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A Sociological Perspective on Organ Transplantation and Donation in Serbia

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Abstract

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Organ shortage has been a large issue all over the world, almost for as long as there have been organ transplants. Other than the straightforward issues like the organs not matching between the donor and the recipient, limited availability of suitable donors, logistic problems involved with the transplantation procedure etc., another large problem is the sociological perspective on organ transplantation and donation amongst the potential organ donors. People can, for an array of reasons, be for or against organ transplantation and donation, and that is what this study tries to research. It focuses on eight individuals from Serbia, and their views and opinions on the procedure. It attempts to understand why they think in that way, with the help of five aspects *the gift*, *social capital*, *religion*, *planned behaviour* and *information*. It also delves into participants' attitudes towards the new law on organ transplantation in Serbia. Empirical data was collected by conducting individual semi-structured qualitative interviews. It was then connected to the previous research on the subject, as well as four theories, two sociological and two psychological. The sociological theories in question are social capital and gift exchange theory, and the psychological are theory of planned behaviour and theory of motivated information management.

The thesis follows a very traditional structure, with the largest focus on analysis, while also working extensively with theory and previous research sections, as well as covering the method and introduction of course.

Main conclusion that the study comes to is quite open, showing that there is a lot of different reasonings and nuances when it comes to deciding to support or oppose the organ transplantation and donation. These arguments come both from our own perceptions as well as the outside influences.

Key words: organ transplantation, organ donation, social capital, gift exchange theory, motivated information management, theory of planned behaviour, religion.

Popular science summary

Organ shortage has been a large issue all over the world, almost for as long as there have been organ transplants. Other than the straightforward issues like the organs not matching between the donor and the recipient, limited number of suitable donors, logistic problems involved with the transplantation procedure, and so on, another large problem is the sociological perspective on organ transplantation and donation amongst the potential organ donors. People can, for an array of reasons, be for or against organ transplantation and donation, and that is what this study tries to research. Its main goal is to interpret what influences someone's attitudes on the subject, if it can be explained with the help of sociology, as well as psychology. The study focuses on eight individuals from Serbia, ranging from young adults to pensioners, both men and women, with a variety religious affiliations and social statuses. It tries to understand why they think in a way that they do, and it does so with the help of five aspects *the gift, social capital, religion, planned behaviour* and *information*. Study also delves into participants' attitudes towards the new law on organ transplantation in Serbia. The information was collected by conducting semi-structured qualitative interviews with everyone separately. It was then connected to the previous research on the subject, as well as four theories, two sociological and two psychological. The sociological theories in question are social capital and gift exchange theory, and the psychological are theory of planned behaviour and theory of motivated information management. It also utilises some of the concepts which arose during the examining of the previous research about organ transplantation and donation in connection to sociology, with the most important ones being religion, altruism, scepticism towards the medical profession as well as fear of the existence of the black market.

The paper follows a very traditional structure, with the largest focus on analysis, while also working extensively with theory and previous research sections, as well as covering the method and introduction of course.

Main conclusion that the study comes to is that there is a lot of different reasonings and nuances when it comes to deciding to support or not to support the organ transplantation and donation. These views come both from our own perceptions as well as the outside influences. In some cases, people are simply not interested, or are afraid for their own wellbeing, while in others they are selfless and willing to help because they were the ones who needed help at one point, and someone was there for them.

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1 Introduction

1.1 Background

On April 3rd of 1933 the first ever human-to-human kidney transplant was performed by a Soviet surgeon Yu Yu Voronoy (Hamilton, 2012, p. 160-163). It was an unsuccessful attempt where the recipient died after 48 hours, however, it was a huge leap forward for the field of medicine and was the foundation for the organ transplants that were yet to come. After 19 years, in 1952, the first organ transplant where the donor was a living close relative of the patient was completed by Jean Hamburger. Unlike with the previous attempts, the kidney functioned immediately, and the recipient's uremia was relieved quickly, still, on the twenty-second day a rejection occurred, and the recipient died (Hamilton, 2012, p. 212-213). While not a success, this was another step forward in the right direction. Lastly, in 1954 the first ever successful transplant of an organ was performed. This marvel of medicine was achieved by Joseph Murray in Brigham Hospital in Boston. The organ in question was a kidney, and the main reason for why there was no rejection, and no need for immunosuppressives was because the donor and the recipient were identical twins (Hamilton, 2012, p. 249). This was a large steppingstone for the future organ transplants.

Today, many years after these ground-breaking medical achievements, organ transplantation has become a very usual and straightforward procedure. In 2018 there have been around 146.000 organ transplantation surgeries performed around the world, at the rate of 17 organ transplants per hour ("Global Transplantation Activities", 2020). During the same year, in the EU alone, there were around 34.000 organs transplanted (Scholz, 2020, p. 3). There has also been an increase of 5,6% of organ transplantations in 2018, compared to the previous year. However, even though these numbers might seem high, and they have been on the rise, there is still an organ shortage happening. While some reasons for this are strictly medical in nature, others are sociological, which is what will be discussed in depth in this paper.

1.2 Definition of the problem

The main problem that the focus of this paper will be on, as the title suggests, is the sociological perspective on organ transplantation and donation, i.e., how do certain individuals view the concept of organ donation. The reason for why this is considered a

sociological question is because people's views on certain topics are often influenced by different sociological elements, for example the social climate that they come from, their social status, religion and so on. The underlying issue which is the reason behind why the sociological perspective on the matter must be discussed and brought up a lot more frequently, is the fact that there is currently a global organ shortage happening. In the EU alone over 150.000 people were registered on organ waiting lists in 2018, (Scholz, 2020, p. 3) which clearly shows that demand is much higher than the supply when it comes to organs.

In 2018 57.63 million people died worldwide (Ritchie, 2019), so a question could be posed, how is it possible that there is a shortage of organs when millions of people die each year. Other than the fact that not everyone who has passed away can provide organs that are in an adequate shape, as well as other problems like logistics around the transplantation procedure, restrictive legislation and issues determining if the deceased person is a registered donor, the other important reason, is the sociological perspective on organ transplantation and donation (Nijkampa et al., 2008, p. 21). While some people are more than willing to register as organ donors, others might have some reservations, therefore, the reasons behind why people do and do not support this procedure will be discussed, as well as an in-depth analysis of these views.

Getting familiar with different arguments, especially the ones that are against organ transplantation and donation, could potentially help increase the number of organ donors by solving these issues which lead to people's unwillingness to participate. Also, analysing why others do want to give up their organs post-mortem, or even as living donors, could provide tools for educating the public on the matter and bringing awareness about the issue. Lastly, simply shedding more light on this topic could raise consciousness about the organ shortage to people who maybe never thought about registering as organ donors but are willing to do so.

With keeping in mind that all the participants of this study are from the same country, Serbia, it is also important to briefly summarize the general views on the problem over there. In the summer of 2018, a new law on organ transplantation was adopted ("Zakon o presadjivanju ljudskih organa", 2018). According to the new law, instead of an individual being an organ donor only if he or she registers as one, everyone is now considered to be an organ donor unless they specifically state the opposite. This was inspired by the Croatian model which is

one of the countries with the highest number of organ transplants in the world (Vesic, 2018). One difference, however, was that where in Croatia it is the individual who has the last word, in Serbia it is the family of the deceased who makes the final decision.

One of the ambitions that the Serbian government had with this decision was to hopefully be accepted into the Eurotransplant, which requires its member countries to have a minimum of 10 organ donors per million residents. Serbia had less than 6 in 2018 (Vesic, 2018), and an article from the year 2020 shows that the number plummeted to 3 per million residents (“Doniranje organa između zakona i prakse”, 2020) since then. When looking into the discussions about the new organ transplantation law from 2018 one can see that it has not been accepted very well, both by certain politicians and regular people, while interestingly, the Serbian Orthodox Church has shown support. Sandra Raskovic Ivic who is a vice president of the opposition centre-right People's Party gave a statement that her party is against the new law since it is very dangerous and can lead to “mafia, corruption and hunting people for their organs” (Vesic, 2018). She also compared this to the missing babies affair which includes hundreds of babies stolen from Serbian maternity hospitals over the last couple of decades (Glavonjic, 2020). Regular people call this a legalization of organ trafficking in their comments online, as well as voicing their concern that the mortality rate in Serbia is about to rise, and some even call the new law a crime (Radivojevic, 2018). Possible reason behind this strong reaction could be general lack of trusting the government and politicians in the country, as well as conservative stances, especially in the older population.

An important incident to mention, which has made organ transplantation conversation in Serbia very difficult, is the Kosovo Organ-Trafficking from 1999, which is widely known as the “Yellow house”. This incident included Serbs being taken as prisoners by the Kosovo liberation army, and having their organs harvested to be sold on the black market (Ristic, 2015). To this day the “Yellow house” has not been forgotten and is often discussed both by regular people and the media.

1.3 Main focus

Main point of this essay is to investigate the sociological perspective on the issue of organ transplantation and donation, i.e., how is organ transplantation and donation seen by eight

individuals engaged in this topic. Some of the potential elements that can play a major role in people's views on organ transplantation and donation are sociological in nature, like religion, social status, and social capital, but also views like supporting concepts as for example altruism, or more simple and straightforward reasons, for instance fear of having their organs stolen. These reasonings, among others, will be examined and analysed extensively in this research.

The empirical data for the research will be collected from conducting qualitative interviews with both the supporters and the opponents of the organ transplantation and donation. The individuals who support the procedure will also include people who themselves received an organ, since it is very important to shed light on the experiences of those who have gone through the process of organ transplantation. What will be discussed is how it affected them and their attitudes, other than of course saving their life or largely improving the quality of it. It will also be interesting to discuss how they feel about the new organ transplantation law in Serbia. There will also be a previously registered organ donor as well, to discuss his views on the same topic from a different perspective.

The other group of people who will be included in the research are those who are, for one reason or another, against organ transplantation and donation. Their views and opinions on the topic will be discussed and the aim is to use this information in order to better understand "the other side". It is very important to give space to both positions, to then have a full picture of the participants views on the topic and the reasoning behind those specific views.

It is also important to mention that while the main focus of the paper will not be the issue of organ shortage per se, but rather how certain individuals view organ donation, it will be touched upon briefly. This will be done considering that it is the underlying issue here, and the reason for why the subject of sociological perspective on organ transplantation and donation should be brought up and discussed in the first place. It is also introduced in the paper so that it could provide context to the entire research.

1.4 Research questions

- How is the question of organ donation/transplantation viewed by the study participants?
- What are the reasons behind certain individuals being for or against organ donation/transplantation?
- How do the interviewees view the new law on organ transplantation from 2018 which makes them all organ donors unless stated otherwise?

The central question that this study is trying to answer is the first research question, “How is the question of organ donation/transplantation viewed by the study participants?”. It corresponds with the main focus of the paper and is the most important question to resolve. The other two questions, “What are the reasons behind certain individuals being for or against organ donation/transplantation?” and “How do the interviewees view the new law on organ transplantation from 2018 which makes them all organ donors unless stated otherwise?” are there to elevate and develop the discussion even more, as well as to further analyse the first question and answers that come with it. It is of high importance to explore the different elements that could affect the interviewees’ views of organ transplantation and donation, and the second and the third research questions are constructed to aid that aim.

