RUNNING HEAD: Organ donation myths

**Do the myths still exist? Revisiting people's negative beliefs about organ donation
upon death**

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Abstract

The prevalence of myths preventing people partial to donation in Australia from consenting is unknown. Respondents (N = 468: 381 donors, 26 non-donors, 61 undecided) were surveyed about their (negative) donation beliefs. Approximately 30% of donors were neutral or supported negative beliefs about organ allocation, especially donation to undesirable organ recipients and a black market organ trade. Confusion about brain death, lack of family and religious support, and discomfort with donation were negative beliefs endorsed by some respondents irrespective of donor preference. Proportionally, donors had greater trust in hospitals/doctors than other groups. Some myths still exist but may vary with donation preference.

Do the myths still exist? Revisiting people's negative beliefs about organ donation upon death

Bridging the gap between organ supply and demand is critical to ensure people whose lives may be saved or improved receive the therapeutic benefits of transplantation. It is well established that Australia has one of the lowest posthumous organ donation rates in the world (13.8 dpmp in 2010) compared to other countries with similar opt-in systems (DonateLife, 2011). The potential to increase organ donation in Australia has been explored in several ways including hospital auditing (Opdam & Silvester, 2006), alternative donation pathways (e.g., donation after cardiac death) (Richards & Rogers, 2007), and strategies to increase family consent for donation (Chapman et al., 1995; Mathew, 2004).

Before all of these factors come into play, however, a person must first have the desire to be a donor. At this phase of the decision-making process, a person's beliefs and attitudes play an important role in their chosen donation preference (Radecki & Jaccard, 1997). Accordingly, numerous international investigations have explored individuals' organ donation beliefs (Nijkamp, Hollestelle, Zeegers, van den Borne, & Reubsaet, 2008; Radecki & Jaccard, 1997), including altruistic, (Morgan & Miller, 2001; Skowronski, 1997) practical, (Sanner, 1994; Skowronski, 1997; Yeung, Kong, & Lee, 2000) and religious/spiritual (Kececiloglu, Tuncer, Yucetin, Akaydin, & Yakupoglu, 2000; Lam & McCullough, 2000; Parisi-Rizzo, 1987; Radecki & Jaccard, 1997; Skowronski, 1997) beliefs encouraging donation. However, many beliefs about organ donation are negative and reflect a lack of knowledge about and discomfort with the donation process.

Prominent among these negative perceptions is the belief that, if a registered donor is in an accident, doctors will not try as hard to save their life or may declare their death prematurely for the purposes of procuring organs (Arriola, Perryman, & Doldren, 2005; Boulware, Ratner,

Sosa, Cooper, LaVeist, & Powe, 2002; Haustein & Sellers, 2004; Parisi & Katz, 1986; Skowronski, 1997). These misconceptions include mistrust in hospitals and the medical system as a reason preventing organ donation, particularly for non-Caucasian populations (Boulware et al., 2002; Fahrenwald & Stabnow, 2005; Morgan, Harrison, Afifi, Long, & Stephenson, 2008; Sanner, 1994). This mistrust extends to beliefs about inequities in the organ allocation process such as wealthy or famous people being more likely to receive a transplant (Haustein & Sellers, 2004; Morgan et al., 2008) and organs being given to undesirable recipients who are considered to be responsible for their own illness (Haustein & Sellers, 2004; Hyde & White, 2009; Morgan et al., 2008; Skowronski, 1997). Although most Western religions support organ donation, needing an intact body for the afterlife and uncertainty about whether a religion permits donation have often been cited as reasons preventing donation (Arriola et al., 2005; Fahrenwald & Stabnow, 2005; Frates, Bohrer, & Thomas, 2006; Kececioglu et al., 2000; Lam & McCullough, 2000). Negative perceptions about organ donation have also been attributed to feelings of discomfort about one's mortality (Alvaro, Jones, Robles, & Siegel, 2005; Radecki & Jaccard, 1997; Yeung et al., 2000), fear of not really being dead when organs are procured (Hessing & Elffers, 1986-87; Kececioglu et al., 2000; Morgan et al., 2008), talking about death as bad luck or a jinx (Frates, Bohrer, & Thomas, 2006; Morgan et al., 2008), concerns about disfigurement or mutilation (e.g., being 'cut up') (Sanner, 1994; Sque, Payne, & Clark, 2006), and organ donation as "gross" or "disgusting" (Morgan et al., 2008; Sanner, 2001). Lack of family support for or objection to donation may also contribute to negative beliefs (Alvaro et al., 2005; Boulware et al., 2002; Morgan et al., 2008; Radecki & Jaccard, 1997; Sanner, 1994).

