

Organ Donation Regulation and Reimbursement Programming
Through a Policy Coherence Perspective

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Abstract

There is a substantial unmet need for donor organs for transplantation purposes throughout Canada (Blood, Organ and Tissue Donation 2016). Each of the provinces and territories has legislation governing organ donation, and each of these pieces of legislation contains a prohibition on the exchange of organs for what is officially termed ‘valuable consideration’. These prohibitions operate alongside public programs intended to encourage organ donation through the use of incentives. Programs reimbursing costs associated with being an organ donor are a common type of incentive to donate. The common prohibition on the exchange of organs for valuable consideration draws attention for its apparent incompatibility with public programs offering incentives to donate (Caulfield 2014). This apparent incompatibility, combined with the unmet need for donor organs, calls for an examination of the regulatory regime governing organ donation. This research examines the relationship between prohibitions on the exchange of organs for valuable consideration and public programs offering incentives to organ donors using a policy coherence theoretical framework. I have created a framework to measure the policy coherence between the regulatory regimes governing organ donation and programming within the provinces and territories. Policy coherence is examined both within and between provincial and territorial jurisdictions. This policy coherence framework examines the objectives of organ donation legislation, and public organ donation programming for conflicts and complementarities. My findings reveal relatively coherent policy domains between provinces and territories but identify policy conflict in the relationship between organ donation regulation and reimbursement programming operated by the primary organ donation agencies in the provinces and territories.

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- Nova Scotia
- New Brunswick
- Prince Edward Island
- Yukon
- The Northwest Territories

Chapter 1 - Introduction

In 2014, there were more than 4500 Canadians waiting for an organ transplant, but only 2356 organs were transplanted in that year (Blood, Organ and Tissue Donation 2016). 278 people of the more than 2000 who needed, but did not receive, a transplant died (Blood, Organ and Tissue Donation 2016). These numbers are not unusual in the context of Canadian organ donation, and the trend over time does not appear to be improving. These statistics illustrate that there exists a substantial unmet need for donor organs for transplantation purposes throughout Canada (Blood, Organ and Tissue Donation 2016).

This situation raises questions about how this shortfall can be addressed. Given that demand is expected to grow as the Canadian population ages and requires ever greater medical care (Goldstein 2012 p.1), the already important issue of organ donation shortfall can be expected to become an even more pressing policy problem over time. The trend over the past several decades has been one of slowing population growth and increasing life expectancy (Leonard 2011 p.1). Since 2000, the Canadian population has not met the generational replacement rate (Leonard 2011 p.1). This means that there are fewer young Canadians and more seniors, which creates a variety of challenges for the health care system including a decrease in the number of viable organ donors and an increase in a population which consumes a great deal of health care resources (Norris 2011 p.13). These statistics further illustrate the pressing need for a larger supply of organs for transplantation purposes. Some of this need could be met by the existing potential live organ donor population. Live donors can address a large proportion of the demand for transplant organs because much of that demand is predominantly for kidney and to a lesser extent liver transplants (Annual Statistics on Organ Replacement in Canada 2017 p.2), and both of these organs can be transplanted without the need for a cadaveric donation. There are a variety

of strategies for encouraging people to become organ donors, including the use of reimbursement programming.

In this research I examine policy coherence relationships between organ donation regulation and reimbursement programming within and across the provinces and territories in Canada.

1.1 Policy Coherence Introduction

I will provide a more in-depth explanation of policy coherence in Chapter 2. In brief, the concept of policy coherence requires the coordination of relevant policy areas and actors, to avoid wasteful contradictions or conflicts between those policy areas and actors (Hertog & Strob 2013 p.375-276). The theory underlying policy coherence suggests complementarities should be maximized and conflicts minimized between policies that share similar objectives and subjects. Policy coherence is important for two primary reasons: (1) policy efficiency and (2) legitimacy.

Policy coherence is important for policy efficiency because if policy actors are not operating with a common understanding of how policies overlap, it creates the conditions for policy conflicts and for waste to be generated. From the perspective of policy efficiency, evaluating policy coherence involves understanding the interplay of interests within a policy area, with a view to considering whether there is a consistent approach to issue framing and target identification across relevant policy actors (Picciotto 2005 p.321). Policy coherence also plays an important role with respect to policy legitimacy. A lack of policy coherence or policy conflict can demonstrate a lack of competence or a disregard for the policy area, which can damage the apparent authority and legitimacy of policy actors and confuse policy targets (May, Sapotichne, & Workman 2006 p.381-382).

My analysis of policy coherence focuses on the relationship between organ donation legislation and programming across Canada. I assess both the level of horizontal policy

coherence (inter-jurisdictional policy coherence between the provinces and territories) and vertical policy coherence (intra-jurisdictional policy coherence within a province or territory). In so doing, I focus on the policy coherence relationship between reimbursement programming and legislative prohibitions on the exchange of organs for valuable consideration. While there are multiple dimensions to organ donation programming, my research focuses on public organ donation reimbursement programming.

1.2 Context

In Canada, organ donation is governed by provincial and territorial legislation as a part of the provinces' and territories' responsibility for administering health care (Gill et al. 2014 p.136). Each of the provinces and territories has legislation governing organ donation and transplantation in the jurisdiction (see Appendix A). Additionally, each of the provinces and territories maintains an organ donation agency, or health department organ donation program (Organ Donation and Transplantation in Canada 2016 p.13). The basic structure found across the country consists of legislation which establishes the parameters within which an organ donation agency can operate, and the organ donation agency itself, which facilitates the organ donation and transplantation process in that province or territory. Among the varied activities of these agencies is the operation of programs which offer to reimburse reasonable costs incurred by organ donors in the process of donating an organ (Vlaicu et al. 2007 p.482).

Ontario is a good example of the typical arrangement of legislation and programming. The Ontario organ donation legislation is called *The Trillium Gift of Life Network Act* (2016) and the agency is the Trillium Gift of Life Network, a not-for-profit agency. The components of *The Trillium Gift of Life Network Act* can be broadly broken down into six components: (1) establishing the Trillium Gift of Life Network; (2) establishing the legality of transplants

conducted in accordance with the Act; (3) describing how consent is given to become a live organ donor; (4) describing the necessary conditions to be met for a post-mortem donation; (5) establishing the administrative reports and tools to be made available to the Minister; and (6) the creation of offences relevant to the Act (*The Trillium Gift of Life Network Act 2016*). The Trillium Gift of Life Network describes its purpose as follows:

Trillium Gift of Life Network (TGLN) is a not-for-profit agency of the Government of Ontario. TGLN plans, promotes, coordinates and supports organ and tissue donation and transplantation across Ontario. Its mission is to save and enhance lives through the gift of organ and tissue donation and transplantation in Ontario. (Trillium Gift of Life Network: Who We Are)

There are similar arrangements in the other provinces and territories. However, it should be noted that there is one major variation in Ontario from many of the other provinces and territories. In the case of Ontario, both the legislation regulating the use of incentives in organ donation and the agency delivering the incentive-based organ donation programming are established by a single piece of legislation. For other provinces and territories this is not always the case. In some provinces and territories, programming is provided through a partnership of the province or territory and the Kidney Foundation of Canada. An example of this approach is found in British Columbia (Living Organ Donor Expense Reimbursement Program (LODERP)).

The Kidney Foundation of Canada is a national charity with a primary mission of advocating for, and aiding in, kidney health and kidney health programming (Our History 2018). While the Kidney Foundation of Canada is primarily concerned with kidney health, the LODERP is inclusive of all live organ donation in the provinces and territories in which it operates (Kidney Foundation of Canada – BC and Yukon Branch – FAQ 2018). The LODERP was first utilized via an agreement between the Kidney Foundation of Canada and the province of British Columbia (Kidney Foundation of Canada British Columbia and Yukon Branch Costs

and Other Practical Matters (2018)). The LODERP is administered by the Kidney Foundation of Canada in conjunction with support from the provinces in which it operates. Each of the provinces which have LODERP have a separate arrangement with the Kidney Foundation of Canada; however, the LODERP services are very similar between provinces. The administration of the LODERP is carried out by the Kidney Foundation of Canada with funding contributions from the province in which the program is operated (Kidney Foundation of Canada – BC and Yukon Branch – FAQ 2018). In addition to the partnerships between provinces and the Kidney Foundation of Canada, both the Northwest Territories and the Yukon have entered into arrangements with partner provinces and the Kidney Foundation of Canada to provide LODERP within those territories (Kidney Foundation of Canada British Columbia and Yukon 2018). The common features of LODERP include the provision of expense reimbursement to eligible potential live organ donors for a select set of expenses related to the organ donation process (Appendix C). Other provinces provide organ donation programming directly through the department or ministry which has responsibility for health care and related services; an example of this approach is found in Prince Edward Island (Health PEI Living Donor Reimbursement Policy).

It should be noted that incentives and the question of reimbursement in organ donation comprise only a small part of the existing regulatory and management frameworks. Though beyond the scope of this research, there are many varied approaches seeking to improve donor rates. The opt-in versus opt-out systems (opt-in systems require individuals to actively consent to be organ donors while opt-out systems assume consent and require individuals to actively revoke their consent) are alternatives that have received attention recently in Saskatchewan and that have demonstrated varied results (Béland and Longo 2016 p.2; Willis & Quigley 2014 p.56;

Saunders 2011 p.69). There are also interesting approaches premised on the introduction of market rationales to the procurement of organs for transplantation (Barnieh et al. 2012 p.1957). The introduction of market rationales is exemplified in programming intended to encourage individuals to become donors for monetary gain. Other policy options being explored to varying degrees in different jurisdictions include paired donor programs, real time waiting lists, living donor registries, and national registries (Norris, 2011 p.8-11). While all of these approaches seek to address the shortfall in donor organs and improve the ratio of organs needed for transplantation purposes to organs donated for transplantation, they fall outside of the scope of this research.

This research focuses on incentives as they are currently applied in programming throughout Canada, as reimbursement (Gill et al. 2014 p.135-136) for some or all the costs incurred in the process of being an organ donor. However, while the use of reimbursement is the most visible form of incentives in Canadian organ donation, the conflict with the prohibition on the exchange of organs for valuable consideration could potentially create conflict with any form of incentive. There are several other types of incentives, which extend so far as to offer financial benefit to the donor (Hoeyer, Schicktanz, & Deleuran 2013 p.355), but these fall beyond the scope of this research. Both live and post-mortem donation are included within the scope of this research as they do not present differently within the context of legislative restrictions on the use of incentives.

1.3 Trends in Organ Donation

To approach the use of incentives in organ donation, it is helpful to understand some of the statistics that highlight the challenges facing our current organ donation system. This is not an exhaustive detailing of the data available on organ donation and transplantation for Canada, or

any other country or jurisdiction, but rather is an overview intended to provide foundational information.

In December of 2016, there were 3,421 patients waiting for a kidney transplant, 433 for a liver transplant, 189 for a heart transplant, and 261 for a lung transplant in Canada (Annual Statistics on Organ Replacement in Canada 2017 p.2). However, the number of individuals on waiting lists for organ transplants does not capture the total number of transplant organs that could be put to use should a larger supply become available. Taking kidney disease as an example, in addition to those seeking immediate transplant there were nearly forty thousand Canadians with end stage kidney disease, with 60% of them receiving dialysis and the other 40% having a functioning kidney transplant (Annual Statistics on Organ Replacement in Canada 2017 p.2).

In terms of the overall numbers, 2016 saw 2906 organs transplanted, 4469 patients on waiting lists, and 256 patients who died waiting for an organ transplant (Annual Statistics on Organ Replacement in Canada 2017 p.3). The organ donation and transplantation rates remain within the confines of a trend going back to 2007 which has seen increases in the demand for organs which outstrip deceased and live donations (Annual Statistics on Organ Replacement in Canada 2017 p.6). The living organ donor rate lags behind the deceased donor rate (Annual Statistics on Organ Replacement in Canada 2017 p.1). Despite increases in both the live and deceased donor rates since 2007, the live donor rate remains stunted in comparison (Annual Statistics on Organ Replacement in Canada 2017 p.1). While these trends are drawn from aggregate data which describes the national organ donation picture, it is worth noting that each of the provinces individually also fails to meet its demand for transplant organs (CIHI Annual Statistics on Organ Replacement in Canada 2017).

1.4 Problem Statement

There is a substantial unmet need for organs in Canada which public organ donation programming seeks to address in various ways, including through the use of reimbursement. However, included in all of the provincial and territorial legislation governing organ donation is a clause banning the sale and purchase of organs (Appendix A). It is an offence to contravene the prohibition on the exchange of organs for valuable consideration with penalties including both fines and imprisonment. In seven of the provinces, the clause prohibiting the sale of organs is phrased as a prohibition on the exchange of organs for valuable consideration. Valuable consideration is a legal term which has been defined to mean any detriment or benefit which is incurred in an agreement (Caulfield et al. 2014 p.3). It has been suggested this clause can be interpreted as prohibiting any exchanges that create an incentive (Caulfield et al. 2014 p.3). It has further been suggested that this prohibition on the exchange of organs for valuable consideration potentially limits organ donor recruitment strategies and appears to be incompatible with programs that seek to reimburse donors for costs associated with being a donor (Caulfield et al. 2014 p.3). This research will examine the policy coherence of organ donation programming and the legislation that governs it across the country, with a focus on the prohibition of the exchange of organs for valuable consideration.

1.5 Research Questions

I have identified four research questions which each form a component for assessing the policy coherence of organ donation regulation legislation and programming in Canada:

- 1) How is the use of incentives in organ donation regulated across Canada?
- 2) What types of incentive-based organ donation programming operate across Canada?
- 3) Are organ donation programming and legislation coherent within each province and territory?

4) To what degree are provincial and territorial organ donation legislation and programming coherent between the provinces and territories across Canada?

This research has implications for the relationship between the prohibitions on the exchange of organs for valuable consideration and public programs offering incentives to organ donors from a policy coherence perspective. Exploring policy coherence in the context of organ donation regulation may also have implications for understanding the relationship between regulation and programming in a broader policy context.

1.6 Research Design Description

To examine policy coherence in the organ donation arena I have developed and applied a framework to assess policy coherence first within a particular jurisdiction, and then across provincial and territorial jurisdictions, describing the policy coherence landscape for the regulation of incentives in organ donation across Canada. I have developed this framework through an examination of organ donation legislation, public organ donation programming information, and through the adaptation of policy coherence frameworks from other policy areas (Picciotto 2005 p.326-327; Nilsson et al. 2012 p.395-405; May, Sapotichne, & Workman 2006 p.389-391; Duraiappah & Bhardwaj 2007 p.4-7). I have acquired the necessary data by analyzing the relevant legislation and engaging in a content analysis of organ donor agency websites and publicly available information materials regarding the use of incentives available through the agency websites. The analysis of the organ donation legislation and primary organ donation agency website data was guided by the work of other scholars in the policy coherence field (Nilsson et al. 2012; May et al. 2005; Hertog and Strob 2013; May, Sapotichne, and Workman 2006).

The four research questions I am concerned with are divided into two groups. The first two questions are largely descriptive in nature and are answered through the collection of data from legislation and primary organ donation websites and then organizing this data into overview tables (Appendices A, B, C, D). The final two research questions are analytical in nature and are addressed through the application of the coding framework I have developed.

Data for this research was gathered from publicly available data through both internet searches and fact checking e-mail inquiries to acquire copies of public documents which were not immediately available through some of the primary organ donation websites. The legislation was gathered from the consolidated statutes of the provinces and territories or the CanLii website. The organ donation incentive-based programming data was gathered from the websites of the primary organ donation agency in each of the provinces and territories. This strategy yielded data for all of the provinces and territories. However, several of these jurisdictions have incomplete data available for this analysis, including Nunavut which is the only province or territory not to offer reimbursement type programming to organ donors (Appendix A, B, and C).

I developed my policy coherence coding frame to facilitate my analysis of policy coherence relationships between organ donation programming and the organ donation regulation legislation to which it is subject. I assessed policy coherence by comparing the characteristics of the legislation governing organ donation and the use of incentives with the programming in each province and territory. I conducted this comparison both horizontally (between the provinces and territories or inter-jurisdictionally), and vertically (within each province and territory or intra-jurisdictionally). This comparison allows for an understanding of organ donation and incentives both at the provincial and territorial level, where the relevant policy and legislative decisions

reside, and at the aggregate national level assessing the coherence of programming and legislation across the provinces and territories.

Chapter 2 – Literature Review

In this chapter I provide an overview of information useful in understanding the organ donation policy environment and the concepts underpinning policy coherence. This section is not intended to be a comprehensive detailing of all aspects of the organ donation policy environment and policy coherence. I have limited this section to providing an explanation of those components of the organ donation policy environment which are directly relevant to understanding the role of incentives as they relate to reimbursement programming.

There are two relevant areas of knowledge to be considered in understanding incentivized organ donation and policy coherence. The first section is concerned with organ donation regulation, incentives, and the prohibition on the exchange of organs for valuable consideration. The second section is composed of material relevant to understanding policy coherence and how it might be assessed. These two components provide a starting point for understanding the policy area under consideration and how a framework can be developed to assess the coherence of organ donation incentive policy. Understanding the legal frameworks which regulate organ donation and the use of incentives throughout Canada is necessary for locating the place of policy coherence analysis in examining the role of incentives as a tool for managing the supply of organs for transplantation purposes. Overall this Chapter places the specific coherence issues I have identified in context, explains the impacts of organ donation policy, and explains the concept of policy coherence.

2.1 Organ Donation Review

2.1.1 Organ Donation and Incentives Overview

Donor organs can be acquired from two sources: 1) living donors and 2) cadaveric donors (Organ Donation and Transplantation in Canada 2015 p.58-59). There are different considerations associated with acquiring organs from both of these types of donors, including issues of consent (Caulfield 2006 p.1-2), the determination of death (Deceased Organ Donor Potential in Canada 2014 p.15-16), and the use of incentives (Gill et al. 2014 p.137-139). In the case of living donors, consent is generally concerned with ensuring the donor is informed and their decision is free from coercion (Caulfield 2006 p.1-3). In the case of cadaveric donors, issues of consent revolve around ensuring that the donor did consent at the time of their death and mediating between the wishes of the donor's family and the last recorded intent of the donor (Kirby 2009 p.1). The issue of consent with a focus on the use of incentives will be explored in more detail later in this chapter. The determination of death is an issue for cadaveric donation because there are two possible and common definitions which might be applied: 1) brain death and 2) cardio-circulatory death (Deceased Organ Donor Potential in Canada 2014 p. 15). Brain death has declined in Canada and this has negatively impacted cadaveric donor rates resulting in the search for alternative standards for the harvesting of donor organs. The practice of engaging in donation after cardio-circulatory death has been adopted in many countries, including Canada, to tap the supply of donor organs from patients who will not recover but do not meet the criteria for brain death (Deceased Organ Donor Potential in Canada 2014 p.15).

Incentives are a topic of concern both in terms of live and cadaveric organ donation. The mechanics of how the incentive is applied can vary between living and cadaveric donation; however, the underlying ethical challenges remain remarkably similar (Gill et al. 2014 p.135-

138). Incentives can take a variety of forms and play a variety of roles (Wellington & Sayre 2011 p. 1-2) ranging from reimbursement to commercialization. Incentives can broadly take the form of direct monetary payments, tax incentives, and the provision of non-financial incentives (Vlaicu et al. 2007 p.482). The use of incentives to reimburse costs borne by the donor in the process of donating an organ is the most common type of incentive and the type used in Canada (Vlaicu 2007 p.482). Offering incentives which move beyond negating the costs associated with organ donation and progress to improving the condition of the donor can broadly be termed commercialization (Becker and Elias 2007 p.8-10). The use of incentives which move beyond reimbursement to providing financial gain to the donor is generally illegal across international jurisdictions (Sickand et al. 2009 p.2825-2826).

For the purposes of this research, it will not be necessary to distinguish between incentives applied to living donors and incentives applied to cadaveric donors. As depicted in Appendix A, the legislation relevant to this research does not distinguish between living and cadaveric donation and as a result the use of organ donation incentives in Canada can be approached without distinguishing between living and cadaveric donors.

2.1.2 Organ Donation Organization in Canada

Organ donation regulation and management falls, as a subset of health care, within the jurisdiction of the provinces and territories (Organ Donation Transplantation In Canada 2015 p.12). Each of the provinces and territories has legislation that governs the conduct of organ donation (Caulfield et al. 2014 p.3). Each of the provinces and territories also maintains a system for facilitating organ donation. As outlined in section 1.3 above, all of the provinces and territories have failed to achieve donor rates which match or exceed the demand for transplantation organs (Knoll et al. 2015 p.2231-2233). In 2014, this failure was demonstrated by

4500 individuals waiting for a transplant with just over half receiving one (Blood, Organ and Tissue 2015). There have been many proposals for methods to increase donor rates which have included public solicitation (Elman et al. 2016 p.487) and the use of financial incentives to recruit donors (Hippen et al. 2009 p.1053). To date, the provinces and territories have not elected to pursue substantial organ donation policy changes. Efforts to overcome the shortfall in the supply of organs for transplantation have taken the form of minor alterations within the common altruism-based system of organ donation management.

The Federal government, while not responsible for health care from a constitutional perspective, does have responsibilities associated with health care (Tiedemann 2008 p.1). In the case of organ donation, this involvement includes efforts to coordinate donation programming (Organ Donation and Transplantation in Canada 2015 p.13) and policy across the provinces and territories and in providing some tax-based incentive programming (Vlaicu 2007 p.482). Additionally, the Federal government regulates the safety of donor organs under the *Food and Drug Act* through the *Safety of Human Cells, Tissues and Organs for Transplantation Regulations* (Safety of Human Cells, Tissues and Organs for Transplantation Regulations SOR/2007-118). Finally, the *Canada Health Act* (*Canada Health Act* 1984, c.6, s.7) provides principles which govern the relationship between the provincial governments and the federal government in terms of federal funding for provincial health care programming. However, the management and administration of the Canadian organ donation system is the responsibility of the provinces and territories.

2.1.3 The International Organ Donation Context

The international organ donation policy context is characterized by the debate between commercial and altruistic models of organ donation (Hippen et al. 2009 p.1053), the regulatory

frameworks (Mahillo et al. 2011 p.1069) in place across national boundaries, and challenges posed by organ trafficking and organ tourism (Bagheri & Delmonico 2013 p.1). There are approximately 27000 (Sickand 2009 p.2825) living donor kidney transplants performed each year worldwide, which represents an increase of approximately 50% in most countries over the rate a decade ago (Horvat et al. 2009 p.1088). Live kidney transplants make up only a subset of the organ transplantation that occurs globally with approximately 105,000 transplants occurring annually (Mahill et al. 2011 np.1071).

