

# Survey finds positive view towards living kidney donation; offering payment may motivate

March 23 2016

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In a study published online by *JAMA Surgery*, Thomas G. Peters, M.D., of the University of Florida College of Medicine, Jacksonville, and colleagues examined the willingness of voting U.S. citizens to become living kidney donors and to determine the potential influence of compensation for donation.

Thousands of patients with end-stage renal disease in the United States have suffered [preventable deaths](#) due to the shortage of transplantable kidneys. From 2004 to 2013, more than 63,000 persons died or became too sick for transplantation while awaiting a kidney. Currently, the U.S. kidney transplantation waiting list exceeds 100,000 patients. The severe shortage might be alleviated by compensating living kidney donors, according to background information in the study.

A survey was administered by an international polling firm in June 2014. Information was collected on willingness to donate a kidney and the potential influence of compensation (\$50,000). The survey was performed via a random-digit dialing process that selected respondents via both landlines and mobile telephones to improve population representation. The survey included 1,011 registered U.S. voters likely to vote.

Of these respondents, 427 were male and 584 were female, with 43 percent of participants between ages 45 and 64 years. With respondents

grouped by willingness to donate, the researchers found that 689 (68 percent) would donate a kidney to anyone and 235 (23 percent) only to certain persons; 87 (9 percent) would not donate. Most (59 percent) indicated that payment of \$50,000 would make them even more likely to donate a kidney, 32 percent were unmoved by compensation, and 9 percent were negatively influenced by payment.

"Because too many U.S. patients are dying owing to the inadequate kidney supply, and because paying living kidney donors could increase the number of kidneys, we conclude that this option must be seriously considered. Amending existing federal law so that pilot studies concerning donor compensation can go forward is a reasonable start, and our findings show that it should be politically feasible. Results of such clinical trials should be the basis of regulatory policy. If pilot studies support paying living [kidney donors](#), perhaps one day there might be a long waiting list of persons wanting to donate rather than a list of Americans waiting for kidneys that never come," the authors write.

**More information:** *JAMA Surgery*. Published online March 23, 2016. [DOI: 10.1001/jamasurg.2016.0065](https://doi.org/10.1001/jamasurg.2016.0065)

Provided by The JAMA Network Journals

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