While numerous negative perceptions about organ donation have been identified, what is less well known is the extent to which these beliefs about organ donation continue to exist for people in the Australian community. Given that there have been few recent studies conducted

from an Australian perspective, we examined these negative donation perceptions and explored any potential differences in these beliefs in a sample of people who self-identified as *donors* (want to donate upon death), *non-donors* (do not want to donate), and *undecided* (uncertain about donation preference). Understanding people's beliefs about organ donation will provide important information for the transplant community and offer potential targets for intervention to continue to address negative perceptions associated with the donation process and to encourage those partial to donation to strengthen their decision.

Method

Participants, Design and Procedure

Australian residents aged 18 years and older ($N = 468$; 369 female; 381 donors, 26 non-donors, 61 undecided) completed an online survey. Participants were 243 members of the general community (recruited outside of the university context) and 222 students from a south-east Queensland university (3 participants did not identify their status as a student or community member). Table 1 presents demographics for the overall sample and each donor group. Overall, the sample comprised predominantly female (79%), Caucasian (92%) participants aged below 35 years (60.3%). Approximately half the participants were in a relationship or married (53.4%) and did not classify themselves as students (52.4%). The majority of participants believed they were eligible to donate (90.4%). Upon receiving ethical approval, community members were recruited using two methods to increase generalisability of the sample; a postcard inviting participation in the online survey placed in residential mailboxes in south-east Queensland (which provided a low response rate of 16.8%), and snowballing via an email invitation to Australian residents (response rate unable to be calculated due to the snowballing method adopted). University students were contacted via email (giving a response rate of 37.5% based on the number of students contacted

who were enrolled in a general health communication subject). Participants opted to enter a prize draw to win one of three AUD\$50 music store vouchers.

Measures

A 50-item survey requested demographics (Table 1), organ donation preference (Table 1), knowledge of the organ donation process (self-reported and 8 true/false questions based on Hyde & White, 2007) (Table 2), and negative beliefs about organ donation upon death (Table 3). Initially, we conducted a review of existing research (e.g., Haustein & Sellers, 2004; Morgan et al., 2008; Parisi-Rizzo, 1987; Radecki & Jaccard, 1997; Sanner, 1994) and identified six negative belief themes: lack of awareness about organ donation; family issues and consent; discomfort with organ donation; body integrity and religious/spiritual; organ allocation; mortality and mistrust of doctors/medical system. Questions from existing research corresponding to these themes were then chosen. Responses to belief statements were coded for analyses as *Disagree* (comprising somewhat disagree, disagree, and strongly disagree responses), *Neither* (neither agree nor disagree), and *Agree* (comprising somewhat agree, agree, and strongly agree responses).

Results and Discussion

Overall, the exploratory results of the study (Tables 2 and 3) suggest that, in this study, some myths do still exist. Knowledge deficits identified in the literature two decades ago (e.g., Horton & Horton, 1990) were still evident in the sample studied. This study demonstrates that there may be some key differences in beliefs between donors, non-donors, and those undecided about their organ donation decision and underscores the importance of examining these groups separately to avoid obscuring important findings. It is important to consider also that participants in this study self-identified as donors, non-donors, and undecided about donation and may or may not have communicated their donation preference on a register or to family. For donors,

particularly, it is critical to identify those myths that may be preventing people who want to or are considering donating from acting on their preference by communicating it to others.

Knowledge and lack of awareness about organ donation

While donor and non-donor groups rated their knowledge about organ donation as average or above, 36.1% of the undecided respondents felt their knowledge was below average and 53.1% did not know enough about organ donation to make a decision. Undecided respondents, therefore, may benefit most from efforts to increase general knowledge about organ donation. Regardless of donation preference, the majority of donor (58.9%) and undecided (62.3%) respondents and half of non-donor respondents falsely believed that most Western religious groups do not support the concept of organ donation. Similarly, 55.9% of donor, 56.6% undecided, and 50% of non-donor respondents incorrectly classified the statement that in most cases organs can only be donated if a person has died in an intensive care unit under special circumstance (e.g., brain death), as false. Along with non-donor and undecided respondents, some donors appeared to be confused about the concept of brain death with 14.7% believing that the definition given for brain death was false (when it was in fact true). In addition, approximately 1/3 of donors were neutral (22.1%) or agreed (9.8%) that a person who has been declared brain dead could still recover. Future research could identify the aspects of organ donation people feel they need more knowledge about to better meet their information needs.

