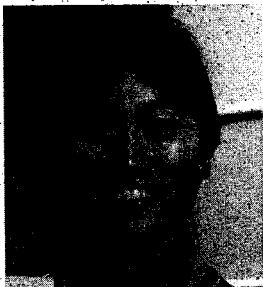




# Risk in Perspective

## Patients' Willingness to Pay for Autologous Blood Donation

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*"Would you choose to have your blood donated and stored before your operation if the total charge that you would have to pay out of your own income was \$1,000?"*

Imagine that you are scheduled for elective surgery. On average, eight percent of patients having this operation receive a blood transfusion. You live in California, and as is required by law, your surgeon explains that autologous blood donation (ABD) [donating and storing your blood prior to surgery] is an option. If you need a transfusion, your own banked blood would be used first. If you are not able to donate blood, decide not to participate in ABD, or require more blood than you have banked, allogeneic blood from the volunteer blood supply will be used. Your surgeon informs you that this allogeneic blood is screened for all known infectious agents and is thought to be very safe.

What would you do? Would you donate blood for yourself or not? If ABD were not covered under your insurance

policy and you had to pay out of pocket for the procedure, how much would you be willing to pay? In this issue of RISK IN PERSPECTIVE, we discuss policy issues surrounding ABD and the use of contingent valuation as a method to measure patients' willingness to pay (WTP) for this procedure.

### ABD IS NOT COST-EFFECTIVE

Why are people so concerned about ABD, which accounts for a very small part of the total surgical and hospitalization costs? Several articles have now been published concluding that ABD is not cost-effective. Although a unit of autologous blood costs \$76-\$198 (about \$21-\$48 more than a unit of allogeneic

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