



Special Eurobarometer 426

BLOOD AND CELL AND TISSUE DONATION

SUMMARY

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This survey has been requested by the European Commission, Directorate-General for Health and Consumers and co-ordinated by the Directorate-General for Communication.

http://ec.europa.eu/public_opinion/index_en.htm

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Special Eurobarometer 426

Blood and Cell and Tissue Donation

Conducted by TNS Opinion & Social at the request of
Directorate-General for Health and Consumers (SANCO)

Survey co-ordinated by Directorate-General Communication
(DG COMM "Strategy, Corporate Communication Actions and
Eurobarometer" Unit)

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INTRODUCTION

Blood and cell and tissue donations are important to treat a wide range of diseases and disorders.

Whole blood or blood components (e.g. plasma or red blood cells) can be transfused in order to treat blood loss from trauma or surgery, or to treat illnesses such as thalassemia.

Many different cells and tissues can be used to cure or treat a wide range of diseases such as bone marrow for blood cancers or skin transplants for burn wounds. Tissues and cells can be donated by living donors (e.g. bone marrow, umbilical cord blood after birth, and sperm or eggs), as well as by deceased donors (tissues such as bone, cornea, skin and heart valves).

Treating patients with blood, cells or tissues carries, however, a risk of disease transmission from the donors to recipients. To minimise the risk of such transmission, all countries within the European Union (EU) are required to implement the quality and safety standards laid down in the EU Directives¹.

These Directives set a benchmark for the standards that must be met when carrying out any activity involving blood, cells and tissues for human application (patient treatment). The Directives also require that systems are put in place to ensure that blood, tissues and cells used to treat patients are traceable from donor to recipient.

The objective of this Special Barometer report is to understand European citizens' behaviour and attitudes towards donating and receiving treatment with these body substances (excluding solid organs). This will help to shape future policy for donors and recipients.

The survey begins, setting the context for the topic, by establishing respondents' experiences of donating specific body substances. It then moves on to establish attitudes to donating, either while alive or after death. Finally, the survey considers respondents' attitudes to receiving treatment with donated body substances and the need for legislation at EU-level.

This report includes a breakdown by country. It also provides detailed socio-demographic information including gender, age and education and where appropriate looks at data for the relevant age groups for each type of tissue donation.

Please note that blood, cell and tissue donation is a sensitive subject in which social norms play an important role. The figures presented here are the results of an opinion survey and responses given may differ from real behaviour. When available, figures for real behaviours have been included in the footnote of relevant sections.

¹ Directive 2002/98/EC of the European Parliament and of the Council setting standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components and amending Directive 2001/83/EC, OJ L 33, 8.2.2003, p. 30

Directive 2004/23/EC of the European Parliament and of the Council on setting standards of quality and safety for the donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells, OJ L 102, 7.4.2004, p.48

The methodology used is that of Eurobarometer surveys as carried out by the Directorate-General for Communication ("Strategy, Corporate Communication Actions and Eurobarometer" Unit)². A technical note on the manner in which interviews were conducted by the Institutes within the TNS Opinion & Social network is appended to this report. Also included are the interview methods and confidence intervals³.

Note: In this report, countries are referred to by their official abbreviation. The abbreviations used in this report correspond to:

ABBREVIATIONS			
BE	Belgium	LV	Latvia
BG	Bulgaria	LU	Luxembourg
CZ	Czech Republic	HU	Hungary
DK	Denmark	MT	Malta
DE	Germany	NL	The Netherlands
EE	Estonia	AT	Austria
EL	Greece	PL	Poland
ES	Spain	PT	Portugal
FR	France	RO	Romania
HR	Croatia	SI	Slovenia
IE	Ireland	SK	Slovakia
IT	Italy	FI	Finland
CY	Republic of Cyprus*	SE	Sweden
LT	Lithuania	UK	The United Kingdom

* Cyprus as a whole is one of the 28 European Union Member States. However, the 'acquis communautaire' has been suspended in the part of the country which is not controlled by the government of the Republic of Cyprus. For practical reasons, only the interviews carried out in the part of the country controlled by the government of the Republic of Cyprus are included in the 'CY' category and in the EU28 average

* * * * *

We wish to thank the people throughout the European Union who have given their time to take part in this survey. Without their active participation, this study would not have been possible.

² http://ec.europa.eu/public_opinion/index_en.htm

³ The results tables are included in the annex. It should be noted that the total of the percentages in the tables of this report may exceed 100% when the respondent was able to give several answers to the question.

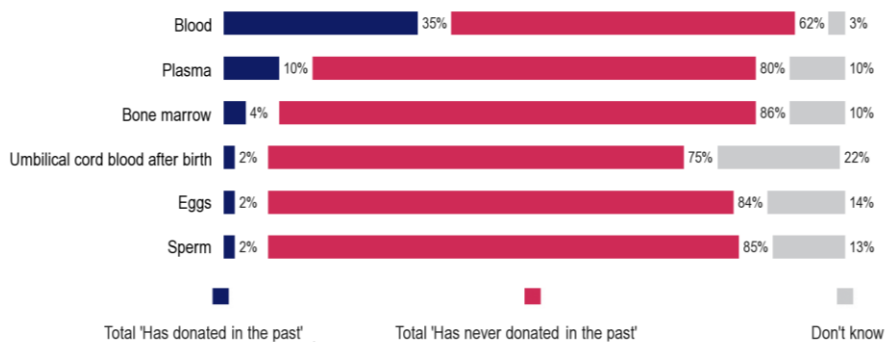
1. WILLINGNESS TO DONATE BLOOD OR CELLS DURING ONE’S LIFE

- Respondents were most likely to have donated blood in the past and most likely to be prepared to donate it in the future -

Overall, blood was the body substance that respondents had most commonly donated, with just over a third having done so in the past (35%). Plasma was the second most common, and had been donated by one respondent in ten (10%). Bone marrow donation was less common, with only about one in twenty having donated it (4%).

2% of respondents had donated umbilical cord blood after birth, eggs (2% of female respondents) and sperm (2% of male respondents).

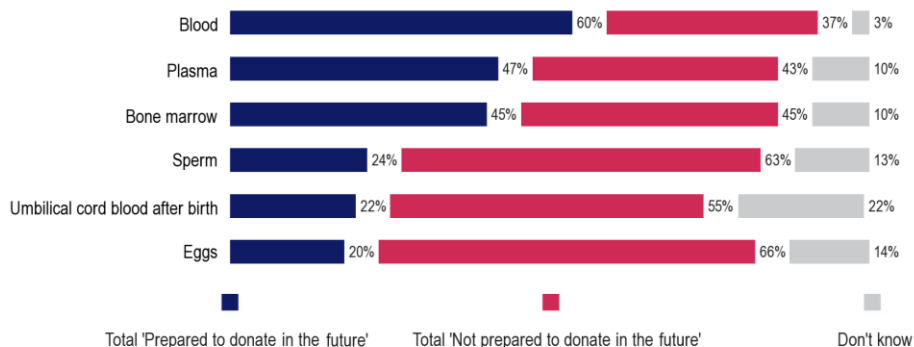
QE1. During the lifetime of a person it is possible to donate different body substances (blood or cells) to help other people. Could you please indicate which ones you have or would be prepared to donate yourself?



