value database in healthy community children across the entire pediatric age range (birth to 18 years). Nevertheless, we fully acknowledge the limitations of our studies and have clearly discussed these in our published manuscripts to the extent possible, considering the journal’s maximum word count restrictions.

Author Contributions: All authors confirmed they have contributed to the intellectual content of this paper and have met the following 3 requirements: (a) significant contributions to the conception and design, acquisition of data, or analysis and interpretation of data; (b) drafting or revising the article for intellectual content; and (c) final approval of the published article.

Authors’ Disclosures or Potential Conflicts of Interest: Upon manuscript submission, all authors completed the author disclosure form. Disclosures and/or potential conflicts of interest:

Employment or Leadership: None declared.

Consultant or Advisory Role: None declared.

Stock Ownership: None declared.

Honoraria: None declared.

Research Funding: This study was supported by the Canadian Institutes of Health Research.

Expert Testimony: None declared.

Patents: None declared.

On the Importance of Unconditional Rewards for Blood Donations

To the Editor:

In commenting on our article, “Economic Rewards to Motivate Blood Donations,” which appeared in Science in May 2013 (1), Kreuter and Gandhi argue that the subtle differences between “a token of appreciation and something with transferable cash value” could have important distinct effects on blood donation behavior (but no field study has yet directly addressed this question), it cannot explain the evidence we presented in our article (1). In every case that we studied, potential donors were always given rewards before being administered any questionnaire for eligibility. That is, the rewards were unconditional on making a donation, so there was no incentive to lie on the eligibility interview solely to receive the rewards. We explicitly mention this important detail in our article, highlighting that such unconditionality might indeed be critical for blood safety. Moreover, unconditional rewards are the standard and, as our article shows, effective practice adopted by the major blood collection organizations.

Author Contributions: All authors confirmed they have contributed to the intellectual content of this paper and have met the following 3 requirements: (a) significant contributions to the conception and design, acquisition of data, or analysis and interpretation of data; (b) drafting or revising the article for intellectual content; and (c) final approval of the published article.

References


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In Reply

We thank Lacetera, Macis, and Slo-nim for their comments. Regarding an unconditional reward, it may be possible to provide an incentive for participation in a small study, but it is not possible for most blood donation centers in current economic times. Furthermore, a reward of substantive value can only magnify the economic hurdle for a donor center. Having prac-
ticed transfusion medicine for several years, we can confidently state that the token of appreciation is provided after completion of donation, or in some cases, if the donor is determined ineligible.

As stated in our article, a repeat donor is considered safer than a first-time donor, and thus donor centers focus on retaining donors. Repeat donors are estimated to constitute the vast majority of donations, have fewer markers of infectious disease relative to first-time donors, and are more likely to respond to appeals from the donor center (1). A recent meta-analysis of repeat blood donors identified that incentives have no impact on blood donation (2). Previous meta-analyses on this topic indicate that altruism and prosocial behavior may be the bigger motivators for first-time blood donation, and importantly, for repeat donation (3).

Author Contributions: All authors confirmed they have contributed to the intellectual content of this paper and have met the following 3 requirements: (a) significant contributions to the conception and design, acquisition of data, or analysis and interpretation of data; (b) drafting or revising the article for intellectual content; and (c) final approval of the published article.

Authors’ Disclosures or Potential Conflicts of Interest: No authors declared any potential conflicts of interest.

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Previously published online at DOI: 10.1373/clinchem.2013.218115