Approximately only 10% of the global demand for transplant organs is met, with varying levels of demand and supply disparity depending on country (Garcia et al. 2012 p. e36). In total, there are 98 countries that operate organ donation programs and make data available through the World Health Organization (Mahillo et al. 2009 p.1070). Attempts to measure organ donation data in a comprehensive fashion have encountered the challenges inherent to coordinating standards across national jurisdictions (Mahillo et al. 2013 p. 57), and global data should be understood as being impacted by this challenge. Within those countries which provide data to the World Health Organization, there is a general consensus on prohibiting the commercialization of organ donation (Garcia et al. 2012 p. e38). Nonetheless, there is a trend toward considering the use of reimbursement for costs incurred to encourage and support live organ donation and to increase the supply of organs for transplantation (Surman et al. 2008 p.198).

While most countries adhere to the general consensus on how organ donation should be regulated, Spain and China both engage in organ donation practices which set them apart or demonstrate innovation in organ donation policy. China holds an interesting spot in the global organ donation field because large numbers of the organs used in Chinese transplantation come from executed prisoners (Iltis 2010 p.214). The practice of taking organs from executed

prisoners is widely condemned and unique to China (Iltis 2010 p.214). While in 2015 China officially banned the harvesting of organs from prisoners, there are no indications that the practice has ceased, and it seems likely that the harvesting continues (Kilgour, Gutmann and Matas 2017 p.385-391). The Spanish organ donation policy is interesting for adopting a presumed consent (or opt-out) model, and the Spanish policy divergence is far more widely accepted internationally than those of Iran (discussed below) or China (Rudge et al. 2012 p. i48). The Spanish organ donation system is premised on presumed consent rather than the more common express consent systems (GODT 2010). The presumed consent model functions by requiring potential donors to choose not to participate in donation programs by requiring a positive action by each individual to withdraw from the donor pool (Zuniga-Fajuri 2014 p.1). Together with Iran, discussed below, these countries characterize the major systems that diverge from the common altruism-based donation systems and provide a snapshot of ongoing challenges and development within organ donation.

The final major area of concern on the international stage is organ trafficking and transplant tourism. It is estimated that five to ten percent of kidney transplants worldwide are acquired through organ trafficking (Bagheri and Delmonico 2013 p.887), which often involves forms of organ tourism, where patients from wealthy countries traveling to access trafficked organs and illegal organ markets in other jurisdictions (Bagheri and Delmonico 2013 p.887). With the shortage of organs and the relative ease of international travel and global wealth disparities, in conjunction with limited coordination between national regulators and enforcement agencies, it is hardly surprising that efforts to combat organ trafficking and organ tourism have not eliminated these practices.

2.1.4 Iranian Organ Donation

The Iranian system of organ donation is substantially, and notably, different from those employed in other countries. While the global consensus on organ donation is premised on systems grounded in an altruistic ethic (The Declaration of Istanbul on Organ Trafficking and Transplant Tourism 2008 p.2-6), Iran is the first, and to-date only, country which operates a regulated system of organ donation that pays donors for their organs (Griffin 2007 p.502). The roots of this system can be found in the challenges Iran faced after the 1979 revolution, when the material for dialysis was in short supply and transplantation was unavailable within Iran. These conditions resulted in the creation of two transplant units in the mid-eighties and a substantial demand for donors (Griffin 2007 p.502). The creation of transplant facilities combined with a government program in the late 1980's to support the procurement of organs for financially disadvantaged recipients and the absence of a cadaveric donation system until the early 2000's (Einollahi 2008 p.55) to create conditions for live organ donation which differ from those in the West. For our purposes, there are four components which are necessary for understanding the Iranian system, 1) the eligibility criteria for donation, 2) the compensation the donors receive, 3) the administrative apparatus which operates the paid donor system, and 4) the outcomes of the Iranian paid donor system.

Eligibility to be a paid organ donor in Iran is premised on four criteria that are intended to ensure that the transplant is successful and to avoid the potential for coercion or the other moral hazards associated with paid organ donation. The four criteria a potential paid organ donor is assessed against are nationality, age, health, and familial support (Griffin 2007 p.503). In order to be a paid organ donor in Iran, the donor must be of the same nationality as the recipient of the organ. In other words, an Iranian can only donate to another Iranian and likewise foreigners to

Iran can only donate to and receive transplants from their fellow citizens (Ghods 2009 p.184). The donor must be between the ages of 20 and 35 and be in good health. The final criterion is that the next of kin of the donor consent to the paid donation. The nationality requirement is designed to prevent Iran from becoming a destination for organ tourism and combined with the consent of the donor's next of kin, serves as an additional check on the potential for the exploitation of vulnerable or impulsive individuals.

Compensation for donors consists of a payment of \$1200 USD (circa 2007) from the government, one year of state provided health insurance, and additional compensation from the transplant recipient (Griffin 2007 p.503). The additional compensation given to the paid donor by the transplant recipient is negotiated between the donor and recipient without the intervention of the state or other administrative bodies. This additional compensation is not a violation of Iranian law and is an expected component of the process (Griffin 2007 p.504). The additional payment, while a private matter, can be expected to be kept at a reasonable rate because there is a surplus of live donor candidates (Griffin 2007 p.504). Those patients without sufficient financial means to secure a live organ donor will remain on dialysis and await a cadaveric donation to provide for their transplant need (Griffin 2007 p.504).

The administration of paid organ donation in Iran is conducted by The Patient Kidney Foundation with support from the Iranian Ministry of Health (Griffin 2007 p.503). The foundation was founded in the 1980's and receives funding from the Ministry of Health. Donors and recipients are required to register with the foundation and are then matched (Major 2008 p.68) by the foundation. The costs associated with transplantation are divided between the private insurance of the recipient and the Ministry of Health, with 90% of the cost being covered by the private insurance of the recipient and 10% by the Ministry of Health (Griffin 2007 p.503).

Donor candidates are supposed to register with the foundation and await pairing; however, given the surplus of donor candidates, attempts to market to transplant patients looking for a donor are not unheard of (Griffin 2007 p.504).

The outcomes of the Iranian system are somewhat mixed. Like countries which adhere to an altruism-based organ donation system, Iran is unable to meet the demand for organs for transplant purposes (Garcia et al. 2012 p.e37). However, Iran does have a substantial number of live organ donor transplants compared to cadaveric transplants conducted each year (Major 2008 p.67). Altruism-based systems, such as Canada's, tend to have higher levels of cadaveric donation (Norris 2011 p.3). In terms of organ donation challenges highlighted by the unique Iranian system, there are indications that there is a discrepancy between the socio-economic status of those donating organs and those receiving them, although this is unlikely to come as much of a surprise (Griffin 2007 p.504). Nonetheless, the regulated paid organ donor model employed in Iran presents itself as a viable alternative approach to the common altruism-based system.

2.1.5 The Impacts of Incentives

The regulation of incentives in organ donation raises questions regarding their actual impact on organ donation. While I do not advocate for a particular model of regulating the use of incentives in organ donation, I do address potential alterations to the Canadian regulatory system and believe it is worthwhile to consider the current system of organ donation within the context of possible alternative approaches. With the potential for deviation from the current regulatory trends, it is useful to examine how those deviations from the altruism based regulatory system may impact the outputs of the organ donation system.

Seeking insight into the impacts of incentive use on organ donation outcomes is a task which encounters a substantial hurdle in the relatively uniform approach taken throughout the world when it comes to incentives in organ donation (Garcia et al. 2012 p.e38). The prevalence of the altruism-based approach to organ donation with limitations or outright prohibitions on the use of incentives leaves observers with recourse to a limited pool of countries which have experimented with only a handful of different incentive approaches. This pool of countries that have adopted a markedly different approach to the use of incentives includes Iran, Chile, Singapore, and Israel (Zuniga-Fajuri 2015 p.199). While there are other countries that deviate from the most common approach to organ donation, notably those that adopt the Spanish model of presumed consent, they do not present noticeable deviations when it comes to incentives. Iran, Chile, Singapore and Israel are the exemplar nations with unique approaches to using incentives in organ donation. Israel, Chile and Singapore offer access-based incentives (Zuniga-Fajuri 2015 p.199) and – as discussed above - Iran operates a regulated market-based organ procurement system (Major 2008 p.67).

In the case of Iran, organ donation statistics indicate that the use of incentives in their regulated organ donation market have not had a negative impact on their ability to meet the demand for organs for transplantation (Ghods and Savaj 2006 p.1138). Survey data indicates that the Iranian populace maintains a positive view of organ donation and remains willing to donate (Broumand et al. 2012 p.E502) despite the prevalence of paid organ donation. With Iran being the most commercialized and incentive intensive system currently in operation, it is telling that it has managed to meet the demand for donor organs to a degree which equals or exceeds that of altruism-based systems.

The preferential access programs of Israel, Chile, and Singapore are a type of incentive, although a non-monetary one, which appear to have a less dramatic effect on organ donation statistics than the monetary incentives offered in Iran (Zuniga-Fajuri 2015 p.199). These preferential access programs give better access to organ transplantation for those patients who are registered organ donors. The effect of incentives on organ donation in Israel have not resulted in measurable deviation in organ donation outcomes, which can be causally linked to the use of incentives. In fact, all three of these systems have organ donation statistics that do not deviate in unexpected ways from their own statistics prior to introduction of incentives (Zuniga-Fajuri 2015 p.200; Israel Ministry of Health 2018; Lavee et al. 2012 p.780; Global Observatory on Donation and Transplantation 2018) or from the statistics of comparable altruism-based systems (Organ Donation and Transplantation Activities 2016).

2.1.6 Incentives and Consent

Some scholars have argued that the use of incentives in organ donation threatens to introduce undue pressure on potential donors and may result in donations from donors who do not meet the criteria for free and informed consent (Hippen et al. 2009 p.1053). The following is a brief overview of the role of consent in organ donation and the impact incentives may have on it.

Both living and cadaveric organ donation require consent. The requirements for consent are set out in the provincial and territorial legislation governing organ donation. Examples of the requirements for consent include that the consent be voluntary and informed and be given by a person with the legal authority to give, withdraw or refuse consent (*Human Tissue Gift Act*, RSNS 1989, c 215 s.6.1). In the case of the live donor there are issues of consent which are relevant to the quality of life of the donor post donation (Caulfield 2006 p.1), while in the case of deceased donation, the focus is on respecting the wishes of the deceased and on navigating

possible tensions related to the position the deceased's family takes (Li et al. 2017 p.2; Marck et al. 2015 p.40; Downie, Shea and Rajotte 2008 p.1259).

Determination of whether consent exists requires consideration of whether coercion has occurred, or undue influence has been exercised on a donor. The two general perspectives related to incentives and consent in organ donation are 1) incentives will introduce undue pressure on potential donors (Hippen et al. 2009 p.1056) and 2) the current altruism-based organ donation practices already introduce pressure on potential donors, and incentives do not fundamentally change that pressure (Hippen et al. 2009 p.1053). In broad strokes, the argument for incentives introducing undue influence is based on the idea that an incentive can cause an individual to make the decision to donate in order to achieve the promised incentive (Surman 2008 p.198) without due consideration of the risk posed by the transplantation process. In other words, the concern is that incentives may undermine the ability of the individual potential donor to make autonomous decisions that may have substantial impacts on their quality of life and health. The opposing view suggests that the altruism-based system may leave those in need of organs for transplant recourse only to those they can influence through emotional or psychological appeal. Accordingly, the concern is that those who have a close family or personal relationship with the potential transplant patient may be subject to an undue influence by virtue of their relationship with the recipient, irrespective of the introduction of incentives (Caulfield 2006 p.5).

2.2 Policy Coherence Review

2.2.1 The Conceptualization of Policy Coherence

It is useful to frame policy coherence by the problems it seeks to avoid. The general concern with the presence of incoherence is the creation of gaps or inconsistency in the coverage of the relevant policy area (May et, al. 2005 p.56). The concept of policy coherence is particularly

relevant in the context of democratic federal political systems which must contend with pressure from public stakeholders and from within the levels of government which compose the state (Siitonen 2016 p.2). Policy coherence is the idea that assorted policies which share an area of interest should function together to achieve common objectives or goals (May, Sapotichne, and Workman, 2006 p.382), and should be logically and consistently integrated (Parsons 2004 p.43). Shared goals indicate higher levels of coherence, while inconsistent policies with disparate goals indicate lower levels of coherence (May, Sapotichne, and Workman 2006 p.383). Policy coherence is present when policies that share a common subject are designed to function together, maximizing complementarities and minimizing conflicts (Hertog & Strob 2013 p.375-377).

Determining which areas of policy should be coherent is determined by identifying policy domains which share common problems and integrated or overlapping areas of application (May, Sapotichne, and Workman 2006 p.383). Policy domains are areas of policy organized around substantive issues and involve a set of organizations which take account of each other in the policy process to address challenges which are perceived as being shared (Burstein 1991 p.328). Examples of policy domains include energy, agriculture, transportation, health, (Burstein 1991 p.328) and development (Duraiappah and Pune 2015 p.2). Each of these domains is concerned with policy that is either impacted by, or impacts on, policy of more than one set of policy actors because of shared interest in problems and overlapping areas of application. The more focused a policy domain is on common problems, the more potential for policy coherence to be created and managed. While policy coherence evaluation involves the comparison of policy components and relationships across and within jurisdictions, it moves beyond comparison to engage in analysis of how policy components and relationships interact to create conflicts and complementarities.

Policy coherence is an important concept because it impacts the efficiency with which policy operates and the way in which policy is perceived. The efficient operation of public policy cannot be achieved if mutually exclusive and conflicting policies intersect within a policy domain (Duraiappah 2004 p.32). The removal of conflicting policies, or the adaptation of policies to remedy conflict, results in a more efficient system where different components of the public service do not promulgate unintentionally incompatible policy (Ashoff 2005 p.11). Additionally, the alignment of policy actors within a policy domain can communicate the degree to which that policy domain and the policies under consideration are understood to be important and worth investing resources in (Carbone 2008 p.327). The inverse is also true; when policy is not coherent it can undermine public trust and generate uncertainty (Picciotto, 2005 p.322). When policy coherence is present, it indicates that policy actors have engaged in a process to ensure the alignment of relevant policies to promote the efficient operation of policy with a policy domain.

2.2.2 Types of Policy Coherence

For the purposes of my research, it is important to understand two types of policy coherence, horizontal and vertical (Hertog and Straub, 2013 p.377). Vertical coherence is looked for in the policy interactions within individual provincial or territorial jurisdictions. Horizontal coherence is coherence between the policies of distinct political jurisdictions. Horizontal coherence can be understood as inter-jurisdictional policy coherence and vertical coherence can be understood as intra-jurisdictional policy coherence. In the case of this research, horizontal coherence is sought in the policy interactions between the provincial and territorial jurisdictions. The horizontal coherence relationship is a relevant area of concern given the potential for policy in one province or territory to impact policy in one or more other provinces or territories. An example of this

interplay can be found in the potential for domestic organ tourism, if the organ donation policy in one province is more attractive to either donors or recipients or both this may cause distortions in the availability of organs within that province or territory and the organ donation data in aggregate. Another example relates to the future development potential of a national donor registry, or other improved system of donation coordination between the provinces and territories.

There are two other types of policy coherence, internal and external coherence. Internal coherence is found within a single policy domain while external coherence is the coherence measured between two distinct policy domains (Nilsson et al. 2012 p.398). In the context of my research, internal policy coherence is the relevant concept because organ donation policy and programming falls within a single policy domain.

2.2.3 Policy Coherence and Program Implementation

The standard approach to policy coherence has been developed on the premise that it will be applied at the level of the policy domain and intersecting independent policies (May, Sapotichne and Workman 2006 p.382); however, in the case of organ donation regulation and reimbursement programming in Canada, this is not the case. In this case, policy coherence is being assessed between the policy outlined in organ donation regulation legislation and the programming implemented to administer organ donation. This altered approach raises the question of whether the substitution of program implementation on one side of the coherence relationship in place of another policy is appropriate.

There are two reasons the assessment of policy coherence between legislation and program implementation is appropriate: 1) program implementation shares many of the same impact vectors (Nilsson et al. 2012 p.396) for one policy as another policy would, and 2) there

has been a trend for policy coherence moving the point of analysis to ever lower levels of governmental structure and the policy cycle (Nilsson et al. 2012 p.396). Policy coherence has not been established as a monolithic and unchanging approach to the policy ecosystem. Rather, it has been, and continues to be, adapted to fit new circumstances. At the most basic level, policy coherence requires that policy domains or policy components function to maximize complementarities and minimize conflicts (Hertog and Strob 2013 p.375). This is a principle that can be applied throughout the policy cycle. The efficiency and legitimacy communicated through policy coherence are not beneficial only at the level of external coherence or internal coherence; they can also be beneficial throughout the policy process.

With policy coherence being premised on policies that support each other, or at the very least are not mutually exclusive (Barry, King and Matthews 2010 p.207), the ability of policy implementation to support or hinder the effect of a policy indicates that it also has a coherence relationship within a policy domain. Implementation is a key step for all policy development and deployment, and it contains an element of discretion granted to the implementers by the policy framers (Ingram and Schneider 1990 p.67). While the level of discretion varies between policy domains and individual policies, its mere presence introduces an opportunity for conflict between what is implemented and what was intended in the policy development process (Ingram and Schneider 1990 p.68). The overarching goals of policy domains (Hertog and Strob 2013 p.376) can be reconfigured as the overarching goal of the policy process to see all components, include program implementation, as having a role to play in achieving that goal. My approach in this research includes considering the relationship between policy goals and program implementation, and the degree to which this relationship can be described as coherent or incoherent.

Approaches to policy coherence have developed and changed over time. Policy coherence can and has been examined within a single country, between countries, and in the globalized context within inter-governmental entities (Carbone 2008 p.325). This adaptation can be seen in work which moves from considering policy coherence between policy domains to considering policy coherence within a single policy domain; in other words, the development of internal policy coherence in the absence of external coherence (Nilsson et al. 2012 p.396). My approach is the logical continuation of the trend towards the assessment of coherence at ever lower levels of the policy development process and between and within ever smaller or weaker policy actors.

In summary, the approach I take in this research is in keeping with developments within policy coherence research and adheres to a definition of coherence that is modified only insofar as it considers programming as one half of the coherence relationship in place of another policy. The existing approaches to policy coherence have developed to allow for the assessment of coherence in new contexts aside from those which have traditionally been the focus of policy coherence scholarship, and my research follows from this and builds upon the tools of policy coherence to examine coherence between policy and programming.

Chapter 3 – Methodology

In order to develop the assessment framework, I first developed a set of possible data points (these data points will be identified below) informed by the work of other policy scholars working with policy coherence theory (Picciotto 2005 p.326-327; Nilsson et al. 2012 p.395-405; May, Sapotichne, & Workman 2006 p.389-391) and then used these data points to inform my data collection process. Once I had collected my data and established that both organ donation legislation and programming share a policy domain, I focused on developing my framework to assess the coherence of policy and programming objectives.

In this research, I am considering two components of organ donation policy that are closely linked, legislation regulating organ donation and organ donation reimbursement programming. In some cases, that link is established by both components tracking their origin to the same piece of legislation, establishing a direct link indicating a shared policy domain. It is not necessary for both the regulation of organ donation and the organ donation programming to share the same legislative origin in order for them to be components of the same policy domain. In the cases where the organ donation regulation and programming do not share a common legislative origin, the shared interests and integration of these policy components is established by the regulation being found within legislation concerned with organ donation and the organ donation programming falling within the authority of that legislation. In short, both the legislation and programming share common goals/objectives because, despite being different pieces of the policy system/framework, they remain within the same policy domain, bound together by a shared interest in incentives in organ donation.

I will address the first two research questions using the tables found in Appendices A, B, C and D and the second set of questions through the application of my coding frames.

3.1 Data Collection

The data which I have subjected to this analysis were collected from the consolidated statutes of the provinces and territories, the CanLii website, and the websites of the primary organ donation agency for each province and territory. CanLii (the Canadian Legal Information Institute) is a non-profit organization created by the Federation of Law Societies of Canada to maintain a database of legal information (About CanLii). I identified the relevant legislation by searching for legislation regulating organ donation in the consolidated statutes or CanLii and imported each relevant piece of legislation into NVivo for the application of the coding frame. Additionally, I used the same CanLii search strategy to search for instances of regulations which are relevant to the use of incentives in organ donation. This search for organ donation regulations did not reveal any relevant regulations. Given the absence of organ donation regulations relevant to the use of incentives I am using the term 'legislation' to refer to the statutes which govern the conduct of the organ donation activities.

The judicial consideration of legislation can shape the interpretation of legislation and the way in which it is applied (Sullivan 2003 p.56). Accordingly, in order to understand the regulation of organ donation it is necessary to consider whether this type of judicial consideration or interpretation has taken place. In order to identify any relevant court cases, I searched the CanLii website for court cases based on any of the provincial organ donation regulation legislation. This was accomplished by viewing the CanLii webpages for each piece of organ donation legislation and the cases citing that legislation. I also used the CanLii search function to search the name of each of the pieces of organ donation legislation and the key word search using the terms 'incentive' and 'reimbursement'. Using this search strategy, I did not locate any instances of court cases dealing with incentives in organ donation. This result was in

keeping with the findings of other researchers (Caulfield et al. 2014 p.3). In the absence of judicial consideration, I am relying on statutory interpretation to move beyond the plain meaning of the words used in legislation and include the surrounding context in the interpretation of the legislation (Sullivan 2003 p.53; Cross 2014 p.1). Statutory interpretation allows for the consideration of factors in the surrounding context such as the intention of the legislative body responsible for the legislation under consideration (Sullivan 2003 p.54), which is of particular importance for this research.

I identified the primary organ donation agencies of the provinces and territories by considering the following factors: (1) the body in question is directly involved in facilitating the organ donation process; (2) the body receives public funds; and (3) the body is established or enabled through a legislative act. I chose to address the public programming component of the organ donation management system to focus on the coherence between state actors rather than the simple violation of legislation. While it is concerning when a non-state actor commits an offence, the issues raised when state actors operate in contradiction of each other are both of greater concern and more amenable to the application of a policy coherence framework. It should be noted that as a result of this choice, all non-public organ donation activities fall outside of the scope of this research.

I chose to use primary organ donation agency websites and publications available through the internet as the source of programming data based on the primacy of the internet in the dissemination of communication to mass audiences (Johnson & Johnson 2016 p.1; Tonsaker et al. 2014 p.407). The choice to focus on the public facing components of the organ donation system to inform my inquiry results from the importance of the public in Canadian organ donation. The system of organ donation as it is presently constituted in Canada is dependent on

the voluntary participation of the public; without public support the supply of organs for transplantation purposes would be in jeopardy. This dependence on public engagement and support for organ donation programming means the image of organ donation programming presented to the public is critically important. From the websites of the primary organ donation agencies, I captured the webpages with data which fits with one of the coding nodes (discussed below) using the NVivo web-capture tool and imported it to NVivo for coding.