Family issues and consent

Family also appeared to be a factor in all respondents' donation preference, especially for donors. 77% of donors (compared to 20.0% non-donor and 24.5% undecided respondents) believed that organ donation would not create distress for their family, and 85.1% of donors (compared to 15.0% non-donor and 41.5% undecided respondents) agreed that their family supported the idea of organ donation. The majority of respondents in all donor groups believed

that family members would respect their wishes if they were recorded on the register (90.4% donor, 80.0% non-donor, and 60.3% undecided respondents). Together, these results suggest the importance of encouraging people to consider organ donation as a family, rather than an individual, decision. In this way, regardless of donation preference, respondents will be more confident of family support for organ donation, and making organ donation a family decision will encourage discussion and awareness of loved one's donation wishes which are important factors in the consent process for donation (DeJong et al., 1998).

Discomfort with organ donation

Fewer donors (15.0%) agreed with the statements 'organ donation is not natural' (compared to 33.3% non-donor and 26.1% undecided respondents) and 'the surest way to bring about one's own death is to make plans for it like registering or talking about their organ donation decision' (4.5% donor vs. 10.5% non-donor and 17.0% undecided respondents). It has been widely lamented in the organ donation literature that most people think organ donation is valuable yet there is a discrepancy between attitudes and behaviour (Radecki & Jaccard, 1997). Most donors (79.3%) were not uncomfortable with the idea of donating their organs. In comparison, non-donor and undecided respondents supported the idea of organ donation in principle but did not like the thought of donating their own organs (79.0% non-donor, 61.7% undecided) and agreed that the idea of donating organs upon their death made them feel uncomfortable (85.0% non-donor, 64.1% undecided). Clearly, a beneficial strategy would be to assist people who may be partial to donation (i.e., undecided) to overcome their discomfort about organ donation. Such strategies may be informed by research in the blood donation context which aims to assist potential and new donors to overcome their anxiety about donating blood (Armitage & Reidy, 2008; France, Montalva, France, & Trost, 2008).

Body integrity and Religious/Spiritual

Most donors either disagreed with (67.9%) or were impartial to (20.2%) considering organ donation as having religious or spiritual meaning. However, across all donor groups, a small percentage of respondents indicated that organ donation did have religious/spiritual meaning (11.9% donor, 36.9% non-donor, 10.6% undecided) and their religious beliefs (1.5% donor, 20.0% non-donor, 3.8% undecided) and need to maintain body integrity after death (2.1% donor, 21.1% non-donor, 8.5% undecided) may prevent them from donating. This finding, coupled with a lack of awareness of the support of Western religious denominations for organ donation, suggests that involving religious leaders in the promotion of organ donation as a valued and accepted practice for Western religious affiliations may encourage some people considering donation to strengthen their commitment (Arriola, Perryman, Doldren, Warren, & Robinson, 2007).

Organ allocation

Compared to other negative beliefs/myths explored in this study, donors were more likely to endorse misconceptions related to organ allocation, especially beliefs suggesting there is bias in the organ allocation system. In particular, some donors believed that giving a liver transplant to someone who has abused alcohol or drugs is unethical (18.2% agree, 19.7% neutral) and there is a black market trade in organs (11.0% agree, 31.4% neutral). These myths were similarly supported in comparatively greater numbers by non-donor and undecided respondents. Approximately half of undecided and non-donor respondents were neutral about or agreed with the statements that wealthy people and celebrities are moved to the top of the list faster than regular people for transplants (52.7% non-donor, 57.5% undecided), racial discrimination prevents people from receiving the transplants they need (63.1% non-donor, 48.9% undecided), and that their organs might be placed into an undesirable person (52.6% non-donor, 72.4% undecided). The neutral or positive support for these beliefs may reflect controversial instances

promoted by the media (Quick et al., 2007) such as the recent case involving the young mother who was denied a second transplant after her first transplant failed due to continued drug use. Alternatively, endorsement of these beliefs could be due to a lack of awareness about the process of organ allocation to recipients in Australia (Hyde & White, 2009).