EU28

Blood was the body substance that most respondents were prepared to donate in the future (60%). In addition, almost half of the respondents were prepared to donate plasma (47%) and bone marrow (45%). Fewer respondents were prepared to donate sperm (24% of male respondents), umbilical cord blood after birth (22%) or eggs (20% of female respondents).

QE1. During the lifetime of a person it is possible to donate different body substances (blood or cells) to help other people. Could you please indicate which ones you have or would be prepared to donate yourself?



EU28

Overall, just over a third of respondents (35%) **had donated blood** before, while the majority had never donated blood (62%). At a Member State level, Austria were the most likely to have donated blood in the past (49%), while those in Portugal were least likely (23%).

The majority of respondents (60%) were **prepared to donate blood** in the future, while just under four out of ten (37%) were not prepared to do so. Respondents in Sweden were the most likely to say they were prepared to donate in the future (79%) compared with 45% in Slovakia, where respondents were the least likely to say they would do so.

One in ten (10%) said that they **had donated plasma**. Overall, the vast majority of respondents (80%) had never donated plasma in the past. Respondents in Latvia and Finland were the most likely to have donated plasma in the past (20% in each country), while at the other extreme, those in Romania were most likely to have done so (4%).

Respondents were divided as to whether they were **prepared to donate plasma** in the future: 48% were prepared to do so and 43% were not. Respondents in Sweden were the most open to donating plasma in the future, with almost three-quarters stating they would do so (72%). Conversely, respondents in Bulgaria (25%) and Romania (19%) said least likely to respond that they would be prepared to donate in the future.

4% of respondents **had donated bone marrow** in the past, while the vast majority of respondents had never done so (86%)⁴. At a national level, respondents in Denmark (6%), and Ireland, France and Cyprus (all three 5%) were the most likely to have donated bone marrow in the past.

Overall, attitudes towards donating in the future were evenly divided: 44% were **prepared to donate bone marrow** in the future and 46% were not. The proportion of respondents prepared to donate bone marrow in the future was highest in Sweden (66%) and Luxembourg (61%) and lowest in Latvia (18%), Bulgaria (18%) and Romania (15%).

Overall, only 2% of respondents **had donated umbilical cord blood after birth** in the past, while the majority of respondents (75%) had never done so⁵. Notably, one in five respondents (22%) were unable to answer the question. At national level, respondents were most likely to have donated in the past in Belgium (7%) and Cyprus (5%). Less than one in twenty respondents had donated in the past in every other country.

Despite their lack of experience of donating umbilical cord blood, around a fifth of respondents were **prepared to donate umbilical cord blood after birth** in the future (22%). However, just over half (55%) remained unprepared to do so. Respondents in Spain were the most open to donating in the future, with 44% prepared to do so, while

⁴ The data published in the NEWSLETTER TRANSPLANT (<http://www.transplant-observatory.org/SiteCollectionDocuments/newsletter2014.pdf>) regarding actual donation of bone marrow (including peripheral stem cells) showed that in 14 Member States there were approximately 40,000 actual allogeneic donations in 2014, which corresponds to 0.14% of the total population in the reporting countries.

⁵ N.B. The data published in the NEWSLETTER TRANSPLANT (<http://www.transplant-observatory.org/SiteCollectionDocuments/newsletter2014.pdf>) regarding cord blood collected for the benefit of others showed that in 2014, in 14 Member States there were approximately 78,000 donations, which corresponds to approximately one donation in 500 women of child-bearing age.

respondents in Romania (10%), Bulgaria (9%) and Latvia (8%) were the least likely to be prepared to do so.

Overall, only 2% of male respondents **had donated sperm** in the past and more than eight out of ten had not done so (84%)⁶. Sperm donation was greatest among respondents in Slovenia (6%) and France (5%). Less than one in twenty respondents had donated sperm in the past in every other Member State.

A quarter of male respondents (23%) were **prepared to donate sperm** in the future but almost two-thirds (63%) were not prepared to do so. Male respondents in Spain were the most likely to be prepared to donate in the future (44%). Conversely, those in Slovakia (14%), Germany (13%) and Romania (12%) were the least likely to be prepared to do so.

Like the proportion of men who had donated sperm, only 2% of women **had donated eggs** in the past⁷. The vast majority (84%) said they had not done so. Again like men and their attitude to donating sperm, the majority of women were not **prepared to donate eggs** in the future (66%). Only one in five women (20%) were prepared to donate their eggs in the future.

⁶ N.B. UK (with a population of 63 million inhabitants) reported that since 2010 approximately 500 new sperm donors are registered each year, with a total number of 4275 donors between 2004 and 2013 (<http://www.hfea.gov.uk/9370.html>)

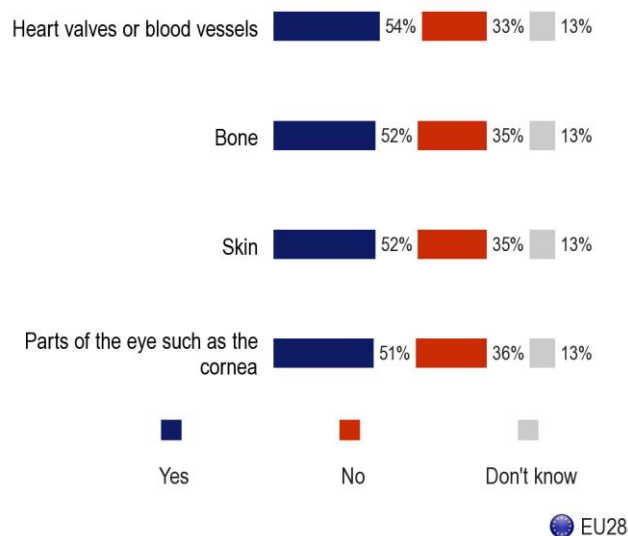
⁷ N.B. UK (with a population of 63 million inhabitants) reported in 2012-2013 approximately 1000 egg donors per year, with a total number of 6840 egg donors between 2004-2013 (<http://www.hfea.gov.uk/9370.html>).

2. WILLINGNESS TO DONATE TISSUES AFTER DEATH

- Around half of respondents would donate any tissue after death -

There was little difference between the four tissue types: heart valves and blood vessels (54%), bone or skin (both 52%) and parts of the eye such as the cornea (51%). About a third would not donate each tissue type: heart valves or blood vessels (33%), bone or skin (both 35%) and parts of the eye such as the cornea (36%).

