the findings of the study. More often than not, using quantitative research allows the researcher to produce an easy to pin down answer, as it is easier to find the general response when working with numbers. This research will not go as far as to investigate why there might be a difference in responses between males and females, it can only show whether there is a difference in the first place.
Procedure

Participants were chosen at random, approached on the street and asked whether they would like to take part in a question based on attitudes surrounding organ donation for the purpose of a final year thesis. They were under no obligation to do so, and were offered no incentive to take part, so as not to affect the ethics of the study. Participants were asked whether they were over the age of 18, as they would only be allowed to participate in the study if they were. Participants were encouraged to fill the questionnaire in themselves to ensure transparency, and in cases where people were unable to fill the questionnaire in themselves, they were shown the questions and the responses as they were documented by the researcher. In completing the questionnaire, they were asked whether they would like to leave their email address so that the final results of the study could be passed on to them in due course. At no stage were participants informed that responses were going to be split and compared based on gender, so as not to affect or influence the responses of participants to answer questions in a particular way.

Data Analysis

The tool used to calculate the data collected will be SPSS, which is a computer programme that allows the user to calculate statistical analysis. After data is collected, the method of t-testing will be used to find statistics and percentages within the data. The goal of the t-test is to determine whether the mean values are the same or different between the two groups (Pikrakis et al., 2010) this is an appropriate method of analysis because in this research, we are trying to find if there is, in fact, a distinct statistical difference of mean attitudes between males and females. Using questionnaires provides a more generalised response, which is perfect for this piece of research due to the fact that we are looking to find attitudes in Irelands. It would have been possible to gather this information through the medium of interview, but it was decided that due to the nature of the research, a general attitude would be more beneficial to have, since it does claim to represent the feelings of the Irish majority. This is not about 5 or 6 people’s specific opinions.

Ethics

The ethical issues identified in this study were anonymity, age, informed consent and people’s personal circumstances that may affect their willingness to answer questions about organ donation. As attitudes to organ donation can be a sensitive topic, the anonymity of respondents was be ensured by not requesting them to give any personal information they could be identified by, apart from their gender. The very clear presumption is that research involving human subjects undertaken without the explicit consent of the research lacks an adequate moral base, and it would be better if the research were not undertaken (Gregory, 2003). With this in mind, informed consent was obtained to use their responses in this piece of research, and it was also ensured that all respondents were over 18 years of age. Participants were asked if they are comfortable with answering questions on organ donation before starting the questionnaire, as some people may find it offensive or upsetting for a variety of reasons.
Results

The intention of this study was to find out if there is, in fact, a difference in attitudes towards organ donation between the sexes. It was hypothesised that there would a difference, and that females would hold more positive feelings towards the process. The findings are show that there are certain situations and circumstances where there is a significant difference in attitudes towards organ donation between males and females, but in other cases, differences found are so minute, that they hold no real significance in indentifying valid differences of opinion in relation to the donation of organs, pre or post death.

Donating After Death and Donor Card Ownership

Organ Donor card ownership compared to willingness to donate after death were contradictory in the cases of both genders when it is considered that one of the only ways to show your intention to donate is to own an organ donor card. Although donor cards are not legally binding in Ireland, the Irish Kidney associated claim that “your next-of-kin are more likely to carry out your wish to donate your organs after your death if they have had a conversation with you, or can see evidence of your wish somewhere” (TheJournal.ie, 2012)

The difference between cardholders and people willing to donate was far smaller in female’s responses. Also, women were more inclined to own a card than men, with only 21% of men having registered as an organ donor, compared to 45% of women. Female responses to both questions were more positive than male responses, but there is only a significant difference between male and female donor card ownership. The statistically significant difference that we are referring to was affirmed by means of t-testing. This test is shown in Figure 5. There was an all-round positive response to question referring to post life donation. The difference between males and females willing to donate after death was slim, with 75% of males and 87% of females either agreeing or strongly agreeing. However, more women strongly agreed, with 50% of the female respondents choosing this option, compared to 38% of men.
Table 1: T-test results showing statistical significance of differences in attitude to post-mortem organ donation responses (t-score highlighted).
Donating after Death compared to Donating in Health

Although men and women both felt quite positive about donating after death, there was a noticeable drop in positive responses when it came to donating in health. Once again, there was no significant difference between the genders, with 43% of women and 37% of men indicating that they would not donate an organ in health. While 50% of women would donate after death, this percentage plummeted to 4% in the case of donation in life. Male’s willingness to donate dropped by 34% also.