1.5 Limitations

Regarding the limitations, this paper does have a couple which have to be discussed. Firstly, it felt very important for this research to include people who themselves have experienced organ transplantation first-hand. I wanted to achieve this by talking to such individuals myself, instead of relying solely on previous research on the subject, and while this was crucial it was also not easy to accomplish. While managing to contact three individuals who have been through the procedure, as well as one registered organ donor, the downside is the size of the sample. In addition to the four participants who are for the procedure of organ transplantation and donation, there were also four who are against it. Even though having eight interviews included in a qualitative study of this scope is not insufficient, I wish that more interviewees could have been included to explore the subject on an even larger scale. Though, lack of time available, combined with the ongoing COVID-19 pandemic made it difficult to involve a larger number of people in the study. What would be interesting, however, is revisiting this

subject in the future when the conditions for conducting the research are more suitable. I would suggest approaching it in two different ways, one is by including new participants, and the other is by doing follow-up interviews with the interviewees from this original study and seeing if their perspectives have changed in any way over time.

Secondly, the fact that all the participants who were included in this research are from an Eastern European country, in this case Serbia, could potentially be seen as a limitation alone. Where they are from could pose an issue considering that people from Eastern European countries are shown to have quite low willingness to donate organs (“Organ donation and transplantation”, 2010, p. 15). This could in turn appear biased when conducting a study which aims to interpret both the views of those individuals who are for and against the procedure. In order to bypass this issue, and have more balance, the research includes an even number of participants who have positive and negative attitudes towards organ transplantation and donation. Additionally, a suggestion for future studies on the subject which could utilize this bias is exploring specifically the lack of desire to donate organs in Eastern Europe as a whole, or even individual countries from the area.

2 Previous research

About previous research, there are a couple of main themes which are most prevalent in the research done prior on the topic of organ transplantation and donation and that are of the largest importance for this paper and answering its research questions. The topics in question are *what the general views on organ donation in society are; what the reasons for organ donation are; and what are the reasons against the procedure*. It is important to bring up that the matter of organ transplantation and donation, as well as organ shortage, is studied very extensively in the field of sociology. There is no lack of research referring to the concept of organ transplantation and donation in relation to the different sociological aspects, like for example religion or socioeconomic status.

2.1 General views on organ transplantation and donation in society

As for the general views on organ transplantation and donation in society, the main conclusions that emerges from articles written on the subject, like for example in “Attitudes

Toward Posthumous Organ Donation and Commitment to Donate" by Parisi and Katz (1986), "Decision solution, data manipulation and trust: The (un-)willingness to donate organs in Germany in critical times" (Schwettmann, 2015), as well as "To be(come) or not to be(come) an organ donor, that's the question: a meta-analysis of determinant and intervention studies" (Nijkampa et al., 2008), is that there is in fact an organ shortage happening and it is having devastating effects worldwide (Schwettmann, 2015, p. 2). While organ shortage is not sociological per-se, there is a connection considering that people's views on organ transplantation and donation play a significant role in the number of organs available, and these views are often directly affected by different sociological elements, like religion, education, gender and so on.

What is seen as the largest issue concerning the lack of organs, other than of course more technical problems, like "the limited availability of suitable donors, logistic problems involved with the transplantation procedure, restrictive legislation, difficulties in assessing whether a deceased is registered as an organ donor or not (...)" (Nijkampa et al., 2008, p. 21), is the unwillingness of people to register as organ donors. An interesting point to bring up here is the fact that the main issue is not individuals who are adamantly against the procedure, but rather those who are unsure of their own opinions on the matter. As Parisi and Katz put it, it is this ambivalence that is one of the leading causes of people not having an organ donor card (Parisi and Katz, 1986, p. 574). Schwettmann brings up the same point, writing that: "Surprisingly, respondents with a negative attitude towards the healthcare system altogether are more likely to possess an ODC (organ donor card), whereas the results for those who believe that there is dire need for reform are ambivalent." (Schwettmann, 2015, p. 8).

Previous research also focuses on reasons behind why there might be a lack of interest for registering as an organ donor among the general public. One of the most important points is that there is not enough awareness about the issue in the society, as it is pointed out by Nijkampa et al. It is both important to bring attention to organ donation and transplantation, but also to explain the procedure as much as possible to the public. The authors show this very clearly by pointing out that in the years when there were more studies published about the posthumous organ donation, there were also increasing numbers of organ transplant procedures (Nijkampa et al., 2008, p. 21). Another reason for lack of interest in the society is, according to previous studies, mass media reporting on this topic, according to Parisi and

Katz (1986, p. 567). The inconsistent coverage of the phenomena of organ donation is what is feeding into the ambivalent attitudes which further confuse the general public and is in turn affecting the number of organ donors (Parisi and Katz, 1986, p. 567).

There is also a significant amount of research conducted about different categories of people and their views on organ transplantation and donation as well as who would ideally be an organ donor, at least in theory. According to Margareta A. Sanner there are seven typical attitude patterns when it comes to the procedure, and they are: Willingness both to receive and to give; willingness to receive but not to give; willingness neither to receive nor to give: Nature's order; willingness neither to receive nor to give: the influencing organ; willingness neither to receive nor to give: the reincarnated body; mixed feelings initially to receive: willingness to give, preferably to family members; and mixed feelings initially to receive: willingness to give (Sanner, 2001, p. 1494-1496). Individuals who are most likely to register as organ donors, according to Nijkampa et al, are the ones who are presumably altruistic in nature and have a greater self-efficacy about donating their organs, are younger in age and have higher education and socioeconomic status. Other aspects that can play a major role in registering as an organ donor are social influences as well as knowledge about the procedure (Nijkampa et al., 2008, p. 22). Being a health professional also increases the chances of an individual being an owner of an organ donor card (Schwettmann, 2015, p. 8).

2.2 Reasons for organ transplantation and donation

List of reasons for why someone might want to donate an organ is a long one. In this section of the paper, we will be covering the most important elements that have been listed and discussed in research done previously on the subject. In Irving et al. (2014, p. 619) there is a list of 24 reasons associated with the decision to be an organ donor, and first five, and most important reasons according to the article are: "*saving lives*" with 83% importance score; "*own decision - families cannot overrule decision*" with 55%; "*improving quality of life*" with 51%; "*family opinion/implications*" with 45%; and "*knowing/understanding benefit to recipient(s)*" with 43%.

One of the elements which did make an appearance on the list of reasons associated with the decision to become an organ donor is the matter of religion. In Morgan et al. (2013, p. 25) it is

included as one of the seven main elements which play a role for an individual deciding if they are for or against organ donation and transplantation. While some do worry about disrupting an afterlife in case that they do donate organs, a consensus is that religion, in the case of this article-Christianity, does support organ donation (Morgan et al., 2013, p. 25). In the book “The Ethics of Organ Transplantation” Kania makes a point that the Catholic Church has been endorsing organ donation at least since 1956 (Kania, 2011, p.160). Interestingly, research conducted by Morgan et al. shows that one of the most common reasons for wanting to donate organs is religion, and that “(...) religion is offered far more often as a rationale for wanting to help sick people through organ donation than it was for not wanting to donate organs.” (Morgan et al., 2013, p. 23). The same point is brought up by Irving et al. where it is shown that all major religions support organ donation (Irving et al., 2014, p. 622). Concerning the more in-depth analysis regarding religion and its connection to organ donation and transplantation, there a study conducted by Oliver, Woywodt, Ahmed and Saif (2010) which covers this from many different perspectives, from Christianity and Islam, all the way to Shintoism and Confucianism. The conclusion that the authors come to is that Christianity, Islam, Hinduism, Sikhism and Confucianism all support and/or endorse the procedure of organ donation and transplantation to a certain degree (Oliver, Woywodt, Ahmed and Saif, 2010, p. 438-441).

Another element that might positively affect someone’s decision to support organ transplantation/donation, and that has been researched previously, is the matter of a “gift” or a “gift of life”. This phenomenon will be discussed more in depth and looked at from different perspectives in the “theory” section, however, here we will be looking at it as a strictly positive influence on organ transplantation and donation. The “gift of life” can be looked at as something that is noble, worthwhile, and altruistic, and is a framework that creates a pro-donation stance (Moloney and Walker, 2002, p. 312). Moloney and Walker write that: “A donated organ was a gift from one human being to another, a ‘gift of life’ that enabled another person to have a second chance at life, a life that would have otherwise been ‘prematurely’ shortened” (Moloney and Walker, 2002, p. 308). Showing that this is not a new concept, in the book “Twice Dead: Organ Transplants and the Reinvention of Death” Lock mentions an article written for the Time magazine, in 1967, which talked about heart donation in order to “ensure that more people will be willing to ‘sanction the gift of a heart to help an ailing fellow man”” (Lock, 2002, p. 81).

Lastly, there is the matter of altruism. Many different studies have shown an importance of altruism in connection to organ donation and transplantation. There are “Attitudes towards organ donation and transplantation” by Sanner (1994), “In Their Own Words: The Reasons Why People Will (Not) Sign an Organ Donor Card” (Morgan et al., 2013) and “To be(come) or not to be(come) an organ donor (...)” (Nijkampa et al., 2008), just to name a few. They all stress the importance of altruism and a wish to help a person in need as an important reason for organ donation. There is also an example of a pragmatic altruism where an individual expresses that they would rather donate an organ and help someone else, than to let the organ go to waste (Morgan et al., 2013, p. 31).

2.3 Reasons against organ transplantation and donation

There are many reasons for why someone might support organ transplantation and donation according to previously conducted research on the subject, however, there are many reasons against the procedure as well. Moloney and Walker have made different categories of concerns or issues which people seem to have with organ donation. The list includes: The nature of death; Scepticism of the medical profession; Concern over the next of kin’s rights in the donation process; Relationship of religion to donation; Disfigurement caused through donation; Trade in human organs; Reciprocal nature of the donation; Knowledge of the recipient; Donation and its parallel to adoption; Donation and the child; Technology and its relation to donation and transplantation (Moloney and Walker, 2002, p. 307). There are many reasons for why an individual could be doubtful about the procedure, which further proves why the public must be educated on the subject and why it must be discussed a lot more.

The matter of scepticism of the medical profession was also confirmed by Morgan et al. where they brought it up as one of the main reasons for why people refuse to be organ donors, next to “a belief in a black market for organs in the United States, and deservingness issues (that one’s organs would go to someone who brought on his or her own illness, or who could be a “bad person”)” (Morgan et al., 2013, p. 23). Additionally, fear of disfigurement caused through donation is discussed by Wöhlke, Inthorn and Schick Tanz in the book “Organ Transplantation in Times of Donor Shortage Challenges and Solutions” (ed. Jox, Assadi and Marckmann, 2016). They bring up that people interviewed on the subject talk about the fear

of their dead bodies being destroyed through organ harvesting and that it would feel as if they were being robbed of their humanity (Wöhlke, Inthorn and Schicktanz, 2016, p. 40-41).

Next there is also a matter of ambivalence, doubt, avoidance, and lack of interest. These terms can be seen in studies done by Parisi and Katz (1986, p. 568), as well as Amir and Haskell (1997, p. 224, 227). Ambivalence is quite a large issue in connection to organ transplantation and donation. As Parisi and Katz put it, together with doubt, it leads to the person in question not being able to commit to the posthumous donation (Parisi and Katz, 1986, p. 568). The same can be said about avoidance and lack of interest, considering that the individual uses these feelings as a tool to distance himself/herself from the matter for as long as it does not personally affect them (Amir and Haskell, 1997, p. 224).