Mortality and Mistrust of doctors/medical system

A smaller proportion of donor respondents in this study agreed with the belief statements about mortality. 13.6% of donors were neutral or agreed with the statement that they were scared they would not really be dead when organs are procured. 25.4% of donors were neutral or agreed they avoid thinking about donation because they don't like thinking of their death. Donors had much greater levels of trust in the medical system compared to non-donor and undecided respondents. Specifically, more non-donor and undecided respondents agreed that, if they were in an accident and doctors knew of their donor status, the doctors would not try as hard to save their life (30.0% non-donor, 28.3% undecided). Furthermore, 52.6% of non-donor and 21.2% of undecided respondents did not trust hospitals or doctors. However, 6.9% of donors still reported mistrusting doctors and/or the medical system, suggesting that for some people in this study, mistrust in the medical system and a preference to be a donor were not mutually exclusive. Such reluctance to donate due to fears or discomfort about death or a premature end to life to facilitate the organ donation process may prevent those partial to donation from acting on their wishes by registering (Siegel, Alvaro, Crano, Gonzalez, Tang, & Jones, 2010), ultimately resulting in low rates of registration.

These findings coupled with the deficits identified in knowledge about brain death offer a potentially unique insight. It is often assumed that the belief in recovery from a brain death diagnosis is due to misunderstanding the concept of brain death (DeJong et al., 1998; Siminoff, Burant, & Youngner, 2004); however, in this study, considering that a reasonable proportion of

respondents in all donor groups reported a lack of trust for doctors and hospitals and feared that they won't really be dead when organs are procured suggests that these respondents do not have confidence in medical professionals' ability to diagnose death. Qualitative research may assist in exploring and further clarifying people's reasons for their beliefs about recovery from brain death as either a lack of knowledge or another expression of people's mistrust in the medical/transplantation system.

Conclusion

In drawing conclusions we are limited by the small numbers of non-donor and undecided respondents, the focus on primarily Caucasian and female participants (potentially reflecting the self-selection of these two populations into the study given their greater willingness to donate; e.g., Perkins, 1987), and the use of descriptive results. While the percentage of donor (81.4%), undecided (13.0%) and non-donor (5.6%) participants in this study are consistent with percentages reported in previous Australian survey research (e.g., 94% support, 5% neither support nor oppose, 1% oppose donation; Campbell Research & Consulting, 2006), the male to female ratio and predominantly Caucasian sample is not, thus limiting the generalisability of the results to the broader Australian population. However, several key areas were highlighted that require further exploration. For donors, particularly, the myths subscribed to related more to misconceptions about the organ allocation process and confusion surrounding the concept of brain death. Beliefs related to family and religious support and discomfort with donation were also important considerations for a sizeable proportion of respondents in all donor groups. Although not generalisable to the Australian community as a whole, these results still offer important insights for the transplant and health community and may suggest useful targets for future interventions designed to reduce the prevalence of myths and negative beliefs about organ donation. For example, regardless of donation preference, it was evident that there were concerns

related to the recipients of organs and the way in which these organs were distributed. Future interventions to address misconceptions related to the organ transplant process are needed including the provision of more transparent organ allocation guidelines and community education about the organ allocation process. Challenging donation myths can potentially lead to people's positive reassessment of their decision against, or indecision about, becoming an organ donor. Ultimately, overcoming such myths will help to strengthen organ donation decisions by communicating consent on a donor register or to family, essential elements of the organ donation process.

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Table 1

Participant demographic characteristics according to donor group

		Overall (n = 468) %	Donor (n=381) %	Non- Donor (n=26) %	Undecided (n=61) %
Gender	Male	21.0	21.3	30.8	14.8
	Female	79.0	78.7	69.2	85.2
Age	18-25	38.5	36.0	42.3	52.5
	26-35	21.8	23.4	15.4	14.8
	36-45	12.8	12.3	7.7	18.0
	46-55	17.3	18.1	23.1	9.8
	56-65	7.1	7.3	11.5	3.3
	66-75	1.5	1.8	0	0
	76-85	0.9	1.0	0	0
	86 and over	0.2	0	0	1.6
Ethnicity	Caucasian	91.7	94.8	76.9	78.7
	Other	8.3	5.2	23.1	21.3
Relationship status	Single	31.6	30.6	38.5	34.4
	In a relationship	24.0	22.8	15.4	34.4
	Married	29.4	30.6	34.6	19.7
	De-facto	10.0	10.5	11.5	6.6
	Separated	1.5	1.1	0	4.9
	Divorced	2.4	3.0	0	0
	Widowed	1.1	1.3	0	0
Are you a student?	Yes	47.7	46.7	46.2	55.0
	No	52.3	53.3	53.8	45.0
Are there any medical reasons that you believe would prevent you from being a donor?	Yes	9.6	8.5	31.8	7.7
	No	90.4	91.5	68.2	92.3

