APPENDIX FOR

PAYING FOR KIDNEYS?
A RANDOMIZED SURVEY AND CHOICE EXPERIMENT

Julio Elias, Nicola Lacetera and Mario Macis

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A. SURVEY SCRIPTS

We report below snapshots from our Qualtrics survey.

1-OVERVIEW AND INTRODUCTION

Overview of the survey

This survey has four parts:

Part 1. Basic demographics, Introduction, and Context of the study

Part 2. Information on the current organ procurement and distribution system in the United States

Part 3. Survey of your preferences regarding alternative organ procurement and distribution systems

Part 4. Additional questions

Part 1. Introduction and context of the study

This study is conducted by university-based researchers. The protocol was approved by the Homewood Institutional Review Board of Johns Hopkins University and the Office of Research Ethics of the University of Toronto.

In the survey we will ask you to **express your opinions regarding alternative procurement and distribution systems for organs for transplants**, as well as other questions regarding your preferences and characteristics.

We plan to inform U.S. Congress representatives and the Secretary of Health and Human Services about the results of this study, and more generally we will make the findings public. The sample used in this study is representative of the U.S. population.

*Note that **all of the answers that you provide will remain anonymous and treated with absolute confidentiality**. The researchers do not know your identity, and they will never be able to match your name with the answers that you provide.*

(Continues on the next page)

Part 1. Introduction and context of the study (continued)

Participation in this study is voluntary, and there are no foreseeable risks, harms, or inconveniences that accompany its completion. **It should take you 15-20 minutes to complete the survey diligently.**

Payment is conditional on diligently completing the entire survey; however, withdrawal is possible at any time if you so desire (any data collected will be destroyed).

The investigators, Drs. Nicola Lacetera and Mario Macis can be contacted for questions. Contact information for Dr. Lacetera: phone n. (416) 978-4423; e-mail at nicola.lacetera@utoronto.ca. Contact information for Dr. Macis: phone n. (410) 234-9431; e-mail: mmacis@jhu.edu.

If you have questions about your rights as a research participant, you may contact the Homewood Institutional Review Board at Johns Hopkins University at (410) 516-6580, e-mail: hirb@jhu.edu, or the Office of Research Ethics at the University of Toronto at (416) 946-3273or, e-mail: ethics.review@utoronto.ca.

If you agree to participate in this study, please continue. If you do not wish to participate, please close this window and your session will end.

2 - INFORMATION ABOUT KIDNEY DONATION AND TRANSPLANTATION IN THE UNITED STATES

Part 2. Information about kidney donation and transplantation in the United States

We now ask that you please read some information on kidney donation and transplantation in the United States.

The information is from several sources, including an article published in 2016 in the *American Journal of Transplantation*, and the website of the United Network for Organ Sharing (UNOS), the non-profit organization that manages the US organ transplant system.

Note: We care about the quality of our survey data and hope to receive the most accurate measures of your opinions. So, it is important that you **carefully read all the information provided, and that you thoughtfully give your best answer to each question in the survey.**

Do you commit to carefully reading and providing your thoughtful and honest answers to the questions in this survey?

- I will read carefully and provide my best answers
- I will not read carefully and provide my best answers
- I can't promise either way

General information and basic data about kidney failure, donations and transplants

Renal failure is the inability of the kidneys to remove waste and maintain electrolyte balance. To stay alive, patients with end-stage kidney disease need to have waste removed from their bloodstream via a machine (a procedure called dialysis) or a kidney transplant.

Kidney transplantation is often the best treatment for patients with renal failure. Patients who obtain a kidney transplant have longer life expectancy and better quality of life compared to people who stay on dialysis.

Each year in the United States approximately **38,000 new patients require a kidney transplant, but only about 19,000 obtain one**.

Of the **roughly 19,000 kidney transplants performed in the United States in 2016**, 70% of the kidneys came from deceased donors, and 30% from living donors.

In what follows we will focus on living donations. A living donation is possible because healthy people have two kidneys and can live with only one.

There are three main types of living kidney donation: **Direct donation**, in which the donor generally knows the recipient and donates directly to them; **Paired exchange donation**, where a donor donates their kidney to another recipient in exchange for a compatible kidney for their loved one; **Undirected donation** whereby the donor gives to a stranger (i.e., to somebody on the waiting list); an undirected donation might also initiate a "chain" of transplants.

About 82% of live donations are from direct donors, 11% from exchanges, and 7% from undirected donors.

Information about living kidney donation: surgery and risks

Many kidney donor operations are now done with laparoscopic surgery, which is less invasive than other procedures and involves smaller incisions to harvest the kidney. As a result, this procedure can help to minimize recovery time for the donor.

A kidney donor can generally expect to stay in the hospital for three to seven days after surgery. Most kidney donors resume normal activities after four to six weeks, depending on the physical demands of their daily living and work tasks.

Donors may not be able to drive for up to two weeks, and may have lifting restrictions for at least six weeks. Many donors have reported experiencing fatigue for varied periods of time.

The short-term risk of living donation involves risks associated with anesthesia and major surgery. Surgical complications can include pain, infection, blood loss, blood clots, allergic reactions to anesthesia, pneumonia, injury to surrounding tissue or other organs and even death.

There is limited available information on the long-term risks associated with living organ donation. **Possible long-term risks of kidney donation may include high blood pressure; reduced kidney function**, which may be measured by large amounts of protein in the urine; hernia; organ impairment or failure that may lead to the need for dialysis or transplantation; or even death. **Based upon the information that is currently available, overall risks are considered to be low.**

Negative psychological symptoms are possible during the healing process and even years after the donation. For example, **the donor may have feelings of regret, resentment, anger, anxiety or depression**.

Some donors have reported positive emotional experiences, including feeling good about trying to improve another person's life.

Shortage of kidneys in the US and Alternative organ procurement systems

Each year in the United States approximately **38,000 new patients require a kidney transplant, but only about 19,000 obtain one**.

The shortage of organs causes most patients to wait for a transplant.

Currently, about 98,000 patients are on the waiting list for a kidney, and **more than 4,000 people die each year while waiting for a transplant**.

Scholars and policymakers are debating alternative systems of organ procurement and distribution that might increase the supply of kidneys and reduce the shortage.

Some of the alternatives that are being debated include some form of compensation. Currently the National Organ Transplant Act of 1984 prohibits compensation to organ donors.

In the following section of the survey **we will ask you to express your opinions about an alternative kidney procurement and distribution system**, as compared to the current system.

Note that **our focus will be on undirected living donations**, that is, on donations not directed to a specific recipient, but **to patients on the waiting list** (with allocation determined by priority rules based on variables such as urgency, distance, and time on the waiting list).

3 – GATHERING PREFERENCES FOR ALTERNATIVE ORGAN PROCUREMENT AND DISTRIBUTION SYSTEM

Part 3. Gathering your preferences for alternative organ procurement and distribution systems

In the next section of the survey, we will ask you to **vote Yes or No to the introduction of an organ procurement and distribution system alternative to the one currently in place**, and under different scenarios regarding the expected number of kidney transplants performed under the alternative system.

At this point in the survey we randomly assigned respondents to one of eight alternative organ procurement and allocation systems. Below we show the script corresponding to one of them. The alternative systems are described in section X and summarized in Table X of the manuscript. We also randomly assigned participants, within each system, to either receiving the "ethics assessment" module or not. Below we show screenshots corresponding to both cases.

Please consider the following ALTERNATIVE ORGAN PROCUREMENT AND DISTRIBUTION SYSTEM:

- Kidney donors receive **$30,000 non-cash compensation from the kidney recipient**
- Donors can choose between **tax credits, tuition vouchers, loan repayment, or contributions to a tax-free retirement account**
- **A public agency**, coordinated by the U.S. Department of Health and Human Services, would regulate and oversee the process
- Donors may still choose to make uncompensated donations, if they wish.

In what follows, we will ask you to **consider 5 scenarios**. In each scenario, we ask you to **assume that the system described above will lead to a certain number of kidney transplants per year.** Specifically, you will see the following levels: **19,000; 23,000; 28,000; 33,000; 38,000 transplants** (corresponding to **50%, 60%, 74%, 87% and 100% of the annual demand for kidneys**, respectively). You can think of these different levels as corresponding to different responsiveness by potential donors to the alternative organ procurement scheme.

In each case, presented to you in separate screens and ascending order, we ask that you **express your attitudes towards this alternative system. In particular, we would like to know if you would support its legalization, or if you would prefer to keep the system currently in place.**

For your convenience, we will summarize the characteristics of the alternative system in a table, together with the features of the current system.

Therefore, **a "Yes" vote will indicate that you would prefer the alternative system**, whereas **a "No" vote will indicate that you would prefer the current system**.

*Please **consider each of the 5 scenarios separately**. That is, **take each level as the best available estimate** of the number of kidney transplants performed annually. You should therefore **express your opinion as if each scenario was the only one presented**.*

Informing Policymakers

At the end of the study we will report, in a letter to the US Congress, the distribution of the study respondents' preferences with respect to this scenario.

We will inform US Congress Representatives of the percentage of respondents in favor or against introducing this alternative system, under each of the 5 kidney supply levels scenarios. We will send the same letter to the Secretary of the Department of Health and Human Services.

*Recall that there is no deception in this study. **The letters will actually be sent to US House Representatives, Senators, and to the Secretary of Health and Human Services.** Also recall that, just like any other answer to this survey, your expressions of preference will be completely anonymous. Nobody, not even the researchers, will be able to match your responses to your name or identity.*

EXAMPLE OF LETTER TO BE SENT TO US CONGRESS REPRESENTATIVES AND TO THE SECRETARY OF HEALTH AND HUMAN SERVICES

January 1, 2018
The Honorable Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Study on attitudes of Americans regarding compensation to kidney donors

Dear Mr. / Madam Secretary:

We are University researchers, and in the **Fall of 2017** we conducted a study aimed at understanding the preferences of Americans **regarding different kidney procurement and distribution systems, with a focus on living kidney donations**.

We presented the following system to a representative sample of US citizens, **to be considered as an alternative to the one currently in place**:

- Kidney donors receive **$30,000 non-cash compensation from the kidney recipient**
- Donors can choose between **tax credits, tuition vouchers, loan repayment, or contributions to a tax-free retirement account**
- **A public agency**, coordinated by the U.S. Department of Health and Human Services, would regulate and oversee the process
- Donors may still choose to make uncompensated donations, if they wish.

Below we report the **percentage of respondents who declared they would support the introduction of this system**, under the assumption that the system would lead to the supply of a certain number of kidneys per year.

--- GRAPH ---

[The graph will show the % of respondents who voted "yes" to the introduction of the system above, for each of the five hypothetical levels of kidney supply]

(...)

Sincerely,

The Authors
[signatures]

SCREENSHOTS OF CHOICE QUESTIONS – VERSIONS WITHOUT ETHICS ASSESSMENT

As mentioned above, there were eight possible alternative systems, which we assigned to respondents randomly. Below we show screenshots from one of these eight cases as an example.

First, **assume that the alternative system would generate 19,000 kidney transplants** per year. Below are the characteristics of the alternative system and, for comparison, those of the current system.

	CURRENT SYSTEM	ALTERNATIVE SYSTEM
Donor compensation	None	$30,000 paid by the kidney recipient
Compensation type	None	tax credits, tuition vouchers, loan repayment, contribution to retirement account
Allocation of undirected kidney donations	to patients on the waitlist, according to priority rules	private transactions
Number of kidney transplants (annual)	19,000	**19,000**
% of demand for transplants satisfied	50%	**50%**

Assuming that these are the best available estimates of the outcomes under the alternative system, please **indicate whether you would be in favor of the alternative system being introduced**:

No, I am not in favor of this system | Yes, I am in favor of this system

Now **assume that the alternative system would generate 23,000 kidney transplants** per year. Below are the characteristics of the alternative system and, for comparison, those of the current system.

	CURRENT SYSTEM	ALTERNATIVE SYSTEM
Donor compensation	None	$30,000 paid by the kidney recipient
Compensation type	None	tax credits, tuition vouchers, loan repayment, contribution to retirement account
Allocation of undirected kidney donations	to patients on the waitlist, according to priority rules	private transactions
Number of kidney transplants (annual)	19,000	**23,000**
% of demand for transplants satisfied	50%	**60%**

Assuming that <u>these</u> are the best available estimates of the outcomes under the alternative system, please **indicate whether you would be in favor of the alternative system being introduced**:

No, I am not in favor of this system

Yes, I am in favor of this system

Now **assume that the alternative system would generate 28,000 kidney transplants** per year. Below are the characteristics of the alternative system and, for comparison, those of the current system.

	CURRENT SYSTEM	ALTERNATIVE SYSTEM
Donor compensation	None	$30,000 paid by the kidney recipient
Compensation type	None	tax credits, tuition vouchers, loan repayment, contribution to retirement account
Allocation of undirected kidney donations	to patients on the waitlist, according to priority rules	private transactions
Number of kidney transplants (annual)	19,000	**28,000**
% of demand for transplants satisfied	50%	**74%**

Assuming that <u>these</u> are the best available estimates of the outcomes under the alternative system, please **indicate whether you would be in favor of the alternative system being introduced**:

No, I am not in favor of this system

Yes, I am in favor of this system

Now **assume that the alternative system would generate 33,000 kidney transplants** per year. Below are the characteristics of the alternative system and, for comparison, those of the current system.

	CURRENT SYSTEM	ALTERNATIVE SYSTEM
Donor compensation	None	$30,000 paid by the kidney recipient
Compensation type	None	tax credits, tuition vouchers, loan repayment, contribution to retirement account
Allocation of undirected kidney donations	to patients on the waitlist, according to priority rules	private transactions
Number of kidney transplants (annual)	19,000	**33,000**
% of demand for transplants satisfied	50%	**87%**

Assuming that <u>these</u> are the best available estimates of the outcomes under the alternative system, please **indicate whether you would be in favor of the alternative system being introduced**:

No, I am not in favor of this system | Yes, I am in favor of this system

Now **assume that the alternative system would generate 38,000 kidney transplants** per year. Below are the characteristics of the alternative system and, for comparison, those of the current system.