Lastly there is the subject of religion, however, from a different perspective than how it had been discussed previously. Even though religion is often viewed as a motivation for supporting organ transplantation and donation, it can also be used as the opposite. In “Organ donation, transplantation and religion” next to all the religions which support the procedure, authors also talked about major religions which are not so keen on the matter of organ transplantation and donation (Oliver, Woywodt, Ahmed and Saif, 2010). They also mention how much of a role religion does in fact play when deciding, and how often patients decline listing for a renal transplant because of it (Oliver, Woywodt, Ahmed and Saif, 2010, p. 437). Major religions which are sceptical towards the procedure (however, they do not legally forbid it) are Jehovah’s Witnesses, Judaism, Buddhism and Shintoism (Oliver, Woywodt, Ahmed and Saif, 2010, p. 439-441). Also, in Vincent et al. one can see that the issues such as lack of interest and ambivalence also plague the religious community, and that just because someone is a religious figure and is not a registered organ donor, it does not have to mean that the reasons for that are mainly of the religious nature (Vincent, Anker and Feeley, 2011, p. 320).

3 Theory

When conducting a sociological research on views and opinions on a specific subject, in this case the subject of organ transplantation and donation, it can sometimes be difficult to try and understand everyone’s, or at least the majority’s, attitudes. That is why this research will try to interpret and understand the main viewpoints with the help of relevant theories. The

theories in question will cover both those views which are for and those who are against the procedure of organ transplantation and donation. While some theories are sociological in nature, there are also some which were borrowed from psychology as well as social psychology. It is also important to point out that the theories which will be used in this research were not made with organ donation and transplantation in mind, however, they still do fit the subject quite well.

The selection of theories was carried out before the interviews were conducted. This was done in order to have at least a rough idea of what to potentially expect when the interviews do happen, as well as to have a lead which would later inspire the interview guide to a certain extent. As for why these theories were selected, it was on account of them seeming the most appropriate for the subject in question since the beginning stages of the project, both based on my previous knowledge of sociology and the phenomenon of organ transplantation and donation. I was open to changing the theories further in the research and the writing process if needed, however, they remained suitable for the topic in question post conducting interviews, so I decided to continue to utilize them.

Theories used in this study are *the social capital theory*; *gift exchange theory*; *theory of planned behaviour*; and *theory of motivated information management*. Where social capital and gift exchange theory try to understand why someone would be willing to give up their own or family member's organ, theory of motivated information management can reveal the opposite, how certain individuals could potentially be against organ transplantation and donation based on their own avoidance of facts and information which are available on the matter. This theory could also interpret why someone would have no opinion on the subject. Lastly, the theory of planned behaviour can go in both directions, considering that it is supposed to predict individual's behaviour in specific situations, so it could help us look at elements which could potentially persuade someone to register as an organ donor and support the procedure, or to go to the opposite side and be against it, or even to lead to them being ambivalent on the issue.

3.1 Social capital

One of the first sociologists who led to the term social capital being included into the academic debates in the 1980s, as well as defining it, was Pierre Bourdieu in 1986, along with James S. Coleman two years later, in 1988 (Bhandari and Yasunobu, p. 487).

According to Bourdieu social capital is defined as: “(...) the aggregate of the actual or potential resources which are linked to (...) to membership in a group—which provides each of its members with the backing of the collectively owned capital, a “credential” which entitles them to credit, in the various senses of the word.” (Bourdieu, 1986, p. 21). He also brings up that these types of relationships that people build may occur only in the practical sense i.e., through material and/or symbolic exchanges which aid in preserving them. What may reinforce them even more, as well as socially institute them, is applying a common name to it, like the name of a family, school, party, tribe and so on. Another element which can additionally guarantee these types of relationships is adding, as Bourdieu puts it: “(...) a whole set of instituting acts designed simultaneously to form and inform those who undergo them; in this case, they are more or less really enacted and so maintained and reinforced, in exchanges.” (Bourdieu, 1986, p. 21). Since the basis of relationships which lead to forming a social capital are material and symbolic exchanges, this often leads to the individuals being in a close geographical proximity, or in the same economic and social space (Bourdieu, 1986, p. 21).

Additionally, when discussing the term social capital, Bourdieu does so in conjunction with the economic, cultural, and symbolic capital of an individual (Bourdieu, 1986, p. 21). Where the economic capital is very straight-forward and includes the financial capital of a person, cultural and symbolic capital require some explaining. Cultural capital can be manifested in three different forms: the embodied state “in the form of long-lasting dispositions of the mind and body”; the objectified state which includes cultural goods like books, pictures, instruments etc.; (Bourdieu, 1986, p. 17) and the institutionalized state: “The objectification of cultural capital in the form of academic qualifications...” (Bourdieu, 1986, p. 20). Lastly, there is the symbolic capital, which represents any form of capital if it is understood symbolically in a relationship of knowledge (Bourdieu, 1986, p. 27). How much social capital a person has is directly affected by the volume of these three types of capital possessed, in

affiliation with the size of the network of connections said person can effectively mobilize. A conclusion that this leads to is that social capital is never fully independent but is instead measured by other forms of capital that a person has, as well as the size of the network he or she is involved with (Bourdieu, 1986, p. 21).

Another sociologist whose point of view on the matter of social capital is important to bring up is James S. Coleman. According to him what construes social capital is its function, and he further defines it as: “It is not a single entity but a variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain actions of actors-whether persons or corporate actors-within the structure.” (Coleman, 1988, p. S98). What this means is that social capital can be viewed as a concept which leads to action towards good, be it individual or collective. The author also points out that: “Unlike other forms of capital, social capital inheres in the structure of relations between actors and among actors. It is not lodged either in the actors themselves or in physical implements of production” (Coleman, 1988, p. S98).

Coleman viewed social capital as a resource and was therefore able to show that it could be of high importance for both poor and marginalised communities. The reason for why social capital can be utilized as a form of resource is because there is the intention of reciprocity, which is not limited to the individual, but is instead spread throughout the network of individuals who all share relationships based on trust and shared values (Field, 2003, p. 20). Also, Coleman portrayed social capital as a public good that everyone who is part of the structure could benefit from, instead of it being private and belonging solely to a certain individual, like for example human and physical capital (Coleman, 1988, p. S116). Coleman used to see social capital as “a capital asset of the individual”, however, he also saw it as being constructed of “social structural resources” (Coleman, 1994, p. 302).

3.2 Gift exchange theory

Gift exchange theory derives from Marcel Mauss and his research on the concept of the gift and reciprocity. What he argues in his book “The Gift” is that same as commodities, gifts must be viewed as part of the social exchange economy. Mauss, while observing archaic societies who did not use money in order to function, concluded that there are three

commitments within the gift exchanging relationship. Firstly, there is an obligation to give, then the obligation to receive, and lastly the obligation to reciprocate, which can develop both between individuals and groups. (Mauss, 1990). The main focus of “The Gift” is the relationships which are formed between said individuals when the exchange of objects between groups occurs (Mauss, 1990).

In the premodern society there were reciprocal expectations when it came to gifts, and the act of gift exchange led to forming commitments which lasted a lifetime, while at the same time creating the structure of social institutions and their hierarchies (Mauss, 1990). Mauss wrote: “In this system of ideas one clearly and logically realizes that one must give back to another person what is really part and parcel of his nature and substance, because to accept something from somebody is to accept some part of his spiritual essence, of his soul.” (Mauss, 1990, p. 16). He also described gifts as having not only material, but also emotional and symbolic worth. Because of this the obligations that come with gifts are “not inert”, but instead the thing being given has a spirit and is “alive and often personified”. It is related to the specific person and in turn leads to a spiritual bond between the person giving and the person receiving the gift (Mauss, 1954, p. 10-11).

Mauss believed that the theory of the gift exchange has applicability in the modern society and had exhibited a sort of nostalgia towards the premodern society. A difference between these two forms of society was that the modern economic system is a rational endeavour, on the contrary from the pre-modern societies which had cultural constraints (Lock, 2002, 316).

Lastly, what is important to bring up in connection to the gift exchange theory, especially to the part about the obligation to return the gift, is the term “*tyranny of the gift*”. The “*tyranny of the gift*” represents the burden which the person who has received a gift feels for not being able to reciprocate adequately for one reason or another. This burden is most often both psychological and moral. A potential consequence of this situation is that the person giving the gift and the one receiving it could end up in a creditor-debtor relationship which connects them in a confining way (Fox and Swazey, 1992).

3.3 Theory of planned behaviour

The theory of planned behaviour is a theory which goes astray from the sociological theories and is psychological in nature, however, it felt very appropriate to use it for this specific research. As Icek Ajzen, the pioneer of the theory brings up, the theory of planned behaviour proposes that what can most approximately determine someone's behaviour is his or her intentions, or preparedness to act in a certain situation (Ajzen, 1991). These intentions depend on three different elements, a person's attitude (positive or negative evaluation of behaviour), subjective norm (perceptions of social pressure or approval for behaviour) and lastly, perceived behavioural control (Ajzen, 1991, p. 665) (PBC - comprised of two components: self-efficacy (dealing largely with the ease or difficulty of performing a behaviour) and controllability (the extent to which performance is up to the actor)) (Ajzen, 2002, p. 680). There is also an extended version of the theory of planned behaviour, i.e., the extended theory of planned behaviour, which adds on to these three elements. The added variables in question are the moral norm, self-identity, and in-group altruism (Hyde, Knowles and White, 2013, p. 1094).

According to Ajzen, the theory of planned behaviour is designed to predict and explain people's behaviour in specific contexts (Ajzen, 1991, p. 181). It is essentially an extension of the theory of reasoned action, and a core point that these two theories share is that the central component is the individual's *intention* to perform a given behaviour. As Ajzen points out: "Intentions are assumed to capture the motivational factors that influence a behavior; they are indications of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behavior." (Ajzen, 1991, p. 181). The rule that most often applies is that the strength of the intention to carry out a certain behaviour leads to the higher chances of the actual performance. An important 'catch' to bring up is the fact that this is applied only if the person can decide at will to perform the behaviour or not, i.e., if behaviour in question is under volitional control (Ajzen, 1991, p. 181, 182).

Looking back at the point that the theory of planned behaviour is used to predict said behaviour, it should also be disclosed how this is achieved. Ajzen writes that according to the theory, predicting behavioural achievement is done with the help of behavioural intention, together with perceived behavioural control. He writes that: "(...) holding intention constant,

the effort expended to bring a course of behavior to a successful conclusion is likely to increase with perceived behavioral control.”, as well as “The second reason for expecting a direct link between perceived behavioral control and behavioral achievement is that perceived behavioral control can often be used as a substitute for a measure of actual control.” (Ajzen, 1991, p. 184).

This theory became quite popular and has been relayed on by several investigators to try and predict, as well as understand people’s intentions and willingness to participate in different activities and behaviours (Ajzen, 1991, p. 189).