Table 2: T-test results showing statistical difference in attitude to organ donation while in good health (t-score highlighted).

<table>
<thead>
<tr>
<th>Levene’s Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>&quot;I would be willing to donate one of my organs to an organ donation service while in good health.&quot;</td>
<td>Equal variances assumed</td>
<td>.069</td>
</tr>
<tr>
<td></td>
<td>Equal variances not assumed</td>
<td>-</td>
</tr>
</tbody>
</table>
Discussed Donation with Family

While 0% of our sample had donated an organ previously, 41% of males had discussed the topic with their family and let their preference be known to their family in the event that something happened to them. The majority of women (67%) had had the conversation with their family. The difference between responses is substantial, and would indicate that in this situation, women prioritise this higher than men do.

Figure 7: Organ donation discussed with family (male)  
Figure 8: Organ donation discussed with family (female)
Opt-Out Policy

There was a significant difference in mean responses when males and females were asked where they stood on the topic of a possible change in policy to an opt-out system, where automatic consent is given in relation to organ donation unless a request is made to withhold it. Only 55% of men indicated a positive response towards the possible change, while 71% of women were in favour of the opt-out policy. 10% more men chose the “disagree” option than women, while 6% of both males and females strongly disagreed with the introduction of the policy, making the overall response to the possible change a positive one.

Table 3: T-test results statistically outlining the differences in mean attitudes to an ‘Opt-Out’ policy between males and females (t-score highlighted).
**Financial Incentive**

There was no significant difference between the genders when it came to whether the availability of financial reward would make them more inclined to donate an organ. Only 1% between the two groups would be strongly more inclined to donate if they gained in a monetary sense by doing so, and that 1% was female. However, it is interesting to see that while the majority of people would not be persuaded to donate based on financial gain, they would also be in favour of introducing an opt-out policy. If the majority of people would not be encouraged to donate based on a financial incentive, and only 33% of our entire participants group own an organ donor card, while 81% of all participations showed either a strong or passive indication that they would be willing to donate after death, would introducing an opt-out policy help the shortage of organs available to Irish hospitals?

![Figure 11: Attitudes to incentivised organ donation (male)](image1)

![Figure 12: Attitude to incentivised organ donation (female)](image2)
Table 4: Outlining t-test results for mean attitude to financially incentivised organ donation (t-score highlighted).

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<thead>
<tr>
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<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
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<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>&quot;I would be more inclined to donate an organ if a financial reward were provided.&quot;</td>
<td>Equal variances assumed</td>
<td>2.437</td>
</tr>
<tr>
<td></td>
<td>Equal variances not assumed</td>
<td>-1.838</td>
</tr>
</tbody>
</table>
**Consent to the Donation of a Deceased Family Members Organs**

In a situation where a person was asked to consent to the harvesting of organs from a recently deceased relative in hospital, there was a significant difference in responses with 15% more women than men being inclined to strongly agree. There was a 10% difference in positive responses given by women than men, women being more positive towards the idea.

**Independent Samples (male/female) t-test**

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<thead>
<tr>
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<th>t-test for Equality of Means</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>&quot;I would consent to the donation of an organ from a deceased close family member if asked in hospital.&quot;</td>
<td>Equal variances assumed</td>
<td>4.494</td>
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<tr>
<td></td>
<td>Equal variances not assumed</td>
<td>3.179</td>
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</tbody>
</table>

Table 5: Attitudes to post mortem consent for next of kin (t-score highlighted).
Organ Recipient Preference

Both males and females would prefer that their organs were donated to a relative as opposed to an unknown recipient, with 73% of women indicating that they would rather have their organs help a relative in need, and 84% of males feeling the same way. When percentages are compared to the figures from the German study, it seems that the Irish participants of this study did not have a preference as strong as the respondents to the German Study. When the German participants were asked about their willingness to donate to specific recipients, almost all articulated their willingness to donate to first-grade relatives. (Donation to their own child: men: 98.8%; women: 98.4%; donation to living partner: men: 96.9%; women: 95.6%; donation to parents: men: 92.2%; women: 94.5%).