	CURRENT SYSTEM	ALTERNATIVE SYSTEM
Donor compensation	None	$30,000 paid by the kidney recipient
Compensation type	None	tax credits, tuition vouchers, loan repayment, contribution to retirement account
Allocation of undirected kidney donations	to patients on the waitlist, according to priority rules	private transactions
Number of kidney transplants (annual)	19,000	**38,000**
% of demand for transplants satisfied	50%	**100%**

Assuming that <u>these</u> are the best available estimates of the outcomes under the alternative system, please **indicate whether you would be in favor of the alternative system being introduced**:

No, I am not in favor of this system | Yes, I am in favor of this system

SCREENSHOTS OF CHOICE QUESTIONS – VERSION WITH ETHICS ASSESSMENT MODULE

ETHICS ASSESSMENT OF THE CURRENT SYSTEM

Before we proceed, however, **we would like to ask you to consider the features of the current system**, summarized in the table, and answer the questions below.

	CURRENT SYSTEM
Donor compensation	None
Allocation of undirected kidney donations	to patients on the waitlist, according to priority rules
Number of kidney transplants (annual)	**19,000**
% of annual demand for transplants satisfied	**50%**

Please answer the questions below:

In your opinion, does the current system **benefit or exploit donors**?

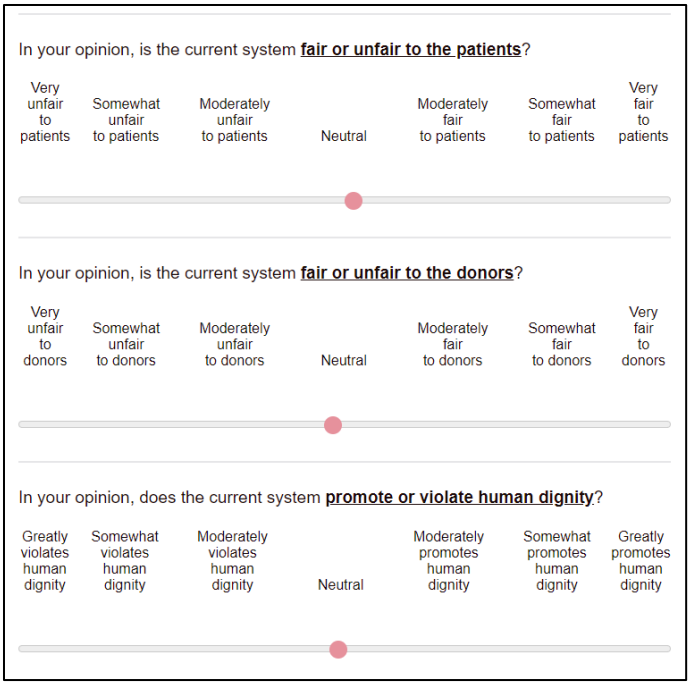
Greatly exploits donors | Somewhat exploits donors | Moderately exploits donors | Neutral | Moderately benefits donors | Somewhat benefits donors | Greatly benefits donors

In your opinion, does the current system **respect or limit individual autonomy (i.e., self-determination)**?

Severely limits autonomy | Somewhat limits autonomy | Moderately limits autonomy | Neutral | Moderately respects autonomy | Somewhat respects autonomy | Fully respects autonomy

Overall, does the current system let individuals **make fully informed choices or does it exert undue influence**?

Severe undue influence | Somewhat undue influence | Moderate undue influence | Neutral | Moderately informed choices | Somewhat informed choices | Fully informed choices


In your opinion, is the current system **fair or unfair to the patients**?
Very unfair to patients
Somewhat unfair to patients
Moderately unfair to patients
Neutral
Moderately fair to patients
Somewhat fair to patients
Very fair to patients
In your opinion, is the current system **fair or unfair to the donors**?
Very unfair to donors
Somewhat unfair to donors
Moderately unfair to donors
Neutral
Moderately fair to donors
Somewhat fair to donors
Very fair to donors
In your opinion, does the current system **promote or violate human dignity**?
Greatly violates human dignity
Somewhat violates human dignity
Moderately violates human dignity
Neutral
Moderately promotes human dignity
Somewhat promotes human dignity
Greatly promotes human dignity

ETHICS ASSESSMENT OF THE ALTERNATIVE SYSTEM, AND CHOICE

Recall that we assigned respondents to one of eight possible alternative organ procurement and allocation systems. Below we show screenshots corresponding to one case, as an example.

Please consider the following ALTERNATIVE ORGAN PROCUREMENT AND DISTRIBUTION SYSTEM:

- Kidney donors receive **a cash compensation of $100,000 from the kidney recipient**
- The funds would be **deposited in the donor's bank account**
- **A public agency**, coordinated by the U.S. Department of Health and Human Services, would regulate and oversee the process
- Donors may still choose to make uncompensated donations, if they wish.

In what follows, we will ask you to **consider 5 scenarios**. In each scenario, we ask you to **assume that the system described above will lead to a certain number of kidney transplants per year.** Specifically, you will see the following levels: **19,000; 23,000; 28,000; 33,000; 38,000 transplants** (corresponding to **50%, 60%, 74%, 87% and 100% of the annual demand for kidneys**, respectively). You can think of these different levels as corresponding to different responsiveness by potential donors to the alternative organ procurement scheme.

In each case, presented to you in separate screens and ascending order, we ask that you **express your attitudes towards this alternative system. In particular, we would like to know if you would support its legalization, or if you would prefer to keep the system currently in place.**

For your convenience, we will summarize the characteristics of the alternative system in a table, together with the features of the current system.

Therefore, **a "Yes" vote will indicate that you would prefer the alternative system**, whereas **a "No" vote will indicate that you would prefer the current system**.

*Please **consider each of the 5 scenarios separately**. That is, **take each level as the best available estimate** of the number of kidney transplants performed annually. You should therefore **express your opinion as if each scenario was the only one presented**.*

First, **assume that the alternative system would generate 19,000 kidney transplants** per year. Below are the characteristics of the alternative system and, for comparison, those of the current system.

	CURRENT SYSTEM	ALTERNATIVE SYSTEM
Donor compensation	None	$100,000 paid by the recipient
Compensation type	None	deposit to donor's bank account
Allocation of undirected kidney donations	to patients on the waitlist, according to priority rules	private transactions
Number of kidney transplants (annual)	19,000	**19,000**
% of demand for transplants satisfied	50%	**50%**

Please answer the questions below about the alternative system, **assuming that these are the best available estimates** of the outcomes under that alternative system.

In your opinion, does this system **benefit or exploit donors**?

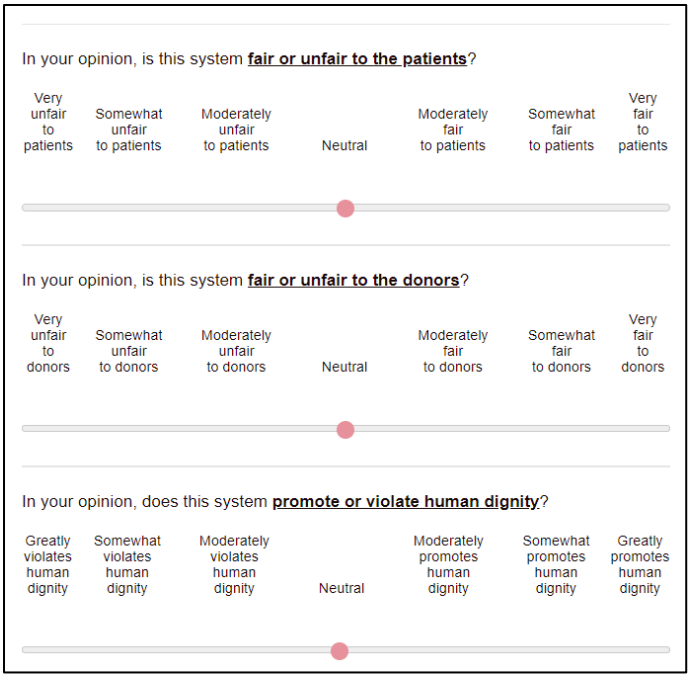
Greatly exploits donors | Somewhat exploits donors | Moderately exploits donors | Neutral | Moderately benefits donors | Somewhat benefits donors | Greatly benefits donors

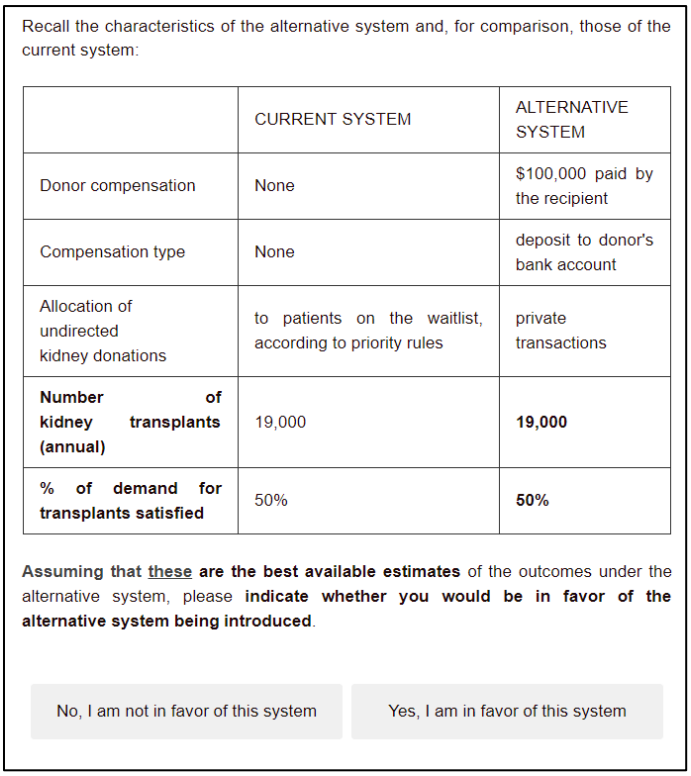
In your opinion, does this system **respect or limit individual autonomy (i.e., self-determination)**?

Severely limits autonomy | Somewhat limits autonomy | Moderately limits autonomy | Neutral | Moderately respects autonomy | Somewhat respects autonomy | Fully respects autonomy

Overall, does this system let individuals **make fully informed choices or does it exert undue influence**?

Severe undue influence | Somewhat undue influence | Moderate undue influence | Neutral | Moderately informed choices | Somewhat informed choices | Fully informed choices





Recall the characteristics of the alternative system and, for comparison, those of the current system:

	CURRENT SYSTEM	ALTERNATIVE SYSTEM
Donor compensation	None	$100,000 paid by the recipient
Compensation type	None	deposit to donor's bank account
Allocation of undirected kidney donations	to patients on the waitlist, according to priority rules	private transactions
Number of kidney transplants (annual)	19,000	**19,000**
% of demand for transplants satisfied	50%	**50%**

Assuming that these are the best available estimates of the outcomes under the alternative system, please **indicate whether you would be in favor of the alternative system being introduced**.

No, I am not in favor of this system

Yes, I am in favor of this system

We repeated the questions above for the other hypothesized levels of kidney supply procured with the alternative system (23K, 28K, 33K, 38K).

4 – ADDITIONAL QUESTIONS

Overall, **how strongly did you feel** about the answers you gave in the section that you just completed?

- I was **very confident** about my answers
- I was **somewhat confident** about my answers
- I was **somewhat unsure** about my answers
- I was **very unsure** about my answers

We will now **randomly select** one among two different organizations, and will give you the possibility to make a **donation** to the selected organization:

- one is an organization that **opposes payments to organ donors**
- one is an organization that **favors payments to organ donors**

The organization randomly chosen for you is the **American Transplant Foundation** (ATF).

The American Transplant Foundation proposes policy reforms that would **expand the allowable payments to donors to support organ transplants**.
The ATF's mission statement includes " (…) to eliminate our country's shortage of human transplant organs. Our supporters help the Foundation to raise awareness about organ donation, collaborate with other organ donation groups, and work toward better public policy".

Would you like to have us (the researchers) donate $1 on your behalf to the American Transplant Foundation, an organization that supports organ donor payments?

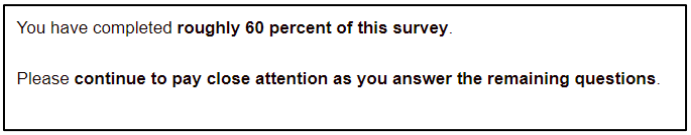
If you decide to have $1 donated to ATF, we will also transfer $1 to you. So, if you decide to donate to ATF, you will receive an additional $1. If instead you decide not to donate to ATF, you will not receive this additional payment.

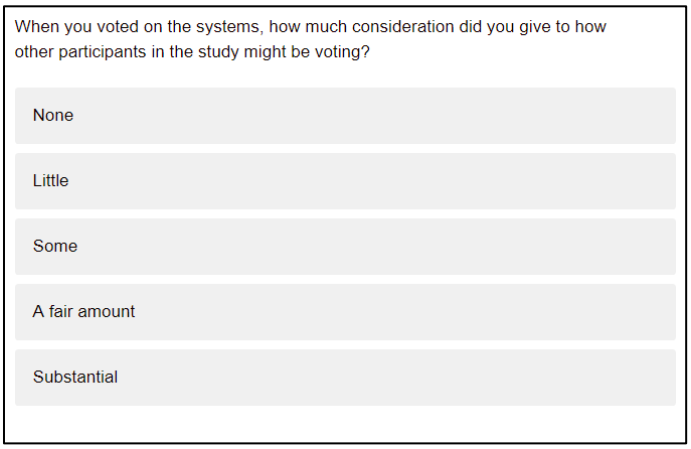
Note: Just like any other answer to this survey, **your donation decision will be completely anonymous**. Nobody, not even the researchers, will be able to match your donation decision to your name.

So, **would you like to have us donate $1 on your behalf to the American Transplant Foundation?**

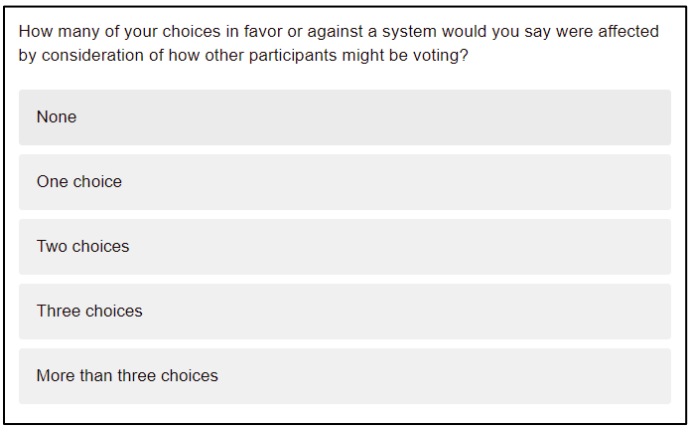
- Yes
- No

We included the question below to give the participants a sense of where they were in the survey, and to renew our exhortation to give thoughtful answers.