QE2. As well as body organs, it is also possible to donate certain body substances after death (tissues) to help other people. Please tell me if you would be prepared to donate each of the following.



Respondents in Sweden (84%) were the most prepared to donate **bone** after death. Respondents in Latvia, Romania (both 32%) and Bulgaria (25%) who were the least likely to say they would donate bone after death.

Attitudes towards the donation of **skin** were similar to those towards bone donation. Again, respondents in Sweden (83%) were the most prepared to donate skin after death and those least likely to be prepared to do so were respondents in Slovakia (35%), Romania (34%), Latvia (31%) and Bulgaria (27%).

Respondents in Sweden (80%) were the most prepared to donate **parts of the eye such as the cornea**. This proportion was considerably higher than in the next closest country, Malta, where 67% of respondents were prepared to donate. Again, respondents in Romania (32%), Latvia (30%) and Bulgaria (27%) were the least likely to say they would donate parts of the eyes such as the cornea after death.

Like the other tissue types, respondents were most likely to be prepared to donate their **heart valves or blood vessels** in Sweden (84%). And as in the case of other tissue types, respondents were most likely not to be prepared to do so in Romania (33%), Latvia (32%) and Bulgaria (28%).

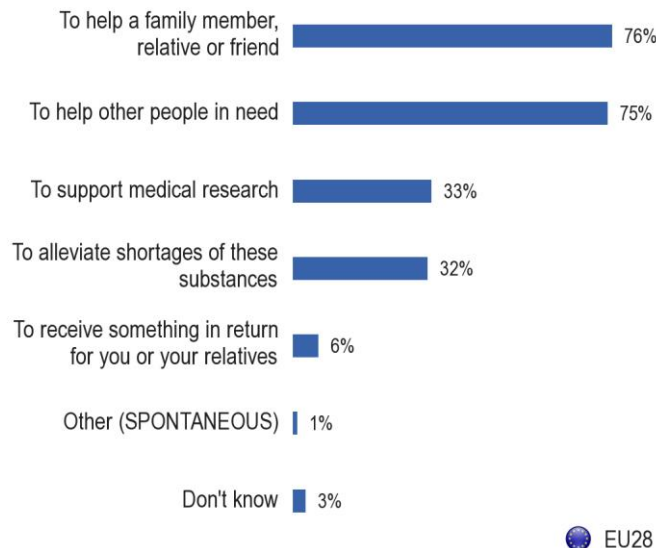
3. ATTITUDES TOWARDS DONATION

- The main reason for donating was to help others -

The primary motivation for donating body substances was in order to help other people. Respondents were equally keen **to help both people that they knew (family members, relatives or friends) and other people in need** with three-quarters stating this was one of their reasons for donating (76% and 75%, respectively).

Secondary to helping other people was **supporting medical research** (33%) and **alleviating shortages of these body substances** (32%). Comparatively few were **expecting something in return for themselves or their relatives**; this only motivated 6% of respondents.

QE3. You said that you have or would be prepared to donate certain body substances during your lifetime (blood or cells) or after death (tissues). For which of the following reasons have you or would you donate any of the body substances mentioned earlier? (MULTIPLE ANSWERS POSSIBLE)



Base: Respondents who had donated or were prepared to donate during lifetime or after death (N=22,092)

At national level, helping a family member or helping others in need was the most often mentioned reason for donating in each of the 28 Member States. Respondents in Luxembourg (95%) were most motivated by the desire to **help a family member, relative or friend**, while those in Austria (58%) were the least motivated to help family members, relatives or friends.

Helping other people in need was mentioned most by respondents in Sweden (86%), and Denmark and Cyprus (both 85%). Respondents in Bulgaria and the Czech Republic were least likely to give this as a reason (both 57%).

Respondents in Sweden (69%) and Denmark (62%) were also most likely to give **supporting medical research** as one of their reasons for donating. Again, respondents in Bulgaria were the least likely to give this as a reason (5%).

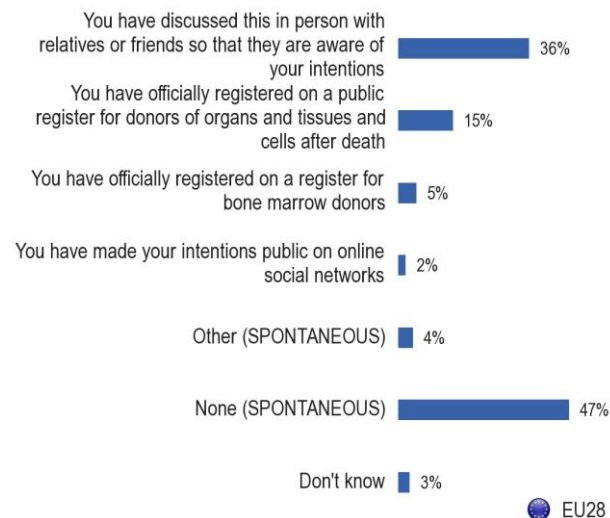
Respondents in Denmark (65%) and Sweden (64%) were also the most likely to say that **alleviating shortages** was a reason for donating. Respondents in Bulgaria and Latvia (both 14%), and Romania (13%) were least likely to give alleviating shortages as a reason for doing so.

There was little variation between countries in terms of those who were motivated by **receiving something in return** for themselves or their relatives.

- Half of respondents who were prepared to donate had made their position known -

Those who had taken action to make their wishes known to others were most likely to have **spoken in person to relatives and friends** (36%), while 15% had **registered on an official donor register** and 5% had **registered on the bone marrow donor register**. 2% had announced their intentions on social networks.

QE4. You said that you would be prepared to donate certain body substances during your lifetime (bone marrow) or after death (tissues). Have you done any of the following to make your position known? (MULTIPLE ANSWERS POSSIBLE)



Base: Respondents who were prepared to donate during lifetime or after death (N=18,520)

Respondents in Denmark and the Netherlands (both 53%) were the most likely **to have spoken in person to friends and relatives** about their intentions. At the other end of the scale, respondents in Romania (17%), Bulgaria (16%) and Estonia (14%) were the least likely to have done so.

Respondents in the Netherlands (51%) were also the most likely **to be registered on the official public donor register**. Likewise, respondents in Estonia (1%) were very unlikely to have registered and no respondents in Bulgaria (0%) had done so.

Registration on the bone marrow donor register was highest in Germany (10%) and Denmark (9%). In Latvia, Lithuania and Romania (all three 0%) no respondents mentioned registration on the bone marrow donor register.

