



Why Compensated Donation is ETHICALLY IMPERATIVE

BY JAMES STACEY TAYLOR, PH.D.

Recent moves to open commercial plasma collection centers in Ontario, Canada, have reinvigorated discussion of the ethics of offering compensation to plasma donors. But the question of whether or not persons should be compensated for donating their plasma is not new, having been around at least as long as Edwin Cohn's 1940 development of cold ethanol fractionation to break plasma down into its components. Considering its longevity, it is not surprising that this debate has by now acquired a familiar form: The opponents of compensated donation outline a series of objections to the practice, and then those who favor it show why these objections do not hold.

This way of proceeding is unfortunate, for it places the proponents of compensated donation on the defensive—a position that is ill-suited to participants in an industry whose products (whether developed from compensated or uncompensated donated plasma) save thousands of lives annually. A break away from this way of conducting the debate is thus long overdue. And such a break can readily be achieved, for compensating plasma donors is required by the moral requirement to secure persons' informed consent to the medical procedures that they participate in.



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CROWDING OUT, COMPENSATED DONATION AND INFORMED CONSENT

One common objection to compensating plasma donors is that such compensation would “crowd out” uncompensated donations and hence lead to less plasma being secured overall. This objection is clearly false—in fact, the opposite is true: With a few notable exceptions, such as Germany, Austria and the Czech Republic, the world supply of plasma derivatives (and hence the patients who depend on them) is strongly dependent on the U.S. source plasma industry and its compensated donors. But while this objection to donor compensation is misplaced, it is based on a grain of truth, for when compensation is offered *some* former donors will cease to donate. But this fact should provide only cold comfort to the opponents of compensated donation, for the lesson to be learned from it turns out to support the view that compensated donation is not only ethically acceptable, but is ethically required.

Some people who choose not to donate after compensation for plasma is introduced make this decision because the costs that they incur in donating—including the cost of giving up other activities that they could have been doing while they were donating—are higher than the level of compensation that is offered to them. When such a donor was donating she was doing so because she did not realize that the act of donation was economically inadvisable for her. Such a person would not have realized donating plasma was economically inadvisable for her because she did not have all of the information that she needed to make a properly informed decision as to whether or not she should donate. As it is ethically incumbent upon healthcare professionals to secure persons’ informed consent to the medical procedures that they are subject to, they should provide all of the information that they could expect would be relevant to persons’ decisions. Since we know that some people would stop donating once they realized the level of compensation that could be offered would not be enough to cover their costs—including the costs to them of giving up other activities that they could have done instead of donating—it is clear that for these people information concerning the amount of compensation that could be offered is crucial for them to be able to make a fully informed decision. As we cannot tell in advance which prospective donors would need this information in order to give their informed consent to donation, this information should be provided to all

prospective donors. Since this information could only be provided in a system where donors were *actually compensated* for their plasma, offering compensation is required to ensure that donors have given their informed consent to donate. This does *not* mean that the ethical duty to secure a person’s informed consent to the medical procedures that she is subject to requires that all plasma donations must be compensated. The requirement that persons should be informed of the level of compensation offered for their donation in order to give their informed consent to donate requires only that a system of donor compensation be available. This requirement thus does not preclude the possibility that uncompensated donors could give their informed consent to their donations. But it *does* require that such an uncompensated system operate in tandem with one in which donors are compensated, so that the information about the current level of compensation being offered is available even to persons who then chose to donate without receiving it.

CONCLUSION

Typically, a defense of compensated plasma donation will conclude with the observation that, since the objections that it has addressed that were leveled against offering plasma donors compensation fail, compensated donation is ethically acceptable. Bolder defenses of compensated donation might go further, noting, for example, that the world supplies of plasma—and hence the health and wellbeing of patients worldwide—are dependent upon compensated, or that compensating donors is ethically required to acknowledge their sacrifice. Yet these defenses of compensated donation do not go far enough. Even if plasma supplies could be met by uncompensated donation, and even if no donor wished to receive compensation for her sacrifice, compensation must at least be offered so that prospective donors can be fully informed about the level of value that is placed upon their donation. This information is essential for a prospective donor to be able to make an informed decision as to whether she believes that her time would be best spent donating, or doing something else. If we take the ethical requirement of informed consent seriously, then, offering compensation for plasma donation is not merely ethically acceptable, but is ethically required. ●

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