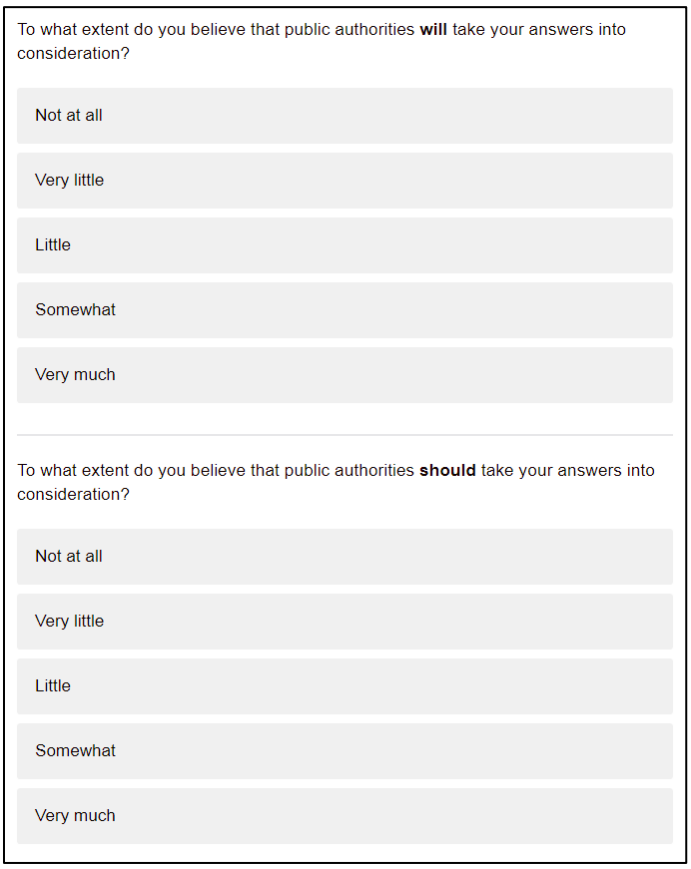




We presented the question below to respondents who above stated that they gave at least "little" consideration to how others might be voting.



The order of the next two questions was randomized.


To what extent do you believe that public authorities **will** take your answers into consideration?

Not at all

Very little

Little

Somewhat

Very much

To what extent do you believe that public authorities **should** take your answers into consideration?

Not at all

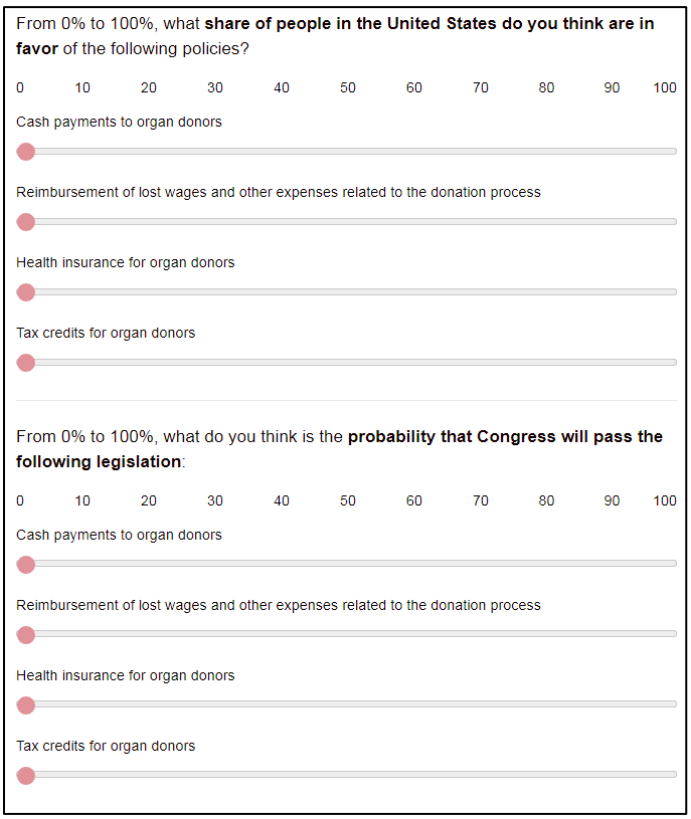
Very little

Little

Somewhat

Very much

The order of the next two questions was randomized.



5 - MORAL FOUNDATIONS MODULE

Source: We used questions from the "Moral Foundations Questionnaire" at http://www.yourmorals.org/index.php. We reproduced the "dominant values" questions verbatim from the source (with permission from one of the owners of the website, Jonathan Haidt), and modified the vignette slightly; specifically, we changed the name of the individual from Mark to the more gender-neutral Casey.

The purpose of the next section is to identify your **dominant values**.

In this questionnaire you are to ask yourself: "What values are important to ME as guiding principles in MY life, and what values are less important to me?" In the parentheses following each value is an explanation that may help you to understand its meaning.

Please use the rating scale below:

- 0 means the value is not at all important, it is not relevant as a guiding principle for you
- 3 means the value is important
- 6 means the value is very important
- -1 is for rating any values opposed to the principles that guide you
- 7 is for rating a value of supreme importance as a guiding principle in your life; *ordinarily there are no more than two such values*

For each value, select the number (-1,0,1,2,3,4,5,6,7) that indicates the importance of that value for you, personally.

The order of the next eleven questions was randomized.

PRAGMATISM (acting to achieve practical results, as opposed to adhering to abstract principles).

As a guiding principle in my life, this value is...

- -1 opposed to my values
- 0 not important
- 1
- 2
- 3 important
- 4
- 5
- 6 very important
- 7 of supreme importance

PURITY (avoiding doing things that are disgusting, even if no one is harmed).

As a guiding principle in my life, this value is...

- -1 opposed to my values
- 0 not important
- 1
- 2
- 3 important
- 4
- 5
- 6 very important
- 7 of supreme importance

JUSTICE (conforming to principles of impartiality and fairness).

As a guiding principle in my life, this value is...

- -1 opposed to my values
- 0 not important
- 1
- 2
- 3 important
- 4
- 5
- 6 very important
- 7 of supreme importance

SOCIAL RECOGNITION (respect, approval by others).

As a guiding principle in my life, this value is...

- -1 opposed to my values
- 0 not important
- 1
- 2
- 3 important
- 4
- 5
- 6 very important
- 7 of supreme importance

PLEASURE (gratification of desires).

As a guiding principle in my life, this value is...

- -1 opposed to my values
- 0 not important
- 1
- 2
- 3 important
- 4
- 5
- 6 very important
- 7 of supreme importance

COMPASSION (concern for those who are suffering).

As a guiding principle in my life, this value is...

-1 opposed to my values

0 not important

1

2

3 important

4

5

6 very important

7 of supreme importance

SPIRITUALITY (emphasis on spiritual, not material matters).

As a guiding principle in my life, this value is...

-1 opposed to my values

0 not important

1

2

3 important

4

5

6 very important

7 of supreme importance

EQUALITY (equal opportunity for all).

As a guiding principle in my life, this value is...

-1 opposed to my values

0 not important

1

2

3 important

4

5

6 very important

7 of supreme importance

GIVING (being charitable, selfless; helping the needy).

As a guiding principle in my life, this value is...

-1 opposed to my values

0 not important

1

2

3 important

4

5

6 very important

7 of supreme importance

FREEDOM (freedom of action and thought).

As a guiding principle in my life, this value is...

- -1 opposed to my values
- 0 not important
- 1
- 2
- 3 important
- 4
- 5
- 6 very important
- 7 of supreme importance

RESPECT FOR TRADITION (preservation of time-honored customs).

As a guiding principle in my life, this value is...

- -1 opposed to my values
- 0 not important
- 1
- 2
- 3 important
- 4
- 5
- 6 very important
- 7 of supreme importance

Now we want to ask you a different type of question that helps us better understand how people think about decisions involving life and death. Please consider the following hypothetical scenario:

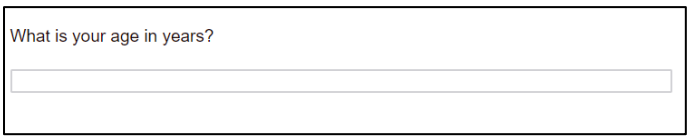
Casey is a crewperson on a marine-research submarine traveling underneath a large iceberg. An onboard explosion has damaged the ship, killed and injured several crewmembers. Additionally, it has collapsed the only access corridor between the upper and lower parts of the ship. The upper section, where Casey and most of the others are located, does not have enough oxygen remaining for all of them to survive until the submarine has reached the surface. Only one remaining crewmember is located in the lower section, where there is enough oxygen.

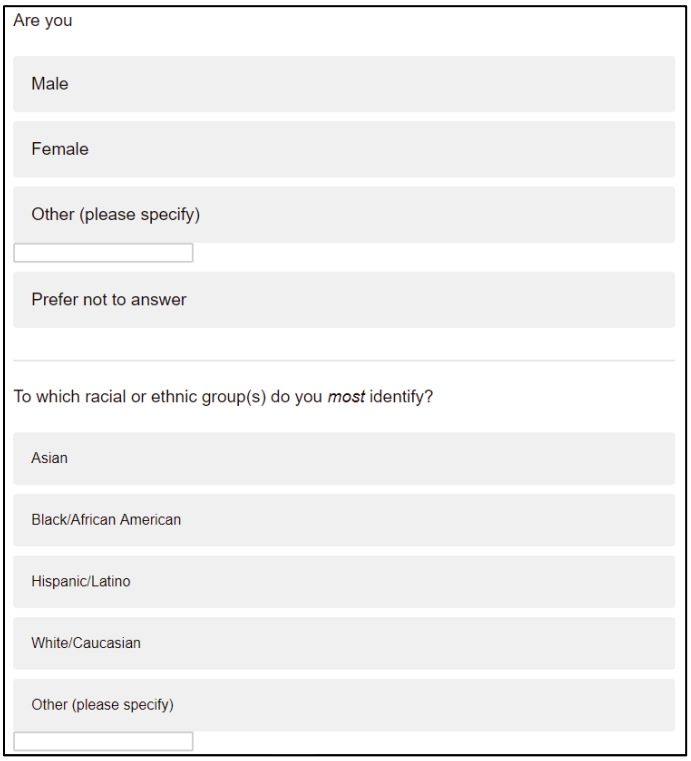
There is an emergency access hatch between the upper and lower sections of the ship. If released by an emergency switch, it will fall to the deck and allow oxygen to reach the area where Casey and the others are. However, the hatch will crush the crewmember below, who was knocked unconscious and is lying beneath it. Casey and the rest of the crew are almost out of air though, and they will all certainly die if Casey does not do this.

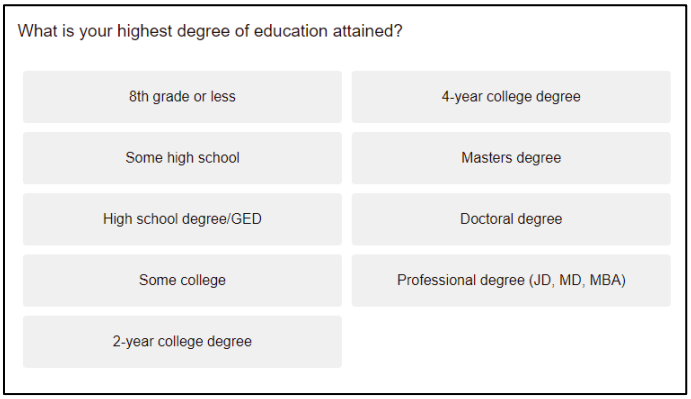
Is it appropriate for Casey to release the hatch and crush the crewmember below to save himself and the other crew members?

Yes	No

6 - SOCIO-DEMOGRAPHICS







What is your parental status?

- I have children
- I do not have children

Which of the following best describes your current labor market status?

- Employed full time
- Employed part time
- Self-employed/Entrepreneur
- Unemployed
- Homemaker
- Student
- Retired
- Other (specify)

Approximately, what was your total household income, before taxes, last year (**2016**)?

- $0-$9,999
- $10,000-$19,999
- $20,000-$29,999
- $30,000-$39,999
- $40,000-$49,999
- $50,000-$74,999
- $75,000-$99,999
- $100,000-$149,999
- $150,000-$199,999
- $200,000+
- Prefer not to answer

What is your religion?

- Atheist/Agnostic
- Christian
- Jewish
- Muslim
- Other

On social policy matters, do you think of yourself as liberal, moderate or conservative?

- Liberal
- Moderate
- Conservative
- Other (please specify)

On economic policy matters, do you think of yourself as liberal, moderate or conservative?

- Liberal
- Moderate
- Conservative
- Other (please specify)

Did you or a close relative or friend ever receive a blood transfusion? Please select all that apply (or select "No" if none of the above cases applies to you)

- Yes, I did
- Yes, a relative/friend did
- No

Do you or anyone you know need an organ transplant (or needed one in the past)? Please check all that apply (or select "None of the above" if none of the cases listed applies to you).

- Yes, **I currently need** an organ transplant (please specify which organ)
- Yes, **a relative/friend currently needs** an organ transplant (please specify which organ)
- Yes **I did need an organ transplant and obtained one** (please specify which organ)
- Yes, **a relative or friend needed an organ transplant and obtained it** (please specify which organ)
- Yes, **a relative or friend needed an organ transplant but did not obtain it** (please specify which organ)
- **None of the above** applies to me

Did you donate money or volunteered time to a charitable organization in the past 2 years?

No

Yes

Thank you very much for completing this survey.

Are there **any comments or thoughts that you would like to share?** If so please use the space below. Then click on the button to end the survey. Thank you!