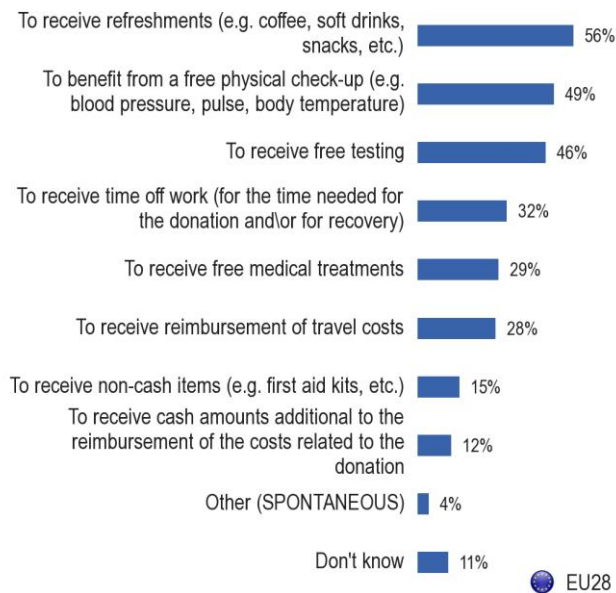
Respondents in Denmark were also those most likely **to make their intentions known on social networks** (7%). Conversely, in ten Member States respondents were exceedingly unlikely to use social networks (1% or 0%).

- Refreshments, a free physical check-up and free testing were seen as most acceptable compensation for donating blood or plasma -

Just over half (56%) of all respondents said that receiving **refreshments** was acceptable, closely followed by **a free physical check-up** (49%) and **receiving free testing** (46%). Just under a third of respondents felt that **receiving time off work** (32%), **free medical treatment** (29%) and **reimbursement of travel costs** (28%) were appropriate compensations.

Fewer respondents said that **non-cash items** (15%) and **cash amounts additional to the reimbursement of donation costs** (12%) would be appropriate in return for donating blood or plasma.

QE5a. For donating blood or plasma during someone's lifetime, do you consider it acceptable...? (MULTIPLE ANSWERS POSSIBLE)



Respondents in Luxembourg (89%), Denmark (88%) and France (87%) were the most likely to state that **receiving refreshments** was acceptable. Respondents in Lithuania (20%) were the least likely to mention refreshments as acceptable.

Benefiting from a free physical check-up was most likely to be mentioned by respondents in Sweden (86%). Again, respondents in Spain (32%), Poland (31%) and Lithuania (28%) were the least likely to say that this was acceptable.

Respondents in Sweden (72%) were also most likely to say that **free testing** was acceptable. Respondents in Hungary (39%), Austria and Germany (both 38%), the United Kingdom and Slovenia (both 36%) were the least likely to feel the same.

Time off work was most likely to be seen as acceptable by respondents in Sweden (70%), while at the other extreme respondents in Spain (12%) were the least likely to find it acceptable.

Free medical treatment was most likely to be seen as acceptable by respondents in Slovakia (52%) and Portugal (49%). Again, respondents in Spain (12%) are the least likely to find this acceptable.

Respondents in Sweden (63%) were the most likely to feel that **reimbursement of travel costs** was acceptable as compensation, whereas respondents in Malta and Spain (both 13%), and Cyprus (12%) were the least likely to say that reimbursement was acceptable.

Again, respondents in Sweden (47%) were the most likely to believe that **non-cash items** were acceptable as compensation. Respondents in Croatia and Italy (both 12%), Cyprus (11%), the Netherlands and Portugal (both 10%), Lithuania (9%) and Spain (8%) were the least likely to feel such items were acceptable.

Cash amounts additional to the reimbursement of costs related to the donation were more likely to be acceptable to respondents in Bulgaria (40%). Respondents in France and Luxembourg (both 5%), Spain (4%) and Cyprus (3%) were the least likely to find cash amounts acceptable.

- The same benefits acceptable for donating blood or plasma were also the most acceptable when donating other body substances -

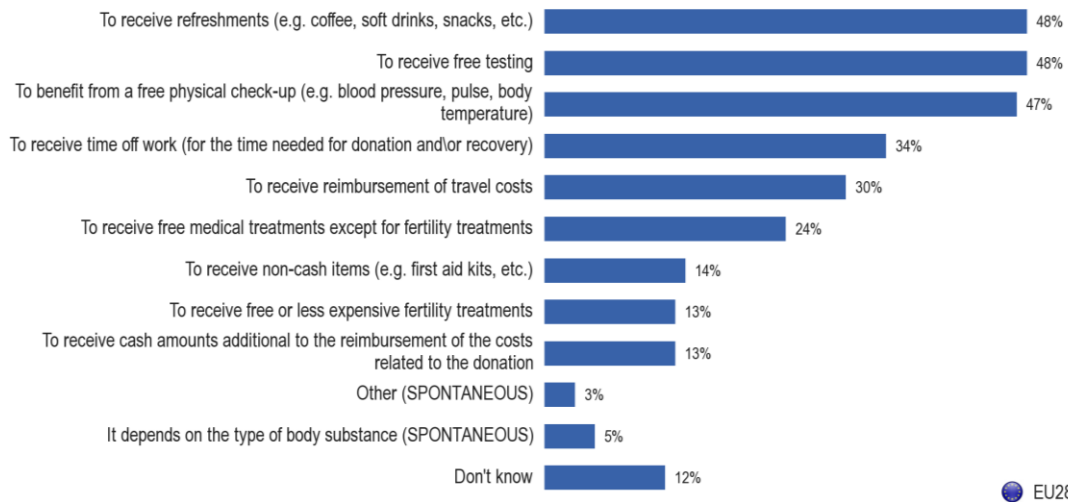
As with compensation for blood and plasma donation, **receiving refreshments, free testing** (both 48%) and a **free physical check-up** (47%) were all mentioned by almost half of all respondents.

Receiving **time off work** (34%) and **reimbursement of travel costs** (30%) were viewed as appropriate compensation by about a third of respondents.

About a quarter of respondents (24%) thought that **free medical treatment excluding fertility treatments** would be acceptable as compensation.

About one in seven respondents said that **non-cash items** (14%), **less expensive fertility treatments** or **cash amounts additional to the reimbursement of the costs related to the donation** (both 13%) were acceptable.

QE5b. Thinking now about other body substances (bone marrow, umbilical cord blood, sperm or eggs), for donating these substances during someone's lifetime, do you consider it acceptable...? (MULTIPLE ANSWERS POSSIBLE)



Respondents in Denmark (84%) and Sweden (80%) were the most likely to say that **refreshments** were acceptable in return for donation, while respondents in Latvia (18%) were the least likely to agree that this was acceptable. **Free testing** was most likely to be mentioned in Sweden (74%), and Greece and Luxembourg (both 68%). Respondents in Slovenia (39%), Austria (38%), the United Kingdom (37%) and Germany (36%) were the least likely to say that this was acceptable.

Again, respondents in Sweden (82%) were the most likely to believe that a **free physical check-up** was acceptable. At the other extreme, respondents in Lithuania (25%) and Poland (28%) were the least likely to feel the same. Respondents in Sweden (69%) were also the most likely to find **time off work** acceptable as compensation, while respondents in Germany (18%) were the least likely to do so.