Table 6: Attitude to recipient preference (family/unknown) (t-score highlighted).

<table>
<thead>
<tr>
<th>t-test for Equality of Means</th>
<th>Levene's Test for Equality of Variances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal variances assumed</td>
<td>df</td>
</tr>
<tr>
<td>Equal variances not assumed</td>
<td>198</td>
</tr>
<tr>
<td>&quot;I would be more willing to donate an organ to a family member than I would an unknown recipient.&quot;</td>
<td>2</td>
</tr>
</tbody>
</table>
Discussion

Hypothesis

The aim of this study was to ascertain whether a person’s gender influenced their attitude toward the process of organ donation. Our original hypothesis stated that we expected to find a difference in mean attitudes between males and females, as well as predicting that females would hold a more positive attitude towards organ donation than men would. Both of these hypotheses were supported by studies such as “Between Comodification and Altruism: Gender imbalance and attitudes towards organ donation-A representative study of the German Community”, that found similar results when carried out in Germany. Decker found that in general, males were less open to the idea of donating their organs than females (Decker et al, 2008). The findings of this study have created a situation where it is impossible to prove or disprove. It’s difficult to prove or reject a null-hypothesis in this situation, as differences in the attitudes between the genders did exist in some ways, but not in others. This topic is not one that could be considered black or white. In this case, it is in the grey area where the most interesting results are found. Being unable to prove a hypothesis is not a failing, as it is the very nature of people to be unpredictable. If it was possible to predict the outcome, there would be very little point in carrying out a study at all.

Organ donor cards

According to Mark Murphy of the Irish Kidney Association, in 2010, 30% of all Irish people carried an organ donor card (Murphy, 2010). This figure is in close keeping with our findings, with 33% of respondents having a card. In terms of gender, 45% of women questioned had an organ donor card, while only 21% of men carried one. Reasons for this may include a lack of knowledge about the process. A number of people that took part in this study offered their reasons for not being a card holder. More than one person spoke of having the fear that if they were known to carry an organ donor card and they were in an accident, that their medical team would not try as hard as they would a non-card holder to save their lives, knowing that if all of their organs were healthy, they could very possibly save the lives of several people by losing one. This, obviously, would not be the case, but it is a lack of valid information available to people on the topic that allows them to base their viewpoint on one untruth. “Although organs in and of themselves are gender neutral and can be exchanged between the sexes, women account for up to two thirds of all organ donations” (Steinman, J., L., 2006). When reading Steinman’s statement initially, one may assume that this is down to men for the most part rejecting the idea of organ donation, but faced with the fact that 75% of men in this study indicated that they would want to donate their organs after they die, it is very possible that woman accounting for the majority of organs donated could simply be as case that fewer men than women carry organ donor cards.
Willingness to donate in death

Unlike Deckers study in Germany, where men generally refused to allow the donation of their organs in the event of their death (Decker, et al 2008), the responses in agreement with the statement “I would be willing to donate one of my organs to an organ donation service immediately after my death” were overwhelmingly positive, with 75% of male respondents indicating a positive response to the question, and 87% of women doing the same. This, along with the responses to the ownership of organ donor card question, causes us to ask why, if people feel so positively about donating their organs after their death, have they not taken the steps to ensure that this happens when the time comes? These results mean that in this instance, our 2-tailed hypothesis has been proven, because there is a difference in attitudes between males and females when it comes to donating their organs after their death, as well as men holding a less positive attitude than women, however slight that difference may appear. An independent-samples t-test was conducted to compare attitudes in males and females to donating their organs after their death. There was a significant difference between the scores for males (standard dev=1.096, mean=2.03) and females (standard dev=0.902, mean=1.71) attitudes: t (198) =2.254, p=0.025.