3.2 Data Analysis

The organ donation policy and programming objectives component is key to understanding the coherence within this relatively narrow area of policy. To assess the organ donation policy and programming objectives, I have compiled four nodes which consist of themes drawn from the organ donation regulation literature and which are aligned with concepts drawn from the policy coherence frameworks used in other policy areas. The nodes are 1) framing; 2) surrounding clause(s); 3) legal interpretation; and 4) direct policy or programming purpose. Together these four nodes form a tool which I use to measure the coherence between the organ donation regulation legislation and the programming of the primary organ donation agency in each province and territory. Each node is grounded in policy coherence literature explaining its utility in assessing coherence and is connected to the organ donation literature. The connection to the organ donation literature for each node highlights the importance of the node's subject in the organ donation regulation discourse.

The nodes I am using in this analysis are intended to serve as comparison points between both legislation and programming from different provinces and territories and between the legislation and programming within a single province or territory. I have selected nodes which organize the data in terms of trends derived from the broader organ donation literature and the

components of the legislation most relevant to this inquiry. Each node consists of an approach to understanding how organ donation is regulated. The nodes are primarily designed to address the third research question: ‘Are organ donation programming and legislation coherent within each province and territory?’ By extension, however, they also address the fourth research question: ‘To what degree are provincial and territorial organ donation legislation and programming coherent between the provinces and territories across Canada?’

In order to assess the coherence relationship between the organ donation legislation and programming within each of the provinces and territories, each of the nodes provides a different approach. The first node (framing) examines how the legislation can be described and understood within the context of organ donation trends and then compares it to how the programming is presented. The second node (surrounding clauses) assesses what information can be extracted from the legislation surrounding the clauses containing the prohibition. The third node (legal interpretation) introduces an analysis of the language of the prohibition and relevant legal scholarship (though not judicial decisions) on the technical phrasing of the prohibition. The final, or fourth, node (direct policy or programming purpose) addresses the way in which legislators and program developers have elected to identify the intended purpose of their work.

I devised a coding frame in order to analyze the nodes in relation to both legislative and programming data. I designed these questions to form specific points of comparison for the nodes. The nodes I am using to assess policy coherence remain constant across the two types of data I am working with; however, because the type of data changes between the sides of the coherence relationship it is necessary to adapt the questions to address these differences in the data. The types of data present differ to a substantial degree because one is acquired from legislation, a legal document drafted by experts, and the other, programming data, is presented as

public facing information for consumption by a wide audience with a highly variable level of familiarity with the subject. However, while the questions used vary, my process for developing these questions has been guided by the consistent nature of the nodes.

I used NVivo software to code the data sources. Nvivo is a qualitative data analysis application I have used to organize the materials on which my work is based. I accomplished the coding by first inputting all of my data source documents into Nvivo and by then applying the questions that make up the coding frame. I examined each data source document for each of the coding frame component questions and identified data that answers those questions. When I identified data, which aligned with one of the coding frame questions, I used the Nvivo coding tools to link the data to the appropriate coding frame question. Once I was done applying my coding frame to all of the data source documents, I transcribed the data from Nvivo into Microsoft Word tables for better data presentation.

3.3 Coding Nodes

1) Framing

This node is concerned with how the legislation and programming frame the policy area. Policy framing is a concept based on the degree to which issues within the policy domain are focused or dispersed (May, Sapotichne and Workman 2006 p.383). A greater degree of focus on common issues is associated with stronger policy coherence. This node consists of establishing the nature of what is prohibited and what programming is being conducted. There is substantial debate about the various types of incentives used in organ donation and the possible impact of those incentives (Sirico 2012 p.285-309).

There are several different types of incentives that are common in organ donation programming and which may be regulated by organ donation regulation. It is necessary to

determine if the incentives described by the regulatory legislation are the same as the incentives used in organ donation programming. Identifying which organ donation programming incentives do or do not align with the types of incentives prohibited in the legislation forms a key part of the coherence analysis. If the incentive activities described in the regulatory legislation do not align with the incentive activities conducted by organ donation agencies, this finding would be indicative of a different coherence relationship than if the reverse is true. This node also addresses the way in which the programming and legislation interact with trends and issues which hold prominent positions in the organ donation discourse and literature as outlined in Chapter 2, including themes such as altruism as the basis for donation, commodification of organs as an undesirable approach to organ procurement, alternative organ donation strategies, and the failure to meet organ donation demand (Horvat, Shariff and Garg 2009 p.1088).

2) Surrounding Clause(s)

This node is made up of coding the clauses in the legislation, excluding the prohibition clause itself, which modify the prohibition to expand or contract its effect. Considering the clauses that modify the prohibition provides an opportunity to identify the bounds of the prohibition, and the types of activities that fall outside of the bounds of the prohibition.

I am primarily interested in addressing parts of the legislation that create exemptions for activities that would otherwise be prohibited by the broad language used in the prohibition clauses. The exemptions are of interest not only because they indicate an awareness of the broad reach of the prohibition as it is written and plainly interpreted, but also because they may indicate efforts to limit the prohibition when it conflicts with activities outside of the intended target of the prohibition. The exemptions arguably also indicate that efforts have been made to avoid incoherence. For example, the *Manitoba Human Tissue Gift Act* defines ‘tissue’ as not

including some reproductive products or blood and blood constituents (*Manitoba Human Tissue Gift Act* p.3) and exempts those who provide services necessary or incidental to the conduct of a transplant from liability under the prohibition (*Manitoba Human Tissue Gift Act* 15(2)). In terms of policy coherence, I use this node to focus on the objective of the legislation to a greater degree than is possible by simply reading the prohibition itself. This approach to interpreting the legislation is in keeping with the practice and principles of statutory interpretation allowing for the context of the legislation to inform understanding and aid in the negotiation of ambiguity within the legislation (Sullivan 2003 p.57). This node is not applied to the primary organ donation website data because of the differences in the structuring of information between legislation and webpages.

3) Legal Interpretation

This node examines the data that can be collected from the phrasing of the prohibition and efforts to establish how technical phrasing is supposed to be interpreted. Included in this node is the language used in the prohibition clause and definitions provided in the legislation for terms used with specific intent. This node also contributes to understanding the objective of the legislation by providing information on the importance placed on the prohibition. An example of the importance determination is the wording of the prohibition to either be mandatory or optional, given that legislators have the option to phrase the prohibition to require its use or to provide some discretion.

When considering the legislative component of assessing policy coherence in organ donation, it is necessary to consider the legal interpretations of the legislation. As discussed above, in the case of organ donation regulation legislation there is no relevant jurisprudence providing judicial consideration of the provisions under examination in this research, and so

legal input must be derived from the scholarly community. Analysing the ‘valuable consideration’ language is particularly dependent on understanding the legal meaning attributed to this language (Caulfield et al. 2012 p.3). The analysis of the use of ‘valuable consideration’ will follow in sections 4.3.1 and 4.3.2 of Chapter 4.

4) Direct Policy or Programming Purpose

The objective of policy has been used in multi-level analysis of inter-domain policy coherence (Nilsson et al. 2012 p.399) and remains useful in the narrowed approach taken with this research. The policy purpose, or objective, has a prominent place in policy coherence for the development of evaluation techniques (Picciotto 2005 p.327). This node is composed of data gathered from the preamble of legislation and statements of purpose from primary organ donation agency materials. The statement of purpose data may be collected from documentation using different terminology, but the target is data identifying the purpose or objective of the primary organ donation agency and its incentive-based programming. This node is closely linked to assessing the policy coherence measurement through objective alignment.

3.4 Policy Coherence Assessment

The final component to my policy coherence framework is the method by which I will assess the degree to which policy components conflict, complement each other, or do not interact in a fashion relevant for assessing policy coherence. It is important to note that the extant policy coherence literature has not developed a universal approach for coherence assessment (May, Sapotichne and Workman 2006 p.382).

Other approaches to assessing policy coherence have presented methods of assessing conflict, complementarity and, to a lesser extent, identifying neutral policy relationships between

distinct policy actors typically at the national level (Nilsson et al. 2012 p.398). I have taken this approach as a starting point and made two modifications. The first modification was to adapt existing policy coherence frameworks to apply them to the relationship between legislation and programming within a single country and between sub-national levels of government, as discussed earlier. The second modification was the degree to which I have identified neutral policy relationships, as this type of policy relationship does not hold a prominent place in the existing policy coherence literature (Nilsson et al. 2012 p.398). This divergence between my approach and the work on which it is based regarding neutral policy relationship may be an artifact resulting from the adaptation of policy coherence models from the more common international and inter-domain policy contexts (May, Sapotichne and Workman 2006 p.382), to the inter-jurisdictional policy context captured by the relationship between legislation and programming. Beyond these two modifications, I maintain many of the features of the work on which this research is based, including the use of the three categories of policy coherence relationships, the identification of policy domain (May, Sapotichne and Workman 2006 p.382), and the interpretation of the impact of policy features on the coherence relationships (Picciotto 2005 p.327). The modifications I have made to develop my approach to assessing policy coherence create the opportunity to assess policy coherence at a lower level of government and between the policy actors and components found at this level of government.

Instances of policy conflict are traditionally identified on the basis of policies which interact to undermine the effectiveness of one or more of the interacting policies (Nilsson et al. 2012 p.398). In the case of my adapted policy coherence framework, I maintain a similar approach to assessing policy conflict. Policy conflict occurs when two or more policy domain components are contradictory, that is, when both policy goals cannot be achieved. It is important

to note that the policy conflict which I am concerned with is immediate. I do not address in a direct and detailed manner the potential for the future development of policy conflicts.

Instances of policy complementarity are assessed on the basis of similar provisions and goals for the policy components under consideration (May, Sapotichne, and Workman 2006 p.382). My interpretation and application of policy complementarity requires that the policy components in question function in support of each other. This approach may differ from traditional policy coherence which leaves some ambiguity regarding the degree to which complementary policy components must function to support each other, or if merely not interfering is a sufficient condition to achieve policy complementarity.

The third type of policy coherence relationship I have identified is the neutral policy coherence relationship. While this policy relationship is present in other approaches to policy coherence, I have found it holds a more prominent place in the assessment of coherence between different types of policy documents as is the case with considering legislation and programming type materials. The neutral relationship occurs when policy components adopt different approaches within a policy domain, but these differing approaches neither support each other nor conflict. This policy relationship may appear in my assessments because of the scale at which my adapted coherence framework is targeted. In the traditional approach to policy coherence assessment, the policy components assessed are frequently both policy documents of the same type rather than programming data being compared to legislation, and this may create conditions which foster a clear distinction between policy relationships which conflict and those which are complimentary.

I use the terms ‘conflict’ and ‘compliment’ to describe the relationships between policy components rather than ‘coherent’ and ‘incoherent’ to clearly delineate between descriptors for

policy relationships within a policy area and the overall state of policy coherence for that area. This means that I describe the policy area as either ‘coherent’ or ‘incoherent’ while individual policy component relationships are described as being ‘conflicting’ or ‘complimentary’.

3.5 Coding Frame

Node 1 – Framing Legislation

Questions
Does the wording of the prohibition reference buying or selling?
Does the legislation make reference to reimbursement?
Does the legislation make reference to the welfare of the donor and/or recipient?
Does the legislation reference ‘altruism’?
Programming
Questions
Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?
If the program does not refer to the activities it conducts as ‘reimbursement’ how are they characterized?
Is reference made to the prohibition on the incentivized exchange of organs?
Does the primary organ donation agency maintain professional or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?
Does the programming reference the welfare of program participants?
Is reference made to the altruistic basis of the organ donation system?
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?

Node 2 – Surrounding Clauses

Legislation

Questions
Does the legislation also create an organ donation agency?
Are there circumstances under which the legislation indicates the prohibition is not to apply?
Does the legislation specifically allow for reimbursement?

Node 3 – Legal Interpretation

Legislation

Questions
Is the prohibition worded to require its use?

Does the prohibition use the exact wording ‘valuable consideration’?
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?
Is the wording of the prohibition the same as that in any other province or territory?
Are definitions of technical terms provided to clarify the intent behind components of the legislation?

Node 4 – Direct Policy Purpose

Legislation

Questions
Does the legislation include a statement of purpose?

Programming

Questions
What is the purpose/mission of the primary organ donation agency or program?

Chapter 4 – Analysis

There are two approaches I will be using to divide up the data I have collected for analysis. The first is by province or territory and the second is by region or group type. The region or group types division are based on three areas 1) the western provinces, 2) the territories, and 3) the eastern provinces. The western provinces consist of Manitoba, Saskatchewan, Alberta, and British Columbia and have all elected to run their organ donation reimbursement programming with the assistance of the Kidney Foundation of Canada (Kidney Foundation). The territories group consists of the Yukon, North-West Territories, and Nunavut, all of which do not maintain their own organ donation reimbursement programming, choosing to either partner with other provinces to deliver this programming, or foregoing organ donation reimbursement programming all together. The eastern provinces group consists of Ontario, Quebec, Nova Scotia, Newfoundland Labrador, Prince Edward Island, and New Brunswick, and each of these provinces has opted to maintain independent unique organ donation reimbursement programming. While I describe the eastern region programming as unique, I would like to note that this is within the context of the relatively high level of similarity present amongst all of the organ donation reimbursement programming across the provinces and territories. Additionally, the legislation governing organ donation in each of the provinces and territories is remarkably similar both in content and effect.

In gathering, coding, and assessing the data, I have identified four jurisdictions that diverge from the others substantially in one or two important ways, namely Nunavut, Newfoundland and Labrador, New Brunswick and Prince Edward Island. Nunavut does not maintain an organ donation reimbursement program and Newfoundland and Labrador presents less information on the activities of their primary organ donation agency than the other provinces

and territories. Newfoundland and Labrador, Prince Edward Island and New Brunswick presented differently in terms of the primary organ donation agency website data that was available to me. While the majority of primary organ donation agency websites across Canada provided information on the incentive-based programming they operate in an open and public manner, these provinces do not. The degree to which information is made publicly available may vary between these provinces; however, these provinces diverge from the public data availability norm established by the other provinces and territories. While evaluating the transparency of organ donation programming data falls outside of the scope of this research, it is important to consider this state of affairs in so far as it impacts on the coherence of legislation and programming within the affected provinces.

I have divided the remainder of this chapter into three sections, each addressing different research questions, with the third and fourth questions addressed together in one section.

4.1 Research Question One - How is the use of incentives in organ donation regulated across Canada?

The regulation of organ donation in Canada is accomplished through provincial and territorial legislation as part of the constitutional division of powers granting the provinces responsibility for the administration of hospitals (*Constitution Act 1867*) and the direct provision of health care services which has developed from this constitutional responsibility (Tiedemann 2008 p.1). Each of the provinces and territories maintains separate pieces of legislation governing organ donation which while similar to each other do differ, except for Nunavut which maintains the same legislation as the Northwest Territories, a holdover from the pre-1999 territorial arrangement.

In order to understand the legislative landscape regulating organ donation across Canada in a concise manner, I focused on the trends which emerged from assessing the complete data set

originally collected. Taking an iterative approach, I identified three major trends when comparing these 12 pieces of legislation and the clauses which specifically touch upon the use of incentives. The three trends include the presence of a prohibition on the exchange of organs for valuable consideration, exceptions to this prohibition and direct reference to incentives in the form of reimbursement. These three trends capture both the common components of the regulatory framework governing the use of incentives and the differences between some of the approaches to the use of incentives. It is worthwhile to note that beyond the components of the legislation touching on the regulation of incentives in organ donation there is a high degree of similarity to be found throughout the legislation. This similarity outside of the specific area addressed in this research is interesting for providing some indication of the context within which this inquiry occurs. Policy coherence is premised on shared interests forming policy domains (May, Sapotichne, and Workman, 2006 p.382) and the similarity in legislation aids in identifying the shared interests between provinces and territories when addressing organ donation regulation.

The first trend across the organ donation regulation legislation is the presence of a prohibition on the use of incentives. The prohibition is present in all of the provinces and territories. In 8 of the provinces and territories, the prohibition includes the ‘valuable consideration’ wording (Appendix A). In the other 5 provinces and territories, the prohibition is most commonly phrased as preventing the buying and selling of organs and tissues (Appendix A). In all cases across the provinces and territories, the legislation governing the use of incentives in organ donation can be interpreted as prohibiting the use of reimbursement (Caulfield et al. 2014 p.3). While there is an absence of judicial decisions clarifying the place of reimbursement within the prohibition on the use of incentives in the regulation of organ donation

practices, it has been argued that it is reasonable to interpret these prohibitions as being in conflict with the use of reimbursement programming (Caulfield et al. 2014 p.3).

The second trend is the presence of clauses modifying the prohibition on the exchange of organs for valuable consideration. These alteration clauses define some bodily components as not being subject to the prohibition. For example, it is common to all of the provinces and territories, except for Quebec (this can be explained by Quebec using the civil code model of legislation), for blood and blood components as well as reproductive materials to be exempt from the prohibition (Appendix E). Three provinces and territories (Manitoba, Nova Scotia, and New Brunswick) also include clauses indicating that taking part, as a part of a health worker's employment, in a transplantation procedure while receiving compensation for that job does not violate the prohibition (Appendix E). These exceptions are of interest because they indicate that steps have been taken to align the prohibition with organ donation, blood, and reproductive programming.

The third trend takes the form of a specific type of clause modifying the prohibition on the exchange of organs for valuable consideration. Specific reference to the use of reimbursement in the context of the prohibition on the use of incentives presents the clearest opportunity to assess the relationship between legislation and programming. The only province or territory which directly addresses reimbursement in organ donation regulation legislation is Manitoba (*The Human Tissue Gift Act* Manitoba). The *Human Tissue Gift Act* of Manitoba includes a clause exempting reimbursement programming from the prohibition on the exchange of organs for valuable consideration.

15(2) No person contravenes subsection (1) if the person receives reimbursement for reasonable expenses incurred in, or remuneration for, participating in or performing a service necessarily incidental to the process whereby a transplant of human tissue is effected, or a human body or part or parts of a human body are prepared for use for therapeutic purposes or for purposes of medical education or scientific research. (*The Human Tissue Gift Act Manitoba*, 15(2))

This exemption is noteworthy because it could indicate that this province found the reimbursement programming would violate the prohibition on the exchange of organs for valuable consideration and acted to correct this conflict. The unique amendment exempting the use of reimbursement from the prohibition on the exchange of organs for valuable consideration makes Manitoba the only province to have addressed the challenge presented by having both reimbursement programming and a prohibition on the exchange of organs for valuable consideration, and to have ameliorated that conflict.

4.2 Research Question Two - What types of incentive-based organ donation programming operates in Canada?

Organ donation programming in Canada is provided by a combination of the provinces and territories and the Kidney Foundation of Canada, with the administration and funding arrangements varying by province or territory. The provinces and territories work together to a limited extent to have donor organs transferred between jurisdictions when circumstances permit. However, it must be stressed that the degree to which the provinces and territories coordinate their programming is limited and less developed than the processes found in other comparable countries (Organ Donation And Transplantation In Canada. 2016 p.8). These programs are the product of provincial and territorial action either alone or in partnership with the Kidney Foundation of Canada and as such fall within the range of policy to which policy coherence tools can be applied. The organ donation programming operated by the provinces and territories

contrasts with the legislation in so far as it varies by province and territory to a greater degree. Despite there being a greater degree of variation within the programming, there are four major points which remain relatively consistent across the provinces and territories (see Appendix C):

- (i) the maximum amount which a donor may apply to have reimbursed;
- (ii) the types of expenses which are eligible for reimbursement;
- (iii) the criteria that makes an individual eligible to apply for reimbursement, and
- (iv) indications that reimbursement is intended as an aid to donors.

These common points are generally components of the programming services, though differences arise in the way in which the programming is administered. Beyond these common points, I will examine the characteristics which make the three geographic areas I have identified distinct from each other.

4.2.1 Expense Maximum

The first commonality between the reimbursement programming of the provinces and territories is the total amount of eligible expenses that are subject to reimbursement. Each of the provinces and territories which have reimbursement programs maintain a maximum reimbursement amount of approximately \$5000 (Appendix C). While this is not an insignificant amount, it is divided amongst the eligible expense categories and it is not uncommon for this amount to be exceeded by the actual costs incurred by the donor in the transplantation process (Caulfield et al. 2014 p.3). Additionally, the amount of reimbursement is not predicated on the expenses expected to be incurred by an individual donor. For example, regardless of the distance travelled or time spent occupied with the donation process, the donor reimbursement maximum remains fixed (Appendix C).

4.2.2 Expense Eligibility

The types of expenses which are eligible for reimbursement are similar across all provinces and territories (Appendix C). These expenses generally include travel, meals, accommodation, loss of income, and childcare. Many of the programs also include an option for the program administration to consider other expenses for reimbursement on the basis of pre-application by the donor (Appendix C). For each of the eligible expenses there is a maximum amount which can be reimbursed. The maximum amount of reimbursement established by the reimbursement guidelines for each program is only accessible to donors who have expenses dispersed across the eligible expense categories and meet the maximum eligible amount for each of those categories.

4.2.3 Individual Eligibility

The criteria which make an individual eligible for reimbursement are straight forward and shared by programming across the country. The donor must be donating to a resident of the province or territory providing the reimbursement programming, although the donor does not need to be a resident of the province or territory (Appendix C). A notable exception to this eligibility system is the provision of income reimbursement, which is only available to Canadian donors. Aside from income reimbursement, the live donor reimbursement programming of all of the primary organ donation agencies is available for all liver and kidney donations made to residents of the province or territory offering the reimbursement.

4.2.4 Reimbursement Role

The final point that I have identified from a consideration of the organ donation programming is the intended role for the reimbursement programming as described by the primary organ donation agency administering the program. The interesting data that arises from this consideration is best illustrated by the Trillium Gift of Life Network of Ontario, which describes

the programming as intended to aid the donor without necessarily removing the costs associated with being an organ donor. “The purpose of PRELOD is to assist in reducing the financial burden associated with living donation. PRELOD is a last resort program available after all other sources of funding -public or private- have been exhausted.” (Program for Reimbursing Expenses of Living Organ Donors FAQ). While this explicit acknowledgement of the shortfall between the potential maximum reimbursement amount and the costs actually incurred by donors is not as clearly stated by all programming agencies, the reality of the shortfall between the potential expenses and maximum reimbursement amount is common to all (Appendix E).

My review of the programming purpose/mission statements of the organ donation agencies found important similarities between all of the provinces and territories (Appendix E Summary). The general nature of the mission statements indicates a commitment to improving the care and health of patients and in some cases to improving transplantation rates. These statements do not address any of the trends in the organ donation literature as discussed in chapter 2 (these trends include altruism, commodification, consent, and incentives) and are best understood as indicating a general desire to provide for the health of patients (Appendix E).