3.4 Theory of motivated information management

Same as with the previous theory, the theory of motivated information management is a psychological and theoretical framework which was constructed to understand why individuals pursue or intentionally avoid information on a certain topic or issue. Most specifically, what it focuses on is looking at how people manage uncertainty surrounding an issue that they themselves see as challenging or significant. Chris R. Morse proposes that: “According to the theory, this process is initiated by a gap between the level of uncertainty a person possesses and the level of uncertainty that person wishes to have.” (Morse, 2014, p. 1390). The process occurs in three different phases, and what that eventually leads to is a decision as to which form of information management an individual engages in. The phases in question are the interpretation phase, the evaluation phase, and the decision phase (Morse, 2014, p. 1390).

The first phase, the interpretation phase, is about the discrepancy of uncertainty, as well as about the emotional response that it leads to as a result. According to the theory of motivated information management, uncertainty is not always something that an individual avoids, or wants to reduce. In some situations that is the case, however, in others an individual might want to maintain, or even enlarge it. An example that Morse gives is a person with an illness not wanting to know their diagnoses to maintain or even create hope (Morse, 2014, p. 1390, 1391). One can say that the focus of the first phase of the theory of motivated information management is if a person has a higher or lower degree of uncertainty about a certain topic than they would prefer. In addition, the author brings up theory’s proposal that the process of

information management starts when an individual is aware that there is disparity between the amount of uncertainty he or she has on a significant topic and the amount of uncertainty they wish to have on that same topic. This can lead to negative emotions like anxiety, fear, anger, which then affect their next steps (Morse, 2014, p. 1391).

In the second phase, the evaluation phase, the individual must make two kinds of evaluations, which are marked as outcome expectancies and efficacy. According to Morse: “Outcome expectancies entail perceptions by the individual with regard to the benefits and costs of using a specific information management strategy” (Morse, 2014, p. 1391). As for the efficacy evaluation that a person does, these are influenced both by the outcome expectancies, as well as the emotional response from the first phase. According to the theory, there are three types of efficacy in the evaluation phase. First one is communication efficacy which represents the confidence that an individual has in connection to them being able to perform a particular information-seeking strategy. Second comes the target efficacy which is about a person's belief that they chose the right person to seek the information from. And lastly, the coping efficacy which as the name suggests, is about the individual's belief that they can cope with the ramifications of seeking the information in question (Morse, 2014, p. 1391).

The third and last phase is the decision phase. Here the individual has three different options, they can try and seek information on the topic in question, they can avoid seeking the information, or they can go back to the interpretation phase. As one might assume, the theory of motivated information management predicts that in most cases those with positive outcome expectancies and increased efficacy assessments will choose the first option and would seek the information, while those with negative outcome expectancies and low efficacy judgments have higher chances of avoiding seeking the information (Morse, 2014, p. 1391).

4 Method and material

The question of organ transplantation and donation is a very sensitive and quite a serious topic for a lot of people. While some might not have very many opinions on the subject, there are also others who have strong feelings and views on the matter. The reasons in question might be the fact that they themselves went through the process in question, or that they are very

much against it for an array of arguments, like scepticism of the medical profession or being a part of a certain religion, just to name a few. Because of this, a subject of such importance and emotional weight had to be tackled appropriately. In this section the methods and materials used to explore the subject of organ transplantation and donation will be introduced. It will cover everything from discussing the type of research which had been conducted, going over how the data had been collected, ethical aspects behind it, as well as how the data was analysed.

Regarding the subject of organ transplantation and donation there has been a lot of quantitative research conducted. Looking at the statistics for who wants to donate their organs, who does not, and what are the main reasons behind the choices in question, can be very helpful and could tell us a lot about the current or past trends on organ transplants and donations. It could even potentially predict the future of the procedure. And while this type of research is crucial, I felt that there is enough of it out there. Today we have quite a clear picture of what the situation is regarding the issue, as well as the fact that there are so many official statistics published by individual countries, unions, organisations, and are on a scale so large that one person could never even imagine accomplishing on its own. Therefore, the type of research that I decided to turn to is qualitative research. Not to say that there is lack of this type of research on organ transplantation and donation, since most certainly there is not, however, one can encounter a lot more nuance and different details in this type of study. As for why I decided to focus on interviews specifically, instead of for example document analysis, is because having an in-depth conversation with the participants felt more appropriate for this subject instead of analysing already existing, written information. The emotions which they displayed paired with body language was of high importance for me and was something that other types of studies could not provide.

4.1 Interviews

For collecting the empirical data, I chose to conduct semi-structured interviews (Bryman, 2011, p. 415). Selecting interviews instead of other forms of data collection appeared to be the most appropriate considering that I was interested in talking to people directly about their views and feelings about organ transplantation and donation. It felt most effective to simply sit down and engage in deep conversations with individuals who have something constructive

or even though-provoking to say about it. This way of collecting material also led to me having a large amount, as well as a large selection of data to later use. Furthermore, with keeping in mind that this is a very sensitive topic and that some of the participants who I interviewed have been through the process of organ transplantation themselves, I decided to conduct individual interviews (Bryman, 2011, p. 415). This approach resulted in most of the interviewees being quite relaxed during the interviews, as well as being willing to share some very personal details about their lives which they might not have shared in different circumstances.

As for the choice of semi-structured interviews, it was selected so that the interviewees could have freedom to talk about their experiences while not being strictly limited by the pre-written questions (Bryman, 2011, p. 415). This type of interview also allows for a certain degree of structure in the conversation considering that there are questions which are important to be discussed in order to answer the research question of this study. With this kind of interview structure there is also a possibility of the interviewee mentioning or discussing something that I as a researcher have not encountered previously while doing my preparation, which can be of high importance for the study, or even just as an interesting detail to mention. A great example of this is when one of the interviewees connected her positive views towards the procedure of organ transplantation and donation to the socialist political system of Yugoslavia which she grew up in. Different political systems in connection to willingness to receive or donate an organ is not something that arose during my research about organ transplantation and donation, so it was very interesting to hear about and include in the research. Due to the wide range of ages in the participants I was not able to include this as a question in my interview guide going forward, since most of them was too young to be affected by the socialist state of Yugoslavia, however, it would have been interesting if that was a possibility.

It is important to mention that the names used in this paper are not the participants' real names, however, their ages are correct. Recording the interviews was of great importance both for practical reasons, but also to hear how they say certain things, to include and acknowledge the emotion behind their words (Bryman, 2011, p. 428). All the interviews were conducted in Serbian, so I had to translate entire conversations and tried my best to present exactly what they said as well as how they said it. Each interview was around an hour long and all were conducted in a public space, outside, be it at a park or an outside seating in a

cafe, while respecting the COVID-19 measures which were in place at that specific time and in Serbia. Safety was a very important point for me, especially when it came to interviewing individuals who have been through an organ transplantation in the past, considering that they in most cases take immunosuppressants, or have been taking them in the past, and how dangerous it can be for them to contract any kind of virus or bacteria.

4.2 Selection

When deciding who I wanted to interview, that part was quite clear and simple. I wanted to talk to those individuals who are for organ donation and transplantation, i.e., are registered organ donors, or have been through the procedure themselves already, as well as those who oppose it. This type of selection is called “*targeted selection*”, which includes selecting interviewees based on their relevance and connection to the research subject (Bryman, 2011, p. 434).

Getting in contact with interviewees, specifically those who have been through the procedure of organ transplantation themselves, was slightly challenging. However, I had a close connection to a gatekeeper which was of tremendous help. The gatekeeper was someone who I do know personally, and who had been through an organ transplantation himself, however, due to our personal relation, no matter how small, I decided not to interview him. What he did instead, was help me to get in contact with people who had an organ transplant. He had met these individuals while spending 2 years on-and-off in a hospital, as well as while being a member of a Facebook group dedicated to the individuals who have had the procedure of organ transplantation. Considering that these chosen individuals deem the gatekeeper their friend and someone who they have shared some hard times with, there is a very high level of trust between them, which then extended to them being trusting of me as well. This led to a very interesting and in-depth discussion even though the subject is very sensitive and difficult to talk about for some people.

It is important to bring up that interviewees were both men and women, two men and one woman to be exact. The interviewed woman was 57 years old (Anna), while the two interviewed men were 49 (Erik) and 34 years old (Milan). As for the religious beliefs of the individuals being interviewed, Anna is an Orthodox Christian, which is the largest religion in

Serbia, Erik is an atheist, while Milan is a Catholic Christian, which is the second largest religion in the country. Everyone other than Erik comes from an urban area, relatively large cities, while he comes from a more rural area.

When it came to finding a registered organ donor, I received help from one of the individuals that I interviewed who had been through the procedure of organ transplantation, Anna, and managed to get in contact with her son, Paul. He registered as an organ donor as soon as the family found out that his mother would be needing an organ transplant, and is very passionate about the subject, so he was more than willing to participate in the study. He is 26 years old, and an Orthodox Christian, the same as his mother. It was both very interesting and helpful to see this “*snowball effect*” (Bryman, 2011, p. 434) happen while doing the research, especially since the close personal connection between these two interviewees led to an even more extensive conversation about the subject of organ transplantation and donation and how it affected both the person going through it, but also her close family member as well.

About the individuals who are against the procedure of organ transplantation and donation, it happened to be more challenging than expected. There was no one specific gatekeeper who would pose as a help or an obstacle in getting in contact with the individuals in question, and there is no such thing as a club for people against organ donation who just gather and discuss their negative feelings towards the procedure. Therefore, I had to turn to friends and close acquaintances for help to see if they can connect me to individuals who they know and who have expressed some negative views on the issue. This resulted in me coming in contact with four individuals who all do not support organ transplantation and donation, be it for themselves personally or in general. Out of the four participants there were two men, Ed who is 68 and a 43-year-old Dragan, as well as two women, Sonja who is 38 and 41-years-old Ema. Everyone is an Orthodox Christian, other than Ema who is an atheist. Ed and Sonja come from more rural areas, Dragan comes from a relatively large town, while Ema comes from the capital.

4.3 Interview guide

The interview guide used for the interviews had to have three slightly different versions, first for those who had the procedure themselves, second for the registered organ donor and third

for those participants who are against it. I tried to keep it as similar as possible, and most certainly in the same form, while still adapting it to the group which was being interviewed. For example, a question such as “What is/are the main reason/reasons for why you are for the procedure of organ transplantation and donation?” had to be switched to “What is/are the main reason/reasons for why you are against the procedure of organ transplantation and donation?” for those participants who are against the procedure, simply to better adapt the interview questions to the interviewees.

Some other questions did end up changing more drastically, like for example going from “Have you unregistered as an organ donor after the 2018 organ transplantation law came into force?” to “Have you had a conversation with your family about organ transplantation and donation and your views on it after this law came into force? Or even before that?”, after learning through further research that Serbia does not have a non-organ donor register, but instead relies on families to deliver the decision, or even make it themselves. There was also a situation where a question turned out to not be as important as initially thought and thus had to be removed. The question at issue was “This [organ transplantation] law led to a very large debate in the media at the time, which is prevalent even today, so what are your views on how it was or was not accepted in Serbia, and why is it so?”. However, these were only a couple of instances where the changes had to be made. Overall, the questions from interview guides have been quite relevant and useful for the study.

It should be also pointed out that the questions were divided into four different groups: *background information on interviewees; general views on the matter of organ transplantation and donation; discussion about the reasons for why the individual is for or against the procedure; and a discussion about a new law about organ transplantation and donation in Serbia* (Bryman, 2011, p. 419). Formulating and selecting questions which were to be included in the interview guides was a fairly easy process. The questions were very much influenced and inspired by previous research on the subject, like for example the ones about religions affiliation and views about organ transplantation and donation, or asking interviewees about their trust in medical system which has shown itself to be one of the more common reasons for why people oppose organ donation in the first place.

