

Opt-In or Opt-Out: Understanding Bay Area Views on Organ Donation Policy

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I. Abstract

Organ donation continuously saves tens of thousands of lives annually, yet demand continues to exceed far the supply in the United States (UC Health, 2023). This paper investigates community opinion in California's Bay Area surrounding two policy models: opt-in and opt-out organ donation systems. Drawing on information from a community survey conducted throughout this region, this study examines the rationale, concerns, and familiarity with presumed consent (opt-out) policies. The following findings revealed strong support among the younger population and a correlation between awareness and support for opt-out policies. However, concerns about trust and transparency in the medical system continue. This conclusion is further supported by a review of recent academic research, international policy comparisons, and behavioral science explanations. This paper argues that while opt-out systems may enhance donation rates, their success depends upon infrastructure, public education, and cultural alignment.

II. Introduction

In the United States, over 100,000 individuals remain on organ transplant waitlists, and over 23,000 of those individuals reside in California (UNOS, n.d.). Out of those numbers, nearly 6,000 die each year before finding a match (UNOS, n.d.). The current system requires individuals to actively register to become donors, hence an "opt-in" model. Conversely, many countries have adopted opt-out or "presumed consent" policies, in which citizens are considered donors unless they explicitly withdraw. The potential for increased donation rates under these opt-out policies has gained a lot of attention in California, especially in the progressive and diverse Bay Area. This paper explores how residents perceive these systems and what factors influence their opinions on these systems. According to data analyst Ana S. Morais, opt-out systems in countries such as Spain, Austria, and Belgium report donation

rates significantly higher than the U.S. (Morais, 2020). However, factors like cultural values, public trust, and healthcare infrastructure need to be evaluated to understand how effective an opt-out system can be in California.

III. Methodology

This study employed a Google Forms survey to gather public opinions on organ donation policies from residents of the Bay Area in California. Respondents were asked about their knowledge of organ donation, donor registration status, support for opt-out policies, personal concerns, and how they first became aware of the topic. The survey consisted of both multiple-choice and short-answer questions and was distributed online in June 2025 via social media platforms and local community forums. A total of 106 individuals -- ranging in age from 13 to 60 -- participated. As the survey was circulated informally, the sample was based on voluntary participation rather than random selection.

Although the study did not undergo formal ethical review, all participants gave informed consent before starting the survey. No names or identifying personal details were collected, and participants under 18 were clearly informed that their responses were optional. If this study were expanded in the future, it would adhere to established ethical guidelines, including protocols for involving minors and obtaining parental consent.

Survey responses were organized and visualized using pie charts (see Section IV), and findings were analyzed in conjunction with external research, including published studies and government data, to better interpret emerging trends and address common misconceptions. For this paper, an “opt-in” system refers to the current U.S. model, in which individuals must actively register to become organ donors, whereas an “opt-out” system presumes consent unless individuals explicitly choose to withdraw.

For this paper, an *opt-in system* refers to the current U.S. model, where people must choose to register as organ donors. An *opt-out system* means everyone is considered a donor unless they say otherwise.

IV. Bay Area Community Survey Results

The following charts are based on a community survey conducted in June 2025 among residents of the Bay Area in California. Distributed via Google Forms, the survey collected anonymous responses to assess public awareness, beliefs, and policy preferences regarding organ donation. While the findings offer insight into local perspectives, they reflect a limited sample and may not be generalizable to the broader U.S. population.

A majority of respondents were not currently registered as organ donors (see Fig. 1).