As discussed above, the western provinces group has organ donation reimbursement programming, which is operated in partnership with the Kidney Foundation of Canada to deliver reimbursement for eligible expenses incurred in the course of the organ donation process by donor candidates. This programming is modeled on the program originally created by British Columbia and the Kidney Foundation of Canada with the foundation administering the program with funding provided by the province (Vlaicu et al. 2007 p.98; Living Organ Donor Expense Reimbursement Program (LODERP) Frequently Asked Questions). Using British Columbia as an example, donor candidates of BC Transplant who incur expenses in the process of donation

can apply to the Kidney Foundation of Canada British Columbia and Yukon Branch to have some expenses reimbursed (Kidney Foundation of Canada – BC and Yukon Branch – Claim Form Write-in). The Kidney Foundation of Canada and BC Transplant maintain criteria for the types of expenses which are eligible for reimbursement and the amount that will be reimbursed for each type of eligible expense (Living Organ Donor Expense Reimbursement Program (LODERP) Frequently Asked Questions 2018). The LODERP FAQ (Living Organ Donor Expense Reimbursement Program (LODERP) Frequently Asked Questions 2018) form details the eligible expenses and maximum claim amounts.

The clearest point of delineation between the provinces and territories is created by dividing them according to which provinces and territories have the administration of their organ donation reimbursement programming organized through the Kidney Foundation of Canada. If the programming were not a function of the provinces and territories it would not raise a policy coherence issue; however, this is not the case because the programming is administered on behalf of the provincial and territorial governments and with their support. This is a partnership model pooling the resources of BC Transplant and the Kidney Foundation of Canada to fund and deliver reimbursement programming for organ donation candidates. As such both the programming and legislation are products of the state and as a result subject to policy coherence analysis to assess the degree to which the various components of the state are functioning in a complementary or conflictual manner.

The eastern provinces group has organ donation programming which is administered by the provinces directly. While this programming is not directly tied to the Kidney Foundation of Canada it is similar in composition, effect, and purpose (Appendix C). Ontario serves as a good example of the types of programming which are present in the eastern geographic region. The

PRELOD (Program for Reimbursing Expenses of Living Organ Donors PRELOD 2018) program is operated by the Trillium Gift of Life Network, which is the Ontario government body responsible for organ donation coordination in the province (*The Trillium Gift of Life Network Act 1990*). Both the funding and operation of the PRELOD program is provided for by the Province. This model differs from the western geographic region principally in that the organ donation reimbursement programming is entirely conducted by the provincial organ donation body without partnering with a charity or any other private sector body. Aside from the administration and funding differences, the programming found in the eastern geographic region is similar to the programming in the western and territorial geographic regions. In the case of the eastern provinces, the question of coherence is firmly embedded in the structure of the programming and legislation, with both of these policy domain components being the direct products of the provincial governments.

The territories are different from the other two geographic regions. The Yukon and the Northwest Territories partner with existing programs of other provinces to deliver organ donation reimbursement services. The Yukon partners with British Columbia (The Kidney Foundation of Canada BC and Yukon Branch) and the Northwest Territories partners with Alberta (The Kidney Foundation of Canada Northern Alberta and Territories Branch). This results in reimbursement programming in the Yukon and Northwest Territories sharing the same characteristics as the programming in the western geographic region. Nunavut does not offer organ donation reimbursement programming. Overall, the reimbursement programming present in all of the provinces and territories (excluding Nunavut) is straight forward both in terms of administrative structure and delivered services to program participants.

The differences between the three geographic regions are worth noting and considering; however, the most important part of these arrangements for this research is the incentive programming being connected to the provincial or territorial government in which it operates. The government of the province or territory responsible for the organ donation incentive programming is a necessary component for a policy coherence analysis. If both the legislation and the programming are not created through acts of government then conflicts that arise between them are not issues of coherence; they would simply be violations of legislation.

4.3 Research Question Three - Are organ donation programming and legislation coherent within each province and territory? Research Question Four – To what degree are provincial and territorial organ donation legislation and programming coherence between the provinces and territories across Canada?

4.3.1 Vertical and Horizontal Coherence

To assess the vertical and horizontal coherence, I will first reflect on the data collected in terms of policy conflicts and complementarities for each of the geographic regions. Vertical coherence is the intra-jurisdictional policy coherence while horizontal is the inter-jurisdictional policy coherence, which in the case of this research will be respectively within a single province or territory or between provinces and/or territories. I will focus the assessment of complementarities and conflicts on the five issues which have proven to be consistent points of analysis across the legislation and programming. These five points are: 1) how programming and legislation address the commodification of organ donation; 2) how programming and legislation approach the altruistic basis of the present organ donation system; 3) if programming materials introduce alternate models of organ donation; 4) how programming and legislation approach the welfare of transplantation participants; and 5) what the presence or absence of statements of purpose indicate in combination with the content of those statements when present. These five points

serve to focus the analysis of conflict and complementarity throughout the assessment of policy coherence. This section will conclude with a summation of the specific horizontal and vertical coherence relationships addressing my third and fourth research questions.

4.3.2- Western Geographic Region

The vertical policy coherence (intra-jurisdictional policy coherence between programming and legislation) within the western geographic region is primarily characterized by the policy conflict created by the reimbursement programming. Aside from the policy conflict derived from the reimbursement and prohibition interaction, programming and legislation within this region are complementary in terms of their stance on commodification, altruism, and approaches to organ donation which are not premised on altruism.

4.3.2.1 Commodification

In terms of commodification, both legislation and programming materials in the western geographic region align with approaches that condemn and/or prohibit commodification. For example, on the Transplant BC website section concerned with providing information on finding a donor the following is stated: “In Canada it is illegal to buy or sell organs. Donors must come forward freely without pressure. Soliciting donors through advertisements and online listings is not recommended” (Appendix E British Columbia).

The programming website materials in the western geographic region reference the prohibition on ‘buying and selling’ and the ‘buying and selling’ language and ‘valuable consideration’ language is present in the legislation. What is interesting in this is the support of the programming agencies in the western geographic group for the prohibition on ‘buying and selling’ and the commodification of organs while operating reimbursement programming. This potential conflict can perhaps be explained by casting reimbursement as an activity outside of the

prohibition and the legislation using language which does not specifically address reimbursement; however, the language that is used in the prohibition can be, and in other contexts has been, interpreted to include reimbursement (Caulfield et al. 2014 p.3).

4.3.2.2 Altruism

Altruism as the underpinning principle for the organ donation system in the western geographic region is supported both by the legislation and programming. The legislation identifies organ donation as a ‘gift’ while programming materials either go to lengths to describe organ donation as a fundamentally good deed or directly state that it is an act of altruism. An example of the naming of legislation which identifies organ donation as a ‘gift’ as found in British Columbia’s “*Human Tissue Gift Act*” (Appendix E British Columbia).

I argue both of these approaches to organ donation support the characterization of donation as an act of altruism. This altruistic approach is further supported by the opposition to commodification found in both legislation and programming. Additionally, the absence of any reference to other models of organ donation supports the altruistic model by failing to present an alternative. The absence of alternative models of organ donation combined with reimbursement programming suggests that reimbursement is not understood by the organ donation programming agencies as incompatible with an altruism-based system of organ donation.

4.3.2.3 Alternate Models of Organ Donation

With the support for the altruistic basis of organ donation it is unsurprising that the programming materials in the western geographic region do not address programming approaches which diverge from this altruistic approach. None of the programming agency materials mentioned models of organ donation which are not premised on altruism. This absence of references to other models of organ donation helps to contextualize the reimbursement programming and

programming agency opposition to commodification. This arrangement supports my interpretation that reimbursement programming is presented as being compatible with the altruistic basis of the Canadian organ donation system generally and does not represent valuable consideration as prohibited by the provincial and territorial legislation.

4.3.2.4 Welfare

Western geographic region programming materials include commitments to the welfare of donation and transplantation participants while legislation does not address welfare to the same extent. Examples of these programming commitments to participant welfare can be found in the statements of purpose which indicate a goal of improving the care participants receive. While some provinces, such as Alberta, include clauses within their organ donation regulation legislation which address the welfare of some organ donation participants (*Human Tissue and Organ Donation Act* SA 2006 c H-14.5, s.5(5)(C)), the welfare of participants is not addressed in most jurisdictions. This limited concern is most often directed at those participants who cannot consent to participate and require a guardian to consent on their behalf. In these instances, the legislation indicates a requirement that the transplantation processes meet a set of criteria designed to provide for the welfare of the participant. While the level, or absence, of interest in the welfare of the participants varies between legislation and programming, it does not generate an immediate policy conflict because while these approaches to welfare are different, they are not contradictory. The programming materials present a greater degree of interest in the welfare of participants in comparison to the interest demonstrated in the legislation. However, interest in welfare may indicate the potential for a negative contribution to the coherence relationship with regard to the legislation and programming purposes or missions and serves to indicate a difference in approach which results in programming and legislation valuing different

approaches to organ donation. This is evident in the objectives of programming that concern the outcomes experienced by participants and the absence of legislative material addressing the participant's outcome.

4.3.2.5 Statements of Purpose

The statements of purpose for western geographic region programming are concerned with improving the quality of organ donation services offered by the programming agency and achieving good health outcomes for organ donation participants. For example, Alberta's provides: "Our Mission – To provide a patient focused, quality health system that is accessible and sustainable for all Albertans" (Alberta Health Services; Appendix E Alberta). These statements are general in nature and do not identify specific goals or make specific reference to organ donation trends. However, the absence of any reference to altruism or a specific model of organ donation is interesting in the context of a commitment to achieving better organ donation outcomes and the failure of the current model of organ donation to meet the demand for donor organs for transplantation purposes.

Moving from the programming statements of purpose to the contrasting absence of statements of purpose, or similar statements, found in the provincial and territorial legislation indicates somewhat different approaches to importance of purpose. This absence creates a situation in which the legislation can have the effect of focusing regulatory efforts on aims which conflict with the programming goal of achieving improvement to the organ donation system. While this is not an immediate conflict of policy, it does present the opportunity for the development of conflicts.

4.3.2.6 Reimbursement Prohibition Policy Conflict

The policy conflict which arises in the western geographic region is centred around the interpretation of reimbursement and its relationship to the definition of valuable consideration. It should be noted that while Manitoba is included in the western geographic region, the reimbursement programming legislative prohibition policy conflict does not occur in Manitoba as a result of its exception provision discussed above. There are two components which arise in considering the conflict between the legislation and programming 1) how does commodification relate to the prohibition clause and the programming materials and 2) does the prohibition clause actually conflict with the reimbursement programming offered by the programming agencies? The use of the 'buying and selling' language in both legislation and programming materials aligns with an understanding of the prohibition as applying to the commodification of organ donation and transplantation in a straight forward, common-sense definition approach. The legislation moves beyond the 'buying and selling' to 'valuable consideration' which not only includes concepts like 'buying and selling' but expands to include any exchange which includes the receipt of something of value by the organ donor (Caulfield et al. 2014 p.3). Reimbursement is an activity which falls within the definition of 'valuable consideration' and as such arguably falls within the activities prohibited by the organ donation regulation legislation. It is interesting that the organ donation programming agencies do not choose to use the 'valuable consideration' language in referencing the prohibition, opting instead for the 'buying and selling' language which is narrower in scope and does not infringe on the operation of reimbursement programming.

4.3.3 - Eastern Geographic Region

My assessment of the eastern geographic region is similar to the western geographic region insofar as all organ donation programming and legislation within Canada adheres to a similar structure. There is a greater degree of variability in the eastern region than the western region while maintaining similar coherence relationships within each province. The major difference from the western region is found in the eastern geographic region having legislation and programming which are both direct products of the various governments. This results in a greater number of instances of organ donation legislation that contain the prohibition on the exchange of organs for valuable consideration and also creates the provincial body responsible for managing organ donation and transplantation, as is the case in Ontario with the *Trillium Gift of Life Network Act (Trillium Gift of Life Network Act, RSO 1990 c H.20)* and the Trillium Gift of Life Network. The instances of legislation containing the prohibition on the exchange of organs for valuable consideration and creating a provincial or territorial organ donation agency should increase the level of coherence present in the policy relationship. The stronger policy coherence relationship would be based on the lower level of coordination needed to direct policy within a policy area which contains fewer stakeholders and policy makers. This does not prove to be the case in this instance. Policy coherence in the provinces which create organ donation agencies in the legislation which also contains the prohibition on the exchange does not differ from that in those provinces and territories which create their primary organ donation agency separately from legislation containing the prohibition on the exchange of organs for valuable consideration. Before examining the five policy coherence points, there are three components of the eastern geographic region which require some explanation including 1) the public accessibility of data, 2) the technically focused programming, and 3) the unique nature of Quebec.

Within the eastern geographic region, the Atlantic Provinces, specifically Newfoundland and Labrador and Prince Edward Island, have less information publicly available than Ontario and Quebec. This difference makes assessing vertical policy coherence within these provinces more challenging. However, the data which can be collected from these provinces does align with the more extensive and complete data sets from other provinces. In contrast to the programming data, the data on the legislative component of the coherence relationship is complete for all provinces and territories. The use of ‘reimbursement’ to characterize programming combined with complete data on the legislative component allows for a more limited assessment of coherence, but this assessment still indicates that the policy conflict between reimbursement and the prohibition remains. This conflict remains because the programming services offered continue to include reimbursement, and the prohibition clause continues to prohibit the exchange of organs for valuable consideration. These two data points form the basis for my assessment of this policy conflict.

The policy coherence relationship within the programming data-rich eastern provinces is similar to that within western geographic region. The primary point of conflict remains the interpretation of reimbursement and whether it falls within the bounds of ‘valuable consideration’. The alignment between programming and legislation in terms of altruism, commodification, and alternative models of organ donation are complementary within the eastern geographic region. While these trends continue to be prominent, the eastern region introduces some programming materials that take an approach focused on the technical components of service delivery. I am using the ‘technical’ approach description to identify programming materials which limit the information they provide to describing the services

offered and how to access them while not including information which addresses the broader organ donation context and trends in the organ donation literature.

Similar to the Atlantic Provinces, the data presented in the case of Quebec complicates the coherence analysis. In this case, the data differences arise from the legal model upon which legislation is created rather than the availability of organ donation programming data. As the prohibition is found within the civil code and not within specialized legislation, the type of data available for application of my coding frame was less well fitted. The differences between Quebec and the other provinces are further evidenced in the language use in the prohibition clause. “The alienation by a person of a part or product of his body shall be gratuitous; it may not be repeated if it involves a risk to his health.” (Civil Code of Quebec; see Appendix E Quebec). Although the policy coherence relationship assessment is more limited, the policy conflict between the prohibition and the organ donation reimbursement programming remains present. In terms of the complementarities in the Quebec coherence relationship, the alignment between legislation and programming when it comes to the welfare of transplantation participants is quite strong with the phrasing of the prohibition including language referencing participant welfare.

4.3.3.1 Commodification

The eastern region legislation uniformly prohibits commodification through the prohibition on the exchange of organs for valuable consideration and with all provinces, save Quebec, using the ‘buying and selling’ language. The programming in four of the provinces does not reference the prohibition on the exchange of organs for valuable consideration and does not provide information indicating a particular stance on commodification. This is in keeping with technical service delivery-based approach which I have identified in some of the eastern provinces. While

there is an absence of direct opposition to commodification, this does not translate to approval for commodification-based organ donation and transplantation-based approaches.

4.3.3.2 Altruism

I identify altruism in the eastern geographic region as the dominant characterization of organ donation programming in the programming materials, while this is not the case with the legislation. The legislation is divided with some provinces using the ‘gift’ characterization for the act of donation while others refrain from the use of this characterization or making any other statement regarding the altruistic basis of the organ donation system. The gift language is frequently though not exclusively used in the title of the legislation. In the case of Newfoundland and Labrador, for example, the gift language does not appear in the title of the legislation; however, it is used in several other parts of the legislation. An example of the use of ‘gift’ language is found in this heading from the Newfoundland and Labrador act “*Gifts For Transplants Between Living Individuals*” (*Human Tissue Act*, RSNL 1990 c H-15, Part I; Appendix E Newfoundland and Labrador). The use of the ‘Gift’ language occurs in subheadings and in clauses referring to the nature of the action the donor is undertaking. Additionally, the ‘Gift’ language is used without further explanation and can be understood in its plain language sense. This underlines the more technical approach adopted by some of the eastern provinces, which does not address the theoretical underpinnings of organ donation policy, instead focusing on the details of what services are to be provided and how they are to be provided.

4.3.3.3 Alternate Models of Organ Donation

Alternate systems for organ donation management do not appear in eastern region programming materials. This absence is replicated across the country; however, it presents slightly differently in the technical approach provinces. The absence of any materials covering alternate approaches

to organ donation is interesting in the context of the provinces which do not include clear condemnation of commodification, as is the case in the technical programming presentation provinces. Rather than present components of an alternate system for organ donation, these provinces merely choose to commit as thoroughly as others to the altruism-based system without indicating an awareness of alternate systems of organ donation regulation and administration.

4.3.3.4 Welfare

Welfare of the transplant participants is referenced in half of the legislation of the provinces of the eastern region. The programming is similar to the legislative split, with two of the programming agencies (Ontario and Nova Scotia) referring to the welfare of program participants while the other four do not (Quebec, Newfoundland and Labrador, and New Brunswick). This is one more data point which underlines the variability of programming with the eastern region when compared with the western and territorial regions.

4.3.3.5 Statements of Purpose

Statements of purpose are present for all of the eastern programming agencies while the legislation of all of the eastern region provinces do not preface their legislation with a preamble. It is common to all of the western and eastern region provinces for the legislation to lack a preface containing a statement of purpose, while the programming presents a mission statement or statement of purpose. The programming statements of purpose in the eastern region are similar to those found in the western region. These statements are general in nature, concerning the quality of programming and commitment to improvement of services without addressing trends in the organ donation literature or the theoretical underpinnings of the organ donation system. The absence of reference to trends in the organ donation policy discourse contrasts with the way both programming and legislation have addressed the relevant policy discourse in other

areas including assisted dying (*An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, SC 2016 c 3), supervised injection sites (Mission Statement (2018) PHS Community Services Society), and the regulation of prostitution (*Protection of Communities and Exploited Persons Act*, SC 2014 c 25). In each of these other policy areas, mission statements address how the programming or legislation is intended to work within the context of policy issues identified in the relevant policy discourse.

4.3.4 Territories Geographic Region

The territories share programming with provinces in the western geographic region.

Accordingly, my findings demonstrate a similar coherence relationship in this region. It is important to note that while the programming in the territories is shared with provinces in the western region there is an additional layer of territorial health and social services departments responsible for organ donation in the territories. The partnership relationship responsible for the provision of reimbursement programming in the territories does not impact the policy coherence assessment coding frame for the territories. It is interesting, from a horizontal policy coherence perspective, that the territories have elected to operate in partnership with other provinces to provide programming which was established by the province prior to the partnership with the territories. This can be seen in the first example of LODERP in British Columbia, this was initially a program established through the partnership of the Kidney Foundation of Canada and British Columbia with the Yukon electing to enter into an arrangement with BC and the Kidney Foundation of Canada after the creation of the initial programming. This is an indication that the need addressed through this programming is understood in similar terms across provinces and territories.

The commodification, altruism, alternate systems, welfare, and statements of purpose trends in the territories region follow the trends found in the western geographic region. Programming and legislation conflict in terms of the reimbursement programming and the legislative prohibition while the other points for assessment are either complementary or do not generate either policy complementarity or conflict. An example of this neutral policy coherence relationship can be seen in the varying approaches to the welfare of organ donation participants present throughout the programming and legislation policy coherence relationships. The approaches to welfare vary and do not produce either complementarities or conflicts. Rather, they demonstrate different priorities in the organ donation policy domain. A unique feature of the Northwest Territories legislation, and by extension the Nunavut legislation, is the presence of a preamble to the legislation containing a statement of purpose. “The purpose of this Act is to facilitate the donation of tissue by allowing people to consent to the use, either during their lives or after their deaths, of their tissue for transplantation, a therapeutic purpose, medical education or scientific research, and to allow other people to consent to such use in circumstances where potential donors are unable to consent” (*The Human Tissue Donation Act*; Appendix E The Northwest Territories). This legislative statement of purpose focuses on the role of the legislation in providing for the donation of tissue for transplantation purposes, medical education, and scientific research while not including any reference to the model of organ donation being supported. This is interesting given the inclusion of the prohibition clause in the Northwest Territories legislation, a clause which does not aid in facilitating organ donation in a broad sense. Rather, it serves to narrow the avenues through which organ donation can be facilitated.

Nunavut does not maintain an organ donation reimbursement program, nor do they partner with another province or territory to provide reimbursement programming. This is a

unique arrangement amongst all of the provinces and territories. The absence of reimbursement programming makes the question of policy coherence irrelevant for this territory. In terms of horizontal coherence, that is inter-jurisdictional coherence, the Nunavut organ donation legislation is aligned with both that of the other territories and on the national scale with the provinces. In fact, Nunavut and the Northwest Territories are the only jurisdictions to share not only identical wording for the prohibition on the exchange of organs for valuable consideration but also the rest of the organ donation regulation legislation is replicated (*Human Tissue Donation Act*, SNWT 2014 c 30; *Human Tissue Act*, RSNWT (Nu) 1988, c H-6).

4.3.5 Summary of Horizontal Policy Coherence

The horizontal policy coherence relationship, or the inter-jurisdictional policy coherence between the provinces and territories, in terms of legislation is remarkably well aligned. Given the independence afforded the provinces in matters relating to the section 92 (*Constitution Act, 1867*, 30 & 31 Victoria, c. 3. (U.K.)) responsibility for health care, there is substantial potential for much more variable approaches to organ donation regulation and programming, but this potential has not been acted upon. There are four major components of the legislative coding frame which are aligned across ten or more of the provinces and territories (Appendix E Summary). Although, it should be noted that while the frequency of individual data points in the coding frame aligning across provincial and territorial legislation is useful as an immediate indicator of policy coherence, it is also useful to consider the broader policy coherence landscape. The horizontal policy coherence relationship for the programming lacks the same degree of alignment found in the organ donation regulation legislation. Despite the differences which form the basis for the geographic regions, the policy conflict between reimbursement programming and the prohibition on the exchange of organs for valuable consideration

characterizes the coherence relationship in all of the provinces and territories, excluding Nunavut. In summary, the horizontal policy coherence relationships across the provinces and territories are strong with similarities in legislation and programming being far more prominent than any of the minor differences.

4.3.6 Summary of Vertical Policy Coherence

Within each of the provinces and territories, the vertical coherence relationship is characterized by general complementarity across the policy coherence coding frame with the only major point of policy conflict common across the provinces and territories being the reimbursement programming legislative prohibition issue. The most common issue in the vertical policy coherence assessment, outside of the conflict between reimbursement programming and legislative prohibition, is the degree to which the provinces and territories have chosen to make data accessible to the public. Beyond the data access issue and reimbursement prohibition conflict, the provinces' programming and legislative approaches to altruism in the organ donation system, organ donation commodification, alternate organ donation systems, and to the welfare of organ donation participants are largely complementary. These areas of complementarity do vary to some extent, but this does not meaningfully impact the vertical policy coherence. In summary, the vertical policy coherence relationships across the country are generally complementary aside from the reimbursement programming and the prohibition on the exchange of organs for valuable consideration policy conflict.