B. ADDITIONAL TABLES AND FIGURES

Table B1: Randomization check

Outcome variables:	Woman	Socially liberal	Socially conservative	Economically liberall	Economically conservative	Atheist, agnostic	College educated or more	Income >$50K	Volunteered in previous two years	Know of someone who had a transplant
Conditions:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
$30K, cash, agency pays, morality module	-0.056	0.011	-0.092*	-0.002	-0.073	0.082**	0.015	-0.002	-0.038	-0.000
	(0.053)	(0.046)	(0.049)	(0.042)	(0.051)	(0.035)	(0.051)	(0.055)	(0.047)	(0.043)
$30K, cash, recipient pays	0.023	0.012	-0.086*	-0.011	-0.045	0.090**	0.014	-0.040	-0.016	-0.009
	(0.054)	(0.047)	(0.050)	(0.042)	(0.051)	(0.036)	(0.052)	(0.056)	(0.048)	(0.044)
$30K, cash, recipient pays, morality module	0.012	0.022	-0.004	0.027	-0.051	0.057	0.043	-0.016	-0.030	0.022
	(0.053)	(0.046)	(0.049)	(0.042)	(0.051)	(0.035)	(0.051)	(0.055)	(0.047)	(0.043)
$100K, cash, agency pays	-0.032	0.019	-0.004	0.016	-0.040	0.067*	0.086*	0.098*	-0.010	-0.006
	(0.052)	(0.046)	(0.048)	(0.041)	(0.050)	(0.035)	(0.051)	(0.055)	(0.047)	(0.043)
$100K, cash, agency pays, morality module	-0.020	-0.008	0.032	-0.002	0.020	0.053	0.052	0.054	-0.018	0.020
	(0.055)	(0.048)	(0.050)	(0.043)	(0.052)	(0.036)	(0.053)	(0.057)	(0.049)	(0.044)
$100K, cash, recipient pays	0.001	-0.041	-0.006	-0.038	-0.026	0.014	-0.000	0.006	0.013	-0.021
	(0.052)	(0.045)	(0.048)	(0.041)	(0.050)	(0.035)	(0.050)	(0.054)	(0.046)	(0.042)
$100K, cash, recipient pays, morality module	-0.060	0.029	-0.041	-0.038	0.012	0.011	0.063	0.024	-0.010	0.025
	(0.056)	(0.049)	(0.052)	(0.044)	(0.054)	(0.038)	(0.055)	(0.057)	(0.050)	(0.046)
$30K, non-cash, agency pays	-0.016	0.032	-0.043	0.005	-0.069	0.032	0.069	0.092*	0.027	0.048
	(0.052)	(0.045)	(0.048)	(0.041)	(0.049)	(0.034)	(0.050)	(0.054)	(0.046)	(0.042)
$30K, non-cash, agency pays, morality module	-0.029	0.001	-0.021	-0.003	-0.028	0.052	0.030	0.036	0.003	0.037
	(0.053)	(0.046)	(0.048)	(0.041)	(0.050)	(0.035)	(0.051)	(0.054)	(0.047)	(0.043)
$30K, non-cash, recipient pays	-0.024	0.049	-0.030	0.053	-0.059	0.023	0.071	0.061	0.020	-0.005
	(0.053)	(0.046)	(0.049)	(0.042)	(0.051)	(0.036)	(0.051)	(0.055)	(0.048)	(0.043)
$30K, non-cash, recipient pays, morality module	-0.020	-0.004	0.004	0.018	0.001	0.082**	0.065	0.021	-0.000	0.007
	(0.054)	(0.047)	(0.049)	(0.042)	(0.051)	(0.036)	(0.052)	(0.055)	(0.048)	(0.044)
$100K, non-cash, agency pays	-0.024	0.010	0.010	-0.016	-0.000	-0.000	0.125**	0.041	-0.014	-0.003
	(0.053)	(0.046)	(0.049)	(0.042)	(0.051)	(0.036)	(0.052)	(0.055)	(0.048)	(0.043)
$100K, non-cash, agency pays, morality module	-0.067	0.019	-0.028	0.040	-0.011	0.022	0.142***	0.054	0.013	0.036
	(0.054)	(0.047)	(0.050)	(0.042)	(0.052)	(0.036)	(0.052)	(0.056)	(0.048)	(0.044)
$100K, non-cash, recipient pays	-0.027	0.008	-0.058	-0.001	-0.073	0.020	0.016	-0.082	0.031	0.019
	(0.054)	(0.047)	(0.049)	(0.042)	(0.051)	(0.036)	(0.052)	(0.056)	(0.048)	(0.044)
$100K, non-cash, recipient pays, morality module	0.031	-0.014	-0.035	0.013	-0.093*	0.101***	-0.029	0.008	-0.024	0.008
	(0.054)	(0.047)	(0.050)	(0.043)	(0.052)	(0.036)	(0.052)	(0.055)	(0.048)	(0.044)
Constant	0.527***	0.245***	0.330***	0.186***	0.388***	0.085***	0.330***	0.446***	0.729***	0.197***
	(0.037)	(0.032)	(0.034)	(0.029)	(0.035)	(0.024)	(0.035)	(0.038)	(0.033)	(0.030)
Observations	2,666	2,666	2,666	2,666	2,666	2,666	2,666	2,473	2,666	2,666
R-squared	0.003	0.002	0.005	0.004	0.005	0.009	0.008	0.008	0.002	0.002

Notes: The table reports coefficient estimates from linear regressions. *** p<0.01, ** p<0.05, * p<0.1.

Table B2: Correlation between morality ratings of paid-donor systems and current system

		Paid-donor system						Current System				
		Benefit for donors	Autonomy	Informed decisions	Fair to patients	Fair to donors	Promote dignity	Benefit for donors	Autonomy	Informed decisions	Fair to patients	Fair to donors
Paid-donor system	Autonomy	0.50										
	Informed decisions	0.47	0.55									
	Fair to patients	0.71	0.54	0.52								
	Fair to donors	0.36	0.50	0.51	0.43							
	Promote dignity	0.47	0.58	0.64	0.52	0.60						
Cuttent System	Benefit for donors	0.02	0.09	0.08	0.06	0.10	0.14					
	Autonomy	-0.01	0.09	0.00	0.06	0.06	0.01	0.39				
	Informed decisions	0.06	0.11	0.05	0.12	0.11	-0.01	0.35	0.51			
	Fair to patients	-0.06	0.04	0.03	0.02	0.07	0.02	0.56	0.48	0.47		
	Fair to donors	0.06	0.09	0.10	0.10	0.14	0.07	0.37	0.40	0.38	0.48	
	Promote dignity	0.03	0.10	0.05	0.08	0.15	0.10	0.42	0.43	0.44	0.47	0.51

Table B3: Regressions with binary indicators for the five kidney transplant gains

Outcome variable:	Favor for alternative system (=100 if in favor, 0 if opposed)		
Regressors:	(1)	(2)	(3)
14 %pts.	4.501***	4.501***	4.501***
	(0.718)	(0.719)	(0.719)
25 %pts.	9.565***	9.565***	9.565***
	(0.850)	(0.850)	(0.850)
38 %pts.	10.878***	10.878***	10.878***
	(0.890)	(0.890)	(0.890)
50 %pts.	13.203***	13.203***	13.203***
	(0.920)	(0.920)	(0.921)
$100K cash, public agency pays			-1.645
			(2.964)
$30K cash, recipient pays			-14.461***
			(3.076)
$100K cash, recipient pays			-13.086***
			(3.125)
$30K non-cash, public agency pays			5.462**
			(2.690)
$100K non-cash, public agency pays			-0.186
			(2.915)
$30K non-cash, recipient pays			-15.327***
			(3.070)
$100K non-cash, recipient pays			-13.269***
			(3.173)
Cash		-1.591	
		(1.535)	
Recipient pays		-15.026***	
		(1.543)	
$100K		-1.067	
		(1.538)	
Constant	57.164***	65.742***	63.438***
	(0.959)	(1.508)	(2.129)
Observations	13,330	13,330	13,330
R-squared	0.010	0.035	0.037

Notes: The table reports coefficient estimates from linear regressions. Standard errors are clustered at the respondent level (the regressions include 5 observations for each of the 2,666 participants).
*** p<0.01, ** p<0.05, * p<0.1.

Table B4: distribution of types by system

	Always opposed	From opposed to favor	Always in favor	From favor to opposed	Other
$30K cash, public agency pays	17.4%	16.6%	52.2%	3.1%	10.7%
$100K cash, public agency pays	17.9%	15.2%	51.7%	4.6%	10.6%
$30K cash, recipient pays	27.9%	20.0%	35.5%	5.5%	11.2%
$100K cash, recipient pays	25.9%	17.4%	41.3%	4.4%	11.0%
$30K non-cash, public agency pays	10.2%	18.5%	54.3%	3.6%	13.5%
$100K non-cash, public agency pays	16.4%	17.6%	51.4%	4.9%	9.7%
$30K non-cash, recipient pays	26.9%	20.4%	35.8%	4.6%	12.3%
$100K non-cash, recipient pays	29.6%	14.8%	42.5%	5.3%	7.9%

Table B5: Transplant increases, moral considerations, and support for paid-donor systems – regression with controls

Outcome variable:	Favor for alternative system (=100 if in favor, 0 if opposed)			
Regressors:	(1)	(2)	(3)	(4)
Transplant increase (%pts.)	0.258***	0.138***	0.144***	0.141***
	(0.036)	(0.025)	(0.025)	(0.049)
Cash	0.332	1.845	1.656	2.318
	(1.841)	(1.911)	(1.922)	(2.320)
Recipient pays	-16.227***	-7.875***	-8.416***	-9.258***
	(1.849)	(1.942)	(1.943)	(2.350)
$100K	0.058	-0.486	-0.759	-0.917
	(1.852)	(1.898)	(1.906)	(2.308)
Cash x Transplant increase	-0.031			-0.029
	(0.037)			(0.050)
Recipient pays x Transplant increase	0.061			0.034
	(0.037)			(0.051)
$100K x Transplant increase	-0.042			0.002
	(0.037)			(0.050)
Concerns for exploitation		-0.518***		
		(0.169)		
Concerns for lack of autonomous choice		-0.322*		
		(0.173)		
Concerns for undue influence		-0.805***		
		(0.168)		
Concerns for fairness to donors		-0.659***		
		(0.183)		
Concerns for fairness to patients		-0.865***		
		(0.153)		
Concerns for harm to human dignity		-1.383***		
		(0.189)		
Principal component of moral concerns			-24.470***	-24.038***
			(0.772)	(1.715)
Principal component of moral concerns x Transpl. Increase				0.027
				(0.018)
Principal component of moral concerns x Cash				2.176
				(1.505)
Principal component of moral concerns x Recipient pays				-3.121**
				(1.525)
Principal component of moral concerns x $100K				-1.673
				(1.491)
age 35-54	-4.992**	-5.960**	-5.681**	-5.820**
	(2.089)	(2.564)	(2.585)	(2.580)
age 55+	-7.435***	-4.992	-5.238	-5.196
	(2.650)	(3.290)	(3.321)	(3.307)
Woman	-2.367	1.361	0.919	1.220
	(1.702)	(2.043)	(2.045)	(2.066)
Asian	-3.186	1.064	0.876	0.783
	(3.522)	(3.922)	(3.904)	(3.915)
Black	4.594*	3.298	4.066	4.148
	(2.413)	(3.103)	(3.086)	(3.084)
Non-white Hispanic/Latino	3.240	-0.350	-0.688	-0.555
	(2.341)	(3.012)	(3.045)	(3.028)
White	-9.851**	-5.536	-5.406	-5.424
	(4.949)	(6.587)	(6.687)	(6.674)

(continues below)

(continued from above)

Married	-1.258	-4.878**	-5.054**	-4.953**
	(1.872)	(2.333)	(2.343)	(2.340)
With children	3.582*	3.478	3.116	3.193
	(1.917)	(2.318)	(2.302)	(2.303)
Atheist	-1.715	0.749	0.119	0.155
	(2.594)	(2.760)	(2.773)	(2.782)
Non-Christian religion	-0.105	-1.920	-1.311	-1.445
	(2.133)	(2.706)	(2.701)	(2.696)
College degree or higher	-0.247	2.904	2.645	2.736
	(1.810)	(2.109)	(2.118)	(2.123)
Employed	5.712**	8.143***	8.495***	8.559***
	(2.456)	(2.928)	(2.925)	(2.920)
Retired	3.392	6.878*	6.786*	6.707*
	(3.303)	(3.922)	(3.938)	(3.929)
Income >$75,000 annual	-0.150	-0.415	-0.746	-0.811
	(1.801)	(2.290)	(2.295)	(2.301)
Social views: liberal	-3.186	-0.866	-0.860	-0.688
	(2.763)	(3.278)	(3.271)	(3.253)
Social views: conservative	1.059	-1.987	-1.623	-1.364
	(2.566)	(2.786)	(2.807)	(2.792)
Economic views: liberal	6.420**	2.106	1.887	1.853
	(2.920)	(3.418)	(3.419)	(3.399)
Economic views: conservative	-4.527*	1.255	1.273	1.057
	(2.498)	(2.657)	(2.688)	(2.686)
Volunteered/Donated to charity in past 2 years	2.547	2.417	2.035	2.251
	(1.853)	(2.232)	(2.243)	(2.247)
Region: Midwest	0.806	-4.812	-5.531*	-5.376*
	(2.574)	(3.065)	(3.093)	(3.091)
Region: South	-0.509	-9.084***	-9.209***	-9.103***
	(2.330)	(2.842)	(2.859)	(2.850)
Region: West	0.761	-7.689***	-8.055***	-7.872***
	(2.430)	(2.951)	(2.965)	(2.960)
Region: Other	-15.026*	-35.610***	-37.070***	-36.869***
	(8.423)	(9.799)	(9.325)	(9.366)
Knows/knew someone who needs/needed a transplant	-0.227	1.825	1.634	1.455
	(1.936)	(2.291)	(2.294)	(2.295)
Ever received a blood transfusion	2.002	2.132	2.694	2.993
	(2.512)	(3.085)	(3.078)	(3.077)
Relative/friend received blood transfusion	1.960	0.317	-0.145	0.073
	(1.791)	(2.144)	(2.155)	(2.173)
Constant	64.531***	60.609***	64.803***	64.366***
	(4.093)	(4.957)	(4.916)	(4.916)
Observations	12,365	5,990	5,990	5,990
R-squared	0.049	0.300	0.294	0.296

Notes: The table reports the full set of coefficient estimates from the regressions whose results are shown in Table 3, column (6) and in Table 6, columns (5), (7), and (9) in the main text. . Standard errors, clustered at the respondent level (the regressions include 1,276 participants), are in parentheses (*** p<0.01, ** p<0.05, * p<0.1).

Table B6: Probability of writing a comment as a function of experimental condition and respondent's "type"

Outcome variable:	1 if the respondent wrote a comment, 0 otherwise		
Regressors:	(1)	(2)	(3)
Always opposed			0.059***
			(0.018)
From opposed to favor			0.025
			(0.018)
From favor to opposed			0.029
			(0.033)
Other			-0.076***
			(0.014)
Cash	-0.010	-0.010	
	(0.013)	(0.013)	
Recipient pays	0.008	0.008	
	(0.013)	(0.013)	
$100K	-0.002	-0.002	
	(0.013)	(0.013)	
Morality module		0.009	
		(0.013)	
Constant	0.126***	0.121***	0.114***
	(0.013)	(0.014)	(0.009)
Observations	2,666	2,666	2,666
R-squared	0.000	0.001	0.013

Notes: The table reports the coefficient estimates from linear regressions of an indicator variable equal to 1 if the respondent wrote a comment and 0 otherwise. In the specification in column (1) the regressors are binary indicators for the features of the paid-donor system; in column (2) the regressors also include an indicator for whether the respondent received the morality assessment module; and in column (3) the regressors are indicators for the respondent's "type" (please see Section 4.2 in the manuscript for details). Robust standard errors are in parentheses (*** p<0.01, ** p<0.05, * p<0.1).