Reimbursement of travel costs was most likely to be mentioned in Sweden (66%) and least likely to be mentioned in Malta (13%). Respondents in Greece and Hungary (both 36%), and Slovakia (35%) were the most likely to believe that receiving **free medical treatment with the exception of fertility treatments** was acceptable compensation. Conversely, respondents in Spain (9%) were the least likely to believe that this was acceptable.

Non-cash items were most likely to be mentioned as acceptable compensation for the donation of body substances in Sweden (43%) and least likely to be mentioned in Lithuania and the Netherlands (both 8%), and Spain (7%). Respondents in Hungary (31%) and Bulgaria (27%) were the most likely to mention receiving **free or less expensive fertility treatments** as acceptable compensation. Those in the Netherlands (8%), Germany (7%) and Spain (5%) were the least likely to think such compensation was acceptable.

Receiving **cash amounts in addition to the costs related to the donation** was most likely to be viewed as acceptable in Bulgaria (41%) and least likely to be acceptable in the Netherlands and Ireland (both 9%), Italy (8%), Malta (7%), Spain (6%), Luxembourg (5%), and France and Cyprus (both 4%).

4. ATTITUDES TOWARDS TREATMENT WITH DONATED BODY SUBSTANCES

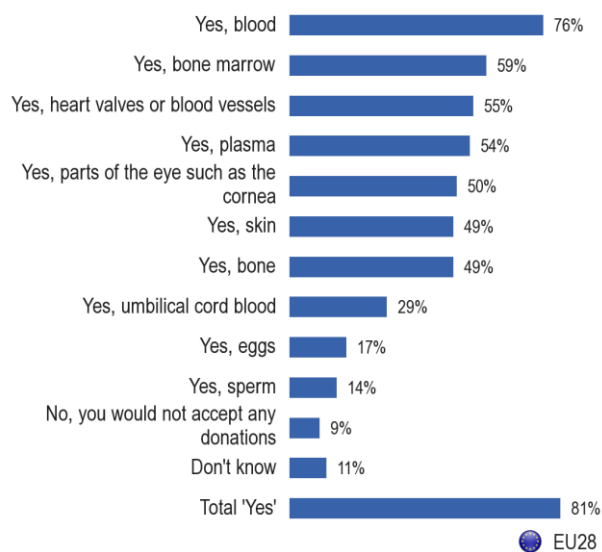
- Treatment with blood was acceptable to most respondents -

Blood (86%) was the most acceptable body substance for treatment, and was acceptable to three-quarters of respondents.

Just over half of all respondents were prepared to be treated with donated **bone marrow** (59%), **heart valves or blood vessels** (55%) and **plasma** (54%). In addition, half of all respondents were willing to be treated **with parts of the eye such as the cornea** (50%), **skin** or **bone** (both 50%).

Almost three in ten respondents were prepared to be treated with **umbilical cord blood** (29%). Less than two in ten were prepared to be treated with **eggs** (17%) or **sperm** (14%). Only one in ten respondents (9%) were not prepared to accept treatment with any kind of body substances at all.

QE6. If you personally had a medical need, would you accept to be treated with the following body substances coming from a donation?
(MULTIPLE ANSWERS POSSIBLE)



The majority of respondents in all countries would agree to be treated with donated **blood**. Respondents were most likely to do so in Sweden (95%), Denmark (94%) and the Netherlands (92%), while respondents in Bulgaria (59%) and Romania (57%) were the least likely to accept donated blood.

Respondents in these same groups of countries are also the most and the least likely, respectively, to accept a donation of **bone marrow**. More than eight in ten respondents in Sweden (88%), Denmark (85%) and the Netherlands (81%) would accept such a donation, while about three in ten would do so in Romania (32%) and Bulgaria (28%).

Again, respondents were most likely to accept a donation of **heart valves or blood vessels** in Sweden (90%), Denmark (85%) and the Netherlands (82%), and least likely to do so in Romania (34%), Italy (33%) and Bulgaria (27%).

The same trend emerged for donations of **plasma** or **parts of the eye such as the cornea**. More than eight in ten respondents would accept a donation of either plasma or eye parts in Sweden (87% and 84%, respectively), followed by Denmark (81%, 78%) and the Netherlands (78%, 77%). At the other end of the scale, fewer than three in ten respondents in Romania (28% and 31%, respectively) and Bulgaria (27%, 21%) would do so.

85% of respondents would also accept a donation of **skin** or **bone** in Sweden, followed by those in the Netherlands (79% and 75% respectively) and Denmark (78% in both cases). In Bulgaria around a quarter of respondents would accept these donations (24% and 22% respectively). Around a quarter would also accept bone donation in Romania (28%) and skin donation in Italy (24%).

Almost six in ten respondents in Spain (59%) would accept a donation of **umbilical cord blood**, followed by almost half of respondents in Denmark (49%) and Sweden (46%). At the other end of the scale, one in seven respondents or so in Denmark (14%) and Bulgaria (13%) would accept such a donation.

Only in Spain would as many as three in ten respondents accept a donation of **eggs** or **sperm** (31% and 30% respectively). In seven countries, less than one in ten respondents would accept a donation of eggs and in 12 countries fewer than one respondent in ten would accept a donation of sperm.

- Blood transfusion was perceived as safer than cell or tissue transplantation -

Overall, a clear majority said that both blood transfusion and cell or tissue transplantation were safe for the recipients (79% and 70%, respectively).

About one in seven respondents felt that neither blood transfusion nor cell or tissue transplantation was safe (14% and 15% respectively).

QE7. As far as you know, do you think that ... is safe for the recipients in (OUR COUNTRY)?

Blood transfusion 79% 14% 7%

Cell or tissue transplantation 70% 15% 15%

■ Total 'Yes' ■ Total 'No' ■ Don't know

EU28

Respondents in Denmark, the Netherlands and Sweden (all three 97%) and Finland (95%) thought that blood transfusion in their respective countries was safe, while at the other end of the scale, respondents in France (30%), Romania and Bulgaria (both 28%), and Italy (25%) were more likely to say that blood transfusion was not safe.

Respondents in Sweden (94%), the Netherlands (93%), Denmark (91%) and Finland (90%) were again the most likely to think that the procedure was safe in their countries. Respondents were likely to say that cell or tissue transplantation was not safe for recipients in the countries. Specifically, respondents in France (30%), Romania (29%), and Bulgaria and Latvia (both 26%) were most likely to say that cell or tissue transplantation was not safe.