Chapter 5 – Conclusion

In this final chapter, I will summarize my findings, consider their policy implications, discuss the limitations of this research design, and suggest some of the potential future avenues for advancing the study of policy coherence and organ donation legislation and programming.

5.1 Summary of the Findings

Four questions guided my inquiry into organ donation regulation and programming policy coherence: 1) How is the use of incentives in organ donation regulated across Canada? 2) What types of incentive-based organ donation programming operate across Canada? 3) Are organ donation programming and legislation coherent within each province and territory? 4) To what degree are provincial and territorial organ donation legislation and programming coherent between provinces and territories across Canada? My analysis of policy coherence between organ donation legislation and programming across Canada has indicated a strong level of horizontal policy coherence (inter-jurisdictional policy coherence between the provinces and territories). However, I have also identified a major point of policy conflict in the vertical policy coherence (intra-jurisdictional policy coherence within a province or territory) in the form of the policy conflict between reimbursement programming and legislative prohibitions against the exchange of organs for valuable consideration. This conflict in the implementation of organ donation policy indicates a failure to align organ donation legislation and programming in jurisdictions across the country.

5.2 Policy Implications

There are a number of potential policy implications of my findings. Where organ donation programs offer reimbursement programming that violates the legislative prohibition against exchange of organs for valuable consideration, there is the potential for individual liability –

typically in the form of fines or even jail time. More broadly, the conflict between organ donation regulation legislation and the programming of primary organ donation agencies across the provinces and territories demonstrates a failure in vertical policy coherence in the health policy domain. Given the large unmet demand for organs for transplantation purposes (Blood, Organ and Tissue Donation 2016), it is important that efforts be made to ensure that policy and programming contribute to an efficient and effective organ donation system. Ensuring that organ donation policy, and public policy more generally, reflect the importance of this issue and communicate a consistent message to the public requires a strength of policy coherence that is currently missing (Picciotto 2005 p.321).

There are two possible ways the legislation and programming can be brought into alignment to improve coherence: First, the programming could be changed to align with the legislation, or second, the legislation could be changed to accommodate the programming practices. While recognizing that programming is required to adhere to the law, and that legislative change can be a complex and difficult process, it is also important to consider the broader context of organ donation. Specifically, any alteration to the organ donation system should account for the impacts it may have on availability of organs for transplant purposes and the resultant availability of care for patients who require replacement organs. It is also important to account for the ethically charged nature of the organ donation discourse and to factor this into consideration of the implications of the policy coherence relationships present in this policy domain. While this research does not address specific ethical concerns or how best to address them, that there are societal concerns implicated in this policy domain that would need to be considered in evaluating the relative merits of the strategies outlined above.

In the near-term, vertical policy coherence (intra-jurisdictional policy coherence within provinces and territories, between legislation and programming) could be improved through the adoption of Manitoba style amendment clauses targeting reimbursement programming. These amendments are relatively minor and could follow the precedent already established in Manitoba. As discussed earlier, the Manitoba organ donation legislation (*The Human Tissue Gift Act Manitoba* 15(2)) includes a clause which excludes reimbursement programming from the prohibition on the exchange of organs for valuable consideration contained within another clause of the same legislation. This amendment clause, introduced in 2003 (*The Human Tissue Gift Act Bill 48 2003 s.9(1)*), resolves the major policy conflict impacting the policy coherence relationship in Manitoba. The adoption of a similar, or identical, clause in the other provinces and territories would resolve the immediate policy conflict I have identified. In fact, the case of Manitoba demonstrates a straightforward solution to the policy incoherence of the other provinces without causing collateral effects on the organ donation regulation legislation or programming, Manitoba maintains organ donation statistics which are comparable to the other provinces and territories (Knoll et al. 2015 p.2231-2233). Altering the existing incoherent policy relationships to reflect the coherence achieved in Manitoba would achieve greater policy coherence within the existing system of organ donation while requiring limited efforts to do so.

In the long term, I would suggest that the tension between administering the organ donation system in favour of achieving outcomes or in favour of adhering to rules of procedure characterizes the policy coherence challenge in the organ donation system. More specifically, the tension here can be characterized as being between administering organ donation policy to best meet the demand for organs for transplantation or administering in favour of the ideological precepts which underpin the extant discourses on organ donation. Examples of the ideological

precepts include the avoidance of commodification and support for altruism-based administration. These precepts can vary; however, the important point characterizing this approach is concern with how organ donation outcomes are achieved, not if those outcomes are achieved. The differentiation between these approaches is established by concern for procedure versus concern for outcomes. This tension can be seen in the mission statements of organ donation programming agencies which focus on achieving organ donation outcomes (Appendix E), such as meeting the organ donation demand, while the organ donation regulation legislation does not address the outcomes of organ donation but does address the procedures which might be used to achieve organ donation outcomes. This tension does not appear to be fundamental to the structure of either programming or legislation, and could be addressed by either, or both, components adopting an adherence to either a procedural or outcome-based set of guiding principles.

These policy implications are founded on the argument that should the relationship between organ donation programming and legislation come before a court, it would likely be found that the programming violates the legislation. However, there are also interesting implications for the opposite finding. If programming based on the use of reimbursement does not violate the prohibition on the exchange of organs for valuable consideration, this interpretation would raise the question of what other programming options to improve donation rates are available. In other words, what other options might be acceptable that may, under present conditions, appear to be prohibited by the prohibition on the exchange of organs for valuable consideration? This question could be addressed in future research.

Beyond the context of the organ donation policy domain, there are lessons to be drawn from this application of policy coherence for other policy domains whether the state maintains

both legislation and programming. Indeed, the scope of consideration of policy coherence could be expanded even further to other policy areas, and to the interaction of a broader range of programming and legislative initiatives. Other areas which may benefit from policy coherence analysis include environmental policy and cyber security policy where rapidly changing conditions may encourage programming to adapt and change in ways which may exceed the legislative mandate to which it is subject. The tension identified in this research between legislation and programming arguably serves as an example of government programming diverging from the original intent, reflected in the legislation, that lead to the creation of that programming. While programming adapting to new circumstances or challenges is not inherently a negative development (in fact flexible programming may be desirable under some conditions), when that adaptation results in programming drifting beyond the bounds of the enabling legislation to function in unintended ways, policy conflicts may arise.

5.3 Research Limitations

There are two main limitations on my research: 1) the accessibility of data in some of the provinces and territories; and 2) my adaptation of policy coherence. As noted earlier in Chapter 4, some of the eastern provinces maintain public access regimes which are less compatible with my research methods than the access regimes in the rest of the provinces and territories. The result of this data access challenge is difficulty in assessing policy coherence in the affected jurisdictions to the same degree possible in those jurisdictions which granted greater public access to the relevant data. The second limitation caused by my adaptation of traditional approaches to policy coherence assessment is focused around the decisions I had to make to adapt the traditional policy coherence approaches to create the framework I used to assess policy coherence. The choices I made in adapting the existing frameworks may not be the same choices

that would be made by another researcher and this introduces a degree of subjectivity into this research. In future, it may be worth examining alternate approaches to adapting existing policy coherence frameworks to the programming and legislation interaction and comparing and contrasting the strengths and weaknesses of those alternate approaches to my framework.

5.4 Future Research

There are a number of potential avenues to build upon this research in future efforts. Three research areas are particularly promising and directly related avenues of inquiry: 1) organ donation, incentives and policy diffusion; 2) situating the Canadian organ donation policy coherence in the international organ donation policy context; and 3) the impact of policy coherence on organ donation policy and outcomes. These three areas for future research would build off of the work done here to explain how the policy coherence relationships explored were formed and how Canadian policy coherence in organ donation relates to that in other countries.

While my research is concerned with the policy coherence of organ donation incentives and regulation in Canada, it has the potential to touch upon other areas of policy study including policy learning (Mytelka and Smith 2002) and policy diffusion (Moynihan et al. 2012 p.1) relating to the chronology of the development of organ donation regulation legislation across the provinces and territories. The consideration of these other areas of policy study are beyond the scope of this research; however, they present interesting areas for future study and are worth a brief consideration. Specifically, the development of the exemption from the prohibition in Manitoba on reimbursement of reasonable organ donation costs presents an opportunity to consider the development of organ donation regulation legislation across the provinces and territories. *The Manitoba Human Tissue Gift Act* was amended in 2003 to have the prohibition clauses read as they do at present (*The Human Tissue Gift Act* Bill 48 2003 s.9(1)). How this

reimbursement policy change was developed and came to be amended into the legislation regulating the conduct of organ donation and transplantation in Manitoba within the context of other regions' approaches to organ donation, and how this policy change may influence organ donation incentive regulation legislation in other jurisdictions, is a potential avenue of future inquiry. Adopting a policy diffusion, or policy learning, approach to such research may be particularly interesting in the context of organ donation regulation due to the shared approach to regulation present in the various countries which have adopted an altruism-based organ donation strategy (Sickand et al. 2009 p.2825-2826). It may be the case that the development of similarities in policy between countries and the development of policy within Canadian provinces and territories may help to inform an understanding of the policy development process.

The second avenue of potential future research would expand upon the work included in Chapter 2 situating the Canadian organ donation system and policy in the international context to introduce a comparative approach to policy coherence across national jurisdictions. This would be a comparative approach to organ donation policy and could work on isolating features of organ donation policy from the political context in which they happen to be found. This approach would provide two benefits: 1) a greater understanding of the range of organ donation policy options, and 2) an understanding of the norms of policy coherence within the international organ donation policy realm. The second of these benefits is the most interesting in the context of this research because it could indicate the degree to which the policy coherence environment in Canada is a product of the Canadian approach to organ donation programming and regulation, or if the coherence relationship is a product of broader trends in organ donation policy which extend beyond national borders. Furthermore, situating the Canadian experience in the international context would provide an opportunity to assess policy coherence interactions with

issues relating to organ tourism. This connection to organ tourism is brought about by the impact of coherence on public perceptions of policy (Picciotto 2005 p.321) and the degree to which there is public confidence in the ability of the legitimate organ donation system to meet the demand for organs for transplantation purposes.

The third avenue of future research might pursue the impacts of policy coherence on the public perceptions of organ donation and incentive policy as well as the efficacy of this programming and legislation. While the present work has explored the level of policy coherence present in the organ donation policy domain with regard to regulation and reimbursement programming, it has not assessed the impacts of the assessed level of coherence. The assessment of the impact of the coherence relationship on the efficacy and public perception of organ donation regulation would aid in creating a more comprehensive understanding of both the nature of policy coherence in this policy domain and the impact of that coherence on the operation of policy.

5.5 Summation

Policy coherence analysis presents an opportunity to improve the perception and efficiency of both policy and programming within and between distinct policy domains. In the case of the health policy domain and, more specifically, the regulation of organ donation and the use of incentives, my analysis indicates a need and corresponding potential for improved policy coherence. Improving policy coherence in this domain may support the improvement of organ donation policy efficiency and, perhaps, the public perception of this policy that, in turn, may impact the efficacy of efforts to address organ-related health challenges. Ensuring the coherence of policy both within and across policy domains is an important part of approaching policy

problems and solutions from a holistic perspective and working to achieve the best possible outcomes.

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Saskatchewan

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Manitoba

- The Human Tissue Gift Act, CCSM c H180, <<http://canlii.ca/t/kb54>>

Ontario

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Quebec

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Newfoundland and Labrador

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Nova Scotia

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Prince Edward Island

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New Brunswick

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Yukon

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Nunavut

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Appendix A

Prohibition on the Sale and Purchase of Organs Table			
Province	Act	Clause	Modifications
British Columbia	Human Tissue Gift Act (Human Tissue Gift Act, RSBC 1996, c 211)	10 A person must not buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or anybody or parts other than blood or a blood constituent, for therapeutic purposes, medical education or scientific research.	
Alberta	Human Tissue and Organ Donation Act (Human Tissue and Organ Donation Act, SA 2006, c H-14.5)	(2) No person shall offer, give or receive any reward or benefit for any tissue, organ or body for use in transplantation, medical education or scientific research.	
Saskatchewan	The Human Tissue Gift Act (The Human Tissue Gift Act, RSS 1978, c H-15)	11 No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or anybody or part or parts thereof other than blood or a blood constituent, for therapeutic purposes, medical education or scientific research, and any such dealing is invalid as being contrary to public policy.	

Manitoba	The Human Tissue Gift Act (The Human Tissue Gift Act, CCSM c H180)	15(1) No person shall buy, sell, or otherwise deal in, directly or indirectly, for valuable consideration, any tissue for a transplant, or anybody or parts of it other than blood or a blood constituent, for therapeutic purposes or for purposes of medical education or scientific research, and any such dealing is invalid as being contrary to public policy.	15(4) Nothing in this section prohibits reimbursement, to the donor or recipient of a body or tissue from a body, or to the family or survivors of such a donor or recipient, or to any government or private medical or hospital plan, as the case may require, of reasonable expenses incurred in carrying out a direction or complying with a consent under this Act.
Ontario	Trillium Gift of Life Network Act (Trillium Gift of Life Network Act, RSO 1990, c H.20)	10. (1) No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or anybody or part or parts thereof, for therapeutic purposes, medical education or scientific research, and any such dealing is invalid as being contrary to public policy.	
Quebec	The Civil Code (Civil Code of Québec, CQLR c CCQ-1991)	25. The alienation by a person of a part or product of his body shall be gratuitous; it may not be repeated if it involves a risk to his health. A person's participation in research that could interfere with the	

		integrity of his person may not give rise to any financial reward other than the payment of an indemnity as compensation for the loss and inconvenience suffered.	
Nova Scotia	Human Organ and Tissue Donation Act (Human Tissue Gift Act, RSNS 1989, c 215)	21 (1) Subject to subsections (2) and (3), no person shall buy, sell or otherwise deal in, directly or indirectly, for valuable consideration, any human organs, tissue or body for use in transplantation, education or scientific research.	
Newfoundland-Labrador	An Act Respecting Human Tissue and the Disposition of Human Bodies (Human Tissue Act, RSNL 1990, c H-15)	18. A person shall not buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, tissue for a transplant or a body or part of a body, other than blood or a blood constituent for therapeutic purposes, medical education or scientific research.	
New Brunswick	Human Tissue Gift Act (Human Tissue Gift Act, RSNB 2014, c 113)	10(1) No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any human tissue for a transplant or any human body or part of any human	

		body, other than blood or a blood constituent, for therapeutic purposes or for the purposes of medical education or scientific research.	
Prince Edward Island	Human Tissue Donation Act (Human Tissue Donation Act, RSPEI 1988, c H-12.1)	15. (1) No person shall buy, sell or otherwise for remuneration or other financial benefit deal in, directly or indirectly, any tissue, body or body part.	
The Yukon	Human Tissue Gift Act (Human Tissue Gift Act, RSY 2002, c 117)	10 No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or any body or part or parts thereof other than blood or a blood constituent, for therapeutic purposes, medical education, or scientific research, and any such dealing is invalid as being contrary to public policy.	
The Northwest Territories	Human Tissue Donation Act (Human Tissue Donation Act, SNWT 2014, c 30)	18. No person shall buy, sell or otherwise deal in, directly or indirectly, any tissue for transplantation, a therapeutic purpose, medical education or scientific research.	
Nunavut	Human Tissue Act (Human Tissue Act, RSNWT (Nu) 1988, c H-6)	18. No person shall buy, sell or otherwise deal in, directly or indirectly, any tissue for transplantation, a	

		therapeutic purpose, medical education or scientific research.	
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Appendix B

Incentive based organ donation programming by Province/Territory

British Columbia	<p>Agency (or Body) Responsible for Organ Donation: BC Transplant Program: Living Organ Donor Expense Reimbursement Program (LODERP) Administered by: Kidney Foundation of Canada Website: http://www.transplant.bc.ca (last accessed 8/9/2018)</p>
Alberta	<p>Agency (or Body) Responsible for Organ Donation: Alberta Health Services Program: Living Organ Donor Expense Reimbursement Program (LODERP) Administered by: Kidney Foundation of Canada Website: https://www.albertahealthservices.ca/services/Page13174.aspx (last accessed 8/9/2018)</p>
Saskatchewan	<p>Agency (or Body) Responsible for Organ Donation: Ministry of Health Program: Living Organ Donor Expense Reimbursement Program (LODERP) Administered by: Kidney Foundation of Canada Website: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/organ-and-tissue-transplants-and-donations (last accessed 8/9/2018)</p>
Manitoba	<p>Agency (or Body) Responsible for Organ Donation: Transplant Manitoba Program: Living Organ Donor Expense Reimbursement Program (LODERP) Administered by: Kidney Foundation of Canada Website: http://www.transplantmanitoba.ca (last accessed 8/9/2018)</p>
Ontario	<p>Agency (or Body) Responsible for Organ Donation: Trillium Gift of Life Network</p>

	<p>Program: Program for Reimbursing Expenses of Living Organ Donors (PRELOD) Administered by: Trillium Gift of Life Network Website: https://www.giftoflife.on.ca/en/ (last accessed 8/9/2018)</p>
Quebec	<p>Agency Responsible for Organ Donation: Transplant Quebec Program: Reimbursement for Living Donors (RPLD) Administered by: Transplant Quebec Website: http://www.transplantquebec.ca/en (last accessed 8/9/2018)</p>
Newfoundland and Labrador	<p>Agency (or Body) Responsible for Organ Donation: Eastern Health Program: None Found Administered by: Not Applicable Note: e-Mail inquiries resulted in the existence of funds to reimburse travel costs within the context of shared organ donation programming with other Atlantic provinces. Website: http://easternhealth.ca/give.aspx?d=1&id=323&p=53 (last accessed 8/9/2018)</p>
Nova Scotia	<p>Agency (or Body) Responsible for Organ Donation: Legacy of Life: Nova Scotia Organ and Tissue Donation Program Program: Living Organ Donor Reimbursement Policy Administered by Legacy of Life: Nova Scotia Organ and Tissue Donation Program Website: http://legacyoflife.ns.ca (last accessed 8/9/2018)</p>
New Brunswick	<p>Agency (or Body) Responsible for Organ Donation: New Brunswick Organ and Tissue Program Program: Donor Reimbursement Program Administered by: New Brunswick Organ and Tissue Program Website: http://www2.gnb.ca/content/gnb/en/departments/health/Hospital-Services/content/organ_donation.html (last accessed 8/9/2018)</p>
Prince Edward Island	<p>Agency (or Body) Responsible for Organ Donation: Health PEI Program: (Un-named) Administered by: Provincial Organ and Tissue Donation and Transplantation Manager</p>

	<p>Website: https://www.princeedwardisland.ca/en/information/health-pei/organ-and-tissue-donation (last accessed 8/9/2018)</p>
<p>Yukon</p>	<p>Agency (or Body) Responsible for Organ Donation: Health and Social Services Government of Yukon Program: LODERP Administered by: Kidney Foundation of Canada Website: http://www.hss.gov.yk.ca/organdonation.php (last accessed 8/9/2018)</p>
<p>Northwest Territories</p>	<p>Agency (or Body) Responsible for Organ Donation: Department of Health and Social Services Government of the Northwest Territories Program: LODERP Administered by: Kidney Foundation of Canada Website: https://www.hss.gov.nt.ca (last accessed 8/9/2018)</p>
<p>Nunavut</p>	<p>Agency (or Body) Responsible for Organ Donation: Nunavut Department of Health and Social Services Program: None Found Administered by: Not Applicable Website: https://gov.nu.ca/health/ (last accessed 8/9/2018)</p>

Please note:

- In the case of provinces and territories which do not maintain agencies with the responsibility for organ donation, the overarching Ministry or Department charged with healthcare administration has been identified as administering organ donation.
- In the case of provinces and territories which do not have immediately accessible or identifiable incentive programs for organ donation the original online data collection has been supplemented with direct email inquiries to the relevant provincial or territorial body, where appropriate contact information could be found,
- The Canadian Kidney Foundation which administers the Live Organ Donor Expense Reimbursement Program (LODERP) operated with the support of a number of provinces and territories.

Sources:

British Columbia

<http://www.transplant.bc.ca/health-info/organ-donation/living-donation>

<http://www.transplant.bc.ca>

<https://www.kidney.ca/bc-home>
<https://www.kidney.ca/britishcolumbia/loderp>

Alberta

<https://www.kidney.ca/page.aspx?pid=493>
<https://www.kidney.ca/page.aspx?pid=275>
<https://www.kidney.ca/page.aspx?pid=266>
<https://www.albertahealthservices.ca/info/service.aspx?id=2044>

Saskatchewan

<https://www.kidney.ca/page.aspx?pid=476>
<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/organ-and-tissue-transplants-and-donations>
<http://docs.legassembly.sk.ca/legdocs/Legislative%20Committees/HUS/Debates/160913Debates-HUS.pdf>

Manitoba

<https://www.kidney.ca/page.aspx?pid=277>
<http://www.transplantmanitoba.ca>
<http://news.gov.mb.ca/news/index.html?item=3533>

Ontario

<https://www.giftoflife.on.ca/en/aboutus.htm>
<https://www.giftoflife.on.ca/resources/pdf/PRELOD%20FAQ.pdf>
<https://www.giftoflife.on.ca/en/transplant.htm>
<https://www.kidney.ca/on-home>

Quebec

http://www.transplantquebec.ca/sites/default/files/reimbursement_program_for_living_donors.pdf
<https://www.kidney.ca/QC-home>
<http://www.transplantquebec.ca/en/organ-donation>

Newfoundland and Labrador

<https://www.kidney.ca/atl-home>
http://www.servicenl.gov.nl.ca/drivers/DriversandVehicles/driverlicensing/organ_and_tissue_donation.html
<http://www.easternhealth.ca/Give.aspx?d=1&id=323&p=53>

Nova Scotia

http://www.legacyoflife.ns.ca/living_donation/Living-Organ-Donor-Reimbursement-Policy.pdf
<https://www.kidney.ca/atl-home>
<http://www.legacyoflife.ns.ca>

New Brunswick

http://www.gnb.ca/0212/pdf/PDP-Forms/Organ-Transplant_Pamphlet-e.pdf

<https://www.kidney.ca/atl-home>
http://www2.gnb.ca/content/gnb/en/departments/health/Hospital-Services/content/organ_donation.html

Prince Edward Island

<https://www.princeedwardisland.ca/en/information/sante-i-p-e/organ-and-tissue-donation>
<https://www.kidney.ca/atl-home>
http://www.gov.pe.ca/photos/original/hpei_qa_organ.pdf
<https://www.princeedwardisland.ca/en/information/sante-i-p-e/organ-and-tissue-donation>

Yukon

<https://www.kidney.ca/bc-home>
<https://www.kidney.ca/britishcolumbia/loderp>
<http://www.hss.gov.yk.ca/organdonation.php>
<https://www.kidney.ca/document.doc?id=7850>

Northwest Territories

<https://www.kidney.ca/page.aspx?pid=493>
<http://www.hss.gov.nt.ca/en/about-us>

Nunavut

<https://www.gov.nu.ca/health>

Appendix C

Organ Donation Programming Detail Overview

<p style="text-align: center;">British Columbia</p>	<p>Agency (or Body) Responsible for Organ Donation: BC Transplant Program: Living Organ Donor Expense Reimbursement Program (LODERP) Administered by: Kidney Foundation of Canada (https://www.kidney.ca/britishcolumbia/loderp Accessed: 01/22/2018) Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility “Anyone who donates or intends to donate a kidney or portion of a liver to a resident of BC (the recipient must be in receipt of BC Medical Services coverage). Additionally, loss of income reimbursement is available only to Canadian donors.” • Expenses Eligibility Travel Parking Meals Accommodations Child Care Loss of Income Other (Other expenses may be pre-approved for reimbursement.) • Maximum Reimbursement Amount The maximum amount varies with the length of time the individual incurs eligible expenses. The largest approximate amount of eligible expense reimbursement is \$8000. (https://www.kidney.ca/britishcolumbia/loderp Accessed: 01/22/2018) <p>Purpose/Objective of Program or responsible agency: BC Transplant Mission: “With compassion, collaboration and innovation, we will save lives and offer hope through organ donation, transplant and research.” (http://www.transplant.bc.ca/about/who-we-are Accessed: 01/22/2018) Kidney Foundation of Canada LODERP: “ We believe that donating an organ should be a financial burden to the donor. Consequently, the LODERP program may reimburse you for expenses, including travel, accommodation, parking, meals and, for Canadians, loss of income related to your assessment and donation of an organ (kidney or liver).” (https://www.kidney.ca/britishcolumbia/loderp 01/22/2018)</p>
<p style="text-align: center;">Alberta</p>	<p>Agency (or Body) Responsible for Organ Donation: Alberta Health Services Program: Living Organ Donor Expense Reimbursement Program (LODERP)</p>

Administered by: Kidney Foundation of Canada
(<https://www.albertahealthservices.ca/info/service.aspx?id=5853>
Accessed: 01/22/2018)

Programming Details:

- Donor Eligibility

Reimbursement is provided for donors incurring expenses in connection to donation taking places under the auspices of Alberta Health Services. Further details were not readily available.

