Opting *In* or Opting *Out*

In the United States, the number of transplant candidates rises by some 3,700 each month. There are currently about 100,000 people on the national waiting list. Everyone, from babies to seniors, can be a posthumous donor and may be able to help save as many as 50 people with tissues and organs. However, only 35% of Americans have committed themselves to be donors, and the donor shortage is an acknowledged health crisis.

In Spain and France, among other countries, more than 90% of the population has committed to donating their organs after death. Are Spaniards inherently more generous than Americans? Are there cultural differences with respect to taking parts out of corpses? Or perhaps folks in a more ethnically homogeneous society are more willing to save the lives of countrymen whom they see as close to them, whereas the diversity in the U. S. inhibits this ultimate cooperation?

No, there is a simple behavioral effect that explains the difference. In the U. S., one consents to be a donor by opting in, that is, by actively agreeing to donate (usually by checking a box on the driver's license application). In the countries with high rates of enrolled donors, one is presumed to consent to organ donation, but may opt out by joining an official list of non-donors. Note that the decision options are the same in both cases, but the choice is framed differently.

There are various explanations in the literature for the opt-in vs. opt-out effect. One is that people generally employ a default heuristic, meaning that if there is an option already in place, do nothing. Economists refer to a status quo bias, which says that people usually favor the current situation above change. A psychological version is that people fear errors of commission, which are seen as their own responsibility, but errors of omission can be attributed to someone else and therefore do not carry a portent of blame.

This account, which is based primarily on a 2003 paper in Science by Eric Johnson and Daniel Goldstein, illustrates how judgmental effects influence health decisions. Health promotion can be based on scientific results just as health practice is, and policy makers need to be cognizant of that fact.

Editor,
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