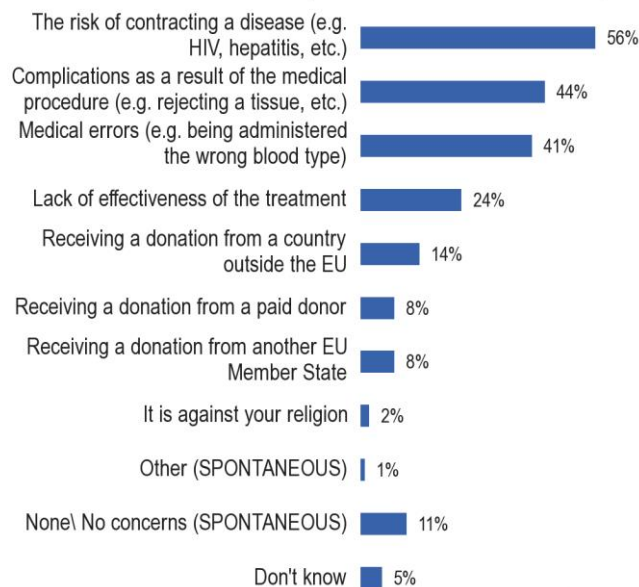
- The risk of contracting a disease was the main concern, followed by any complications or errors with the medical procedure itself -

Overall, the main concern mentioned by most respondents was **the risk of contracting diseases** like HIV and hepatitis (56%). Second to the risk of disease were **complications as a result of the medical procedure** itself (44%) and **medical errors** during the procedure (41%).

Around a quarter were concerned about **the lack of effectiveness of the treatment** (24%). The source of the donation was among the issues of least concern. One in seven respondents (14%) were concerned about **receiving a donation from someone outside the EU** but fewer were concerned about **receiving a donation from a paid donor or from another EU Member State** (both 8%).

Only 2% said that treatment with donated blood, cells or tissues was **against their religion**. Around one in ten respondents (11%) had no concerns.

QE8. Which of the following concerns would you have if you were treated with donated blood, cells or tissues? (MULTIPLE ANSWERS POSSIBLE)



Respondents in Latvia (71%) and Luxembourg (70%) were the most likely to mention the risk of contracting a disease. Conversely, those in Portugal and the United Kingdom (both 48%), Austria and Sweden (both 47%), and the Netherlands and Poland (both 46%) were the least likely to mention this concern.

Respondents in the Netherlands (63%), Denmark and Finland (both 62%), and Sweden (60%) were the most likely to be concerned about **complications as a result of the medical procedure**. On the other hand, respondents in the United Kingdom (28%) were the least likely to be concerned about complications.

Medical errors were of most concern to respondents in Luxembourg (61%), whereas respondents in Poland and the United Kingdom (both 34%), and Slovenia (32%) were least concerned.

The lack of effectiveness of the treatment was clearly of most concern in Denmark (51%), where this was mentioned by half of respondents. In contrast respondents in Slovakia (16%) and the United Kingdom (14%) were the least concerned, and only one in six or less cited this item.

The source of the donation was most likely to concern respondents in Denmark. Respondents in Denmark were most concerned about **receiving a donation from outside the EU** (46%), **from a paid donor** (26%) or **from another EU Member State** (22%). Respondents in Bulgaria were least likely to be concerned by any of these items (3%, 3% and 1% respectively).

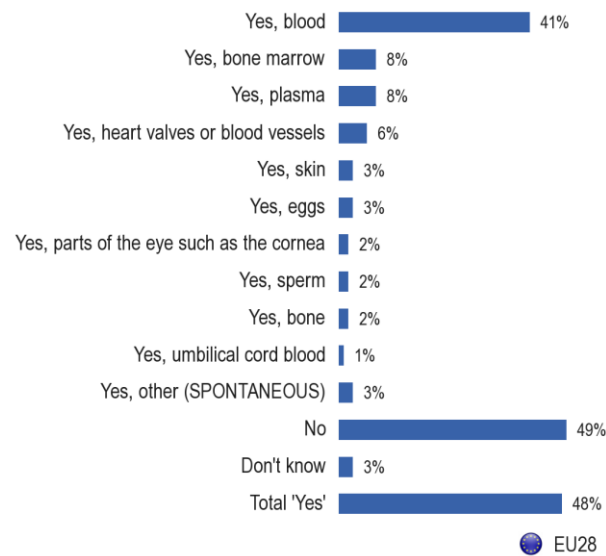
Few respondents in each country said that treatment with blood, cells or tissues was **against their religion**. There was little difference between the countries where respondents were most and least concerned about the religious aspect; between 4% and 1% of respondents mentioned this item.

- Almost half of respondents knew someone who received a body substance -

Most commonly respondents knew someone who had received **blood** (41%). Respondents were much less likely to know someone who had received the other body substances.

Just less than one in ten knew someone who had received **bone marrow** or **plasma** (both 8%). 6% knew someone who had received **heart valves or blood vessels**. No more than 3% of respondents knew someone who had received skin (3%), eggs (3%), parts of the eye such as the cornea (2%), sperm (2%), bone (2%) or umbilical cord blood (1%).

QE9. Do you know someone who has received any of the following donated body substances? (MULTIPLE ANSWERS POSSIBLE)



In all Member States, respondents were most likely to know someone who had received donated **blood**. Respondents in Greece (72%) were most likely to know someone who had received blood while respondents in Romania (32%) were the least likely to do so.

Respondents in Sweden were most likely to know someone who had received **bone marrow** (18%), **plasma** (19%), **heart valves or blood vessels** (21%) and **skin** (13%).

Respondents in Denmark (12%) and Sweden (11%) were the most likely to know people who had received donated **eggs**. Respondents in Denmark (17%) were also most likely to know people who had received donated **sperm**.

Respondents in Sweden and Cyprus (both 7%) were the most likely to know someone who had received **parts of the eye such as the cornea**. Again, there were many Member States where very few respondents knew such people (2% or less in 18 Member States).

Only 2% of respondents in Portugal knew someone who had received **umbilical cord blood**.

5. SUPPORT FOR NEW LEGISLATION ON BLOOD TRANSFUSION AND CELL AND TISSUE TRANSPLANTATION

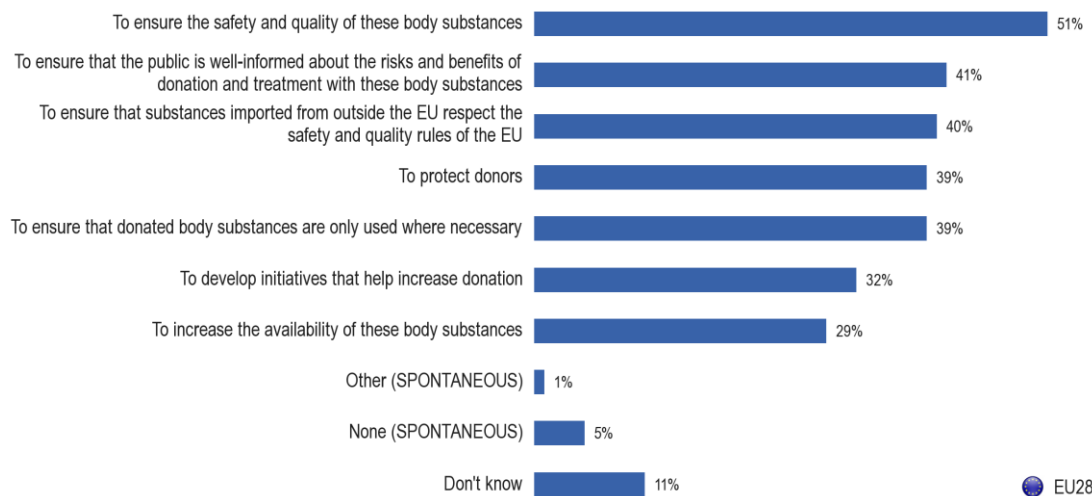
- Ensuring the safety and quality of body substances was most supported; this area received the most support in almost every Member State -

Overall, respondents were most supportive of EU legislation that would **ensure the safety and quality of body substances** (51%), with half of all respondents mentioning this area.