Table B7: Associations between responses to survey questions and nature of comments

Outcome variables:	Average of principal component of moral concerns	100 if in favor of paid-donor system, 0 otherwise	1 agreed to donate to ATF, 0 otherwise
Regressors:	(1)	(2)	(3)
Transplant increase (%pts.)		0.256***	
		(0.018)	
Recipient pays	0.214***	-14.341***	-0.045**
	(0.053)	(1.514)	(0.022)
$100K	0.014	-1.029	0.003
	(0.053)	(1.505)	(0.022)
Cash	0.151***	-1.286	-0.032
	(0.053)	(1.504)	(0.022)
Comment expressing favor toward paying donors	-0.345*	15.559**	0.266***
	(0.192)	(6.359)	(0.079)
Comment expressing opposition to paying donors	0.981***	-48.537***	-0.151**
	(0.210)	(3.985)	(0.065)
Comment stating importance of topic/appreciation for survey	-0.315**	8.941**	0.189***
	(0.133)	(3.539)	(0.050)
Comment relating personal experience	0.522**	7.122	0.114
	(0.214)	(7.762)	(0.150)
Other comments	0.227	-2.885	0.031
	(0.163)	(4.081)	(0.056)
Respondent entered random characters	0.210***	-0.189	0.028
	(0.067)	(6.082)	(0.114)
Respondent typed "No comment" or equivalent	0.102	-1.217	-0.058
	(0.075)	(2.684)	(0.038)
Constant	-0.217***	67.623***	0.534***
	(0.052)	(1.501)	(0.022)
Observations	1,276	13,330	2,130
R-squared	0.060	0.065	0.017

Notes: The table reports the coefficient estimates from linear regressions. The outcome variables are: the average of each respondent's moral concerns toward the paid-donor system (relative to the current system) in column (1); an indicator variable equal to 1 if the respondent supported the legalization of the paid-donor system in column (2); and an indicator variable equal to 1 if the respondent agreed to donate money to the pro-compensation foundation (ATF) in column (3). The samples include respondents who received the morality assessment module (column 1), all respondents (column 2), and respondents who were invited to donate to the pro-compensation foundation (column 3). Robust standard errors are in parentheses (*** p<0.01, ** p<0.05, * p<0.1). Regressions whose estimates are in columns (1) and (3) have one observation per participants. In the regression whose results are in column (2), there are 5 observations for each of the 2,666 respondents, and standard errors are clustered at the respondent.

Table B8: Regressions of monetary donations with controls for ethical concerns and moral foundations

Outcome variable:	Donation to ATF				Donation to NKF			
Regressors:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
First principal component of moral foundations	0.074*** (0.012)	0.066*** (0.016)			0.022 (0.022)	-0.004 (0.033)		
Second principal component of moral foundations	-0.030*** (0.011)	-0.025 (0.016)			-0.001 (0.023)	0.030 (0.037)		
Avg. Princ. component of moral concerns		-0.122*** (0.016)		-0.121*** (0.016)		0.101*** (0.035)		0.109*** (0.035)
Deontological response to vignette			-0.081*** (0.024)	-0.067* (0.035)			-0.039 (0.052)	0.038 (0.080)
High value of pleasure			-0.008 (0.031)	-0.014 (0.044)			0.026 (0.062)	-0.016 (0.100)
High value of freedom			0.083*** (0.026)	0.056 (0.037)			-0.001 (0.056)	-0.009 (0.083)
High value of tradition			0.004 (0.029)	0.067 (0.042)			-0.053 (0.058)	-0.117 (0.085)
High value of compassion			0.073** (0.028)	0.059 (0.041)			0.136** (0.058)	0.081 (0.082)
High value of giving			0.016 (0.028)	0.012 (0.039)			-0.043 (0.057)	-0.031 (0.083)
High value of pragmatism			0.025 (0.029)	0.055 (0.041)			-0.040 (0.059)	0.024 (0.090)
Constant	0.517*** (0.053)	0.499*** (0.073)	0.443*** (0.053)	0.424*** (0.074)	0.321*** (0.111)	0.352** (0.153)	0.288** (0.115)	0.351** (0.165)
Observations	1,974	955	1,974	955	499	243	499	243
R-squared	0.055	0.132	0.056	0.135	0.065	0.162	0.077	0.170

Notes: The table reports the estimates from linear regressions of the choice to donate to the American Transplant Foundation (ATF) or to the National Kidney Foundation (NKF), expressed as binary (0-1) indicator, on the following covariates: an indicator for whether a respondents received also the morality principles module (columns 1 and 4); a summary measure of the moral concerns the participants expressed for the paid-donor system (principal component of relative moral concerns averaged over the six principles and five supply levels); and indicators for the respondents' "moral foundations" ("deontological response to vignette" is an indicator with value of 1 if the respondents recommended not killing the individual, and zero otherwise; the indicators of "high value" of pleasure, freedom, tradition, compassion, giving and pragmatism have value of 1 if the respondents rated the importance of a principle 6 or 7, and zero for a lower rate). All regressions include the features of the paid-donor systems (indicators o payment by recipient, cash payment, and $100,000 payment) as well as control variables for respondents' sociodemographic characteristics. There is one observation per respondent. *** p<0.01, ** p<0.05, * p<0.1.

Table B9: Regressions with controls for perceived consequentiality

Outcome variable:	Favor for alternative system (=100 if in favor, 0 if opposed)							
Regressors	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Transplant increase (%pts.)	0.141***	0.141***	0.143***	0.141***	0.141***	0.142***	0.142***	0.142***
	(0.049)	(0.049)	(0.049)	(0.049)	(0.049)	(0.049)	(0.049)	(0.049)
Cash	2.318	2.316	2.420	2.865	2.160	2.385	2.425	2.422
	(2.320)	(2.320)	(2.317)	(2.307)	(2.317)	(2.319)	(2.320)	(2.320)
Recipient pays	-9.258***	-9.259***	-9.221***	-9.486***	-9.321***	-9.420***	-9.448***	-9.330***
	(2.350)	(2.350)	(2.344)	(2.331)	(2.347)	(2.349)	(2.348)	(2.347)
$100K	-0.917	-0.918	-0.879	-0.601	-0.846	-0.925	-0.935	-0.886
	(2.308)	(2.308)	(2.303)	(2.285)	(2.305)	(2.306)	(2.306)	(2.304)
Cash x Transplant increase	-24.038***	-24.033***	-23.691***	-24.084***	-24.057***	-24.029***	-24.044***	-24.007***
	(1.715)	(1.718)	(1.725)	(1.704)	(1.705)	(1.711)	(1.703)	(1.711)
Recipient pays x Transplant increase	-0.029	-0.029	-0.030	-0.029	-0.029	-0.029	-0.029	-0.029
	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)
$100K x Transplant increase	0.034	0.034	0.034	0.035	0.034	0.034	0.034	0.035
	(0.051)	(0.051)	(0.051)	(0.051)	(0.051)	(0.051)	(0.051)	(0.051)
Principal component of moral concerns	0.002	0.002	0.002	0.003	0.002	0.002	0.002	0.002
	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)
Principal component of moral concerns	0.027	0.027	0.028	0.027	0.027	0.027	0.027	0.027
x Tr. Increase	(0.018)	(0.018)	(0.018)	(0.018)	(0.018)	(0.018)	(0.018)	(0.018)
Principal component of moral concerns	2.176	2.175	2.025	2.140	2.194	2.193	2.222	2.243
x Cash	(1.505)	(1.506)	(1.512)	(1.498)	(1.500)	(1.503)	(1.501)	(1.508)
Principal component of moral concerns	-3.121**	-3.122**	-3.259**	-2.885*	-3.106**	-3.095**	-3.030**	-2.948*
x Recipient pays	(1.525)	(1.525)	(1.533)	(1.522)	(1.521)	(1.524)	(1.524)	(1.538)
Principal component of moral concerns	-1.673	-1.676	-1.600	-1.369	-1.639	-1.662	-1.598	-1.779
x $100K	(1.491)	(1.491)	(1.500)	(1.489)	(1.487)	(1.489)	(1.488)	(1.497)
Somewhat or very confident about choices		0.165						
		(3.820)						
Public authorities should consider answers			6.675***					
			(2.482)					
Public authorities will consider answers				13.434***				
				(2.986)				
Prob(legislation on cash for donors)>0					8.798*			
					(4.696)			
Prob(legislation on compensating						8.953		
donors for lost wages)>0						(6.040)		
Prob(legislation on health							10.051**	
insurance for donors)>0							(4.946)	
Prob(legislation on tax credits								9.733*
for donors)>0								(5.042)
Constant	64.441***	64.302***	60.917***	52.639***	55.808***	55.722***	54.606***	54.550***
	(5.033)	(5.955)	(5.165)	(5.597)	(6.660)	(7.551)	(6.929)	(7.095)
Observations	5,990	5,990	5,990	5,990	5,990	5,990	5,990	5,990
R-squared	0.296	0.296	0.299	0.304	0.297	0.296	0.297	0.297

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(continued from above)

Outcome variable:	Favor for alternative system (=100 if in favor, 0 if opposed)						
Regressors	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Transplant increase (%pts.)	0.110**	0.181***	0.116**	0.132***	0.136***	0.138***	0.130***
	(0.051)	(0.052)	(0.052)	(0.050)	(0.050)	(0.050)	(0.049)
Cash	2.701	1.908	3.578	1.729	2.093	2.074	2.033
	(2.415)	(2.599)	(2.459)	(2.359)	(2.347)	(2.365)	(2.363)
Recipient pays	-8.795***	-9.222***	-9.674***	-8.845***	-8.730***	-8.994***	-9.352***
	(2.455)	(2.639)	(2.494)	(2.393)	(2.375)	(2.394)	(2.390)
$100K	-1.247	-0.151	-0.737	-1.584	-1.334	-1.600	-1.468
	(2.396)	(2.567)	(2.449)	(2.349)	(2.331)	(2.349)	(2.346)
Cash x Transplant increase	-23.745***	-23.080***	-24.401***	-24.043***	-23.955***	-23.477***	-24.086***
	(1.745)	(1.840)	(1.873)	(1.781)	(1.755)	(1.783)	(1.769)
Recipient pays x Transplant increase	-0.015	-0.017	-0.030	-0.025	-0.019	-0.031	-0.031
	(0.052)	(0.054)	(0.054)	(0.051)	(0.051)	(0.051)	(0.051)
$100K x Transplant increase	0.036	0.004	0.050	0.031	0.031	0.025	0.040
	(0.053)	(0.055)	(0.054)	(0.051)	(0.051)	(0.052)	(0.051)
Principal component of moral concerns	0.017	-0.021	0.019	0.011	0.005	0.018	0.010
	(0.052)	(0.054)	(0.054)	(0.051)	(0.051)	(0.051)	(0.051)
Principal component of moral concerns	0.014	0.038**	0.038**	0.028	0.029	0.029	0.031*
x Tr. Increase	(0.018)	(0.018)	(0.019)	(0.018)	(0.018)	(0.018)	(0.019)
Principal component of moral concerns	2.367	2.070	2.482	2.223	2.315	1.996	2.193
x Cash	(1.528)	(1.613)	(1.639)	(1.558)	(1.542)	(1.555)	(1.576)
Principal component of moral concerns	-3.059*	-4.082**	-2.770*	-3.093*	-3.277**	-3.523**	-3.146*
x Recipient pays	(1.570)	(1.649)	(1.676)	(1.583)	(1.568)	(1.581)	(1.606)
Principal component of moral concerns	-1.599	-1.671	-1.718	-1.737	-1.743	-1.761	-1.664
x $100K	(1.518)	(1.579)	(1.624)	(1.542)	(1.529)	(1.547)	(1.581)
Constant	63.701***	66.893***	65.985***	64.292***	63.482***	63.102***	64.386***
	(5.322)	(5.717)	(5.247)	(5.112)	(5.087)	(5.147)	(5.164)
Sample restrictions	Respondents who reported to feel very or somewhat confident about their choices	Respondents who stated that public authorities should somewhat or very much consider their answers	Respondents who stated that public authorities will very little, little, somewhat or very much consider their answers	Respondents who predicted a positive probability of Congress legislating about cash compensation for organ donors	Respondents who predicted a positive probability of Congress legislating about lost-wage compensation for organ donors	Respondents who predicted a positive probability of Congress legislating about health-insurance compensation for organ donors	Respondents who predicted a positive probability of Congress legislating about tax-credit compensation for organ donors
	5,520	4,560	5,165	5,770	5,840	5,770	5,790
	0.303	0.346	0.301	0.291	0.291	0.289	0.288

Notes: The table reports coefficient estimates from linear regressions. Standard errors are clustered at the respondent level (the regressions include 5 observations for each respondent). *** p<0.01, ** p<0.05, * p<0.1.