Table 2

Participant self-reported knowledge and responses to T/F knowledge questions

		Donor (n=381) %	Non- Donor (n=26) %	Undecided (n=61) %
Overall, how would you rate your knowledge of the topic of organ donation?	Excellent	7.3	8.0	1.6
	Very good	18.6	20.0	6.6
	Good	30.7	16.0	14.8
	Average	34.6	44.0	41.0
	Below average	5.0	4.0	24.6
	Poor	2.6	8.0	4.9
	Very poor	1.0	0	6.6
Almost all Western religious groups support the concept of organ donation.	True	41.1	50.0	37.7
	False	58.9	50.0	62.3
In most cases, organs (heart, lungs, liver, pancreas, kidneys) can only be donated if a person has died in an intensive care unit under special circumstances (e.g., brain death).	True	44.1	50.0	43.4
	False	55.9	50.0	56.6
Once registered on the Australian Organ Donor Register, your consent to donate cannot be revoked.	True	6.9	22.7	5.7
	False	93.1	77.3	94.3
A greater number of people have the opportunity to donate tissue for transplantation (corneas) than organs (e.g., heart).	True	81.2	68.2	79.2
	False	18.8	31.8	20.8
The donors' family are responsible for the hospital and surgery costs for removing, preserving, and transplanting the donors' organs.	True	4.4	18.2	7.5
	False	95.6	81.8	92.5
The potential donor has complete choice over which organs and tissue they are prepared to donate.	True	82.6	81.8	79.2
	False	17.4	18.2	20.8
Anyone over the age of 40 is not acceptable as an organ donor.	True	4.4	4.5	1.9
	False	95.6	95.5	98.1
Brain death occurs where there is	True	85.3	90.9	92.3

irreversible cessation of all functions of the entire brain including the brain stem.	False	14.7	9.1	7.7
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Table 3

Participant responses to the negative belief statements about organ donation

		Donor (n=381) %	Non-Donor (n=26) %	Undecided (n=61) %
<i>Theme: Family issues and consent</i>				
My family supports the idea of organ donation*	Disagree	5.5	45.0	7.6
	Neither	9.3	40.0	50.9
	Agree	85.1	15.0	41.5
If I am an organ donor upon my death it will create distress for my family	Disagree	77.0	55.0	54.7
	Neither	10.0	25.0	20.8
	Agree	13.0	20.0	24.5
Even if I record my decision to be an organ donor my family will overturn my decision	Disagree	90.4	80.0	60.3
	Neither	7.8	10.0	34.0
	Agree	1.8	10.0	5.7
<i>Theme: Discomfort with organ donation</i>				
The idea of organ donation disgusts me	Disagree	99.1	63.2	70.2
	Neither	0.3	26.3	25.5
	Agree	0.6	10.5	4.3
Organ donation is not natural	Disagree	74.5	38.9	43.5
	Neither	10.5	27.8	30.4
	Agree	15.0	33.3	26.1
The idea of donating my organs upon my death makes me feel uncomfortable	Disagree	79.3	15.0	18.9
	Neither	4.6	0	17.0
	Agree	13.0	85.0	64.1

I support the idea of organ donation in principle but I don't like the thought of donating my own organs	Disagree	89.5	21.0	19.1
	Neither	6.3	0	19.1
	Agree	4.2	79.0	61.7
I don't like the thought of my donated organ/s living on in someone else's body	Disagree	94.7	63.1	50.0
	Neither	4.1	21.1	30.4
	Agree	1.2	15.8	19.6
The surest way to bring about my own death is to make plans for it like registering or talking about my organ donation decision	Disagree	90.4	73.7	63.9
	Neither	5.1	15.8	19.1
	Agree	4.5	10.5	17.0
If I receive someone else's organ/s I will take on the characteristics (e.g. likes/ dislikes/ personality) of that person	Disagree	82.2	79.0	72.3
	Neither	10.7	10.5	25.0
	Agree	7.1	10.5	2.1
I don't like the thought of having another person's organ/s transplanted in my body	Disagree	82.8	47.2	40.4
	Neither	9.5	21.1	31.9
	Agree	7.7	31.7	27.6