Discussed with family

67% of women said that they have discussed organ donation with their family at some point in their lives, while only 41% of men felt the issue important enough to speak about with their families. This could lead us to think that discussing the topic and having the right information about it makes a person more inclined to make a solid decision about their donor status. It is possible that some people who are willing to donate do not have cards because they have never discussed it before and do not know how to go about making their wishes known. This is an area that would benefit from further research, preferably in qualitative form, which would allow people to discuss if and how talking about the topic and gaining information affects their choices in relation to their organ donor status.

Religion

Respondent’s religious beliefs very rarely influenced their attitude towards organ donation, with only 2% of females and 5% of men stating that it was a factor for them. With 84.2% of Ireland’s population being of Roman Catholic faith, it would follow that the majority of respondents to this study would also be of that religion (CSO, 2012). Organ donation is not something that the Catholic Church has specifically dictated on in its teachings, but the church does encourage their followers to be charitable, and organ donation would fall under that heading.
Affected by media

From the result of this study, it would appear that advertisements that encourage organ donation are more influential on people’s decision to donate than their religious beliefs. People who were influenced by such advertisements were still in the minority, with 17% of men and 19% of women admitting that they based their decision to become an organ donor on seeing television advertisements, billboards or print media encouraging people to sign up. A suggestion for further research might include, as an objective, investigating possible correlation between other, similar issues and the effectiveness of advertising campaigns aimed at them. This information could be utilised by way of extrapolating results to infer what the issue with advertising is: whether it is a case that advertising is not effective in such a paradigm, or indeed that it is and it is a case whereby existing advertising is ineffective.

Willing to donate in health

There was a considerable drop in positive responses by both genders from willingness to donate after death to willingness to donate in health. 29% of males indicated that they would donate an organ while alive, while 27% of women stated the same. The similarities between the two results are obvious. There are a number of reasons why people are less likely to donate in life than they are in death. In the absence of any medical advantage to the prospective donor, they may be less likely to undergo a serious medical procedure based on altruism alone. Given the ubiquity of risks posed by infectious diseases such as MRSA, not to mention the obvious health hazard of losing an organ, it is understandable to consider why potential donors may be reluctant to donate while otherwise in good health.

Relationship with recipient

73% of women would be more inclined to donate an organ to a family member than an unknown recipient. According to Spital, altruism of this variety may have more to do with a person’s feeling of duty and obligation to help people in your family before helping others (Spital, 1998). This result was expected, as the Germany study found that % would donate an organ to a family member rather than a stranger. People are not generally willing to donate while in good health if they do not feel that they had to, and that sense of responsibility is heightened the closer your relationship is with that person who is in need of an organ.

Financial reward as an incentive

The response to monetary means being exchanged for organs was negative across the board. Only 1% of our sample stated that they would be more inclined to donate an organ if they were financially rewarded for doing so. This was expected, to a degree, due to the general consensus in the Western World that organs are not commodities and cannot be bought ethically described by Trueg. His noting of the fact that that paying for an organ runs the risk of it being viewed as a commodity, and threatens the idea of it as a gift of life (Trueg, R., D., 2005) appears to ring true in relation to the ethical mindset of Irish society. The independent-sample t-test carried out on responses on both males (standard dev=1.026, mean=3.76) and
females (standard dev=0.974, mean=4.02) found no statistical significant difference between responses, $t (198) =-1.838, p=0.68$. The lack of positive responses to this being introduced as an incentive to donate would mean that any monetary incentivising of donation would be of no use. Further research in this area in the form of interviews would allow people explain the precise reasons they would be uncomfortable with organ donations being incentivised.

**Opt-Out policy**

The introduction of an Opt-out policy was supported by the majority of people who took part in this study. 55% of males indicated a positive response to the possible introduction of the system, while 71% of women felt that an opt-out policy in relation to organ donation would be beneficial. We can say with 98% certainty that the difference between male (standard deviation =1.234, mean=2.54) and female (standard deviation =1.225, mean=2.12) attitudes $t (198) =2.415, p=0.017$ is statistically significant. Our results show that females that took part in this study had a much more positive attitude towards organ donation than men had. In light of respondent’s confidence in the opt-out system, it would appear that its introduction in the near future is a realistic possibility.