Table B10: Regressions with controls for measures of social pressure

Outcome variable:	Favor for alternative system (=100 if in favor, 0 if opposed)						
Regressors	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Transplant increase (%pts.)	0.141***	0.140***	0.147***	0.144***	0.145***	0.146***	0.141***
	(0.049)	(0.049)	(0.049)	(0.049)	(0.049)	(0.049)	(0.049)
Cash	2.318	2.432	2.071	2.235	1.694	2.036	2.361
	(2.320)	(2.313)	(2.253)	(2.307)	(2.306)	(2.294)	(2.309)
Recipient pays	-9.258***	-9.382***	-9.393***	-10.007***	-9.926***	-10.023***	-9.177***
	(2.350)	(2.343)	(2.282)	(2.336)	(2.326)	(2.313)	(2.341)
$100K	-0.917	-0.678	-0.950	-0.860	-0.920	-1.033	-1.015
	(2.308)	(2.303)	(2.244)	(2.296)	(2.290)	(2.283)	(2.299)
Cash x Transplant increase	-24.038***	-24.433***	-21.734***	-23.055***	-22.970***	-22.530***	-24.287***
	(1.715)	(1.727)	(1.704)	(1.750)	(1.745)	(1.728)	(1.700)
Recipient pays x Transplant increase	-0.029	-0.029	-0.030	-0.030	-0.031	-0.031	-0.029
	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)
$100K x Transplant increase	0.034	0.036	0.033	0.034	0.033	0.033	0.035
	(0.051)	(0.051)	(0.051)	(0.051)	(0.051)	(0.051)	(0.051)
Principal component of moral concerns	0.002	0.002	0.002	0.002	0.002	0.002	0.002
	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)	(0.050)
Principal component of moral concerns	0.027	0.027	0.023	0.027	0.029*	0.027	0.027
x Tr. Increase	(0.018)	(0.018)	(0.018)	(0.018)	(0.018)	(0.018)	(0.018)
Principal component of moral concerns	2.176	2.235	2.420	2.019	1.954	1.803	2.366
x Cash	(1.505)	(1.496)	(1.483)	(1.525)	(1.522)	(1.514)	(1.501)
Principal component of moral concerns	-3.121**	-2.569*	-2.977**	-2.995*	-3.359**	-3.176**	-2.902*
x Recipient pays	(1.525)	(1.535)	(1.500)	(1.544)	(1.539)	(1.535)	(1.528)
Principal component of moral concerns	-1.673	-1.732	-1.694	-1.899	-1.647	-1.919	-1.458
x $100K	(1.491)	(1.478)	(1.480)	(1.519)	(1.511)	(1.513)	(1.481)
1+ choice affected by others		6.231***					
		(2.369)					
Respondent believes <50% of Americans			-17.427***				
			(2.118)				
Respondent believes <50% of Americans				-11.408***			
				(2.191)			
Respondent believes <50% of Americans					-12.353***		
					(2.253)		
Respondent believes <50% of Americans						-12.105***	
						(2.186)	
Respondent gives high importance to "social recognition" as guiding principle							6.971**
							(2.907)
Constant	64.441***	61.649***	73.055***	70.144***	70.003***	70.318***	63.208***
	(5.033)	(5.149)	(4.838)	(5.048)	(4.983)	(4.899)	(5.036)
Observations	5,990	5,990	5,990	5,990	5,990	5,990	5,990
R-squared	0.296	0.298	0.324	0.307	0.308	0.309	0.298

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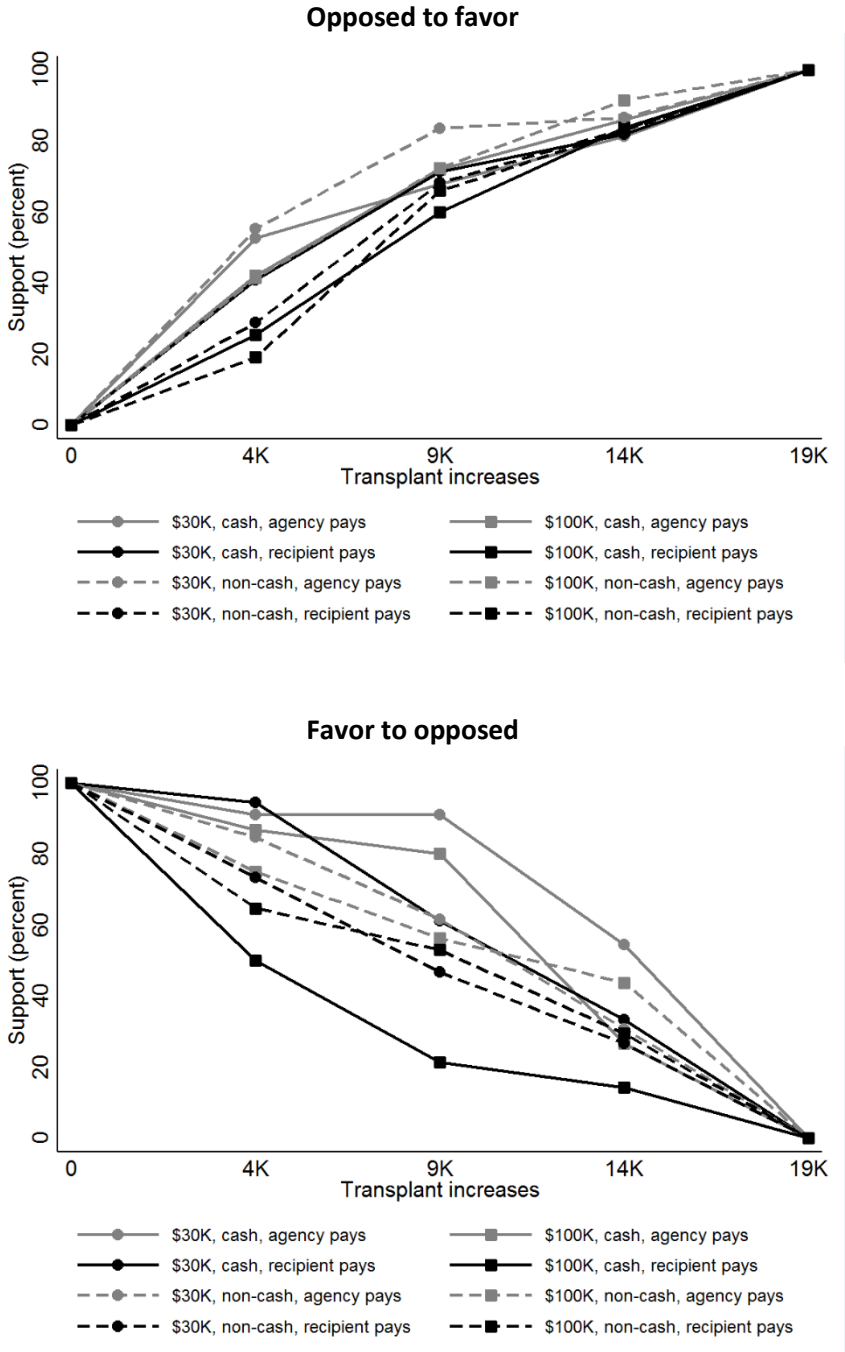
Outcome variable:	Favor for alternative system (=100 if in favor, 0 if opposed)					
Regressors	(8)	(9)	(10)	(11)	(12)	(13)
Transplant increase (%pts.)	0.148***	0.150*	0.029	0.107	0.232**	0.160***
	(0.053)	(0.085)	(0.088)	(0.095)	(0.095)	(0.052)
Cash	3.077	3.299	5.376	7.148	10.083**	3.515
	(2.678)	(4.096)	(4.344)	(4.774)	(4.344)	(2.488)
Recipient pays	-12.417***	-9.529**	-15.102***	-12.473***	-10.038**	-9.226***
	(2.724)	(3.994)	(4.430)	(4.733)	(4.340)	(2.527)
$100K	-0.260	-3.664	-2.579	-0.105	-0.812	0.928
	(2.642)	(4.103)	(4.306)	(4.719)	(4.407)	(2.470)
Cash x Transplant increase	-25.431***	-26.062***	-23.454***	-22.312***	-23.127***	-25.399***
	(1.821)	(3.007)	(3.246)	(3.524)	(3.311)	(1.812)
Recipient pays x Transplant increase	-0.060	-0.002	-0.020	-0.024	-0.130	-0.030
	(0.056)	(0.082)	(0.086)	(0.094)	(0.090)	(0.054)
$100K x Transplant increase	0.136**	0.135*	0.045	0.072	-0.012	0.058
	(0.057)	(0.081)	(0.086)	(0.096)	(0.092)	(0.054)
Principal component of moral concerns	-0.020	0.051	0.140	0.050	0.088	-0.010
	(0.056)	(0.081)	(0.086)	(0.095)	(0.090)	(0.054)
Principal component of moral concerns	0.027	-0.035	-0.004	-0.039	-0.030	0.026
x Tr. Increase	(0.019)	(0.028)	(0.022)	(0.032)	(0.031)	(0.019)
Principal component of moral concerns	1.752	4.375	3.689	0.909	1.161	2.215
x Cash	(1.650)	(2.835)	(3.107)	(3.488)	(2.967)	(1.619)
Principal component of moral concerns	-2.406	0.047	1.050	2.420	2.132	-2.143
x Recipient pays	(1.692)	(2.783)	(2.874)	(3.116)	(2.821)	(1.655)
Principal component of moral concerns	-0.884	0.203	-6.112**	-6.221**	-4.353	-1.734
x $100K	(1.610)	(2.859)	(2.914)	(3.158)	(2.781)	(1.593)
Constant	61.588***	41.589***	49.107***	40.893***	27.949***	60.083***
	(5.821)	(8.309)	(8.919)	(9.365)	(8.686)	(5.499)
Sample restrictions	Respondents who stated they were not influenced by others' choices in any of their votes	Respondents who believe that <50% of Americans support legalizing cash compensation for organ donors	Respondents who believe that <50% of Americans support legalizing lost-wage compensation for organ donors	Respondents who believe that <50% of Americans support legalizing health-insurance compensation for organ donors	Respondents who believe that <50% of Americans support legalizing tax-credit compensation for organ donors	Respondents who reported that social recognition was not a value of high importance to them
	4,440	2,505	1,900	1,755	2,000	5,230
	0.361	0.266	0.316	0.284	0.281	0.308

Notes: The table reports coefficient estimates from linear regressions. Standard errors are clustered at the respondent level (the regressions include 5 observations for each respondent). *** p<0.01, ** p<0.05, * p<0.1.

Figure B1: Support for a paid-donor system by supply level, for individuals who switched from opposed to supporting and individuals who switched from supporting to opposed



Notes: The figures report the percentage of participants assigned to each paid-donor system who stated that they would support the adoption of that system, at each of hypothesised increase in transplants. The line styles distinguish the type of payment (cash vs. non-cash), the shape of the markers identifies the payment amount ($30,000 vs. $100,000), and the line colors distinguish the identity of the payer (public agency vs. transplant recipient).

Figure B2: Distribution of types of respondents, with and without the ethics module

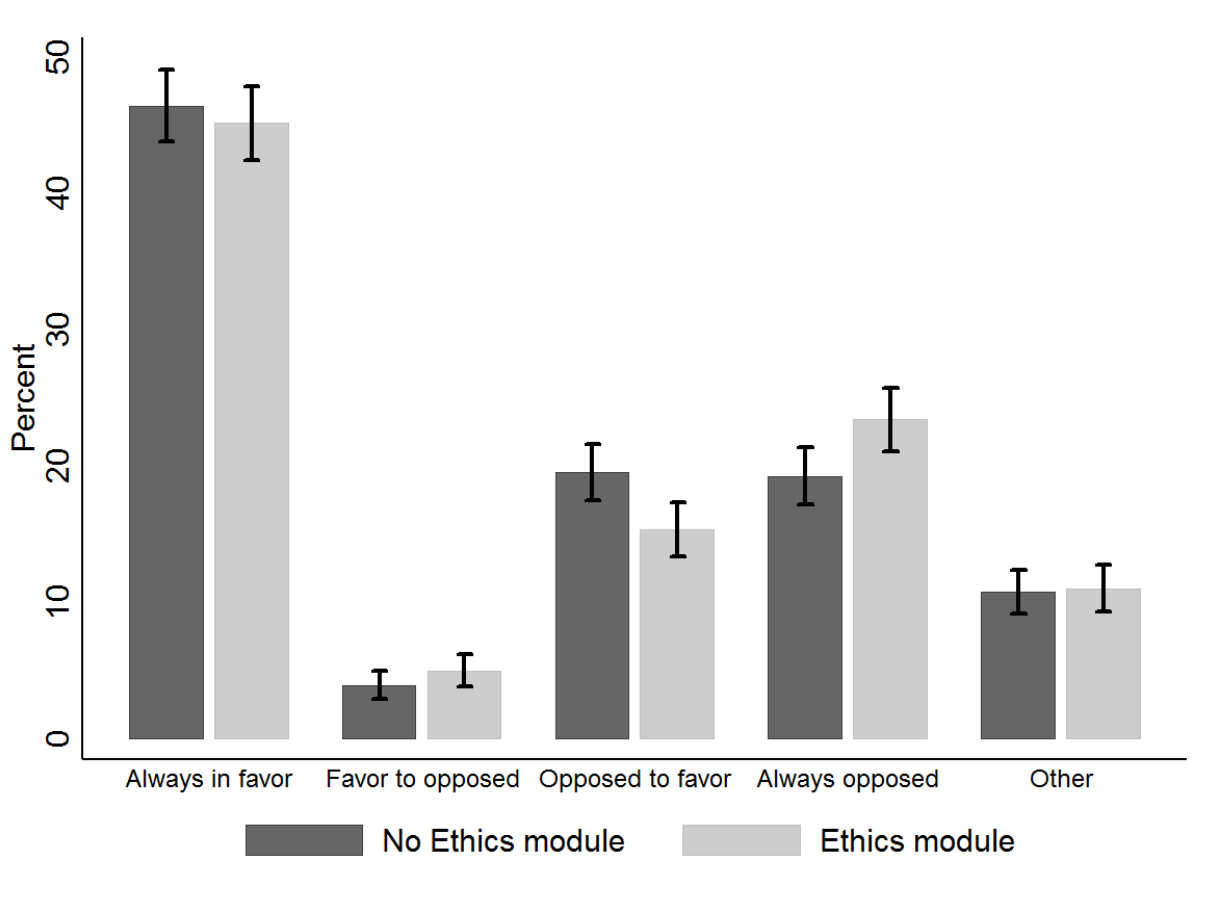
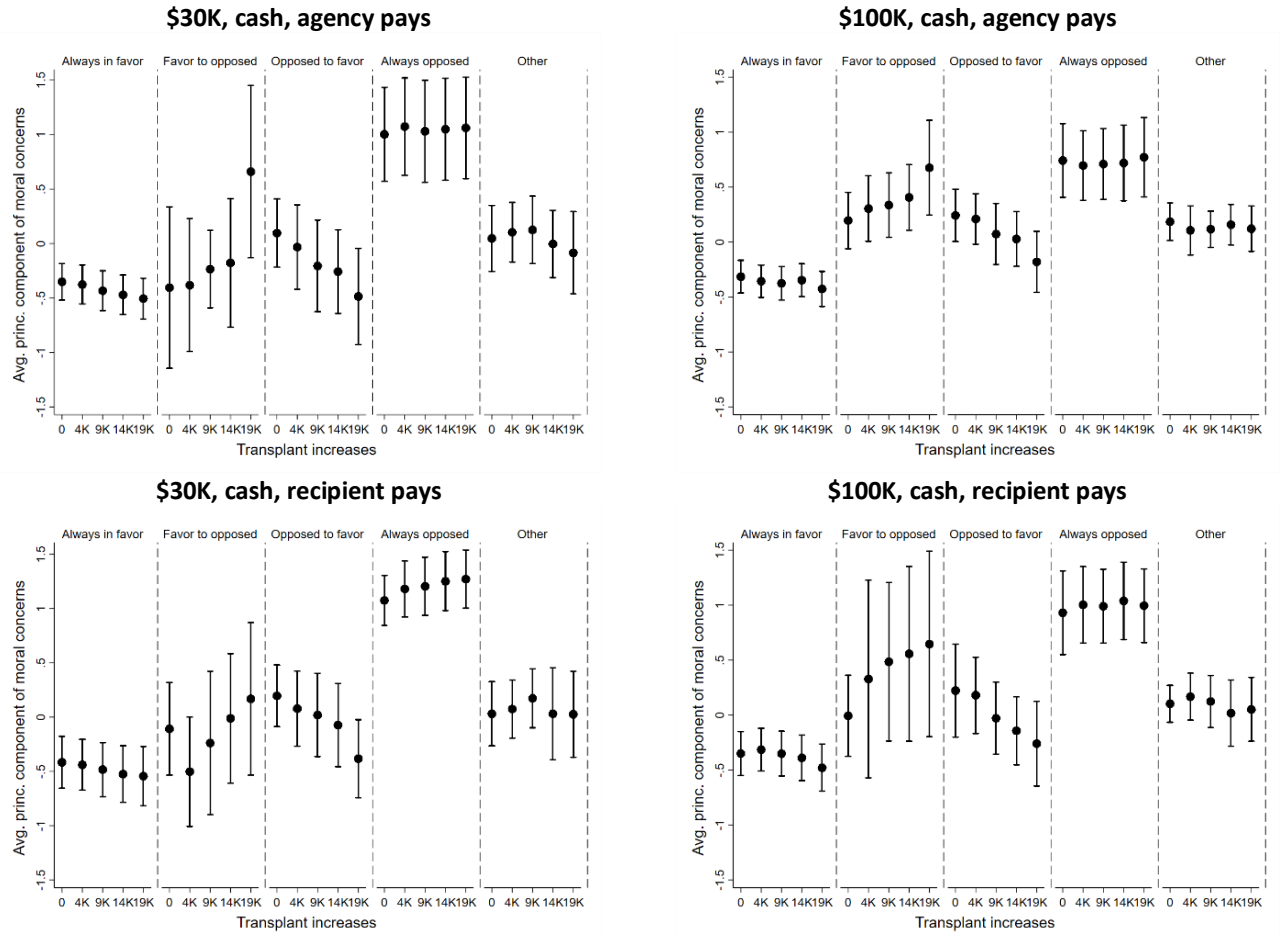