Respondents supported the next four areas equally, four out of ten mentioning each. These areas were ensuring that **the public was well-informed about the risks and benefits** (41%), ensuring that **substances imported from outside the EU respected EU safety and quality rules** (40%), **protecting donors** (39%) and **ensuring that body substances were only used when necessary** (39%).

Although **developing initiatives to help increase donation** (32%) and **increasing the availability of body substances** (29%) were supported by the smallest proportion of respondents, they were each mentioned by about three out of ten respondents.

QE10. In which of the following areas, would you support EU legislation for blood transfusion and cell and tissue transplantation? (MULTIPLE ANSWERS POSSIBLE)



Ensuring the safety and quality of body substances was the most supported item in almost every Member State, the exceptions being Estonia and Lithuania. However, respondents in Sweden (79%), the Netherlands (74%) and, Luxembourg and Denmark (both 73%) were most likely to support this area, while respondents in Poland (35%) were the least likely to do so.

Support for **ensuring that the public was well informed** was greatest in Luxembourg (60%), Denmark (58%) and Sweden (58%), whereas this area received least support in Lithuania (27%), Romania (26%) and Poland (25%).

Ensuring the safety and quality of body substances was the most supported item in almost every Member State; in 26 of the 28 Member States this was the most mentioned legislation – the exceptions being Estonia and Lithuania. Respondents in Sweden (79%), the Netherlands (74%), Luxembourg and Denmark (both 73%) were most likely to support this area, while respondents in Poland (35%) were the least likely to do so.

Support for **ensuring that the public was well informed** was greatest in Luxembourg (60%), Denmark (58%) and Sweden (58%), whereas this area received least support in Lithuania (27%), Romania (26%) and Poland (25%).

Again, respondents in Sweden (70%) and Denmark (69%) were most likely to support **ensuring that imported body substances respected EU safety and quality rules**. Respondents in Lithuania and Croatia (both 25%), and Poland (22%) were the least likely to support this area of legislation.

Respondents in Luxembourg (58%) were the most likely to support **the protection of donors**, while respondents in Austria (23%) and Croatia (22%) were the least likely to do so.

Ensuring that body substances were only used where necessary received the highest level of support in Luxembourg and the Netherlands (both 56%), and Denmark (52%). Respondents were least likely to support this area in Italy (29%) and Poland (27%).

Developing initiatives that help to increase donation was supported most in Sweden (59%), the Netherlands (52%) and Luxembourg (50%), and least in Austria (19%) and Latvia (18%).

Respondents in Sweden (54%) and the Netherlands (51%) were also the most likely to support increasing the **availability of body substances**. Respondents were least likely to support this in Poland (16%) and Lithuania (15%).

CONCLUSIONS

Blood was the body substance that most respondents were familiar with in terms of donation and treatment. Blood was the body substance most donated in the past, and it was the one that respondents would be most prepared to donate in the future. Moreover, if someone knew a recipient of body substances, it was likely to be someone who had received blood. It was also the substance that respondents were most prepared to be treated with themselves.

Conversely, respondents were much less likely to have personal experience with donation of umbilical cord blood. Only one in five respondents were prepared to donate it in the future. In addition, only a tiny proportion of respondents (1%) personally knew recipients of umbilical cord blood.

The results for sperm and eggs were similar to those of umbilical cord blood. One in four male respondents would be willing to donate sperm in the future, and only one in five female respondents would be willing to donate eggs, the lowest level of willingness of any of the bodily substances covered. Similarly, regarding whether the respondent would accept donations for a bodily substance for treatment, sperm and eggs had the lowest proportions of respondents who answered that they would (14% and 17%, respectively). However, it has to be emphasised that compared to the donation of blood and other types of tissues or cells, for sperm and egg donation social, cultural and ethical considerations need to be taken into account.

About a third of respondents (36%) had donated blood or tissues or cells and two-thirds (66%) said they were prepared to donate in the future during their lifetime. Additionally, almost six out of ten respondents were willing to donate body tissues after their death. However, only half had made their donation wishes known, mostly by discussing them with relatives and friends. One in seven respondents had registered on a public donor register for organs and tissues and cells, and only one in twenty had registered on the bone marrow donor register.

Respondents in the Nordic countries, Luxembourg and the Netherlands were most likely to report willingness to donate in the future, were among those to report the strongest motivations for donating and were the most prepared to be treated with donated substances.

Respondents in Bulgaria, Latvia, Slovakia and Romania were the least likely to have donated body substances in the past and the least likely to say they would do so in the future, suggesting a lower level of awareness.

In most Member States, the main concern that respondents had about being treated with donated blood, cells or tissues was the risk of contracting a disease. Correspondingly, in almost every Member State a majority of respondents were most likely to be supportive of EU legislation ensuring the safety and quality of body substances than any other area of legislation.

ANNEXES

TECHNICAL SPECIFICATIONS

SPECIAL EUROBAROMETER 426

Blood and cell and tissue donation

TECHNICAL SPECIFICATIONS

Between the 11th and the 20th of October 2014, TNS opinion & social, a consortium created between TNS political & social, TNS UK and TNS opinion, carried out the wave 82.2 of the EUROBAROMETER survey, on request of the EUROPEAN COMMISSION, Directorate-General for Communication, "Strategy, Corporate Communication Actions and Eurobarometer" unit.

The Special Eurobarometer 426 is part of the wave 82.2 and covers the population of the respective nationalities of the European Union Member States, resident in each of the Member States and aged 15 years and over.

The basic sample design applied in all states is a multi-stage, random (probability) one. In each country, a number of sampling points was drawn with probability proportional to population size (for a total coverage of the country) and to population density.