4.4 Ethical aspects

Before each individual interview which I conducted, the subject of ethics had to be discussed with every person who participated. I made sure to describe the four ethical principles which are of the highest importance when doing interviews. The principles in question *are the information requirement, the consent requirement, the confidentiality requirement, and the requirement of usage* (Kvale and Svend, 2009, p. 131-132). Before we started, I obtained permission from the individuals being interviewed to record the conversations, while pointing out that I would be the only person with the access to the recordings, as well as the fact that everything that they say would be strictly anonymous. It was also explained to the participants what the aim and the format of the study was, as well as that all the information shared during the interview will be used only for the purposes of this research. It was crucial to touch upon all these points beforehand to ensure that the interviewees fully understand what they are participating in and contributing to. It is also important to bring up that the topic in question can be quite sensitive for some of the participants, so in order to make it as easy as possible for them talking to them about their rights was of highest importance.

4.5 Analysing the data

After conducting the interviews what followed was transcription which then led to sorting, reducing, and discussing the collected data material (Rennstam and Wästerfors, 2015, p. 67,103, 137). When sorting the data, a method which I used was coding (Bryman, 2011, p. 523). I divided the themes discussed and the participants' answers into different categories, which then helped me to sort all the data into appropriate groups. Each group of answers had one element joining them together which then later helped to form different sections in the analysis section of the essay. The elements in question were *the notion of the gift in organ transplantation and donation, display of social capital and altruism, the notion of religion, role of planned behaviour in organ transplantation and donation, role of information and 2018 law on organ transplantation and donation*. Sorting the data really helped both when I went over to the steps of data reducing and discussion, as well as when writing the actual research paper.

Next step in data analysis was reducing the material which was going to be used for the study. Considering that I conducted 8 interviews, and that each was approximately one hour long,

that was quite a large amount of information to try to include in this relatively short research paper. Here I focused on singling out the most important data and quotes, as well as parts of the transcribed text where I felt the person being interviewed expressed a strong view or emotion on the subject. I was very much aware that not everything said that the interviews can be incorporated into the study, however, I did try to translate the general atmosphere of the interviews into the research paper.

The last step of analysing the data was discussing it, or simply as the name suggests, analysing it. The method of analysis which I decided to use was narrative analysis. In his book “Samhällsvetenskapliga Metoder” (eng. Social Science Methods) Bryman (2011, p. 530) describes narrative analysis as a procedure of production and analysis of data which is seen as sensitive towards experiences and certain sequences of events where an individual is put in a role of a narrator of the story and what is happening around him or her. In this type of analysis, the focus is shifted from what happened to how an individual sees the meaning behind the event or events which happened (Bryman, 2011, p. 530). This type of analysis felt appropriate considering that for most of these individuals, for example those who have participated in organ transplantation and have received an organ from a donor, it is not only the event itself that has significance, but also how it impacted them emotionally and how it changed them both physically and psychologically. The same can be said about those on the opposite end of the spectrum. It is not only about being against the organ transplantation and donation, but is also about why, what kind of meaning they see being it. In Bryman’s book it is mentioned that in narrative analysis there is a lot more attention to the perspective of the person being interviewed, instead of objective facts, which is something that I am very interested in in this research.

One might argue that narrative analysis is closely connected to stories about entire lives, and that it might be inappropriate to use it for something as “small” as experiences and views concerning only one particular subject, however, narrative analysis is not concerned only with an entire lifespan of a person but can instead focus on different “episodes” within it (Bryman, p. 520).

5 Analysis

This portion of the research paper focuses on analysing the empirical data which has been collected through previously discussed semi-structured interviews. The data will be analysed with the assistance of sociological and psychological theories, i.e., social capital theory, gift exchange theory, theory of planned behaviour and theory of motivated information management. The theories in question have shown themselves to be of great importance when it came to the analysis of empirical data and have been able to aid in the interpretation of the individual's opinions and views on the subject, and reasons behind these certain views.

5.1 The notion of the gift in organ transplantation and donation

When exploring the subject of organ transplantation and donation in relation to its sociological elements, gift exchange theory is one of the most important theories that came up during the research period. This is important to point out considering how easily it can be applied to the phenomenon of organ transplantation and donation, both to its positive and negative aspects. The theory relies on giving, receiving and reciprocity, which are the key components of the procedure.

While talking to the interviewees there were a couple of them whose views about organ transplantation and donation could be very closely connected to the theory in question, first one being Paul. Paul did not go through the procedure of organ transplantation or donation himself, as all the other included supporters of the matter have but was instead a registered organ donor. After the year 2018 everyone is technically an organ donor in Serbia, however, he registered before the new law on organ transplantation came into force. What pushed him initially into supporting the cause as much as he does, is his mother's organ transplantation operation. He said:

“In that moment when we heard that she would need a liver transplant I was just frozen, I could not move or think, nothing. It was a hard journey for her, and for me as well (is visibly upset for a moment, however, changes his tone to a more positive one in the next sentence). But she came out to the other side, and she did because someone was willing to help, so now I want to make sure that one day I will be able to help someone else who needs an organ.”

In this quote one can clearly see the main sentiment of the gift exchange theory, reciprocity. Even though Paul is not the one who directly received the gift of a new organ, he received the gift of his mother's life, and he wants to return the favour. While he is not able to directly repay the person who helped him, he wished to aid whoever needs it. During the interview with Paul, I did not notice any kind of negative emotion because he or his mother would not be able to in any way compensate the person who donated the liver to her. Here one can bring up the notion of the "*tyranny of the gift*". Even though Paul is not the one who directly received the gift, I still felt that it was interesting how relaxed he was on the subject. He seemed very much aware that he cannot return the favour to that specific person and he was at peace with that, instead he wanted to focus on helping those who could use his help a lot more. He said:

"You know, there are so many people who are waiting for a new organ, and me, I do stupid stuff sometimes, so if one day one of those stupid things catches up to me, I want to make sure that some good comes out of it, if possible, just like it did for my mother. I am forever grateful to that person, and his or her family for doing the right thing, it really inspired me (smiles)."

Someone who was not as relaxed in relation to receiving the gift of an organ was Erik. While talking to Erik who had been through an organ transplantation himself, something that we discussed made me connect it to gift exchange theory, however, differently than with Paul. Erik claims that he supports organ transplantation and donation, however, admits that he never thought much about it before his own encounter with organ transplantation.

Erik was something of a medical phenomenon where the doctors could not determine a cause of an infection which first appeared on one of his eyes to then spread very quickly to the other one as well. He had spent 10 months waiting for a cornea transplant and was fully blind during that period. Finally, after almost a year of blindness he had received a new cornea on one of his eyes. Organ shortage made it impossible for him to receive two new corneas, however, in the beginning he was very grateful that he will be getting a chance to see again, even if it is only with one eye. There was a possibility of getting both corneas in a private clinic, and a lot faster, but the high cost of the operation, somewhere between 6000€ and 7000€ depending on a clinic, was an impossible cost for him to cover. The same operation is

free in a state hospital, but downsides are the waiting period and the fact that the operation can be done only on one eye. Erik recalled:

“During this time, the operation was the only thing that I could think of. While I was getting used to this new state that I was in, I was still growing frustrated with the waiting time. It was a very challenging period in my life, and probably the hardest, but after I was able to see again it did put some things in perspective for me. If I knew then what I know now I would have approached the situation a lot differently.”

Concerning the gift exchange theory, it was prevalent when Erik talked about the feeling he had after his operation. It was successful and he was able to regain his sight in one eye. What came after, however, was a feeling of guilt, as if the cornea does not belong to him and he should not be using it. He said:

“For almost a year after the operation I had this strange feeling of the cornea not being mine at all, especially for the first 8 months while I still had the stitches holding it in place. And since it was not mine, at least in my head, I was too careful with it, to the point where I would never touch my eye, in fear that I would ruin someone else's property. I was always afraid that I was not cautious enough with it and that its owner would be upset with me if he knew what I was doing. After the stitches were removed, I started to feel more and more like it belonged to me, as it merged with my body fully, but I still have a sense of respect towards it. Someone had to die for me to see.”

Erik also mentioned that because of this reason, as well as not wanting to take the privilege of sight from someone else, today he would never do the cornea transplant on his other eye. He expressed that he is now glad that he did not go to the private clinic and get both corneas transplanted since that would mean that another individual in the same situation would possibly remain blind because of his greed, as he himself puts it. While Erik did not regret getting his cornea transplant per-se, he still did express the feeling of guilt because of the operation, at least in a sense, which could be interpreted as the “*tyranny of gift*”. Both for taking something that belonged to someone else and being worried that he or she would not approve, as well as thinking about others who might also need the same operation.

Comparing Paul's and Erik's views on the notion of the gift of an organ shows us how the same concept can be viewed differently from two different perspectives. One might assume that when it comes to something as serious as needing an organ and then receiving it would make a person extremely excited and happy, however, as it can be observed in Erik's case, there is a lot more to it than just accepting the gift. The "*tyranny of the gift*" is something that can deeply affect an individual, both morally and psychologically (Fox and Swazey, 1992). This is especially true in Erik's situation considering that the person who gave him an organ is deceased, thus there is not even a slight chance of him trying to repay him or her directly.

On the opposite side we have Paul who does not seem to be affected by anything even remotely resembling the "*tyranny of the gift*". Possible reasoning for this is the fact that it was not him directly who received the gift of an organ, but his mother instead. This led to him accepting the gift of his mother's life which is something that arguably not many people would feel negative emotions towards. Also, different personalities react differently to situations as complex as someone giving or receiving an organ.

In the end, Erik did reach a more positive place in his life and has overcome the issue which arose from the procedure. After his operation and the hard beginnings with the new cornea which he received, he realized that it is now his duty to go on to help someone else and give the gift back. Even though he was not focused on helping others right away since he was the one in need of help, he did still have feelings of guilt. The operation had put things into perspective for him and changed his outlook on life. He decided to give someone else the same gift that he received, the gift of life, or a better life.

Someone who has found himself in a similar situation to Erik, where it was him who received an organ, and not a close family member was Milan. He received a kidney transplant from his sister. His stance is like the one that Erik has, however, in Milan's case he knows the person who gave him the gift. Considering that he received a kidney from his sister, he said that he wants to do everything in his power to try and repay her. However, where Erik had a feeling of guilt to a certain extent, Milan did not seem to show any. He was very happy that she was able to save his life, and she was too, according to him, so there were no negative feelings involved. Milan said:

“She wanted to do it from the start, as soon as we got matched, she said there is no place for discussion, and honestly I was not about to argue with her. We are really close, and have been since we were kids, as we are very close in age. We always shared everything, so I guess that the universe wanted us to share some kidneys as well, it’s almost funny now. Today we are both healthy and happy, so it could not have gone better. I guess I am about to be a guarantor for an apartment loan now (laughs).”

Afterwards he got serious and said that if she ever needed anything he would try his best to provide that for her, as she deserves the world as he puts it. He is aware that he would probably never be able to give her an organ, like she did to him, but there are other ways to show gratitude.

While Milan is in a more similar situation to Erik, he can be compared more closely to Paul and his views on the notion of the gift. Even though reciprocity is crucial in the gift exchange, both Paul and Milan appear to be aware that there are certain instances when it is just not possible to return the favour to the same extent. One can simply try their best to help in other ways, at least with something as particular as the gift of an organ.