**Limitations**

The lack of consistency in results indicate that a person’s attitude towards something can be altered by the context by which it is presented to them in. In quantitative research, it is difficult to gain an in-depth understanding of people’s responses and attitude, as a result, leaving out the multitude of factors that may have moulded their viewpoint into what it is today. The open-ended nature of qualitative research would be useful now that we have collected the figures. A larger sample size would be beneficially, but unfortunately, was not possible to carry out in the time we have been allocated to carry out this research.

**Further Research**

Future studies on this topic that would be useful to the area of organ donation in Ireland. Interested parties may wish to investigate whether there is a reason woman are more inclined to carry an organ donation card than men, even though both genders are, for the most part, in favour of the process of organ donation and would be willing to donate their organs in the event of their death.

Another result of this study that, if it had been carried out qualitatively, could have been examined in more detail is the fact that although the majority of people would be willing to donate, only 33% of people questioned own an organ donor card. It would be interesting to find out whether there are reasons for this, and if there are, what are they? What could be done to ensure that everyone willing to donate can be identified as a donor if the situation was to arise?

In the piece “Gender and Values”, value differences were measured in males and females. The three measures used were compassion, materialism and meaning (Beutel, A., M. et al,
1995). This style of study would be useful in this context, as it would be possible to measure the extent by which a person’s gender influences their attitude towards organ donation.

**Conclusion**

This study is just one small piece of a substantial puzzle that through further research, could lead to the saving of hundreds of lives in Ireland each year. Organ donation is an issue that needs constant attention, or we run the risk of wasting the valuable organs of people who, if presented with the right information would be more inclined to donate them. The fact that the attitude to organ donation in the country, based on the results of this research, means that the real issue is awareness, and why people aren’t signing up to donate. The stark contrast between people stating that they would be willing to donate their organs after death, and the amount of people that have done something to ensure that their wishes are carried out when the time comes by owning a donor card is something that cannot be ignored.
Acknowledgements

I would like to extend my sincerest thanks to Dr Annette Jorgensen for her invaluable assistance and feedback throughout the course of this research.

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Attitudes surrounding Organ Donation in relation to Gender in Ireland

My name is Lindsey McGill. I am a 3rd year college student of Social Science in Dublin Business School, and as part of my final year assessment, I must conduct a study of my own that is original in nature. The topic I have chosen is the attitudes to organ donation held by the Irish population. Respondents will be asked a number of questions based on the topic of organ donation. The anonymity of respondents is of the utmost importance and to ensure that their anonymity is kept intact, the only personal information required will be their gender as well as whether they are over 18 or not. Respondents must be over 18 years of age for my study to stay within the guidelines set by my college. Participation in this research is completely voluntary.

Please circle correct responses

1. Please state your gender:
   Male   Female

2. Have you ever donated an organ?
   Yes   No
   (If yes, please give details)

3. If not, have you ever discussed organ donation or transplantation with your family?
   Yes   No

4. Do you have an organ donor card?
   Yes   No
5. If you do have an organ donor card, was your decision to become an organ donor influenced by media advertisements encouraging organ donation?

   Yes  No

6. Does your religion or cultural beliefs have an impact on your attitude towards organ donation?

   Yes  No

Please rate the extent to which you would agree or disagree with the following statements by circling the response that best suits your opinion.

7. “I would be willing to donate one of my organs to an organ donation service immediately after my death.”

   1. Strongly Disagree  
   2. Disagree  
   3. Neither Agree nor Disagree  
   4. Agree  
   5. Strongly Agree

8. “I would be willing to donate one of my organs to an organ donation service while in good health.”

   1. Strongly Disagree  
   2. Disagree  
   3. Neither Agree nor Disagree  
   4. Agree  
   5. Strongly Agree
9. “I would be more willing to donate an organ to a family member than I would to an unknown recipient.”

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

10. “I would consent to the donation of an organ from a deceased close family member if asked in a hospital.”

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

11. “I would be more inclined to donate an organ if a financial reward were provided.”

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree
12. “I would be in favour of Ireland adopting an “Opt-out”* policy regarding organ donation.”

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

*(An opt-out policy would mean that people would give automatic consent to donating their organs after death, unless requesting not to do so.)*

You have come to the end of the questionnaire.

Thank you for your time, it is much appreciated.

If you would like to be informed of the finding of this research, please leave your email address.