In order to do so, the sampling points were drawn systematically from each of the "administrative regional units", after stratification by individual unit and type of area. They thus represent the whole territory of the countries surveyed according to the EUROSTAT NUTS II (or equivalent) and according to the distribution of the resident population of the respective nationalities in terms of metropolitan, urban and rural areas. In each of the selected sampling points, a starting address was drawn, at random. Further addresses (every Nth address) were selected by standard "random route" procedures, from the initial address. In each household, the respondent was drawn, at random (following the "closest birthday rule"). All interviews were conducted face-to-face in people's homes and in the appropriate national language. As far as the data capture is concerned, CAPI (*Computer Assisted Personal Interview*) was used in those countries where this technique was available.

For each country a comparison between the sample and the universe was carried out. The Universe description was derived from Eurostat population data or from national statistics offices. For all countries surveyed, a national weighting procedure, using marginal and intercellular weighting, was carried out based on this Universe description. In all countries, gender, age, region and size of locality were introduced in the iteration procedure. For international weighting (i.e. EU averages), TNS Opinion & Social applies the official population figures as provided by EUROSTAT or national statistic offices. The total population figures for input in this post-weighting procedure are listed below.

Readers are reminded that survey results are estimations, the accuracy of which, everything being equal, rests upon the sample size and upon the observed percentage. With samples of about 1,000 interviews, the real percentages vary within the following confidence limits:

**Statistical Margins due to the sampling process
(at the 95% level of confidence)**

various sample sizes are in rows

various observed results are in columns

	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	
	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	
N=50	6,0	8,3	9,9	11,1	12,0	12,7	13,2	13,6	13,8	13,9	N=50
N=500	1,9	2,6	3,1	3,5	3,8	4,0	4,2	4,3	4,4	4,4	N=500
N=1000	1,4	1,9	2,2	2,5	2,7	2,8	3,0	3,0	3,1	3,1	N=1000
N=1500	1,1	1,5	1,8	2,0	2,2	2,3	2,4	2,5	2,5	2,5	N=1500
N=2000	1,0	1,3	1,6	1,8	1,9	2,0	2,1	2,1	2,2	2,2	N=2000
N=3000	0,8	1,1	1,3	1,4	1,5	1,6	1,7	1,8	1,8	1,8	N=3000
N=4000	0,7	0,9	1,1	1,2	1,3	1,4	1,5	1,5	1,5	1,5	N=4000
N=5000	0,6	0,8	1,0	1,1	1,2	1,3	1,3	1,4	1,4	1,4	N=5000
N=6000	0,6	0,8	0,9	1,0	1,1	1,2	1,2	1,2	1,3	1,3	N=6000
N=7000	0,5	0,7	0,8	0,9	1,0	1,1	1,1	1,1	1,2	1,2	N=7000
N=7500	0,5	0,7	0,8	0,9	1,0	1,0	1,1	1,1	1,1	1,1	N=7500
N=8000	0,5	0,7	0,8	0,9	0,9	1,0	1,0	1,1	1,1	1,1	N=8000
N=9000	0,5	0,6	0,7	0,8	0,9	0,9	1,0	1,0	1,0	1,0	N=9000
N=10000	0,4	0,6	0,7	0,8	0,8	0,9	0,9	1,0	1,0	1,0	N=10000
N=11000	0,4	0,6	0,7	0,7	0,8	0,9	0,9	0,9	0,9	0,9	N=11000
N=12000	0,4	0,5	0,6	0,7	0,8	0,8	0,9	0,9	0,9	0,9	N=12000
N=13000	0,4	0,5	0,6	0,7	0,7	0,8	0,8	0,8	0,9	0,9	N=13000
N=14000	0,4	0,5	0,6	0,7	0,7	0,8	0,8	0,8	0,8	0,8	N=14000
N=15000	0,3	0,5	0,6	0,6	0,7	0,7	0,8	0,8	0,8	0,8	N=15000
	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	
	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	

ABBR.	COUNTRIES	INSTITUTES	N° INTERVIEWS	DATES		POPULATION 15+	PROPORTION EU28
				FIELDWORK			
BE	Belgium	TNS Dimarso	1.001	11/10/14	20/10/14	9.263.570	2,18%
BG	Bulgaria	TNS BBSS	1.018	11/10/14	20/10/14	6.294.563	1,48%
CZ	Czech Rep.	TNS Aisa	1.034	11/10/14	20/10/14	8.955.829	2,11%
DK	Denmark	TNS Gallup DK	1.025	11/10/14	20/10/14	4.625.032	1,09%
DE	Germany	TNS Infratest	1.532	11/10/14	20/10/14	71.283.580	16,79%
EE	Estonia	TNS Emor	1.015	11/10/14	20/10/14	1.113.355	0,26%
IE	Ireland	Behaviour & Attitudes	1.001	11/10/14	20/10/14	3.586.829	0,84%
EL	Greece	TNS ICAP	1.015	11/10/14	20/10/14	8.791.499	2,07%
ES	Spain	TNS Spain	1.011	11/10/14	20/10/14	39.506.853	9,31%
FR	France	TNS Sofres	1.011	11/10/14	20/10/14	51.668.700	12,17%
HR	Croatia	HENDAL	1.084	11/10/14	20/10/14	3.625.601	0,85%
IT	Italy	TNS Italia	1.019	11/10/14	20/10/14	51.336.889	12,09%
CY	Rep. Of Cyprus	CYMAR	500	11/10/14	18/10/14	724.084	0,17%
LV	Latvia	TNS Latvia	1.011	11/10/14	20/10/14	1.731.509	0,41%
LT	Lithuania	TNS LT	1.013	11/10/14	20/10/14	2.535.329	0,60%
LU	Luxembourg	TNS ILReS	503	11/10/14	20/10/14	445.806	0,11%
HU	Hungary	TNS Hoffmann	1.058	11/10/14	20/10/14	8.477.933	2,00%
MT	Malta	MISCO	503	11/10/14	20/10/14	360.045	0,08%
NL	Netherlands	TNS NIPO	1.059	11/10/14	20/10/14	13.901.653	3,27%
AT	Austria	ipr Umfrageforschung	1.019	11/10/14	20/10/14	7.232.497	1,70%
PL	Poland	TNS Polska	1.010	11/10/14	20/10/14	32.736.685	7,71%
PT	Portugal	TNS Portugal	1.002	11/10/14	20/10/14	8.512.269	2,01%
RO	Romania	TNS CSOP	1.015	11/10/14	20/10/14	16.880.465	3,98%
SI	Slovenia	RM PLUS	1.055	11/10/14	20/10/14	1.760.726	0,41%
SK	Slovakia	TNS Slovakia	1.038	11/10/14	20/10/14	4.580.260	1,08%
FI	Finland	TNS Gallup Oy	1.000	11/10/14	20/10/14	4.511.446	1,06%
SE	Sweden	TNS Sifo	987	11/10/14	20/10/14	7.944.034	1,87%
UK	United Kingdom	TNS UK	1.329	11/10/14	20/10/14	52.104.731	12,27%
TOTAL EU28			27.868	11/10/14	20/10/14	424.491.772	100%*

* It should be noted that the total percentage shown in this table may exceed 100% due to rounding