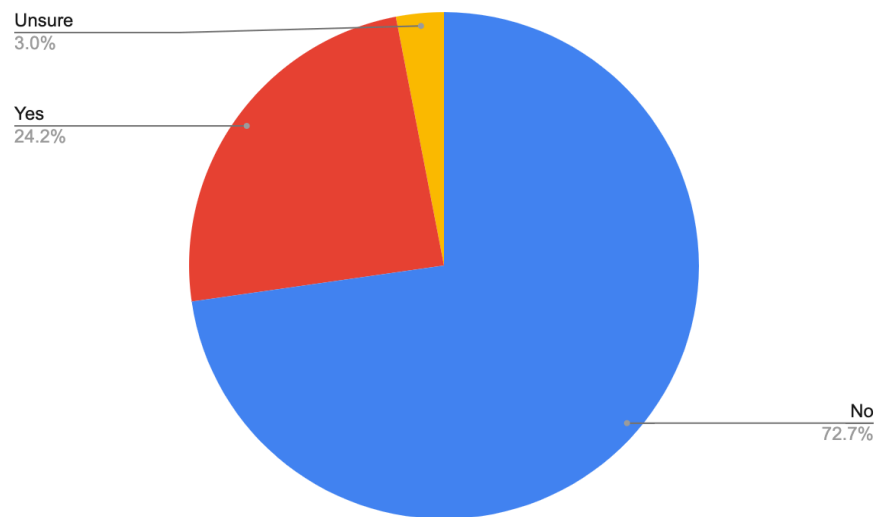


Fig. 1. Organ donor registration status among respondents. Chart from personal Google Forms survey conducted in Bay Area, CA, June 2025.

Nearly half of participants said they would support an opt-out system for organ donation (see Fig. 2).

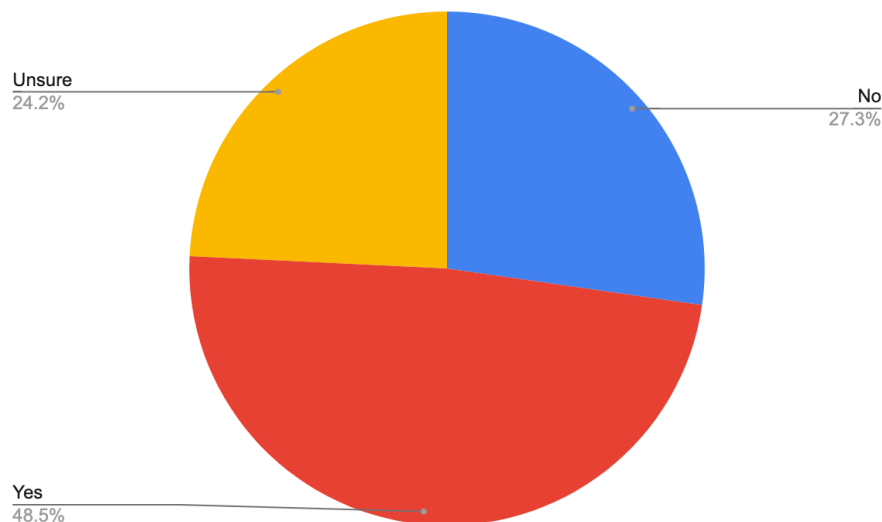


Fig. 2. Support for an opt-out organ donation system in California, 2025. Chart from personal Google Forms survey conducted in Bay Area, CA, June 2025.

Those who opposed or were unsure about the opt-out system cited diverse reasons (see Fig. 3).

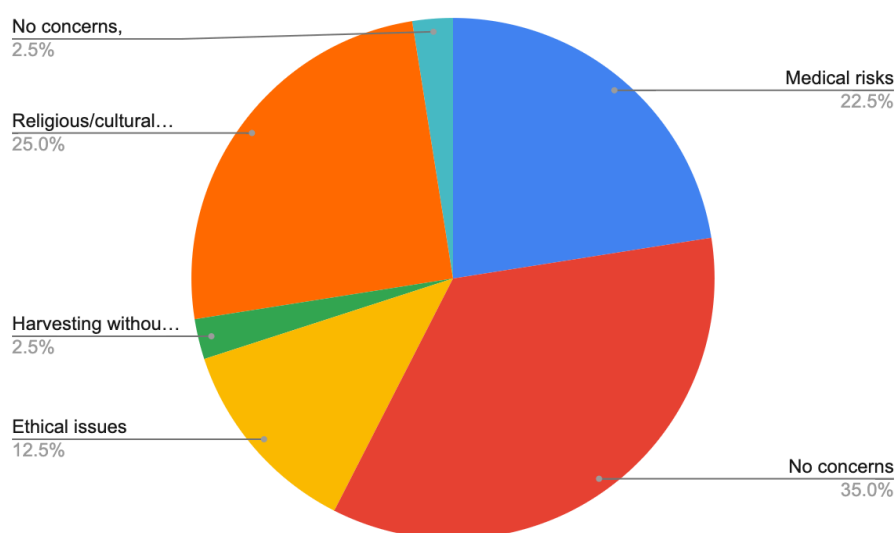


Fig. 3. Concerns cited by those opposing or unsure about opt-out donation. Chart from personal Google Forms survey conducted in Bay Area, CA, June 2025.