5.2 Social capital, altruism and organ transplantation and donation

While interviewing Anna, Paul’s mother, I could see where her son was coming from. She had quite a relaxed attitude during the interview, and Paul really reminded me of her, especially when it came to the matter of reciprocity in organ donation. Interestingly, Anna had been a registered organ donor for years and was even one of the first people in Serbia to have that honour. Where Paul was directly affected by an organ transplantation in his family, Anna was in a different situation. Anna received her organ donor card in January of 2003, not even a full month after the first one ever was issued, in December of 2002 (BIZLife, 2012) and she still carries it in her wallet to this day. She recalled having a conversation with her friend who was a medical worker and who mentioned how she could apply to be an organ donor, since it was a new thing at the time, and how it sounded really appealing to her. She said:

“I remember thinking about it for like 5 minutes, maybe even less, and I was like why not, I want to do it (smiles). I don’t think that I really comprehend what I was signing up for, but I wanted to do the right thing. What possibly led to this was how things were in Yugoslavia when the president Josip Broz Tito was alive (mood and her voice changes to a more sombre tone). Even though I was young when he died, I still knew of this unity that was very present during his presidency. People would always say that in Tito’s times you could sleep outside on a bench and you would never get robbed, and things like that, that we were there for each other. I guess I wanted to carry on with that tradition even after all the wars in Balkan that had just recently ended.”

What could very accurately justify this reasoning for supporting organ transplantation and donation is social capital. The key elements of a high volume of social capital are very clearly embedded in Anna’s views and attitudes. She seems to want to help those who are part of the collective, the structure, and strive towards the public good in the community by being connected to them and preserving this tradition of togetherness in the society. Even though these attitudes and wishes were in a sense motivated more by the previous political regime and this culture of unity in Yugoslavia at the time of Josip Broz Tito’s governing, than by the actual cause itself, it still very much fits the social capital explanation. All these shared values, norms, networks, and reciprocity which together lead to a sense of belonging, and in turn wanting to help your fellow man as much as possible, were seemingly planted into Anna’s way of thinking at the time. When asking her if she ever regretted it, or was close to changing her mind, she said: “No, not in a million years, especially now that I’ve been through this operation myself. Politics have changed, but hopefully people have not.”.

During the interview Anna delved deeper into her attitudes and how this political as well as social climate could have affected her. When asked to further expand onto her points about her life in Yugoslavia in the 1970s, and how it could be connected to her feelings on organ transplantation and donation she said:

“Those were just different times, when I was a child, and a teenager. And even though I was fairly young when it ended, I was around 16, everyone was talking about it all the time. How we were all one nation, and we all loved each other despite our differences. For example, there were these things, called youth work actions. There, during the summer young people, usually students, would be gathered in these special camps, from all over the member states, and would work together, for free,

like doing afforestation or making roads, buildings and so on. Now that might sound crazy today, but there were so many who were interested in participating that you would need to have a connection in order to even get to go and partake or stay longer. From a young age everyone was taught to want to help and be selfless. I guess all of that shaped who I would become later in life.”

From this quote one can notice that another prevalent reasoning behind why Anna supports organ transplantation and donation, and which can be closely tied to the notion of social capital is her strong sense of altruism, wish to help others. Where it appeared to come from was again, this very particular political system which she grew up in, and regardless of how Tito might be seen today, or by those who do not come from the Balkans, over there he is to this day seen as a symbol of unity of the member nations as well as the good life and helping one another.

Looking back at social capital specifically, another interviewee for whom it had major importance was Erik. One can interpret that it was the social capital that helped him overcome the “*tyranny of the gift*”. He said:

“It is really interesting how my stance changed after the operation. Before I received the cornea, I could not wait to get it, I wanted both, I wanted it all. I was even thinking about loaning the money from family and friends to go to the private clinic. I was desperate. I wanted someone else to help me, but now I am the one who wants to help. When after the operation I had all those feelings of it not being mine and that I am almost not worthy of it, it was really strange. Today I am glad that I went through it, but I am also aware, more than ever, that now I have to help someone else someday.”

Here we can see the elements of social capital, which came after the “*tyranny the gift*” phase. Since now Erik seems to be aware that he cannot return the favour to the person who helped him, he wants to instead help others who are part of the community, and who need aid just like he did. After all, providing help to the fellow man is at the core of social capital. Social capital creates a norm of reciprocity through networks and within them, which is something that can be seen clearly in the example of Erik and his determination to save someone one day.

In comparing Anna's and Erik's connection to the social capital, while they both do appear to have a high volume of it, it is interesting to discuss how and where it seemed to come from, to then lead to the same end goal. Since social capital is not fully independent, when observing the economic and cultural capital, together with symbolic capital, Anna seems to have a lot of it, as well as a large network of people around her. She has a well-paying job as a lawyer, which is followed by high education, as well as being greatly respected in her community. Erik, on the other hand, comes from a smaller but tight knit community, while having a more modest profession and education in agriculture. An element that appears to play the most important role both in the case of Anna and Erik is the network and the community which they are involved in, while economic, cultural, and symbolic capital are seemingly less important here.

Even though the concept of social capital can be applied in the interpretation of the positive views towards organ transplantation and donation, like in the case of Anna and Erik, it can also help understand those who do not support the procedure. This is where lack of social capital must be discussed.

After conducting interviews with Dragan and Ema they both seemed to share the view of organ transplantation and donation as something not very well regulated in Serbia, and that there could be some room for illegal activities. Dragan talked about the fear of someone stealing his organs, the existence of the black market and how he thinks that it happens in Serbia and the Balkan region a lot more than what people think. He said:

“You are familiar with the “Yellow house”? (I nod). Yes! Then you know what I am talking about. You can just disappear into the darkness one day, and next thing you know, you wake up in a tub full of ice, like in a movie, or you do not wake up at all! (kept raising his voice and has wide open eyes).”

When asked how voluntarily wanting to donate an organ coincides with having one's organs being stolen, he simply said: “I don't want to bring bad luck by even thinking about parting from my organs.”. I stayed on the subject by following that up with asking if there is a

connection, according to him, between having enough voluntary organ donors and in turn having less illegal organ harvesting. He was still adamant that those things do not matter, and that people are going to steal until the end of time, and stealing organs is no different. While Ema had a slightly different approach to the matter of organ transplantation and donation, she showed a high degree of scepticism, especially when it came to the medical professionals. She connected it to a different scandal, however, not any less serious than the “Yellow house”. Ema talked about the stolen babies affair and made a point that if a doctor does not feel bad about stealing a child, why would it be any different for someone’s organs, as well as that it is a kind of a public secret that you can get anything in Serbia if you know the right people and have enough money, especially in Belgrade.

In the case of Dragan and Ema one can see a lot of scepticism. Interestingly, it is expressed a lot more towards the medical system like in the case Ema, or just the fear of the black market and not being sure that everything is being regulated, than towards the procedure itself. These attitudes are not uncommon, and scepticism towards the medical profession is one of the leading reasons for people being against the procedure, together with the fear of the existence of the black market (Morgan et al., 2013, p. 23). In Serbia, this fear and scepticism can be viewed as justified, especially while considering the scandals connected to the medical profession, like doctors stealing babies, as well as the existence of the large-scale black market not such a long time ago. And while it might seem convenient that these stories in particular keep coming up, the matter of the fact is that they are to this day part of the everyday conversations in Serbia and are not something that will be forgotten anytime soon.

Other than scepticism being based on fears, which are to a certain degree justified, Dragan’s and Ema’s negative stances towards organ transplantation and donation can be linked to the lack of social capital. Social capital creates a norm of reciprocity through networks, which is where relationships are motivated by shared norms and trust, however, when consumed with fear and a lack of trust towards the institutions or just people in general, an individual does not seem to possess a high amount of social capital, at least not on a scale large enough to be able to impact his or her wish to donate an organ to a stranger. What could potentially further contribute to this lack of social capital is the fact that both individuals come from larger communities, where Ema comes from the capital, Belgrade, and Dragan comes from a relatively large town, Subotica, which has around 100.000 citizens (“List of cities in Serbia”,

2021). This could lead to them being less connected to their community, than for example those who live in smaller areas and are linked with each other a lot more.

5.3 The notion of religion in organ transplantation and donation

Important element which is often tied to the matter of organ transplantation and donation in connection with sociology is religion. And while none of the other interviewees brought it up as having any influence on them and their attitudes towards the procedure, there was one who claimed that it has the highest importance for everything in her life, including this question. So, I felt that it was important to discuss religion, even if we only have the chance to look at it from this one participant's perspective. The individual in question will be referred to as Sonja.

When asked what her general view on the matter of organ transplantation and donation is, and if she is for or against the procedure, she said that it depends, which surprised me, since she was in the "against" group of interviewees. She clarified that she herself is against the procedure of both giving and receiving an organ, but that she understands those who do support organ transplantation and donation.

"Everyone should be free to do what they want to do and as they please. I cannot, and do not want to limit anyone's choices and behaviour, however, when the last day comes, everyone will then know if what they were doing in life was right, or wrong, and if they pleased God's wishes and demands."

Sonja brought up on multiple occasions how she sees herself as a religious person, and how her love of God has had an impact on many spheres of her life, including this one. She makes a point that for her to one day have a funeral which is fully in line with the Orthodox Christian traditions and customs, she would like to preserve her body in its original shape and form. When asked if she heard that the Serbian Orthodox Church has in fact shown support for organ transplantation and donation, she called it a political move and something that the state has arranged:

"I love God, and he is a large part of my life, but there is a difference between spirituality and the church. (seems annoyed that she has to explain this but continues anyway). The church is an

institution which needs money and someone to support it, so they must follow what the state says, or at least to consult with them. It is not a bad thing that the church supports organ donation if they truly do, and it is not some kind of ploy for political points. But just because they show support it does not mean that I have to do it or change my mind, I don't always follow the patriarch, but I do follow God and what is in my heart and soul. If he wants me to change my mind I will know and feel it, and then I will do it. "

This type of duality in Sonja's views was interesting, considering that she claims to be religious and wanting to one day be buried in line with the Orthodox Christian traditions and customs, but then also is rejecting the fact that the Serbian Orthodox Church has shown support towards the matter of organ transplantation and donation. From Sonja's example we can see the fact that religion has affected her views on the topic, but also that it only did to a degree which is in line with her other views and feelings about organ transplantation and donation, considering that her claims go directly against the church's views. Religion can affect someone's views to such a degree where they would decline listing for a renal transplant because of it, however, while talking to Sonja I had the impression that religion is used as an excuse more than it is having a direct impact on her negative attitudes.

5.4 Role of planned behaviour in organ transplantation and donation

Another theory which has an ability to help interpret attitudes towards the subject of organ transplantation and donation, both those positive and negative, is the theory of planned behaviour. Going back to Paul, if one were to hear of his circumstances at the time of the discovery of his mother's illness, a plausible assumption could have been made that he would one day register as an organ donor. This could be interpreted with the help of different elements from both theory of planned behaviour as well as the extended theory of planned behaviour.

