

## Note by the Commission Services on the interpretation of Special Eurobarometer 426 "Blood and Cell and Tissue Donation"

The objective of any Eurobarometer exercise is to measure public opinion and attitude in relation to a particular issue. This survey explored attitudes to giving and receiving blood, tissues and cells. Public opinion surveys, such as this, are not a method for collecting accurate statistics in relation to numbers of actual donations; other sources should be consulted for data on donation rates. Answers given by the general public to standardised questions provide valuable information on feelings and perceptions but can also indicate a low level of public understanding of what is practically entailed in donating and receiving human substances.

The Commission services have noted that, in particular, the reported rates of past donation are significantly higher than the rates indicated by data collected by authorities and by the medical and scientific communities. Blood, cell and tissue donation can be a sensitive subject for public discussion, and social norms may influence responses in an important way. When available, figures for actual donation rates have been included in footnotes to the relevant section of the report.

For the following points in the report, some possible explanations for these differences are suggested here:

- Plasma donation: the reported rates of past donations, and the similarities in socio-demographic profiles between blood and plasma donors, may indicate that the difference between these two types of donation is not clear for many citizens. This might in particular explain relatively high reported past donation rates in UK (13%) and IE (10%), where, in fact, plasma has not been routinely collected for almost 20 years due to the risks of variant Creutzfeldt-Jacob disease transmission.
- Donation of bone marrow, umbilical cord blood, sperm and eggs: The proportions of respondents that said they had donated bone marrow in the past are very high. The data contrast significantly with previously published data like in the NEWSLETTER TRANSPLANT<sup>1</sup> (for bone marrow and umbilical cord blood) or by national competent authorities like the Human Fertilisation and Embryology Authority<sup>2</sup> (HFEA in UK, for sperm and egg donation). These differences might be explained by misunderstandings like in case of bone marrow regarding registering as a candidate donor in a donor registry as against actually donating, or in case of umbilical cord blood regarding donation for public use as against storage for private/family use.
- Acceptability of compensation for living donation of blood, plasma or other substances: 11%-12% of respondents said they didn't know what they considered

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<sup>1</sup> <http://www.transplant-observatory.org/SiteCollectionDocuments/newsletter2014.pdf>

<sup>2</sup> <http://www.hfea.gov.uk/9370.html>

acceptable or were unable to give an answer. This could indicate also that these respondents believe none of these options is acceptable.

This Special Eurobarometer was conducted by TNS Opinion & Social at the request of Directorate-General for Health and Consumers (SANTE) and coordinated by co-ordinated by Directorate-General Communication (COMM). Further questions on methodology can be addressed [here](#).