Social media was the most common source of initial information about organ donation (see Fig. 4).

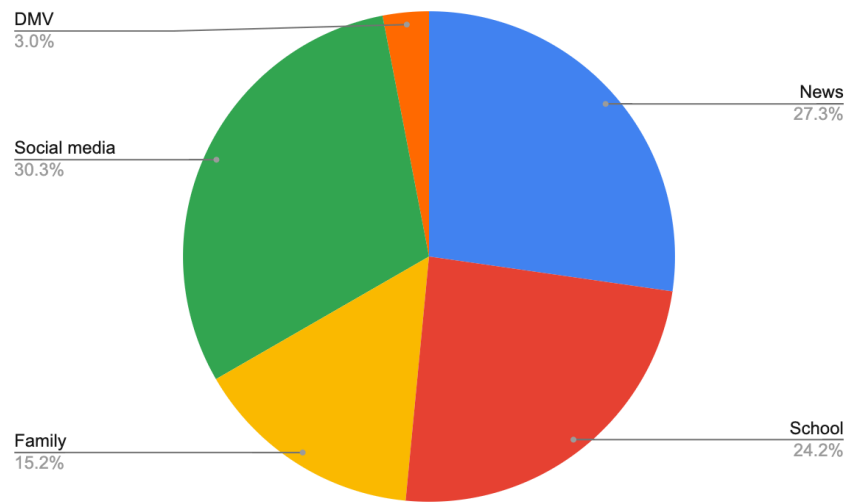


Fig. 4. Where respondents first learned about organ donation. Chart from personal Google Forms survey conducted in Bay Area, CA, June 2025.

V. Data Analysis & Discussion

i. Medical Fear and Misconceptions:

While only a small portion of respondents cited “organ harvesting” as a concern (see Fig. 3), this fear reflects broader medical anxiety and misunderstandings about the organ donation process. As Sandhya Pruthi, MD, notes, persistent myths—such as the belief that doctors may not “try as hard” to save registered donors or that bodies will be mistreated after death—remain significant barriers to donor registration (Pruthi, 2021). Fortunately, these misconceptions are not rooted in evidence. In the U.S., strict laws and protocols regulate donation, including multiple confirmations of death by independent doctors before any organs are retrieved (AMA Council on Ethical and Judicial Affairs, 2019). Nevertheless, the

myth of organ harvesting continues to influence public decision-making around donation. in the United States.

A more commonly expressed concern was the fear of receiving inadequate medical care if listed as a donor. Some worry that doctors may prioritize organ recovery over lifesaving treatment. However, physicians are legally and ethically obligated to focus solely on preserving a patient's life, and they do not have access to donor status until after emergency care has been provided. The Dead Donor Rule—a foundational ethical guideline—requires that a patient be declared dead by multiple medical professionals before organ retrieval can occur (Bernat, 2013). These anxieties reflect a broader pattern of medical mistrust and gaps in public education. Addressing these fears requires transparent, accessible communication from healthcare institutions to reassure the public that organ donation never compromises medical care.

ii. Cultural and Religious Perspectives:

Religious and cultural values shape beliefs about what happens after death and how the body should be treated. Some individuals expressed uncertainty about whether donation is acceptable within their faith. Although most major religions endorse donation, many people are unaware of this due to a lack of clear messaging from spiritual leaders or misinterpretations of religious teachings. For those seeking clarity, the NHS Organ Donation website offers comprehensive resources outlining various faith perspectives on donation (NHS Organ Donation, 2019).

Religions such as Christianity, Islam, and Judaism generally endorse donation as an act of charity and compassion. Hindu and Buddhist traditions often also permit donation, provided the body is treated with respect and dignity. (UT Southwestern Medical Center, 2024). In some East Asian and Indigenous communities, however, the emphasis on

bodily integrity may lead to opposition or hesitancy (Li et al., 2019). While these views deserve respect, they also highlight the need for culturally sensitive education and dialogue—ideally led by trusted figures within each community. Recognizing the diversity of beliefs within and across traditions is essential; no single community voice can represent an entire faith or culture.

iii. Social Media and Public Understanding

Social media plays a central role in shaping how people learn about organ donation, as reflected in the survey where it was the most commonly cited source. . While this highlights the power of digital access, it also reveals a problem: much of the content on organ donation shared online is incomplete, emotionally charged, or outright false. Misleading stories about unethical practices or myths surrounding the donation process can spread rapidly, especially among younger audiences.