- Expenses Eligibility

Travel

Parking

Accommodation

Meals

Loss of Income

Child Care

Other (Under exceptional circumstances other expenses may be reimbursed.)

- Maximum Reimbursement Amount

Maximum reimbursement amount is variable and determined on a case by case basis.

(<https://www.kidney.ca/document.doc?id=9558> Accessed: 01/22/2018)

Purpose/Objective of Program or responsible agency:

Alberta Health Services:

Under Section 5 of the *Regional Health Authorities Act*, Alberta Health Services is required to:

- i. promote and protect the health of the population in the health region and work toward the prevention of disease and injury,
- ii. assess on an ongoing basis the health needs of the health region,
- iii. determine priorities in the provision of health services in the health region and allocate resources accordingly,
- iv. ensure that reasonable access to quality health services is provided in and through the health region, and
- v. promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.

LODERP: “The Living Donor Expense Reimbursement Program (LODERP) is a provincial program run by The Kidney Foundation of Canada and funded by Alberta Health and Wellness. The program aims to reimburse some of the out of pocket expenses that organ donors can incur, and make it possible for people to donate even if they live far away from the recipient. As a result, we hope that the number of

	<p>potential donors might be increased for some people if the financial barriers are removed.”</p> <p>(https://www.kidney.ca/document.doc?id=9558 Accessed: 01/22/2018)</p>
<p>Saskatchewan</p>	<p>Agency (or Body) Responsible for Organ Donation: Ministry of Health Program: Living Organ Donor Expense Reimbursement Program (LODERP) Administered by: Kidney Foundation of Canada (https://www.saskatchewan.ca/residents/health/accessing-health-care-services/organ-and-tissue-transplants-and-donations Accessed 01/22/2018)</p> <p>Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility Eligibility for the LODERP program is assessed on a case by case basis by the Kidney Foundation of Canada Saskatchewan Branch with initial referral from a member of the transplant team. • Expenses Eligibility Travel Parking Accommodation Meals Loss of Income Child care Other • Maximum Reimbursement Amount Maximum total per person in their lifetime is \$5500. (What Expenses are Reimbursed? (2018) (n.d.) Received January 4, 2018, via email from the Canadian Kidney Foundation Saskatchewan Branch) <p>Purpose/Objective of Program or responsible agency: LODERP: “In 2006 the Foundation marked a major achievement with the launch of the Living Organ Donor Expense Reimbursement Program (LODERP). This program, to reimburse living donors for accommodation, travel, loss of income, and other out-of-pocket expenses related to their gift of life, was jointly developed by our <u>BC Branch</u> and the BC Transplant Society.” (https://www.kidney.ca/page.aspx?pid=471 Accessed: 01/22/2018 Accessed: 01/22/2018)</p> <p>Ministry of Health:</p>

	<p>“The Saskatchewan health care system works together with you to achieve your best possible care, experience and health.” (http://publications.gov.sk.ca/documents/15/106275-HealthPlan1819.pdf Accessed: 01/22/2018)</p>
<p style="text-align: center; font-size: 1.2em;">Manitoba</p>	<p>Agency (or Body) Responsible for Organ Donation: Transplant Manitoba Program: Living Organ Donor Expense Reimbursement Program (LODERP) Administered by: Kidney Foundation of Canada (http://www.transplantmanitoba.ca Accessed: 01/22/2018) Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility Living organ donors who provide a kidney or partial liver to a Manitoba resident (who must be covered by the Manitoba Medical Services Plan) are eligible for expense reimbursement. • Expenses Eligibility Travel Accommodations Meals Loss of Income Childcare Other (On a case-by-case basis) • Maximum Reimbursement Amount The maximum reimbursement amount per Transplant is \$5500. Purpose/Objective of Program or responsible agency: Transplant Manitoba: “Our goal is to become a leader in access to transplantation for Manitobans.” (http://www.transplantmanitoba.ca/about Accessed: 01/22/2018) LODERP: “The program aims to remove financial barriers to live organ donation, relieving living donors of the financial burden of giving the gift of life.” (https://www.kidney.ca/page.aspx?pid=277 Accessed: 01/22/2018)
<p style="text-align: center; font-size: 1.2em;">Ontario</p>	<p>Agency (or Body) Responsible for Organ Donation: Trillium Gift of Life Network Program: Program for Reimbursing Expenses of Living Organ Donors (PRELOD) Administered by: Trillium Gift of Life Network (https://www.giftoflife.on.ca/en/ Accessed: 01/22/2018)</p>

	<p>Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility <p>Any person who donates or intends to donate an organ or part of an organ to an Ontario resident covered by the Ontario Health Insurance Program can apply to PRELOD.</p> <ul style="list-style-type: none"> • Expenses Eligibility <p>Travel Parking Transit Meals Accommodation Subsidy for loss of income Childcare</p> <ul style="list-style-type: none"> • Maximum Reimbursement Amount <p>The maximum amount reimbursed under the PRELOD program is \$5500.</p> <p>(https://www.giftoflife.on.ca/resources/pdf/PRELOD%20FAQ.pdf Accessed: 01/22/2018)</p> <p>Purpose/Objective of Program or responsible agency:</p> <p>“Trillium Gift of Life Network (TGLN) is a not-for-profit agency of the Government of Ontario. TGLN plans, promotes, coordinates and supports organ and tissue donation and transplantation across Ontario. Its mission is to save and enhance lives through the gift of organ and tissue donation and transplantation in Ontario.”</p> <p>(http://www.transplantmanitoba.ca/about Accessed: 01/22/2018)</p>
<p>Quebec</p>	<p>Agency Responsible for Organ Donation: Transplant Quebec Program: Reimbursement for Living Donors (RPLD) Administered by: Transplant Quebec (http://www.transplantquebec.ca/en/organ-donation Accessed: 01/22/2018)</p> <p>Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility <p>The RPLD is offered to any resident of Quebec, outside Quebec or Canada who intends to donate an organ or part of an organ to a recipient and resident of Quebec. The recipient must hold a valid Quebec health insurance card.</p>

	<ul style="list-style-type: none"> • Expenses Eligibility <ul style="list-style-type: none"> Travel Parking Accommodation Meals Lost income • Maximum Reimbursement Amount <ul style="list-style-type: none"> A maximum amount of \$5715 of eligible expenses may be reimbursed. <p>(http://www.transplantquebec.ca/sites/default/files/reimbursement_program_for_living_donors.pdf Accessed: 01/22/2018)</p> <p>Purpose/Objective of Program or responsible agency: “ This new program is intended to support the donor’s gesture by compensating him or her for part of the expenses incurred during the donation process. The RPLD is a program of last recourse, meaning that all other sources of financing have been exhausted prior to the reimbursement of expenses and lost income. This program is administered by Transplant Quebec whose chief mandate is to coordinate the organ donation process after death.”(http://www.transplantquebec.ca/en/organ-donation Accessed: 01/22/2018)</p>
<p style="text-align: center;">Newfoundland and Labrador</p>	<p>Agency (or Body) Responsible for Organ Donation: Eastern Health Program: Administered by: (http://www.easternhealth.ca/Give.aspx?d=1&id=323&p=53 Accessed: 01/22/2018)</p> <p>Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility • Expenses Eligibility • Maximum Reimbursement Amount <p>Purpose/Objective of Program or responsible agency:</p>
<p style="text-align: center;">Nova Scotia</p>	<p>Agency (or Body) Responsible for Organ Donation: Legacy of Life: Nova Scotia Organ and Tissue Donation Program Program: Living Organ Donor Reimbursement Policy Administered by Legacy of Life: Nova Scotia Organ and Tissue Donation Program (http://www.legacyoflife.ns.ca Accessed: 01/22/2018)</p> <p>Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility

	<p>The policy applies to people who choose to be a living organ donor and choose to donate to a resident of Nova Scotia, or to someone in the Living Donor Paired Exchange Registry.</p> <ul style="list-style-type: none"> • Expenses Eligibility <ul style="list-style-type: none"> Travel Accommodation Meals Parking Loss of Income • Maximum Reimbursement Amount <ul style="list-style-type: none"> The program covers up to \$5500 of eligible expense per living organ donor. <p>(http://www.legacyoflife.ns.ca/living_donation/Living-Organ-Donor-Reimbursement-Policy.pdf Accessed: 01/22/2018)</p> <p>Purpose/Objective of Program or responsible agency:</p> <p>In the fall of 2006, the Government of Nova Scotia created the Legacy of Life: Nova Scotia Organ and Tissue Program. Our goals are to:</p> <p>Raise the public’s awareness of the importance of organ and tissue donation; and Encourage people to give the legacy of life by signing up to be a donor. (http://www.legacyoflife.ns.ca Accessed: 01/22/2018)</p>
<p>NewBrunswick*</p>	<p>*This Province does not make sufficient data public accessible to complete the data fields of this table.</p> <p>Agency (or Body) Responsible for Organ Donation: New Brunswick Organ and Tissue Program</p> <p>Program:</p> <p>Administered by:</p> <p>Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility • Expenses Eligibility • Maximum Reimbursement Amount <p>Purpose/Objective of Program or responsible agency:</p>

<p style="text-align: center;">Prince Edward Island</p>	<p>Agency (or Body) Responsible for Organ Donation: Health PEI Program: (Un-named) Administered by: Provincial Organ and Tissue Donation and Transplantation Manager (www.princeedwardisland.ca/en/information/sante-i-p-e/organ-and-tissue-donation Accessed: 01/22/2018) Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility The policy applies to persons who choose to be a living donor to a resident of Prince Edward Island or to someone in the Living Donor Paired Exchange Registry. <ul style="list-style-type: none"> • Expenses Eligibility Travel Accommodation Meals Parking Loss of Income <ul style="list-style-type: none"> • Maximum Reimbursement Amount The program provides up to a maximum of \$5500 per donor. (http://www.gov.pe.ca/photos/original/hpei_qa_organ.pdf Accessed: 01/22/2018) Purpose/Objective of Program or responsible agency: “This policy helps alleviate some of the financial barriers for living donors by reimbursing some of their out of pocket expenses.” (www.princeedwardisland.ca/en/information/sante-i-p-e/organ-and-tissue-donation Accessed: 01/22/2018)
<p style="text-align: center;">Yukon</p>	<p>Agency (or Body) Responsible for Organ Donation: Health and Social Services Government of Yukon Program: LODERP Administered by: Kidney Foundation of Canada (http://www.hss.gov.yk.ca/ Accessed: 01/22/2018) Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility Anyone who donates or intends to donate a kidney or portion of a liver to a resident of the Yukon territory. Additionally, loss of income reimbursement is available only to Canadian donors. <ul style="list-style-type: none"> • Expenses Eligibility Travel Parking

	<p>Meals Accommodations Child Care Loss of Income Other (Other expenses may be preapproved for reimbursement.)</p> <ul style="list-style-type: none"> • Maximum Reimbursement Amount The maximum amount varies with the length of time the individual incurs eligible expenses. The largest approximate amount of eligible expense reimbursement is \$8000. (https://www.kidney.ca/britishcolumbia/loderp Accessed: 01/22/2018) <p>Purpose/Objective of Program or responsible agency: Yukon Health and Social Services: “Our Mission: To promote, protect, and enhance the well-being of Yukon people through a continuum of quality, accessible and appropriate health and social services.”(http://www.hss.gov.yk.ca/ Accessed: 01/22/2018)</p> <p>Kidney Foundation of Canada LODERP: “We believe that donating an organ should be a financial burden to the donor. Consequently, the LODERP program may reimburse you for expenses, including travel, accommodation, parking, meals and, for Canadians, loss of income related to your assessment and donation of an organ (kidney or liver).”(https://www.kidney.ca/britishcolumbia/loderp Accessed: 01/22/2018)</p>
<p>Northwest Territories</p>	<p>Agency (or Body) Responsible for Organ Donation: Department of Health and Social Services Government of the Northwest Territories Program: LODERP Administered by: Kidney Foundation of Canada (http://www.hss.gov.nt.ca (Accessed: 01/22/2018)</p> <p>Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility Reimbursement is provided for donors incurring expenses in connection to donation taking places under the auspices of The Northwest Territories Department of Health and Social Services. Further details were not readily available. • Expenses Eligibility Travel Parking Accommodation Meals Loss of Income

	<p>Child Care Other (Under exceptional circumstances other expenses may be reimbursed.)</p> <ul style="list-style-type: none"> • Maximum Reimbursement Amount Maximum reimbursement amount is variable and determined on a case by case basis. <p>(https://www.kidney.ca/page.aspx?pid=266 Accessed: 01/22/2018) Purpose/Objective of Program or responsible agency: Department of Health and Social Services:</p> <p>“Guiding Principles</p> <p>Focus on the patient/client Support individuals and families to stay healthy Ensure regions have a voice at the territorial level Ensure access to care and services Emphasize quality care Sustainability Respect diversity of all cultures. “(http://www.hss.gov.nt.ca Accessed: 01/22/2018)</p>
<p>Nunavut*</p>	<p>*Nunavut does not maintain organ donation reimbursement programming and as a result this table cannot be completed for Nunavut. Agency (or Body) Responsible for Organ Donation: Nunavut Department of Health Program: Administered by:</p> <p>Programming Details:</p> <ul style="list-style-type: none"> • Donor Eligibility • Expenses Eligibility • Maximum Reimbursement Amount <p>Purpose/Objective of Program or responsible agency:</p>

Living Organ Donor Expense Reimbursement Program (LODERP) (2018) (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/britishcolumbia/loderp>

BC Transplant About (2018) (n.d.) Retrieved January 22, 2018, from <http://www.transplant.bc.ca/about>

Living Donor Expense Reimbursement Program (LODERP) What Expenses are Reimbursed (2018) (n.d.) Retrieved January 22, 2018, from <https://www.kidney.ca/document.doc?id=9558>

Alberta Health Services Living Donor Services (2018) (n.d.) Retrieved January 22, 2018, from <https://www.albertahealthservices.ca/info/service.aspx?id=5853>

The Kidney Foundation of Canada Saskatchewan (2018) (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/page.aspx?pid=471>

What Expenses are Reimbursed? (2018) (n.d.) Received January 4, 2018, via email from the Canadian Kidney Foundation Saskatchewan Branch

Manitoba Transplant (2018) (n.d.) Retrieved January 22, 2018, from <http://www.transplantmanitoba.ca/about>

Living Organ Donor Reimbursement Program (LODRP) (2018) (n.d.) Retrieved January 22, 2018, from <https://www.kidney.ca/document.doc?id=2631>

The Trillium Gift of Life Network (2018) (n.d.) Retrieved January 22, 2018, from <https://www.giftoflife.on.ca/en/>

Program for Reimbursing Expenses of Living Organ Donors – PRELOD (2018) (n.d.) Retrieved January 22, 2018, from <https://www.giftoflife.on.ca/resources/pdf/PRELOD%20FAQ.pdf>

Transplant Quebec (2018) (n.d.) Retrieved January 22, 2018, 2018 from <http://www.transplantquebec.ca/en/organ-donation>
Transplant Quebec Reimbursement Program for Living Donors How the RPLD works (2018) (n.d.) Retrieved January 22, 2018 from http://www.transplantquebec.ca/sites/default/files/reimbursement_program_for_living_donors.pdf

Eastern Health Newfoundland and Labrador (2018) (n.d.) Retrieved January 22, 2018 from <http://www.easternhealth.ca/Give.aspx?d=1&id=323&p=53>

Legacy of Life Nova Scotia Organ and Tissue Donation Program (2018) (n.d.) Retrieved January 22, 2018 from <http://www.legacyoflife.ns.ca>

Living Organ Donor Reimbursement Policy Legacy of Life (2018) (n.d.) Retrieved January 22, 2018, from http://www.legacyoflife.ns.ca/living_donation/Living-Organ-Donor-Reimbursement-Policy.pdf

New Brunswick Organ and Tissue Donation Program (2018) (n.d.) Retrieved January 22, 2018 from http://www2.gnb.ca/content/gnb/en/departments/health/Hospital-Services/content/organ_donation.html

Organ and Tissue Donation Health PEI (2018) (n.d.) Retrieved January 22, 2018, from <https://www.princeedwardisland.ca/en/information/sante-i-p-e/organ-and-tissue-donation>

Health PEI Living Donor Reimbursement Policy (2018) (n.d.) Retrieved January 22, 2018, from http://www.gov.pe.ca/photos/original/hpei_qa_organ.pdf

Living Organ Donor Expense Reimbursement Program (LODERP) (2018). (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/britishcolumbia/loderp>

Kidney Foundation of Canada British Columbia and Yukon (2018) (n.d.) Retrieved January 22, 2018, from <https://www.kidney.ca/bc-home>

Health and Social Service Yukon Organ Donation Program (2018) (n.d.) Retrieved January 22, 2018, from <http://www.hss.gov.yk.ca/>

The Kidney Foundation of Canada Northern Alberta and the Territories (2018) (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/page.aspx?pid=266>

Health and Social Service The Northwest Territories (2018) (n.d.) Retrieved January 22, 2018, from <http://www.hss.gov.nt.ca>

Appendix D

Potential Coherence Overview

Province: British Columbia	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes
Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	No

Human Tissue Gift Act, RSBC 1996, c 211, <<http://canlii.ca/t/520tm>>

Province: Alberta	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes
Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	No

Human Tissue and Organ Donation Act, SA 2006, c H-14.5, <<http://canlii.ca/t/524m6>>

Province: Saskatchewan	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes
Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	No

The Human Tissue Gift Act, RSS 1978, c H-15, <<http://canlii.ca/t/52h03>>

Province: Manitoba	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes

Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	Yes
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The Human Tissue Gift Act, CCSM c H180, <<http://canlii.ca/t/kb54>>

Province: Ontario	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes
Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	No

Trillium Gift of Life Network Act, RSO 1990, c H.20, <<http://canlii.ca/t/532g7>>

Province: Quebec	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes
Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	No

Civil Code of Québec, CQLR c CCQ-1991, <http://canlii.ca/t/530p0>

Province: Prince Edward Island	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes
Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	No

Human Tissue Donation Act, RSPEI 1988, c H-12.1, <<http://canlii.ca/t/l2kq>>

Province: Nova Scotia	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes
Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	No

Human Tissue Gift Act, RSNS 1989, c 215, <<http://canlii.ca/t/jpq7>>

Province: Yukon	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes
Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	No

Human Tissue Gift Act, RSY 2002, c 117, <<http://canlii.ca/t/525jt>>

Province: Northwest Territories	Answer
Is a prohibition on the exchange of organs for valuable consideration* present?	Yes
Is incentive-based programming present and operated with the support of the Province or Territory?	Yes
Is there an alteration to the prohibition permitting the use of reimbursement in organ donation programming?	No

Human Tissue Donation Act, SNWT 2014, c 30, <<http://canlii.ca/t/52g43>>

*The prohibition need not be worded so as to include the phrase ‘valuable consideration’ if the meaning is comparable.

Appendix E

Coding Frame Summary

Coding Frame	BC	AB	SK	MB	ON	QC	NB	NL	PE	NS	YT	NT	NU
Node 1 Programming													
1)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A
2)	N/A												
3)	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	N/A
4)	Y	N	N	N	Y	Y	N	N	N	Y	N	N	N/A
5)	Y	Y	N	N	Y	N	N	N	N	Y	N	N	N/A
6)	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N/A
7)	N	N	N	N	N	N	N	N	N	N	N	N	N/A
Node 2 Legislation													
1)	N	Y	N	N	Y	N	N	N	N	N	N	N	N
2)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
3)	N	N	N	Y	N	N	N	N	N	N	N	N	N
Node 3 Legislation													
1)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2)	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	N	N
3)	N/A	N/A	N/A	N/A	N/A	Y	N/A	N/A	Y	N/A	N/A	Y	Y
4)	N	N	N	N	N	N	N	N	N	N	N	Y	Y
5)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
Node 4 Legislation													
1)	N	N	N	N	N	N	N	N	N	N	N	Y	Y
Node 4 Programming													
1)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A

Y-Yes

N-No

N/A-Not Applicable

Node 1 Programming

- 1) Does the program use the word 'reimbursement' to describe activities which are conducted under its mandate?
- 2) If the program does not refer to activities it conducts as reimbursement how are they characterized?
- 3) Is reference made to the prohibition on the incentivized exchange of organs?
- 4) Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?
- 5) Does the programming reference the welfare of program participants?
- 6) Is reference made to the altruistic basis of the organ donation system?
- 7) Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?

Node 2 Legislation

- 1) Does the legislation also create an organ donation agency?
- 2) Are there circumstances under which the legislation indicates the prohibition is not to apply?
- 3) Does the legislation specifically allow for reimbursement?

Node 3 Legislation

- 1) Is the prohibition worded to require its use?
- 2) Does the prohibition use the exact wording ‘valuable consideration’?
- 3) What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?
- 4) Is the wording of the prohibition the same as that in any other Province or Territory?
- 5) Are definitions of technical terms provided to clarify the intent behind components of the legislation?