The intentions which eventually lead to the certain behaviour are influenced by *subjective* as well as *moral norms*, *self-identity*, and *in-group altruism*, amongst other elements. In the matter of *moral norms* which Paul is accustomed to, he grew up with a mother who was an organ donor herself for a large portion of her life, which could have affected Paul's views, even if only subconsciously. As for the *self-identity*, while talking to Paul even for an

objectively short period of time, I could notice this attitude which is very common in young men who grew up in Serbia, especially those born during the Yugoslav Wars times, in the 1990's, which is an immense wish to protect and provide. I am personally familiar with this sentiment considering that I grew up in Serbia during the same time, so it was not unfamiliar or surprising for me to interact with a young man who self-identifies as a provider for those in need. This can then be tied to the *in-group-altruism* which is also very prevalent in smaller or sometimes even larger communities in Serbia. In addition, what cemented this detail about Paul was when he talked about curing children of diseases with SMS-messages, and how he wants to see less of that, as well as how he wants to help the cause with more than the bare minimum. He said:

“Have you been on Instagram lately. There is an Insta story with a new child every day, it's insane. There are not enough phones in Serbia to help all those kids, there are hundreds of them. When I see that green picture pop up on the screen it makes me mad, to be fully honest with you (is visibly upset).”

What he meant by curing children with SMS-messages is a practice which is very common in Serbia where parents of sick children would join “Humanitarna fondacija - Budi human” (Eng. Humanitarian Foundation - Be humane) and then each child would get his or her own designated phone number where citizens would send SMS-messages in order to collect large amounts of money for the children to be treated, sometimes in private hospitals in Serbia, but in most cases in expensive hospitals in other countries. All these details about Paul coupled together with the fact that his own mother needed an organ transplant make him the perfect candidate for an organ donor.

Then there is the case of Sonja. Sonja cited her religiosity as a reason behind her negative attitude towards organ transplantation and donation, however, after talking to her, I would argue that her views come from a lack of intention to participate, i.e., would connect her views to the theory of planned behaviour. Sonja simply does not intend to participate in the action of donating or receiving an organ, i.e., has a *negative attitude* towards the action in question, which is one of three elements that intentions behind behaviour depend on. Her *negative attitude* seemingly comes from her having doubts that the Church is supporting the

procedure of organ transplantation and donation as a political move, instead of genuine care for the cause.

Another element worth mentioning in Sonja's case is the *subjective norm*. Considering that Sonja does present herself as a religious person and someone who follows the Orthodox Christianity and was still unaware that the Serbian Orthodox Church supports organ transplantation and donation, shows how little social pressure there is to even be aware of the situation, let alone to participate in the life-saving behaviour, at least in the religious community. This only further enables Sonja's attitudes, and when faced with the fact that she might be wrong, she gets upset and brings up politics in relation to the church whose traditions she was, and still is, keen on following regardless.

Last key element to mention is *perceived behavioural control*, and its two components, *self-efficacy*, and *controllability*. We can notice that it is difficult for Sonja to see herself as participating in the behaviour in question, i.e., being involved with organ transplantation and/or donation in any way. Pairing this with the notion of controllability, which is all about the extent to which the behaviour is up to the actor, so in this case it is only up to Sonja personally to make the decision if she wants to participate or not, it leads to a very clear answer that Sonja will most likely not participate in any organ donation and transplantation, unless something with a very strong argument changes her mind.

It is very interesting to observe how different individuals can have different reasoning for why they do, or do not intend to engage in certain behaviours. While Paul had motivations, which were very straightforward and easy to comprehend, as well as a type of personality which was not difficult to understand, especially for me, someone who had grown up in the similar environment, Sonja was slightly more complicated to decipher. She cited religion as a sole reason for not supporting organ transplantation and donation, however, it appears that there was more behind it, i.e., her lack of intention to participate in organ transplantation and donation. This is especially fascinating considering that Sonja does not seem to be fully aware of the circumstance and is giving out the impression to be entirely convinced that it is solely religion that governs her attitudes.

5.5 Role of (lack of) information in organ transplantation and donation

Being well informed on the subject plays a major role for many in deciding to be an organ donor or to receive an organ donation. Giving out the right information can be used as a tool to raise awareness about the issue of organ shortage and can persuade people to register as organ donors, join and help the cause. However, as much as informing people can have positive effects, lack of information can also be detrimental, which will be demonstrated with the help of Ed. Ed is a man who describes himself as someone who respects the old traditions and a way of living when people were not supposed to meddle with the ways of nature. He said:

“(with an annoyed tone) We do not respect the natural way of things, how life is supposed to play out. People lived well before this whole switching out organs thing, as well as before many other things we do today to be modern and in. My grandfather lived to be 93, but then there was no pollution, food was not sprayed with all these poisons, water was clean, air was clean. You could pick an apple from a tree and just eat it straight up, now you gotta wash it with a dish soap just to wash off the poison, by using another poison. Everything it turned upside-down. We create problems to then look for the solutions.”

While the subject of the natural order and negative attitudes to the modernisation of the industry and society is not something that came up often during my time studying previous research about organ transplantation and donation, something similar was mentioned briefly by Moloney and Walker (2002, p. 307). On their list of reasons for why someone might not be a supporter of organ transplantation and donation they mention “technology and its relation to donation and transplantation”. Ed did not mention explicitly that he has an issue with the use of technology in organ transplantation, but that it is instead the rise of technology which led to many problems which then in turn led to more people being sick and needing organ transplants. This notion can lead to the one big conclusion, and it is that people, especially those from more rural areas, like the one where Ed comes from, need to be better informed and educated on the subject. It stands both for explaining what organ transplantation and donation is, as well as what could be the potential reasons for why it is needed.

Another person to mention this problem was Erik who pointed out that the reason for why he did not make the decision to be an organ donor earlier, was the environment that he both grew up in and where he continues to live to this day. Erik said:

“I am from this small place, there are less than 2000 people living there. It is a very nice place to live, however, we do sometimes avoid these really difficult subjects, it’s not always because we don’t want to talk about it, but we just don’t think about it at all. And I understand that when you live in a big city it is not so that everyone, on each corner, discusses these types of subjects, but you know in Belgrade for example, you can see a billboard, maybe someone handing out flyers, a poster on a bus... No matter how unpopular the subject of organ donation is in Serbia, it is even more unpopular in smaller places. But I have become somewhat of a star in my village, many people know what happened, so that will hopefully raise awareness.”

Returning to Ed’s views on organ transplantation and donation, how he blames the modern way of living for why people get ill, which can then sometimes lead to the need for transplantation of organs, and how he is very much against the whole ordeal, we can see elements of the theory of motivated information management. Why this theory was constructed and what it tries to understand is why individuals pursue or intentionally avoid information on a certain topic or issue and while not directly admitting that he avoids getting informed on these types of topics, Ed does make some claims which prove that it is indeed the case. This belief which he has, the one that people do not need complicated medical procedures, like for example organ transplantation, does seem to come from not being well informed. The fact that Ed very proudly pointed out that he is a man of tradition and a follower of nature and the old way of life, could have contributed to this lack of interest in the new advancements both in medicine and technology. This could represent the first step in the theory of motivated information management, the one where the discrepancy of uncertainty is at the centre, where the uncertainty should not always be seen as negative and how sometimes people want to enlarge it instead of removing it, to protect their own emotions and avoid a potentially negative emotional response in connection to the potentially bad news (Morse, 2014, p. 1390-1391). Getting informed about advancements could shatter the picture of the world that Ed seems to want to preserve, at least for himself.

Regarding the second phase of the theory, the phase where the evaluation marked as outcome expectancies and efficacy must be performed, from talking to Ed one could argue that he avoids pursuing the information so much that he does not even like to think about it. An interview which we had was the shortest one out of all the interviews that I did, and this was because he was not too open to a broader discussion other than the pre-written questions, as well as him not wanting to hear much about some of the explanations which I offered him after the interview, for why organs must be transplanted sometimes. This could be tied back to the emotional response and coping with the potential new information on a certain subject which Morse mentions under the name of *coping efficacy* (Morse, 2014, p. 1391), for which Ed does not seem to be ready.

This leaves phase three, the decision phase, where out of the three options one can seek information on the topic in question, can avoid seeking the information, or can go back to the interpretation phase. Ed can be interpreted as someone who is most certainly continuously avoiding the information and has been doing it for a very long time, not only on the question of organ transplantation and donation, but the medical and other technological advancements as well. This could be interpreted with the help of a couple of different elements, like the fact that he is an older individual, his love for tradition and nature, as well as him living almost an isolated life in a very small village, while also living alone.

5.6 Views on the 2018 organ transplantation law in Serbia

What I wanted to examine, other than the interviewees views and attitudes towards organ transplantation and donation in general, was how the interviewees view the organ transplantation law from 2018. While new laws often go unnoticed by average citizens, this one made a large impact, was very well known amongst the general public and has been discussed to this day, both in the media and by regular people. When mentioning the new law on organ transplantation and donation the only interviewee who did not recognise it from before was Ed, while everyone else was familiar with its existence.

The results of the discussions with the interviewees showed that they in most cases stayed on their side of the spectrum, those who were for organ transplantation and donation in general

were positive towards the new law as well, and the other way around, however, there were some exceptions.

Anna expressed that she strongly supports the 2018 law on organ transplantation and donation and considering that she is a registered organ donor herself, as well as an organ receiver, this was not surprising. She showed a high degree of altruism, the same as she did while discussing the matter of organ transplantation and donation in general. The same can be said about Paul, who also appears very altruistic, which seems to be directly affected by his mother's views and morals. Anna talked about her excitement about the 2018 organ transplantation law, at least in the beginning, since the government was finally doing something about a very large issue and coming up with a solution which could help save many people's lives. However, she acknowledges that the law is not nearly enough, and that people instead must start getting educated on the subject:

“I remember when the news broke, and people were in a frenzy. There is not enough knowledge about this within the regular people, so this law unfortunately did not seem to have a bright future, at least how I see it. There was this fear that our organs were about to be taken just like that, and whatnot, while no one bothered to actually look up how it was supposed to work. So, while I was happy about the new law, the excitement has died down, and I am very underwhelmed with its effects. (sounds disappointed)”

What Anna was saying about people not being very well informed about organ transplantation and donation, can be tied together with some of the points that Ed and Dragan had been making. They both expressed how they do not support the 2018 law, where Ed showed more of a disinterest in the subject in general, while Dragan had stronger emotions on the topic. Ed does not seem to show much interest in learning about organ transplantation and donation, and when talking about the law which covers the same topic, things were not much different. He just very strictly said that he is keeping all his organs, and no one can ever make him give them away, especially not the president and the government. Thus, this lack of concern on the topic could be potentially reinforced with the theory of motivated information management, and how he is shielding his emotions towards the modern way of life, by ignoring the subject altogether.

I would argue that the same theory could be applied to Dragan's views, even though they are slightly more extreme. According to him, the 2018 law on organ transplantation is a way of expanding the organ black market and making it legal. He also, while sounding very upset, proclaimed that it is his constitutional right to refuse the theft of his own organs, and that no law should make it possible to legalize criminal actions. After the interview was over, I tried to explain to him briefly that he should not worry and that no one would ever take his organs without his family's consent, but he still seemed sceptical, telling me that I do not know what goes on behind the scenes.