Theme: Body integrity

I believe that my body should be kept whole for burial	Disagree	85.3	10.0	34.0
	Neither	9.9	5.0	41.5
	Agree	4.8	85.0	24.6
Organ donation shows disrespect for the body after death	Disagree	94.7	65.0	63.5
	Neither	2.0	20.0	19.2
	Agree	3.2	15.0	17.3
I am concerned that my body will be disfigured if I donate my organs when I die	Disagree	81.7	40.0	39.6
	Neither	9.0	35.0	37.0
	Agree	9.3	25.0	22.7

The thought of being cut up or taken apart after I'm gone makes me feel uneasy	Disagree	77.6	42.1	25.6
	Neither	5.4	10.5	19.1
	Agree	17.0	47.4	55.3

Theme: Religious/spiritual

My religious beliefs do not allow me to be an organ donor	Disagree	95.7	60.0	66.0
	Neither	2.9	20.0	30.2
	Agree	1.5	20.0	3.8
I consider organ donation to have religious or spiritual meaning	Disagree	67.9	57.8	48.9
	Neither	20.2	5.3	40.4
	Agree	11.9	36.9	10.6
An intact body is needed for life after death	Disagree	92.5	63.1	55.3
	Neither	5.4	15.8	36.2
	Agree	2.1	21.1	8.5

Theme: Lack of awareness about organ donation

I don't know enough about organ donation to make a decision	Disagree	87.0	57.8	34.0
	Neither	8.3	21.1	12.8
	Agree	4.7	21.1	53.1
A person who has been declared 'brain dead' could still recover	Disagree	68.2	52.6	40.4
	Neither	22.1	10.5	27.2
	Agree	9.8	36.9	31.9
If I donate my organs it isn't possible to have a regular funeral service	Disagree	96.4	73.7	80.9
	Neither	2.1	10.5	8.5
	Agree	1.5	15.3	10.6

Theme: Organ allocation

Giving a liver transplant to someone who has abused alcohol or drugs is not ethical	Disagree	62.0	35.0	33.9
	Neither	19.7	15.0	28.3
	Agree	18.2	50.0	37.8
I am concerned that if I agree to donate my organs might be placed into an undesirable person	Disagree	69.3	47.4	27.6
	Neither	17.4	31.6	36.2
	Agree	13.3	21.0	36.2
I would only donate organs to someone of my own race or culture	Disagree	97.9	84.2	85.1
	Neither	1.5	10.5	12.8
	Agree	0.6	5.3	2.1
Wealthy people and celebrities are moved to the top of the list faster than regular people for organ transplants	Disagree	68.0	47.0	42.5
	Neither	18.0	21.1	19.1
	Agree	13.9	31.6	38.4
Racial discrimination prevents people from receiving the transplants they need	Disagree	70.2	36.9	51.0
	Neither	19.9	36.8	31.9
	Agree	9.8	26.3	17.0
Organs for transplant can be bought and sold on the black market in Australia	Disagree	57.6	42.1	31.9
	Neither	31.4	36.8	48.9
	Agree	11.0	21.1	19.1
There are probably many instances in which a person has been heavily drugged then awakens to find he or she has had an organ removed for a black market transplant	Disagree	63.3	16.7	42.6
	Neither	17.4	50.0	27.7
	Agree	19.2	33.3	29.8

Theme: Mortality

I am scared that I won't really be dead if I am a donor and my organs are taken for transplantation	Disagree	86.4	63.1	40.4
	Neither	6.5	15.8	19.1

	Agree	7.1	21.1	40.4
There is plenty of time to think about organ donation later	Disagree	80.0	42.1	31.9
	Neither	12.8	31.6	31.9
	Agree	7.2	26.3	36.2
I avoid thinking about organ donation because I don't like thinking of my death	Disagree	74.5	55.6	34.0
	Neither	11.2	5.6	17.0
	Agree	14.2	38.8	49.0
<hr/> <i>Theme: Mistrust of doctors/medical system</i>				
I trust that doctors and hospitals use donated organs as they are intended to be used*	Disagree	2.7	10.6	8.6
	Neither	1.8	26.3	8.5
	Agree	95.5	63.2	82.9
If I am in an accident and the doctors know that I want to be an organ donor they will not try as hard to save my life	Disagree	90.1	55.0	52.8
	Neither	5.5	15.0	18.9
	Agree	4.3	30.0	28.3
I don't trust hospitals or doctors	Disagree	83.4	31.6	46.8
	Neither	9.6	15.8	31.9
	Agree	6.9	52.6	21.2

* denotes an item using positive wording to explore a negative belief