Node 4 Legislation

- 1) Does the legislation include a statement of purpose?

Node 4 Programming

- 1) What is the purpose/mission of the primary organ donation agency or program?

Node 1 – Programming - Questions	Provinces and Territories	Notes
Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?	12	All of the programs offered identified the services offered as ‘reimbursement’.
If the program does not refer to activities it conducts as reimbursement how are they characterized?	0	
Is reference made to the prohibition on the incentivized exchange of organs?	5	Only five of the primary organ donation agency websites indicated that a prohibition exists which prohibits the exchange of organs for valuable consideration.
Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	4	Relatively few primary organ donation programs provided information targeted at professionals.

Does the programming reference the welfare of program participants?	4	It was uncommon for the welfare of the donor to be directly addressed. Those programs which did address the welfare of the donor did not provide a great deal of information. This question varies from the one applied to the legislation because by its nature organ donation program is concerned with the welfare of transplant recipients negating the need for inquiry.
Is reference made to the altruistic basis of the organ donation system?	11	The reference to altruism usually takes the form of framing donation as a gift.
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	0	None of the primary organ donation agency websites indicate an awareness of alternative models of organ donation.

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	2	Only Alberta and Ontario have combined legislation regulating organ donation with the creation of the primary organ donation agency.
Are there circumstances under which the legislation indicates the prohibition is not to apply?	12	All of the legislation examined contains exceptions to the prohibition on the exchange of organs for valuable consideration. These exceptions are general to exclude blood and reproductive products and the activities of medical professionals undertaking in the transplantation process.
Does the legislation specifically allow for reimbursement?	1	Only Manitoba has a clause in the organ donation regulation legislation which specifically addresses reimbursement as a distinct type of benefit.

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	13	All of the prohibitions were worded to require that they be used. No province or territory had an optional or interpretable prohibition structure.

Does the prohibition use the exact wording ‘valuable consideration’?	8	The ‘valuable consideration’ wording was used in well over half of the provinces and territories legislation.
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	5	Those instances where ‘valuable consideration’ was not used had wording which hold a similar meaning to valuable consideration.
Is the wording of the prohibition the same as that in any other Province or Territory?	3	While only three pieces of legislation made use of identical wording all of the prohibitions are similar in spirit and effect.
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	12	Only Quebec did not include relevant information, and this is attributable to the difference in the Quebec legal system when compared to the rest of Canada.

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	2	Only two provinces or territories preface their organ donation regulation legislation with a statement of purpose.

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	12	All of the organ donation reimbursement programs offered a purpose/mission statement; however, these statements were general vague and indicated a general intention to improve health processes and outcomes.

Coding Frame – British Columbia

Node 1 – Programming - Questions	Data	Notes
Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?	“Expense Reimbursement Program The Living Organ Donation Expense Reimbursement Program (LODERP) is administered by the Kidney Foundation of Canada, to reimburse donors for eligible expenses that they may incur during the donation process. Some of these reimbursable expenses include:” (BC Transplant Living Donation	

	http://www.transplant.bc.ca/health-info/organ-donation/living-donation)	
If the program does not refer to activities it conducts as reimbursement how are they characterized?	N/A	
Is reference made to the prohibition on the incentivized exchange of organs?	<p>“In Canada it is illegal to buy or sell organs. Donors must come forward freely and without pressure. Soliciting donors through advertisements and online ad listings is not recommended.” (Finding a Donor Getting the Word Out A step-by-step guide for reaching out to potential donors http://www.transplant.bc.ca/Documents/Livingdonation/Finding a Donor Getting the Word Out web (3).pdf)</p>	
Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	<p>“CLINICAL GUIDELINES FOR LIVING DONOR KIDNEY TRANSPLANTATION” (BC Transplant Guidelines for Transplant Professionals/ http://www.transplant.bc.ca/health-professionals/transplant-clinical-guidelines/guidelines-for-transplant)</p>	<p>The guidelines coded for with this question are information provided by the organ donation agency to professionals involved in the conduct of organ donations. This includes providing advice, best practices, and information on binding legal or regulatory frameworks. This data is of interest because it may aid in identifying the how the programming agency interacts with the organ donation regulation legislation and the prohibition on the exchange of organs.</p>
Does the programming reference the welfare of program participants?	<p>“Improving quality outcomes and providing better value for patients” (BC Transplant Strategic direction http://www.transplant.bc.ca/about/who-we-are)</p>	<p>This data was collected from the Transplant BC ‘About Us’ webpage. This statement reflects a relatively common</p>

		trend of programming data indicate a concern with the 'welfare' of the patient indicated in a general statement of a desire to perform the agencies duties well. However, this question was original formulated with the intent of identifying instances of concern extending beyond the statements declaring the programming agencies intent to perform their duties well.
Is reference made to the altruistic basis of the organ donation system?	"Living Donation Living organ donation is an act of altruism that reduces the wait time for patients in need of a life-saving kidney or liver." (BC Transplant Living Donation http://www.transplant.bc.ca/health-info/organ-donation/living-donation)	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	No	
Are there circumstances under which the legislation indicates the prohibition is not to apply?	<ul style="list-style-type: none"> • "tissue" includes an organ, but does not include skin, bone, blood, blood constituent or other tissue that is replaceable by natural processes of repair;" 	

	(Human Tissue Gift Act, RSBC 1996, c 211, s.1)	
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	“A person must not buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or any body or parts other than blood or a blood constituent, for therapeutic purposes, medical education or scientific research.” (Human Tissue Gift Act, RSBC 1996, c 211, s.10)	
Does the prohibition use the exact wording ‘valuable consideration’?	“A person must not buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration , any tissue for a transplant, or any body or parts other than blood or a blood constituent, for therapeutic purposes, medical education or scientific research.” (Human Tissue Gift Act, RSBC 1996, c 211, s.10)	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	N/A	
Is the wording of the prohibition the same as that in any other Province or Territory?	No	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	““tissue” includes an organ, but does not include skin, bone, blood, blood constituent or other tissue that is replaceable by natural processes of repair;” (Human Tissue Gift Act, RSBC 1996, c 211, s.1)	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	<p>Mission With compassion, collaboration and innovation, we will save lives and offer hope through organ donation, transplant and research.” (BC Transplant Who We Are http://www.transplant.bc.ca/about/who-we-are)</p>	

Reference

Legislation:

- Human Tissue Gift Act, RSBC 1996, c 211, <http://canlii.ca/t/520tm>

Programming:

- Living Organ Donor Expense Reimbursement Program (LODERP). (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/britishcolumbia/loderp>
- Kidney Foundation of Canada British Columbia and Yukon (n.d.) Retrieved January 22, 2018, from <https://www.kidney.ca/bc-home>
- Living Organ Donor Expense Reimbursement Program (LODERP) Frequently Asked Questions (n.d.) Retrieved January 22, 2018, from <https://www.kidney.ca/document.doc?id=3270>
- Kidney Foundation of Canada – BC and Yukon Branch – Claim Form Write-in (n.d.) Retrieved January 22, 2018, from <https://www.kidney.ca/document.doc?id=3303>
- BC Transplant (n.d.) Retrieved January 22, 2018, from <http://www.transplant.bc.ca>

Coding Frame - Alberta

Node 1 – Programming - Questions	Data	Notes
Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?	<p>Reimbursement Program (LODERP) is a provincial program run by The Kidney Foundation of Canada and funded by Alberta Health and Wellness.” (The Kidney Foundation of Canada Southern Alberta https://www.kidney.ca/page.aspx?pid=506)</p>	
If the program does not refer to activities it conducts as	N/A	

reimbursement how are they characterized?		
Is reference made to the prohibition on the incentivized exchange of organs?	“It is illegal to sell organs/ tissues in Canada.” (Alberta Health Services FAQs https://www.albertahealthservices.ca/services/Page13174.aspx)	
Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	No	
Does the programming reference the welfare of program participants?	“Healthy Albertans. Healthy Communities. Together. Our Mission To provide a patient-focused , quality health system that is accessible and sustainable for all Albertans.” (Alberta Health Services http://albertahealthservices.ca/about/Page190.aspx)	
Is reference made to the altruistic basis of the organ donation system?	“Living organ donor lives up to her name with gift of a new kidney” (Alberta Health Services https://www.albertahealthservices.ca/services/Page13174.aspx)	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	“12.1(1) The Alberta Organ and Tissue Donation Agency is established.” (Human Tissue and Organ Donation Act, SA 2006, c H-14.5, s.12.1(1))	

Are there circumstances under which the legislation indicates the prohibition is not to apply?	“This Act does not apply to the following: (a) by-products that are used for a purpose other than transplantation; (b) blood or blood constituents; (c) zygotes, oocytes, embryos, sperm, semen and ova.” (Human Tissue and Organ Donation Act, SA 2006, c H-14.5, s.2)	
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	“(2) No person shall offer, give or receive any reward or benefit for any tissue, organ or body for use in transplantation, medical education or scientific research.” (Human Tissue and Organ Donation Act, SA 2006, c H-14.5, s.3(2))	
Does the prohibition use the exact wording ‘valuable consideration’?	N/A	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	“(2) No person shall offer, give or receive any reward or benefit for any tissue, organ or body for use in transplantation, medical education or scientific research.” (Human Tissue and Organ Donation Act, SA 2006, c H-14.5, s.3(2))	
Is the wording of the prohibition the same as that in any other Province or Territory?	No	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	“(a) “Agency” means the Alberta Organ and Tissue Donation Agency established under section 12.1;” (Human Tissue and Organ Donation Act, SA 2006, c H-14.5, s.1(a))	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Does the legislation reference 'altruism'?	"The Human Tissue Gift Act " (The Human Tissue Gift Act, RSS 1978, c H-15)	
Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	"Our Mission To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans." (Alberta Health Services http://albertahealthservices.ca/about/Page190.aspx)	

Reference

Legislation:

- Human Tissue and Organ Donation Act, SA 2006, c H-14.5, <<http://canlii.ca/t/524m6>>

Programming:

- The Kidney Foundation of Canada Northern Alberta and the Territories. (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/page.aspx?pid=266>
- The Kidney Foundation of Canada Southern Alberta. (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/page.aspx?pid=275>
- Alberta Health Services Living Donor Services (n.d.) Retrieved January 22, 2018, from <https://www.albertahealthservices.ca/info/service.aspx?id=5853>
- Living Donor Expense Reimbursement Program (LODERP) What Expenses are Reimbursed (n.d.) Retrieved January 22, 2018, from <https://www.kidney.ca/document.doc?id=9558>

Coding Frame – Saskatchewan

Node 1 – Programming - Questions	Data	Notes
Does the program use the word 'reimbursement' to describe activities which are conducted under its mandate?	"What Expenses Are Reimbursed ?" (Kidney Foundation of Canada https://www.kidney.ca/sslpage.aspx?pid=476)	
If the program does not refer to activities it conducts as reimbursement how are they characterized?	N/A	
Is reference made to the prohibition on the incentivized exchange of organs?	No	

Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	No	
Does the programming reference the welfare of program participants?	No	
Is reference made to the altruistic basis of the organ donation system?	<p>“When we support organ and tissue donation, we are given an opportunity to save or improve other people's lives. Sometimes this opportunity presents itself while we are still living through the donation of a non-vital organ (e.g., kidney). Other times we are given an opportunity to offer hope even after our own life has ended.”</p> <p>(Saskatchewan Health Authority https://www.saskatoonhealthregion.ca/locations_services/Services/organ-tissue-donation/Pages/About.aspx)</p>	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	No	
Are there circumstances under which the legislation indicates the prohibition is not to apply?	“(c) “tissue” includes an organ, but does not include any skin, bone, blood, blood constituent or other tissue that is replaceable by natural processes of	This is the most common type of limitation to the prohibition. Excluding blood from the

	repair;” (The Human Tissue Gift Act, RSS 1978, c H-15, s.2(c))	prohibition is interesting given how common blood donation is.
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	“No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or any body or part or parts thereof other than blood or a blood constituent, for therapeutic purposes, medical education or scientific research, and any such dealing is invalid as being contrary to public policy.” (The Human Tissue Gift Act, RSS 1978, c H-15, s.11)	
Does the prohibition use the exact wording ‘valuable consideration’?	“No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or any body or part or parts thereof other than blood or a blood constituent, for therapeutic purposes, medical education or scientific research, and any such dealing is invalid as being contrary to public policy.” (The Human Tissue Gift Act, RSS 1978, c H-15, s.11)	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	N/A	
Is the wording of the prohibition the same as that in any other Province or Territory?	No	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	“(c) “tissue” includes an organ, but does not include any skin, bone, blood, blood constituent or other tissue that is replaceable by natural processes of repair;” (The Human Tissue Gift Act, RSS 1978, c H-15, s.2(c))	

Does the legislation reference 'altruism'?	"THE HUMAN TISSUE GIFT ACT" (The Human Tissue Gift Act, CCSM c H180)	
Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	<p>"We are driven by the commitment to improve frontline patient care for Saskatchewan people, and we are working together to better coordinate health services across the province to ensure patients receive high quality, timely health care, wherever they live in Saskatchewan." (Saskatchewan Health Authority https://www.saskhealthauthority.ca/about/Pages/default.aspx)</p>	

Reference

Legislation:

- The Human Tissue Gift Act, RSS 1978, c H-15, <<http://canlii.ca/t/52h03>>

Programming:

- The Kidney Foundation of Canada Saskatchewan . (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/page.aspx?pid=471>
- What Expenses are Reimbursed? (n.d.) Received January 4, 2018, via email from the Canadian Kidney Foundation Saskatchewan Branch
- The Standing Committee On Human Services Hansard Verbatim Report No.14 (9/13/2016) Retrieved January 22, 2018, from www.legassembly.sk.ca/legislative.../hus-report-2-28-legislature-organ-donation

Coding Frame – Manitoba

Node 1 – Programming - Questions	Data	Notes
Does the program use the word 'reimbursement' to describe activities which are conducted under its mandate?	<p>"The province is partnering with the Kidney Foundation of Canada " Manitoba Branch to establish a new program to reimburse expenses for living donors" (Manitoba News Release http://news.gov.mb.ca/</p>	

	news/index.html?item=3533)	
If the program does not refer to activities it conducts as reimbursement how are they characterized?	N/A	
Is reference made to the prohibition on the incentivized exchange of organs?	No	
Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	No	
Does the programming reference the welfare of program participants?	No	
Is reference made to the altruistic basis of the organ donation system?	<p>“There are many reasons why a person may wish to be an organ donor. For some, it is about giving to someone in need, while for others it simply makes sense to give what they have no further use for.”</p> <p>(Transplant Manitoba http://www.transplantmanitoba.ca/decide/why-should-i-donate-my-organs)</p>	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	No	

<p>Are there circumstances under which the legislation indicates the prohibition is not to apply?</p>	<ul style="list-style-type: none"> • ““tissue" includes an organ, a part of a human body and a substance extracted from the human body or from a part of the human body, but does not include” (The Human Tissue Gift Act, CCSM c H180, s.1) • “or remuneration for, participating in or performing a service necessarily incidental to the process whereby a transplant of human tissue is effected, or a human body or part or parts of a human body are prepared for use for therapeutic purposes or for purposes of medical education or scientific research.” (The Human Tissue Gift Act, CCSM c H180, s.15(2)) 	
<p>Does the legislation specifically allow for reimbursement?</p>	<p>“No person contravenes subsection (1) if the person receives reimbursement for reasonable expenses incurred in, or remuneration for, participating in or performing a service necessarily incidental to the process whereby a transplant of human tissue is effected, or a human body or part or parts of a human body are prepared for use for therapeutic purposes or for purposes of medical education or scientific research.” (The Human Tissue Gift Act, CCSM c H180, s.15(2))</p>	<p>Manitoba is the only province or territory to specifically address reimbursement in organ donation regulation legislation and to create an exception to the prohibition to allow for reimbursement.</p>

Node 3 – Legislation - Questions	Data	Notes
<p>Is the prohibition worded to require its use?</p>	<p>“No person shall buy, sell, or otherwise deal in, directly or indirectly, for valuable consideration, any tissue for a transplant, or any body or parts of it other than blood or a blood constituent, for therapeutic purposes</p>	

	or for purposes of medical education or scientific research, and any such dealing is invalid as being contrary to public policy.” (The Human Tissue Gift Act, CCSM c H180, s.15(1))	
Does the prohibition use the exact wording ‘valuable consideration’?	“No person shall buy, sell, or otherwise deal in, directly or indirectly, for valuable consideration , any tissue for a transplant, or any body or parts of it other than blood or a blood constituent, for therapeutic purposes or for purposes of medical education or scientific research, and any such dealing is invalid as being contrary to public policy.” (The Human Tissue Gift Act, CCSM c H180, s.15(1))	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	N/A	
Is the wording of the prohibition the same as that in any other Province or Territory?	No	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	““Tissue” includes an organ, a part of a human body and a substance extracted from the human body or from a part of the human body, but does not include (a) spermatozoa or ova, or (b) an embryo or a fetus or a part of an embryo or a fetus, or (c) blood or blood constituent, or (d) a placenta; (« tissu »)” (The Human Tissue Gift Act, CCSM c H180, s.1)	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
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<p>What is the purpose/mission of the primary organ donation agency or program?</p>	<p>“Transplant Manitoba consists of five dynamic teams dedicated to caring for individuals before and after transplant, and includes the Gift of Life, the program responsible for coordinating and supporting organ donation in the province. Our goal is to become a leader in access to transplantation for Manitobans.” (Transplant Manitoba http://www.transplantmanitoba.ca/about)</p>	
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Reference

Legislation:

- The Human Tissue Gift Act, CCSM c H180, <<http://canlii.ca/t/kb54>>

Programming:

- The Kidney Foundation of Canada Manitoba . (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/page.aspx?pid=277>
- New Program Aims To Reduce Barriers to Organ Donation From Living Donors (4/18/2008) Retrieved January 22, 2018 from <http://news.gov.mb.ca/news/index.html?item=3533>
- Manitoba Transplant (n.d.) Retrieved January 22, 2018, from <http://www.transplantmanitoba.ca/about>
- Living Organ Donor Reimbursement Program (LODRP) (n.d.) Retrieved January 22, 2018, from <https://www.kidney.ca/document.doc?id=2631>

Coding Frame – Ontario

Node 1 – Programming - Questions	Data	Notes
<p>Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?</p>	<p>“Program for Reimbursing Expenses of Living Organ Donors (PRELOD)” (Trillium Gift of Life Network https://www.giftoflife.on.ca/resources/pdf/PRELOD%20Brochure.pdf)</p>	
<p>If the program does not refer to activities it conducts as reimbursement how are they characterized?</p>	<p>N/A</p>	
<p>Is reference made to the prohibition on the incentivized exchange of organs?</p>	<p>No</p>	
<p>Does the primary organ donation agency maintain</p>	<p>“Supporting Healthcare Professionals 3</p>	

<p>profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?</p>	<p>The educational resources developed by Trillium Gift of Life Network (TGLN) assist Healthcare Professionals from all disciplines to increase their knowledge about organ and tissue donation. Whether you work in a critical care unit, an emergency department, the perioperative environment, or on a general in-patient unit, the material contained in this section includes information and knowledge that is relevant for your area of practice.” (Trillium Gift of Life Network https://www.giftoflife.on.ca/en/professionals.htm)</p>	
<p>Does the programming reference the welfare of program participants?</p>	<p>“What to expect after donation While the consequences of donating a kidney are minimal and few, there are some precautions that should be taken. For instance, rough contact sports such as football and hockey that could damage the remaining kidney are not advised. Any kidney donor who becomes pregnant after donating should let her physician” (Trillium Gift of Life https://www.giftoflife.on.ca/en/transplant.htm)</p>	
<p>Is reference made to the altruistic basis of the organ donation system?</p>	<p>“This section of the Trillium Gift of Life Network (TGLN) website provides basic information to those waiting for an organ and tissue transplant and those that have received the gift of life.” (Trillium Gift of Life https://www.giftoflife.on.ca/en/transplant.htm)</p>	
<p>Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?</p>	<p>No</p>	<p>None of the organ donation programming data indicate an awareness of, or contained a reference to, organ donation systems which are not premised on altruism.</p>

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	<p>“Network established 8.7 (1) A corporation without share capital known in English as the Trillium Gift of Life Network and in French as Réseau Trillium pour le don de vie is hereby established. 2000, c. 39, s. 5.” (Trillium Gift of Life Network Act, RSO 1990, c H.20, s.8.7(1))</p>	
Are there circumstances under which the legislation indicates the prohibition is not to apply?	<ul style="list-style-type: none"> • ““tissue” means a part of a living or dead human body and includes an organ but, unless otherwise prescribed by the Lieutenant Governor in Council, does not include bone marrow, spermatozoa, an ovum, an embryo, a foetus, blood or blood constituents; (“tissu”)” (Trillium Gift of Life Network Act, RSO 1990, c H.20, s.1) • “(2) Despite anything else in this Act or the regulations, blood and blood constituents shall not be considered to be tissue or part of a body for the purposes of subsection (1). 2014, c. 14, Sched. 1, s. 15 (2).” (Trillium Gift of Life Network Act, RSO 1990, c H.20, s.10(2)) 	
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	<p>“No person shall buy, sell or otherwise deal in, directly or</p>	

	indirectly, for a valuable consideration, any tissue for a transplant, or any body or part or parts thereof, for therapeutic purposes, medical education or scientific research, and any such dealing is invalid as being contrary to public policy. R.S.O. 1990, c. H.20, s. 10; 2014, c. 14, Sched. 1, s. 15 (1).” (Trillium Gift of Life Network Act, RSO 1990, c H.20, s.10(1))	
Does the prohibition use the exact wording ‘valuable consideration’?	“No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration , any tissue for a transplant, or any body or part or parts thereof, for therapeutic purposes, medical education or scientific research, and any such dealing is invalid as being contrary to public policy. R.S.O. 1990, c. H.20, s. 10; 2014, c. 14, Sched. 1, s. 15 (1).” (Trillium Gift of Life Network Act, RSO 1990, c H.20, s.10(1))	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	N/A	
Is the wording of the prohibition the same as that in any other Province or Territory?	No	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	““tissue” means a part of a living or dead human body and includes an organ but, unless otherwise prescribed by the Lieutenant Governor in Council, does not include bone marrow, spermatozoa, an ovum, an embryo, a foetus, blood or blood constituents; (“tissu”)” (Trillium Gift of Life Network Act, RSO 1990, c H.20, s.1)	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	MISSION Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario. (Trillium Gift of Life https://www.giftoflife.on.ca/resources/pdf/Trillium_AR_15-16_ENG_Accessible_FINAL.pdf)	

Reference

Legislation:

- Trillium Gift of Life Network Act, RSO 1990, c H.20, <<http://canlii.ca/t/532g7>>

Programming:

- The Trillium Gift of Life Network, (n.d.) Retrieved January 22, 2018, from <https://www.giftoflife.on.ca/en/>
- Program for Reimbursing Expenses of Living Organ Donors – PRELOD (n.d.) Retrieved January 22, 2018, from <https://www.giftoflife.on.ca/resources/pdf/PRELOD%20FAQ.pdf>

Coding Frame – Quebec

Node 1 – Programming - Questions	Data	Notes
Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?	“Reimbursement Program for Living Donors” (Transplant Quebec http://www.transplantquebec.ca/en/living-organ-donation)	
If the program does not refer to activities it conducts as reimbursement how are they characterized?	N/A	
Is reference made to the prohibition on the incentivized exchange of organs?	“No. In Canada, as in many other countries, both the sale and the purchase of organs are illegal.” (Transplant Quebec http://www.transplantquebec.ca/en/faqs)	
Does the primary organ donation agency maintain profession or other guidance	“Health Professionals” (Transplant Quebec http://www.transplantquebec.ca/)	

standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	en/professionnels)	
Does the programming reference the welfare of program participants?	No	
Is reference made to the altruistic basis of the organ donation system?	“Organ donation is an expression of great social and humanitarian solidarity. For the countless people awaiting a transplant, organ donation is synonymous with hope.” (Transplant Quebec) http://www.transplantquebec.ca/en/organ-donation	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	No	
Are there circumstances under which the legislation indicates the prohibition is not to apply?	No	
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	“The alienation by a person of a part or product of his body shall be gratuitous; it may not be repeated if it involves a risk to his health.”	This phrasing is the most distinct from the other provinces and territories.