Figure B3: Average principal component of moral concerns by type of respondent, transplant increase and system



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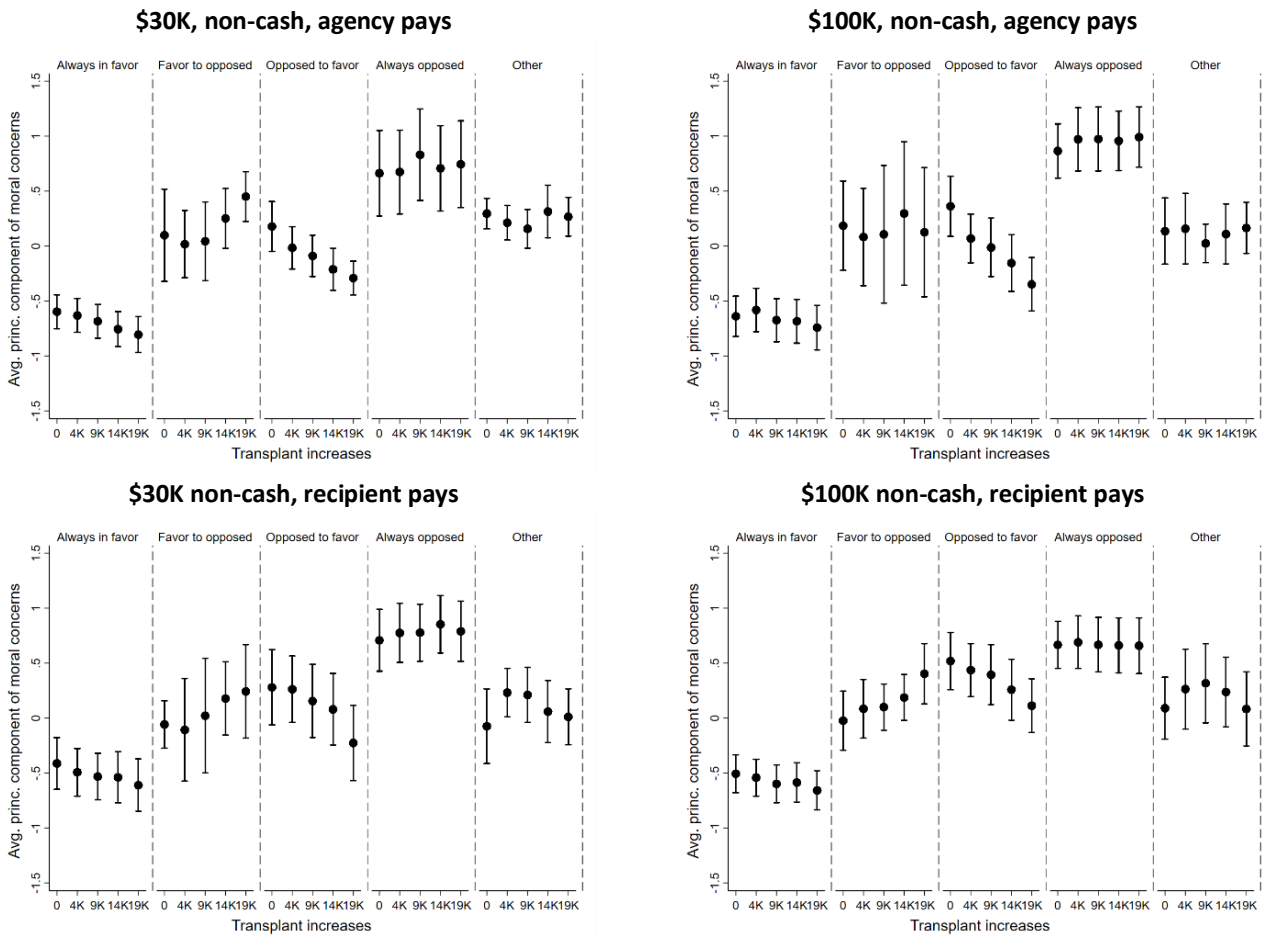
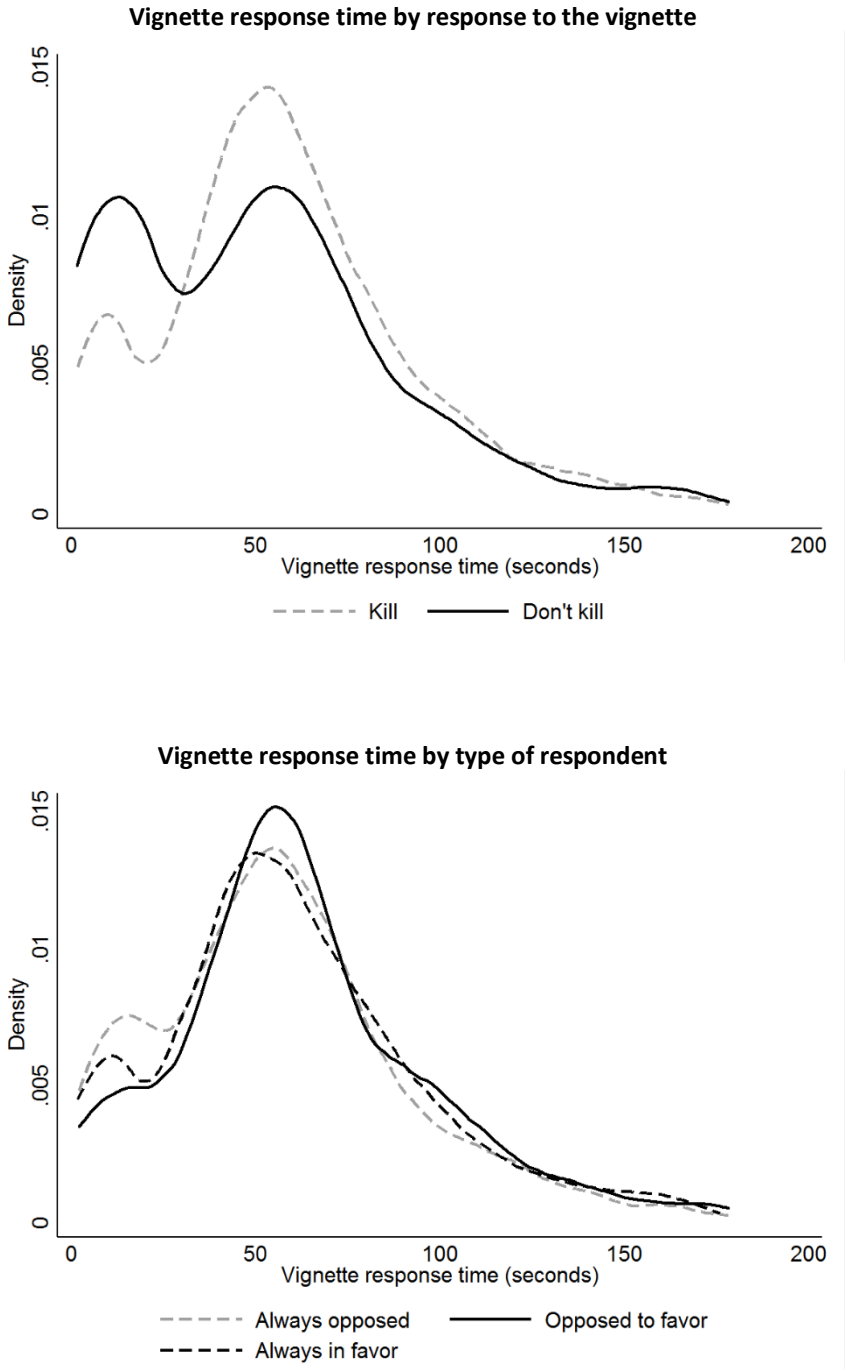
(continued from above)



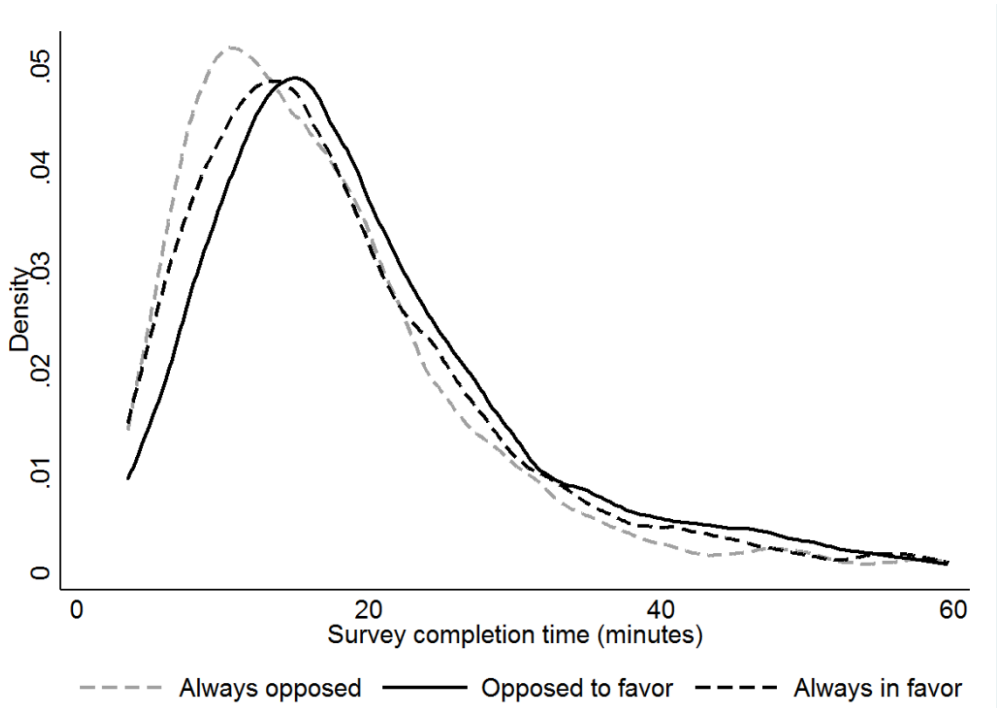
Notes: Each group of five columns in each graph reports the respondents' average principal component of the ethical concerns at each level of hypothesized kidney supply increases, according to a respondent's type as determined by their pattern of support for the paid-donor system. The transplant increases are expressed in thousands. "Always opposed" indicates individuals who did not support the alternative system at any supply level. The "always in favor" participants expressed support for the alternative systems for all five supply increases. The respondents in the "from opposed to favor" group are those who opposed the alternative system at lower level of hypothesized supply, and then switched to supporting it. The "from in favor to opposed" group includes the individuals who supported the alternative systems at lower supply levels, and switched to opposing it at higher levels. The ethical concerns are measured as the difference between the rating that a respondent, at a given supply level, gave to a particular principle with reference to the paid-donor system, and the rating of the same principle for the current system. Both ratings could vary between -10 and +10, with negative scores indicating violation of moral principles positive scores indicating consistence with moral principles. After multiplying the differences by -1, we obtained scores that represent increased concerns with regards to a particular issue (e.g. exploitation or unfairness). The graph in this figure reports, on the vertical axis, the mean of concerns, i.e. the average of the differences for the six principles.

Figure B4: Response time to vignette question



Notes: The graphs report the estimated density distributions of the response time to the vignette question in the survey (see section 4.5 of the paper). We excluded a small set of respondents who took longer than three minutes to respond (120 individuals, corresponding to 4.5% of the sample). In the top graph, the two lines distinguish the distribution for respondents who recommended killing the individual, and respondents who recommended to not kill the individual. In the bottom graphs, we consider the distribution of completion time for the three largest "types" of respondents in terms of their support for paid donor systems.

