Quantifying Altruism In Kidney Donors: How Good Are The Current Scales?

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Introduction

Psychological altruism concerns the place of the other in moral experience and is comprised of five core components:

-the act is ultimately motivated to benefit the other even if there are positive, unintended consequences to the actor (Batson et al., 2002)
-the act involves a sacrifice or cost to the actor (Oliner & Oliner, 1988)
-the act is motivated by empathy (Sorokin, 1950; Batson et al., 2002)
-the act is intentional (Flynn & Black, 2010)
-the act is beyond the actor's culturally socialized role or duties (Levine et al., 2001)

Most people agree that living kidney donation is an altruistic act. There are multiple studies assessing altruism in the general population, but altruism has not been measured in the population of living kidney donors.

Statement of the Problem

The kidney transplant system is facing a major change. Doctors, ethicists and policy makers claim that "Altruism is not enough" and propose various compensation systems (Satel, 2009). This proposal introduces a different motivator, egoism, which may "crowd out" or "overshadow" motivations of altruism. Egoism may resolve the problem of organ shortage by replacing altruistic donations with a market-based, for-profit commodification of body parts.

Purpose of Present Study

This survey study uses three scales measuring altruism from the literature to quantify the altruism of living kidney donors.

1. Helping Attitudes Scale;
2. Self-Report Altruism Scale;
3. Altruism and Gift Giving Battery

Major Research Questions

1. What is the prevalence of altruism among living kidney donors?
2. How do related and unrelated donors compare in their degree of altruism?
3. From selected scales, which items are the strongest predictors of individuals who are high versus low in altruism?

Methods

Sample and Procedure

Participants were a representative sample from the University of Minnesota Kidney Donor Transplant Program (*n*= 168).

Participants completed a survey that included the three scales, questions about how well each survey does in measuring the altruism of kidney donors and an open-ended question about what additional questions should be asked.

Results

Respondent Demographics

Gender = 63% Female
Type of Donor= 79% Related Donor
Ethnicity= 95% Caucasian

At time of donation
Marital Status= 62% Married
Average Age = 40.8 Years (*SD*= 11.1)

Research Question 1:

What is the Prevalence of Altruism Among Living Kidney Donors?

Scale Name	Normative Data	Study Sample Score
Helping Attitudes Scale (HAS)	*M*= 79.6 *SD*= 8.7	*M*= 86.9 *SD*= 7.6
Self-Report Altruism Scale (SRAS)	*M*= 55.6 *SD*= 11.0	*M*= 63.6 *SD*= 9.5
Altruism and Gift Giving Battery (AGGB)	*M*= N/A *SD*= N/A	*M*= 39.2 *SD*= 7.0

Research Question 2:

How do Related and Unrelated Donors Compare in their Degree of Altruism?

Statistical analysis of scores for the Living Related Donor (LRD) and Living Unrelated Donor (LURD) groups on the 3 scales showed no significant mean differences.

Research Question 3: Which Scale Items are the Strongest Predictors of Individuals who are High vs. Low in Altruism?

- Factor analysis grouped survey items into 4 concepts:
  Physical help to stranger; Gifts; Volunteerism rewards; Risk/ sacrifice in helping.
- Multivariable analyses and logistic regression determined that:
  Volunteerism rewards, Risk/sacrifice in helping and age
  were significant predictors of a respondent being a living unrelated donor.
- Content analysis revealed 6 themes that respondents felt were needed to assess the altruism specific to living kidney donors:

Questions regarding the donor's cultural ideas of giving (n= 20);

"As you were raised, do you have a family history of volunteering and helping others?" (LURD)

"Is giving a part of your religious belief?" (LRD)

Questions regarding how much risk and discomfort one is willing to endure for another (n=17);

"Are you willing to risk your health to benefit another human being?" (LURD)

"Would you accept pain so someone else would not have to feel pain?" (LRD)

Comments regards personal family obligation or selfish motivation (n=14);

"My kidney donation had nothing to do with altruism. It was a family obligation. I never 'felt good,' but that's the way it is." *(LRD)*

"Giving my husband a kidney was a purely selfish thing to do. I wanted our life back. I wanted my husband to live the full life we had before his health went bad." *(LURD)*

Questions regarding the donor's emotional expectations post-donation (n=11);

"Do you expect the recipient of a gift to show appreciation or gratitude?" (LRD)

Questions regarding the financial and long-term health cost to the donor (n=10);

"Are you able to give the time and money needed to recuperate from the surgery?" (LRD)

Questions will not capture the true motivation. The decision to donate comes without hesitation (n=8)

"I was a donor and I do not think any of these questions were relevant to my decision. I never hesitated on the decision while others refuse. It's personal." (LRD)

Conclusions

Living kidney donors are more altruistic than the general population. However, living kidney donors, on average are 40 years old, whereas the general population (measured by the scales), on average is 22 years old. Therefore, the difference in altruism may be due to age difference.

- The more reward potential for donation, the less likely a living kidney donor will be unrelated.
- The more risk or sacrifice, the more likely the living kidney donor will be unrelated.
- The older the person, the more likely the living kidney donor will be unrelated.

Living kidney donation seems to be tied to cultural ideas of giving and receiving– the nuances between family pressure and selfish desire to keep loved one alive longer.

Living kidney donors seem to be those who don't hesitate to risk their health and/or money to help others.

Future Policy, Practice and Research Directions

There still remains a kidney shortage. Policies may adapt by exchanging one's kidney for life-time health care, or a lump sum of money, or preference on the kidney waiting list. Another solution to bridge the supply and demand gap is to increase living kidney donation.

Future research should investigate the motivations, cultural orientation, and profiles of nondirected donors in order to increase this type of donation.

Future research should investigate policies that promote well-being as a way to generate a *virtuous circle*, whereby increases in well-being promote altruism that, in turn, increases well-being (Brethel-Haurwitz & Marsh, 2014).

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