According to the first phase of theory of motivated information management, Dragan seems to want to keep the level of uncertainty quite high, out of fear for his own wellbeing. In the second phase, he seems to have a very *negative outcome expectancy*, coupled with three types of *efficacy*, according to which he seems to not want to seek further information, is not trusting of someone who is familiar with the subject trying to inform him, and just in general does not seem to want to cope with ramifications of seeking the information in question. This leads to him choosing to ignore the subject altogether, the same as Ed does.

Another interesting case was the one of Sonja, who personally does not support the procedure of organ transplantation and donation, however, has nothing against it for other people, since according to her, God will later decide if they did the right thing. She made a point that she has nothing against the 2018 law on organ transplantation, but that she herself has talked to her family about her wishes when it comes to the issue, and that they would never agree to someone taking her organs because they know she would not want that. These types of views could be tied to the theory of planned behaviour, or the extended theory of planned behaviour to be more exact, where intention plays a major role in someone potentially performing a behaviour. Three elements that play a major role here are: *moral norm*, *self-identity*, and *ingroup altruism*. In the case of Sonja all three of these can be connected to her religiosity, but in the way that she herself views it. She *self identifies* as a religious person who follows the true spirit of Orthodox Christianity, and its *moral norms*, however, even though the Serbian Orthodox Church does support organ transplantation and donation, this is not in line with her personal views and intentions, so she just decides to ignore it. Lastly, concerning the *ingroup-*

altruism, one can assume based on her not wanting to donate organs, but instead wanting to please a higher force, as well as herself, that is not present to a very high degree. However, it is positive that she seemingly supports others who want to do it.

Erik and Milan do not go much astray from the points that they made in the previous discussion about organ transplantation and donation, their views on it and reasons behind it. Their answers were very concise with points that they see it as a gift, and while Erik had gone through some doubtful times himself, he pointed out that in the end he supports the 2018 law, and that he is happy that other people who maybe did not think about it enough to register as organ donors can now get the chance to help those who need it most. In the case of Milan, even though he did not receive an organ from a stranger, he still stands behind the law fully, while pointing out that not everyone has a sister like him who can help.

Lastly there is Ema who remained suspicious of the medical profession; however, she did not seem to be too bothered by the new law on organ transplantation and donation. She talked about the presence of bribery and corruption in Serbian hospitals, and how this new law does not change much, according to her. She said:

“The only change that can come out of this is that now there are more organs to be given to those who have the best connections, while the others still have to wait for months, years probably, I don’t even know how that process works.”

While talking to Ema the constant distrust of the medical system and state institutions was very prevalent. What I feel would help Ema reach a higher degree of social capital where she is able to have more trust in the system and in the people, was if something were to change in the system. Considering what citizens of Serbia have been through just in the last 30 years, from the Yugoslav wars to all the different affairs, like the “Yellow house” and stolen babies, just to name a few, Ema’s doubt could be seen as justified and not without a solid backing up.

6 Results

6.1 Conclusion

What this study was set out to do was investigate the sociological perspective on organ transplantation and donation amongst eight individuals who all display strong views on the subject, both positive and negative. Some have been through the procedure themselves, some are registered organ donors, while others are not too keen on the matter, so there was variety in the participants regarding their experiences and having close contact with organ transplantation and donation.

While trying to answer research questions which this project posed i.e., the main research question regarding the participants viewed organ transplantation and donation, but also the reasons behind those views and well as their attitudes towards the new organ donation law in Serbia, there were five different elements that were discussed. The elements in question were *the notion of the gift; social capital coupled with altruism; religion; planned behaviour; and the importance of information*. Some of these aspects originated in theories which were used to interpret the participants' opinions on the subject, while others were derived from previous research.

It can be concluded that the notion of the gift, or the gift exchange theory by Marcel Mauss, plays an important role in organ transplantation and donation and its sociological point of view. It can be argued that the notion of the gift predominantly represents the positive aspects of the procedure, the one where a generous individual helps those who need it most by giving his or her organs away, like with Milan and his sister, as well as Paul in a way. When analysing these two men and their stances one can notice that they see the positive side of the concept, someone offered the gift they accepted without feeling guilt. They understand the norm of reciprocity, however, they also accept that it is impossible for them to return the favour in the same manner.

Erik on the other hand was experiencing the negative aspect of the gift i.e., the "*tyranny of the gift*". On the contrary from Milan and Paul, he did feel the guilt for receiving the gift and not being able to repay the person who helped him directly. What this did inspire for Erik,

however, was a newfound appreciation for assisting others by becoming an organ donor himself.

Social capital together with altruism is another important aspect of organ transplantation and donation. When Erik was tormented by the “*tyranny of the gift*” it was the social capital which helped him recover and find a new mission for himself, being there for those in his community, helping those who need the most help. Another participant who had virtually the same attitude was Anna. In Anna’s example it was most interesting to observe where this high volume of social capital came from, and how certain political and social systems can affect someone deeply. Growing up in a socialist state with a heightened sense of unity amongst its people is what appeared to have the most impact on Anna, her social capital, as well as the fact that she is a highly altruistic person. On the other side of the spectrum is lack of social capital, which Ema and Dragan displayed, and which was the result of a high level of scepticism and fear. The fear and scepticism are seemingly not unjustified considering the amount of political and other serious affairs which have been plaguing Serbia for many decades.

Religion, while not connected directly to any sociological or psychological theories, but instead to previous research about organ transplantation and donation, was also a crucial element which had to be brought up. Religion can affect people to such an extent for them to in some cases refuse an organ transplant, or on the contrary, it can motivate them to be a donor instead. What Sonja’s case shows, however, is that it can also be used as an excuse not to participate in the procedure, even if the religion in question supports the matter fully.

Next there was the theory of planned behaviour, and how it affects both those who do and do not support organ transplantation and donation. Intention to engage in a specific behaviour is the key element for performing the said behaviour. Therefore, if there is no intention to donate or receive an organ, the individual will most likely not be participating. The same can be said about those who do support the procedure. If there was an intention to perform a behaviour the chances are higher of it being realized, as with Paul. What affects these intentions *are subjective and moral norms, self-identity, and in-group-altruism* etc., which shows that our

view of the world as well as of ourselves could all be important factors when it comes to deciding on supporting organ transplantation and donation.

Information, or lack of it, is also one of the major aspects of sociological perspective on organ transplantation and donation. The conclusion which can be drawn is that not being well informed on the subject is for some people a conscious choice. As much as there is not enough information on the procedure in the Serbian media, there are also people who choose not to get informed and do not seem to want to change their minds. Theory of motivated information management describes this in detail with the help of its three phases. While the theory discusses the possibility of an individual changing his or her mind and seeking out the information which they have been avoiding initially, Ed proves that it is not always the case and that some people simply do not want to know.

Lastly, it can be concluded that the opinions on the enforcement of the new law on organ transplantation and donation are divided amongst the individuals whom I interacted with in order to conduct this study. For the most part, their views on it are in line with how they feel about the procedure in general. Some have exhibited fear and worry, while others were excited, so there was a wide range of responses. To better understand certain attitudes towards the new law, some of the main four theories had to be used again. Ed and Dragan displayed lack of interest in being informed on the new law, thus the theory of motivated information management was able to illustrate how the possible reason behind that was them trying to protect themselves, emotionally or physically. Sonja only further established herself as someone who does not intend on participating in any type of behaviour including organ transplantation and donation with the help of theory of planned behaviour. Then there was also Ema who continued to be sceptical and not approve of the new law. As for the rest of the participants, they only confirmed that if they support the procedure, they also support the new law on organ transplantation and donation, as in the case of Anna, Paul, Erik, and Milan.

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Appendices

Interview guides

People who are for organ transplantations and donation (those who had an organ transplantation):

- **Background information:**
 - How old are you?
 - Where do you live? A large city, smaller town, or a village?
 - What is your occupation?
 - What is your religious affiliation?

- **General views on the matter of organ transplantation and donation:**
 - What is your general view on the matter of organ transplantation and donation, are you for or against the procedure?
 - Is there any difference between receiving an organ and donating it in your opinion?
 - How has your organ transplantation operation impacted you, other than of course saving your life/improving the quality of it?
 - Were you always this positive towards the procedure of organ transplantation and donation?
 - If you yourself did not need an organ transplantation, do you think that you would still support it as much as you do now?

- **Discussion about the reasons for why the individual is for the procedure of organ transplantation and/or donation:**
 - What is/are the main reason/reasons for why you are for the procedure of organ transplantation and donation?
 - Is there any connection between your personal views on the matter and your religion or lack of it?

-Has the political situation in Serbia had any impact on your opinions on the matter of organ transplantation and donation?

-Do you trust the medical institutions in Serbia? If no/yes, why?

- **New law about organ transplantation and donation in Serbia:**

-In 2018 a new law on organ transplantation and donation was implemented by which everyone is considered an organ donor unless he/she or the family states otherwise.

What is your opinion on this law?

-Have you had a conversation with your family about organ transplantation and donation and your views on it after this law came into force? Or even before that?

People who are for organ transplantations and donation (registered donor whose mother had an organ transplantation):

- **Background information:**

-How old are you?

-Where do you live? A large city, smaller town, or a village?

-What is your occupation?

-What is your religious affiliation?

- **General views on the matter of organ transplantation and donation:**

-What is your general view on the matter of organ transplantation and donation, are you for or against the procedure?

-Is there any difference between receiving an organ and donating it in your opinion?

-How has your mother's organ transplantation operation impacted you?

-Were you always this positive towards the procedure of organ transplantation and donation?

-If your mother did not need an organ transplantation, do you think that you would still support it as much as you do now?

- **Discussion about the reasons for why the individual is against the procedure of organ transplantation and/or donation:**

-What is/are the main reason/reasons for why you are for the procedure of organ transplantation and donation?

-Is there any connection between your personal views on the matter and your religion or lack of it?

-Has the political situation in Serbia had any impact on your opinions on the matter of organ transplantation and donation?

-Do you trust the medical institutions in Serbia? If no/yes, why?

- **New law about organ transplantation and donation in Serbia:**

-In 2018 a new law on organ transplantation and donation was implemented by which everyone is considered an organ donor unless he/she or the family states otherwise. What is your opinion on this law?

-Have you had a conversation with your family about organ transplantation and donation and your views on it after this law came into force? Or even before that?

People who are against organ transplantations and donation:

- **Background information:**

-How old are you?

-Where do you live? A large city, smaller town, or a village?

-What is your occupation?

-What is your religious affiliation?

- **General views on the matter of organ transplantation and donation:**

- What is your general view on the matter of organ transplantation and donation, are you for or against the procedure?

- Is there any difference between receiving an organ and donating it in your opinion?

- Would you receive an organ donation if your life depended on it?

- Would you donate an organ to someone from your family as a living donor, like a kidney for example?

- Would you donate an organ to someone from your family post-mortem?

- **Discussion about the reasons for why the individual is against the procedure of organ transplantation and/or donation:**

- What is/are the main reason/reasons for why you are against the procedure of organ transplantation and donation?

- Is there any connection between your personal views on the matter and your religion or lack of it?

- Is there any connection between your personal views on the matter and your views on the political situation in Serbia?

- Do you trust the medical institutions in Serbia? If no/yes, why?

- **New law about organ transplantation and donation in Serbia:**

- In 2018 a new law on organ transplantation and donation was implemented by which everyone is considered an organ donor unless he/she or the family states otherwise.

- What is your opinion on this law?

- Have you had a conversation with your family about organ transplantation and donation and your views on it after this law came into force? Or even before that?