Research has consistently shown how platforms like Twitter, Facebook, and YouTube contribute to the dissemination of health misinformation. For instance, false claims linking vaccines to autism or promoting unproven medical treatments have gained widespread traction online. Health economist Yuxi Wang found that such misinformation can spread "further, faster, deeper, and more broadly than the truth", ultimately influencing public health decisions and eroding trust in credible institutions (Wang et al., 2019). To counteract this, accurate information about organ donation should come directly from trusted sources (ie. healthcare professionals) during regular medical appointments, where individuals can ask questions and receive informative guidance.

iv. Behavioral Effects of Opt-Out Policies

Support for opt-out donation –even among those not currently registered –reveals an important insight: the barrier is not belief, it’s action. Many people express support for organ donation yet fail to register simply because it’s not the default. Opt-out systems eliminate this extra step. By making donation the default choice, these systems increase overall participation – a trend confirmed by studies in European nations. In behavioral science, this is known as the *default effect*. As humanitarian logistician Van Dalen explains, when a behavior is framed as the norm, most people are inclined to follow it (Van Dalen & Henkens, 2014). Opt-out policies don't impose consent; rather, they reframe it as a shared expectation rather than an individual exception. In a region like the Bay Area – diverse, fast-moving, and rich with information –this small policy shift could lead to a substantial increase in donor registration and engagement

VI. Limitations

i. Limited Sample Size:

This study included 106 responders, offering valuable preliminary insights. However, the sample size is relatively small given the diversity of the Bay Area, and therefore, the findings may not be representative of the broader regional population, California as a whole, or the wider United States population.

ii. Ethical Considerations for Minors:

Participants as young as 13 years old were included in the survey. As an independent student-led research project, the study did not undergo formal Institutional Review Board (IRB) review or equivalent ethical oversight typically required for research involving human

subjects . Although participation was voluntary and no identifiable personal information was collected, formal research protocols involving minors would require additional safeguards, including documented parental consent.

iii. Demographics:

The survey gathered minimal demographic information, primarily focusing on age. Without data on key factors such as specific geographic location within the Bay Area, socioeconomic status, or racial and ethnic identity, it is challenging to assess how these variables may influence opinions on organ donation and trust in medical systems.

VII. Future Research

i. Expanding Sample Size:

Future studies should aim to recruit a larger, more demographically diverse, and statistically representative sample of the Bay Area population. For example, additional data collection methods – such as partnerships with schools and community organizations – could improve response rates and provide a more comprehensive understanding of public attitudes toward organ donation. .

ii. In-Depth Qualitative Analysis:

To explore the underlying reasons behind individuals' views –especially medical fears and cultural perspectives – future research could incorporate qualitative methods such as in-depth interviews. These approaches would provide richer insights into personal motivations and experiences that a quantitative survey alone may not fully capture.

iii. Educational Intervention:

Given the significant role of social media in spreading misinformation, future research could focus on designing and evaluating targeted educational campaigns. These initiatives could be delivered through credible channels, such as healthcare providers or community leaders, and aim to address common misconceptions, clarify the donation process, and strengthen public trust.

VII. Conclusion

The survey results from the Bay Area reveal a consistent trend: many residents support organ donation, express interest in opt-out systems, and are eager to better understand the process. The primary barriers are not rooted in opposition, but in delay, uncertainty, and a lack of accessible, trustworthy information.

Cultural values, medical fears, and the spread of misinformation – particularly through social media – contribute to the hesitation among many Californians. Fortunately, these factors are not insurmountable, and can be addressed through targeted education, clear communication from trusted medical professionals, and culturally informed policy design. While opt-out systems alone are not a comprehensive solution, they represent a promising step towards aligning policy with public values. By making organ donation the default, such policies have the potential to save tens of thousands of lives and foster a stronger culture of shared responsibility and compassion.

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