	(Civil Code of Québec, CQLR c CCQ-1991, Title Two Chapter 1 s.25)	
Does the prohibition use the exact wording ‘valuable consideration’?	No	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	“The alienation by a person of a part or product of his body shall be gratuitous; it may not be repeated if it involves a risk to his health.” (Civil Code of Québec, CQLR c CCQ-1991, Title Two Chapter 1 s.25)	
Is the wording of the prohibition the same as that in any other Province or Territory?	No	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	No	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	“Supporting Quebecers’ shared passion for saving lives and improving the health of people in desperate need of an organ, Transplant Québec: coordinates the organ donation process leading to transplantation, fostering the greatest possible availability of quality donor organs; ensures that organs are allocated fairly based on stringent ethical and clinical criteria; helps improve clinical practice in institutional settings by holding hospital training and development activities and participating in donation- and transplant-related teaching and research activities;	

	acts as a catalyst to create interdependencies within the donation/transplantation system and serves as a facilitator tasked with fostering discussion and mobilizing stakeholders; promotes pro-donation, pro-transplantation values of solidarity among the general public, health professionals and concerned institutions.” (Transplant Quebec http://www.transplantquebec.ca/en/mission)	
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Reference

Legislation:

- Civil Code of Québec, CQLR c CCQ-1991, <<http://canlii.ca/t/530p0>>

Programming:

- Transplant Quebec. (n.d.) Retrieved January 22, 2018, 2018 from <http://www.transplantquebec.ca/en/organ-donation>
- Transplant Quebec Reimbursement Program for Living Donors How the RPLD works (n.d.) Retrieved January 22, 2018 from http://www.transplantquebec.ca/sites/default/files/reimbursement_program_for_living_donors.pdf
- Transplant Quebec Mission (n.d.) Retrieved January 22, 2018 from <http://www.transplantquebec.ca/en/mission>

Coding Frame – New Brunswick

Node 1 – Programming - Questions	Data	Notes
Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?	“Reimbursement Program” (New Brunswick Donor Program Reimbursement Program Restoring Hope)	
If the program does not refer to activities it conducts as reimbursement how are they characterized?	N/A	
Is reference made to the prohibition on the incentivized exchange of organs?	No	
Does the primary organ donation agency maintain	No	

profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?		
Does the programming reference the welfare of program participants?	No	
Is reference made to the altruistic basis of the organ donation system?	“Donating an organ or bone marrow to a loved one is a selfless act of kindness. ” (New Brunswick Donor Program Reimbursement Program Restoring Hope)	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	No	
Are there circumstances under which the legislation indicates the prohibition is not to apply?	<ul style="list-style-type: none"> • “3 This Act does not apply to (a) blood or blood constituents; or (b) zygotes, oocytes, embryos, sperm, semen or ova.” (Human Tissue Gift Act, RSNB 2014, c 113, s.1) • “Valuable consideration does not include reimbursement for reasonable expenses associated with the removal, transplantation, implantation, processing, preservation and quality control, and storage of organs or tissue or remuneration received for 	This instance of the use of ‘reimbursement’ is not coded in the reimbursement component of the coding frame because it is not concerned with the reimbursement of donors. This instance of ‘reimbursement’ is concerned with the role of medical professionals who receive valuable consideration for participating in

	participating in or performing a service necessarily incidental to the process whereby a transplant of human tissue is effected or a human body or part of the body is prepared for use for therapeutic purposes or for the purpose of education or scientific research.” (Human Tissue Gift Act, RSNB 2014, c 113, s.10(3))	transplantation procedures.
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	“No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any human tissue for a transplant or any human body or part of any human body, other than blood or a blood constituent, for therapeutic purposes or for the purposes of medical education or scientific research.” (Human Tissue Gift Act, RSNB 2014, c 113, s.10(1))	
Does the prohibition use the exact wording ‘valuable consideration’?	“No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any human tissue for a transplant or any human body or part of any human body, other than blood or a blood constituent, for therapeutic purposes or for the purposes of medical education or scientific research.” (Human Tissue Gift Act, RSNB 2014, c 113, s.10(1))	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	N/A	
Is the wording of the prohibition the same as that	No	

in any other Province or Territory?		
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	““tissue” includes an organ, but does not include any skin, bone, blood, blood constituent or other tissue that is replaceable by natural process of repair. (tissu)” (Human Tissue Gift Act, RSNB 2014, c 113, s.1)	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	“The goal of this program is to provide financial assistance to individuals giving of themselves to provide a better quality of life for others.” (New Brunswick Donor Program Reimbursement Program Restoring Hope)	

Reference

Legislation:

- Human Tissue Gift Act, RSNB 2014, c 113, <<http://canlii.ca/t/52dnw>>

Programming:

- New Brunswick Organ and Tissue Donation Program (n.d.) Retrieved January 22, 2018 from http://www2.gnb.ca/content/gnb/en/departments/health/Hospital-Services/content/organ_donation.html

Coding Frame – Newfoundland and Labrador

Node 1 – Programming - Questions	Data	Notes
Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?	No	Newfoundland and Labrador Eastern Health indicated that a program does exist; however, limited information is made publicly available.
If the program does not refer to activities it conducts	N/A	

as reimbursement how are they characterized?		
Is reference made to the prohibition on the incentivized exchange of organs?	“It is illegal to sell organs in Canada.” (Eastern Health Organ Donation Frequently Asked Questions http://easternhealth.ca/Give.aspx?d=2&id=2223&p=323)	
Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	No	
Does the programming reference the welfare of program participants?	No	
Is reference made to the altruistic basis of the organ donation system?	“For many people, an organ transplant provides a new beginning. As you read this, there are people in Newfoundland and Labrador waiting for a transplant – in fact they are among the 4,500 Canadians who wait for this often life-saving procedure every year.” (Eastern Health Organ Donation http://easternhealth.ca/Give.aspx?d=1&id=323&p=53)	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	No	

<p>Are there circumstances under which the legislation indicates the prohibition is not to apply?</p>	<ul style="list-style-type: none"> • “(g) "tissue" includes an organ, but does not include skin, bone, blood constituent or other tissue that is replaceable by natural processes of repair;” (Human Tissue Act, RSNL 1990, c H-15, s.2(g)) • “18. A person shall not buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, tissue for a transplant or a body or part of a body, other than blood or a blood constituent for therapeutic purposes, medical education or scientific research.” (Human Tissue Act, RSNL 1990, c H-15, s.18) 	
<p>Does the legislation specifically allow for reimbursement?</p>	<p>No</p>	

Node 3 – Legislation - Questions	Data	Notes
<p>Is the prohibition worded to require its use?</p>	<p>“18. A person shall not buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, tissue for a transplant or a body or part of a body, other than blood or a blood constituent for therapeutic purposes, medical education or scientific research.” (Human Tissue Act, RSNL 1990, c H-15, s.18)</p>	
<p>Does the prohibition use the exact wording ‘valuable consideration’?</p>	<p>“18. A person shall not buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, tissue for a transplant or a body or part of a body, other than blood or a blood constituent for therapeutic purposes, medical education or scientific research.” (Human Tissue Act, RSNL 1990, c H-15, s.18)</p>	

What is the wording of the prohibition if it does not use the 'valuable consideration' wording?	N/A	
Is the wording of the prohibition the same as that in any other Province or Territory?	No	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	“(g) "tissue" includes an organ, but does not include skin, bone, blood constituent or other tissue that is replaceable by natural processes of repair;” (Human Tissue Act, RSNL 1990, c H-15, s.2(g))	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	“At Eastern Health, our goal is to provide the highest quality care and service possible to the people in our communities, in our region, and in the province.” (Eastern Health http://easternhealth.ca/AboutEH.aspx?d=1&id=709&p=73)	

Reference

Legislation:

- Human Tissue Act, RSNL 1990, c H-15, <<http://canlii.ca/t/k02v>>

Programming:

- Eastern Health Newfoundland and Labrador (n.d.) Retrieved January 22, 2018 from <http://www.easternhealth.ca/Give.aspx?d=1&id=323&p=53>

Coding Frame – Nova Scotia

Node 1 – Programming - Questions	Data	Notes
Does the program use the word 'reimbursement' to describe activities which are conducted under its mandate?	“Living Organ Donor Reimbursement Policy” (Living Organ Donor Reimbursement Policy http://www.legacyoflife.ns.ca/living_	

	donation/Living-Organ-Donor-Reimbursement-Policy.pdf)	
If the program does not refer to activities it conducts as reimbursement how are they characterized?	N/A	
Is reference made to the prohibition on the incentivized exchange of organs?	No	
Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	“Information for Health Care Professionals” (Legacy of Life For Health Professionals http://www.legacyoflife.ns.ca/health_professionals/index.html)	
Does the programming reference the welfare of program participants?	“You will also meet with a social worker to determine your ability to deal with this emotionally and to ensure that you are not under pressure to donate.” (Giving A Kidney http://www.legacyoflife.ns.ca/living_donation/Giving-A-Kidney.pdf)	
Is reference made to the altruistic basis of the organ donation system?	“These are the stories of lives transformed through the heartwarming generosity of organ and tissue donation.” (Legacy of Life People Who Gave http://www.legacyoflife.ns.ca/donor_recipient_stories/index.html)	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	No	
Are there circumstances under which the legislation indicates the prohibition is not to apply?	<ul style="list-style-type: none"> • “3 This Act does not apply to (a) blood or blood constituents; or (b) zygotes, oocytes, embryos, sperm, semen or ova.” (Human Tissue Gift Act, RSNS 1989, c 215, s.3) • “(2) Valuable consideration does not include reimbursement for reasonable expenses associated with the removal, transplantation, implantation, processing, preservation and quality control, and storage of organs or tissue or remuneration received for participating in or performing a service necessarily incidental to the process whereby a transplant of human tissue is effected or a human body or part of the body is prepared for use for therapeutic purposes or for the purpose of education or scientific research.” (Human Tissue Gift Act, RSNS 1989, c 215, s.21(2)) 	It is interesting to note that in this case it was understood that the ‘valuable consideration’ prohibition could include the remuneration of the medical staff involved in the transplantation process and as a result an exemption was included.
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	“21 (1) Subject to subsections (2) and (3), no person shall buy, sell or otherwise deal in, directly or indirectly, for valuable consideration, any human organs, tissue or body for use in transplantation, education or	

	scientific research.” (Human Tissue Gift Act, RSNS 1989, c 215, s.21(1))	
Does the prohibition use the exact wording ‘valuable consideration’?	“21 (1) Subject to subsections (2) and (3), no person shall buy, sell or otherwise deal in, directly or indirectly, for valuable consideration , any human organs, tissue or body for use in transplantation, education or scientific research.” (Human Tissue Gift Act, RSNS 1989, c 215, s.21(1))	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	N/A	
Is the wording of the prohibition the same as that in any other Province or Territory?	No	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	“(a) "best interests" includes consideration of the physical, psychological, emotional and social well-being of the living potential donor;” (Human Tissue Gift Act, RSNS 1989, c 215, s.2(a))	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	“The Organ and Tissue Donation Program will encourage and promote organ and tissue donations, and optimal care for all potential donors and families throughout Nova Scotia.” (Legacy of Life About Us http://www.legacyoflife.ns.ca/about_us/index.html)	

Reference

Legislation:

- Human Tissue Gift Act, RSNS 1989, c 215, <<http://canlii.ca/t/jpq7>>

Programming:

- Legacy of Life Nova Scotia Organ and Tissue Donation Program (n.d.) Retrieved January 22, 2018 from <http://www.legacyoflife.ns.ca>
- Living Organ Donor Reimbursement Policy Legacy of Life (n.d.) Retrieved January 22, 2018, from http://www.legacyoflife.ns.ca/living_donation/Living-Organ-Donor-Reimbursement-Policy.pdf

Coding Frame – Prince Edward Island

Node 1 – Programming - Questions	Data	Notes
Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?	“Living Donor Reimbursement Policy” (Health PEI http://www.gov.pe.ca/photos/original/hpei_qa_organ.pdf)	
If the program does not refer to activities it conducts as reimbursement how are they characterized?	N/A	
Is reference made to the prohibition on the incentivized exchange of organs?	No	
Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	No	
Does the programming reference the welfare of program participants?	No	
Is reference made to the altruistic basis of the organ donation system?	No	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	No	
Are there circumstances under which the legislation indicates the prohibition is not to apply?	“(g) “tissue” means any part of a living or dead human body, but does not include (i) spermatozoa or ova, (ii) an embryo or fetus, or (iii) blood or blood constituents;” (Human Tissue Donation Act, RSPEI 1988, c H-12.1, s.1(g))	
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	“15. (1) No person shall buy, sell or otherwise for remuneration or other financial benefit deal in, directly or indirectly, any tissue, body or body part.” (Human Tissue Donation Act, RSPEI 1988, c H-12.1, s.15(1))	
Does the prohibition use the exact wording ‘valuable consideration’?	No	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	“15. (1) No person shall buy, sell or otherwise for remuneration or other financial benefit deal in, directly or indirectly, any tissue, body or body part.” (Human Tissue Donation Act, RSPEI 1988, c H-12.1, s.15(1))	Despite not using the ‘valuable consideration’ phrasing the meaning of the prohibition remains similar.
Is the wording of the prohibition the same as that in any other Province or Territory?	No	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	“(g) “tissue” means any part of a living or dead human body, but does not include (i) spermatozoa or ova, (ii) an embryo or fetus, or (iii) blood or blood constituents;” (Human Tissue Donation Act, RSPEI 1988, c H-12.1, s.1(g))	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	“Health PEI’s primary goals are to: provide Islanders with safe, quality, person-centered care and services; provide access to appropriate care by the right provider in the right setting; and optimize resources and processes to sustain a viable health care system.” (Health PEI https://www.princeedwardisland.ca/en/topic/health-pei)	

Reference

Legislation:

- Human Tissue Donation Act, RSPEI 1988, c H-12.1, <<http://canlii.ca/t/l2kq>>

Programming:

- Organ and Tissue Donation Health PEI (n.d.) Retrieved January 22, 2018, from <https://www.princeedwardisland.ca/en/information/sante-i-p-e/organ-and-tissue-donation>
- Health PEI Living Donor Reimbursement Policy (n.d.) Retrieved January 22, 2018, from http://www.gov.pe.ca/photos/original/hpei_qa_organ.pdf

Coding Frame – The Northwest Territories

Node 1 – Programming - Questions	Data	Notes
Does the program use the word ‘reimbursement’ to describe activities which are conducted under its mandate?	“Living Organ Donor Expense Reimbursement Program (LODERP)” (The Kidney Foundation of Canada https://www.kidney.ca/page.aspx?pid=493)	
If the program does not refer to activities it conducts as reimbursement how are they characterized?	N/A	
Is reference made to the prohibition on the incentivized exchange of organs?	“It’s against the law to sell organs or tissues in Canada.” (Health and Social Services The Northwest Territories http://www.hss.gov.nt.ca/)	

	sites/hss/files/organ-tissue-donation-faqs.pdf)	
Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	No	
Does the programming reference the welfare of program participants?	No	
Is reference made to the altruistic basis of the organ donation system?	“Most families feel that the organ and tissue donation helped ease their grief. They know that they were able to give the gift of life to another person in a life-threatening situation.” (Health and Social Services The Northwest Territories http://www.hss.gov.nt.ca/sites/hss/files/organ-tissue-donation-faqs.pdf)	References to the altruistic basis of the organ donation system for some provinces and territories take the form of indirect references using ‘gift’ language or are achieved through the stories of families and individuals who were positively impacted by an organ transplant.
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
Does the legislation also create an organ donation agency?	No	
Are there circumstances under which the legislation indicates the prohibition is not to apply?	“tissue” means a part of a living or dead human body, including organs, but does not include (a) spermatozoa or ova, (b) an embryo or fetus, or (c)	

	blood or blood constituents; (tissu)” (Human Tissue Donation Act, SNWT 2014, c 30, s.1)	
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	“No person shall buy, sell or otherwise deal in, directly or indirectly, any tissue for transplantation, a therapeutic purpose, medical education or scientific research.” (Human Tissue Donation Act, SNWT 2014, c 30, s.18)	
Does the prohibition use the exact wording ‘valuable consideration’?	No	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	“No person shall buy, sell or otherwise deal in, directly or indirectly, any tissue for transplantation, a therapeutic purpose, medical education or scientific research.” (Human Tissue Donation Act, SNWT 2014, c 30, s.18)	
Is the wording of the prohibition the same as that in any other Province or Territory?	Nunavut	
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	““tissue” means a part of a living or dead human body, including organs, but does not include (a) spermatozoa or ova, (b) an embryo or fetus, or (c) blood or blood constituents; (tissu)” (Human Tissue Donation Act, SNWT 2014, c 30, s.1)	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	“Purpose of Act 2. The purpose of this Act is to facilitate the donation of tissue by allowing people to consent to the use, either during their	

	lives or after their deaths, of their tissue for transplantation, a therapeutic purpose, medical education or scientific research, and to allow other people to consent to such use in circumstances where potential donors are unable to consent.” (Human Tissue Donation Act, SNWT 2014, c 30, s.2)	
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Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	“The Department of Health and Social Services promotes, protects and provides for the health and well being of the people of the Northwest Territories. This includes: helping people take personal responsibility for healthy lifestyle decisions; protecting people from abuse, violence, preventable disease and unsafe environmental conditions; caring for and/or counselling people when they require support for social or health issues; and treating people when they are sick or suffering from physical, emotional or mental problems.” (Health and Social Services The Northwest Territories http://www.hss.gov.nt.ca/en/about-us)	

Reference

Legislation:

- Human Tissue Donation Act, SNWT 2014, c 30, <<http://canlii.ca/t/52g43>>

Programming:

- The Kidney Foundation of Canada Northern Alberta and the Territories. (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/page.aspx?pid=266>
- Health and Social Service The Northwest Territories (n.d.) Retrieved January 22, 2018, from <http://www.hss.gov.nt.ca>

Coding Frame – Yukon

Node 1 – Programming - Questions	Data	Notes

Does the program use the word 'reimbursement' to describe activities which are conducted under its mandate?	"Living Organ Donor Expense Reimbursement Program (LODERP)" (Kidney Foundation of Canada https://www.kidney.ca/britishcolumbia/loderp)	This programming is operated in conjunction with BC Transplant and the territories do not provide as much information as the partner provinces and the Kidney Foundation of Canada.
If the program does not refer to activities it conducts as reimbursement how are they characterized?	N/A	
Is reference made to the prohibition on the incentivized exchange of organs?	No	
Does the primary organ donation agency maintain profession or other guidance standards, are these standards presented in the context of conducting organ donation activities which involve the use of incentives?	No	
Does the programming reference the welfare of program participants?	No	
Is reference made to the altruistic basis of the organ donation system?	"Give Someone a Second Chance at Life" (Yukon Health and Social Services http://www.hss.gov.yk.ca/pdf/organdonor.pdf)	
Does the primary organ donation agency website reference commodification or otherwise indicate an awareness of organ donation models other than those based strictly on altruism?	No	

Node 2 – Legislation - Questions	Data	Notes
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Does the legislation also create an organ donation agency?	No	
Are there circumstances under which the legislation indicates the prohibition is not to apply?	““tissue” includes an organ, but does not include any skin, bone, blood, blood constituent or other tissue that is replaceable by natural processes of repair; « tissu »” (Human Tissue Gift Act, RSY 2002, c 117, s.1)	
Does the legislation specifically allow for reimbursement?	No	

Node 3 – Legislation - Questions	Data	Notes
Is the prohibition worded to require its use?	“No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or any body or part or parts thereof other than blood or a blood constituent, for therapeutic purposes, medical education, or scientific research, and any such dealing is invalid as being contrary to public policy.” (Human Tissue Gift Act, RSY 2002, c 117, s.10)	
Does the prohibition use the exact wording ‘valuable consideration’?	“No person shall buy, sell or otherwise deal in, directly or indirectly, for a valuable consideration, any tissue for a transplant, or any body or part or parts thereof other than blood or a blood constituent, for therapeutic purposes, medical education, or scientific research, and any such dealing is invalid as being contrary to public policy.” (Human Tissue Gift Act, RSY 2002, c 117, s.10)	
What is the wording of the prohibition if it does not use the ‘valuable consideration’ wording?	N/A	
Is the wording of the prohibition the same as that	No	

in any other Province or Territory?		
Are definitions of technical terms provided to clarify the intent behind components of the legislation?	““tissue” includes an organ, but does not include any skin, bone, blood, blood constituent or other tissue that is replaceable by natural processes of repair; « tissu »” (Human Tissue Gift Act, RSY 2002, c 117, s.1)	

Node 4 – Legislation - Question	Data	Notes
Does the legislation include a statement of purpose?	No	

Node 4 – Programming - Question	Data	Notes
What is the purpose/mission of the primary organ donation agency or program?	What We Do - Our Mission: To promote, protect, and enhance the well-being of Yukon people through a continuum of quality, accessible, and appropriate health and social services. (Health and Social Services Yukon http://www.hss.gov.yk.ca/mission.php)	

References

Legislation:

- Human Tissue Gift Act, RSY 2002, c 117, <<http://canlii.ca/t/525jt>>

Programming:

- Living Organ Donor Expense Reimbursement Program (LODERP). (n.d.). Retrieved January 22, 2018, from <https://www.kidney.ca/britishcolumbia/loderp>
- Kidney Foundation of Canada British Columbia and Yukon (n.d.) Retrieved January 22, 2018, from <https://www.kidney.ca/bc-home>
- Health and Social Service Yukon Organ Donation Program (n.d.) Retrieved January 22, 2018, from <http://www.hss.gov.yk.ca/>