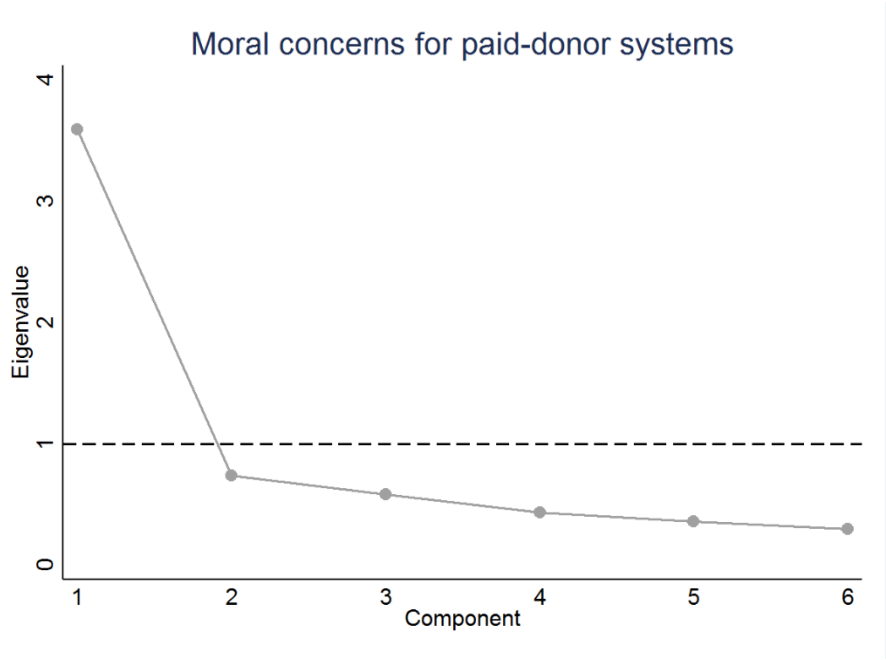
Figure B5: Survey response time by type of respondent



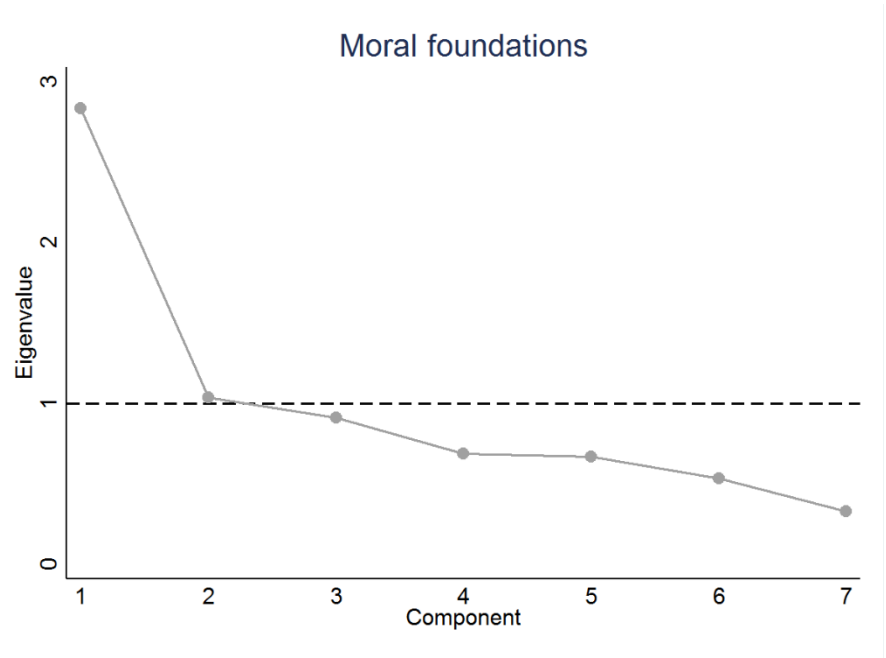
Notes: The graphs report the estimated density distribution of the completion time of the full survey. We excluded a small set of respondents who took longer than one hour to respond (101 individuals, corresponding to 3.8% of the sample). We consider the distribution of completion time for the three largest "types" of respondents in terms of their support for paid donor systems.

Figure B6: Screeplots from principal component analyses of moral concerns and moral foundations

A.



B.



Notes: These figures show the scree plots for the moral judgments (B6.A) and the moral foundations (B6.B). The vertical axis represents eigenvalues and the horizontal axis represents the component number.

C. AUXILIARY SURVEY EXPERIMENTS

C1. AUXILIARY SURVEY EXPERIMENT 1: BETWEEN-SUBJECTS DESIGN

Description:

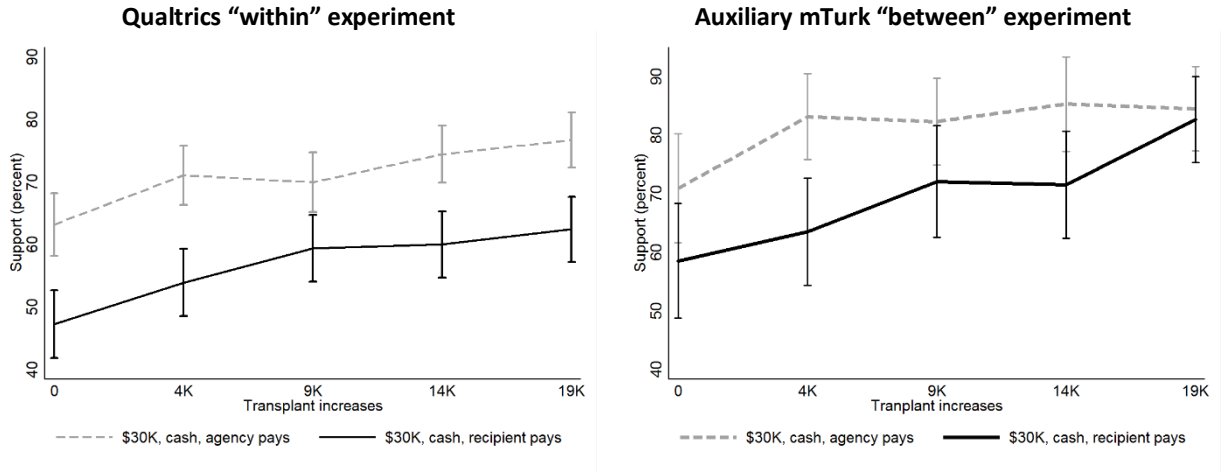
We conducted this auxiliary survey on Amazon Mechanical Turk on September 21, 2018. There were 959 participants. We focused on two systems: $30,000 cash payments by a public agency and $30,000 cash payments by the organ recipient, and conducted a between-subjects version of our main survey design by randomly assigning each participant to only one hypothesized kidney supply level. We included a total of ten treatment conditions corresponding to five hypothesized supply levels for each of the two procurement and allocation systems described above.

The survey can be seen here:
http://jhubusiness.qualtrics.com/jfe/form/SV_1FW9zdnPSceoy2h

Results:

The results of this auxiliary survey are in the figure below, alongside the corresponding results from our main survey. The key finding from this auxiliary survey is that we replicate all the patterns from the main survey, in particular, the positive slope of the transplants-support relationship.

Figure C1.1



C2. AUXILIARY SURVEY EXPERIMENT 2: INCLUDING ALLOCATION RULES IN CASE OF SUPPLY-DEMAND IMBALANCE IN THE PATIENT-PAYS SYSTEM

Description:

We conducted this survey on Amazon Mechanical Turk on September 17, 2018 to test whether specifying rules for allocating organs in case of imbalance between supply and demand in the "patient pays" condition affects the results. We randomly assigned 571 participants to one of the following three conditions: 1) $30,000 cash payment by a public agency (same as in the main survey version); 2) $30,000 cash payment by the recipient (same version as in the main survey); 3) $30,000 cash payment by the recipient that included information on how kidneys are allocated in cases of imbalances between demand and supply. The new description in 3) reads as follows:

- Kidney donors receive **a cash compensation of $30,000 from the kidney recipient.**
- The funds would be **deposited in the donor's bank account.**
- **A public agency**, coordinated by the U.S. Department of Health and Human Services, would set the payment amount and regulate and oversee the process.
- If there are **more patients willing to pay $30,000 than people willing to give a kidney,** then kidneys are allocated among patients willing to pay $30,000 based on patients' blood and tissue match with the donor, medical urgency, time on the waiting list, age, and distance to the donor.
- If there are **more people willing to give a kidney than patients on the waiting list willing to pay $30,000**, then all those patients will receive a transplant from the donors that best match.
- Donors may still choose to make uncompensated donations, if they wish.

Whereas the main survey's version read:

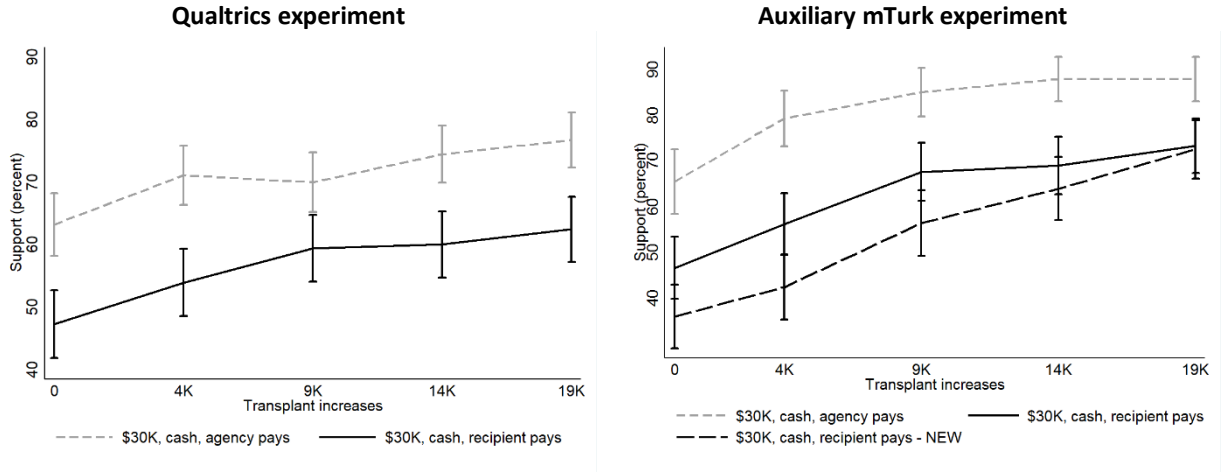
- Kidney donors receive **a cash compensation of $30,000 from the kidney recipient**
- The funds would be **deposited in the donor's bank account**
- **A public agency**, coordinated by the U.S. Department of Health and Human Services, would regulate and oversee the process
- Donors may still choose to make uncompensated donations, if they wish.

The full auxiliary survey is available here:
http://jhubusiness.qualtrics.com/jfe/form/SV_dnkpJ7sk7sVks0l

Results:

The results from this auxiliary survey are in the figure below alongside the corresponding results from our main survey. Both versions of the patient-pays mechanism receive significantly less support than the agency-pays system, at each level of hypothesized gains in transplants. Although the support rates are generally a little higher than in the main survey (and the response to transplant changes steeper), the differences between the agency-pays system and the two versions of the patient-pays system are similar in the main survey and in this auxiliary survey (we find this remarkable, considering the different samples). If anything, the support for the patient-pays system with details on the allocation system is a little lower than in the main survey.

Figure C2.1



Notes: "cash, agency pays" and "cash, recipient pays" indicate cash payment by a public agency or the kidney recipient, respectively, using the same language as in the main Qualtrics survey; "cash, recipient pays, NEW" indicates cash payment by the kidney recipient including details about the allocation of kidneys in case of imbalance using the language described in the text above.

C3. AUXILIARY SURVEY EXPERIMENT 3: EXCLUDING LOAN REPAYMENT FROM LIST OF NONCASH FORMS OF COMPENSATION

Description:

We conducted a choice survey on Amazon Mechanical Turk on September 25, 2018 with 392 respondents to determine whether including "loan repayment" as an example of noncash compensation affects the participants' support for the system and the morality ratings. In this auxiliary survey, we included one of the eight conditions from the main survey, the Public Agency, $30K, noncash compensation. We randomly assigned participants to one of two versions of this system, one that replicated the language of our main survey, and one where we removed "loan repayment" from the list of examples of noncash compensation. The survey can be seen here: http://jhubusiness.qualtrics.com/jfe/form/SV_dnkpJ7sk7sVks0l

Results:

The graph below shows very similar results of the two versions. The respondents' support for the compensated-donor system is similar at all levels of transplants; therefore the slope of the support-transplants relationship is similar (the differences between the "with loan" and "no loan" version are small and statistically insignificant). The regression table (placed immediately below the figure) shows that also the moral concerns are similar in the two versions.

Figure C3.1

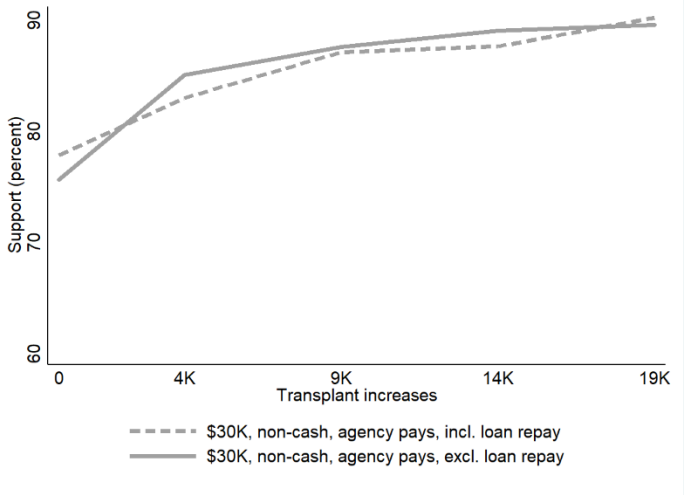


Table C3.1

Outcome variable:	Concerns for exploitation	Concerns for lack of autonomous choice	Concerns for undue influence	Concerns for fairness to donors	Concerns for fairness to patients	Concerns for harm to human dignity	Principal component
Regressors:	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Transplants increase (%pts.)	-0.010**	-0.025***	-0.020***	-0.011***	-0.055***	-0.032***	-0.005***
	(0.004)	(0.003)	(0.004)	(0.004)	(0.005)	(0.004)	(0.001)
No mention of "loan repayment"	0.039	-0.042	-0.172	0.939	-0.023	-0.436	0.011
	(0.654)	(0.649)	(0.670)	(0.729)	(0.608)	(0.670)	(0.103)
Control variables	x	x	x	x	x	x	x
Observations	1,960	1,960	1,960	1,960	1,960	1,960	1,960
R-squared	0.103	0.063	0.061	0.057	0.117	0.065	0.068

Standard errors (clustered by respondent) in parentheses.

*** p<0.01, ** p<0.05, * p<0.1