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# The Influence of Sociocultural Factors on Organ Donation and Transplantation in Korea: Findings From Key Informant Interviews

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*Although brain death was formally recognized in Korea in 2000 for the purpose of organ donation, traditional Confucian-based thought still prevails. The aim of this study was to explore sociocultural perspectives that influence health professionals' attitudes and perceptions regarding organ donation. Semistructured interviews were conducted with nine key informants from three major hospitals providing transplant services in South Korea. Several themes were identified as barriers to organ donation: Confucianism, misunderstandings and myths, organs as spare for selling, lack of clarity in the definition of death in the new legislation, and limited medical insurance coverage. It remains difficult for brain death to be accepted as true death, and there is currently a poor rate of organ procurement. Findings of the study will help identify socioculturally appropriate strategies to promote acceptance and accessibility of organ transplantation among South Koreans.*

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**Keywords:** *brain death; organ donation; transplantation; cultural factors*

Previous studies have examined a range of aspects regarding organ donation and transplantation. There is, however, limited research exploring health professionals' psychosocial components, such as attitudes and knowledge surrounding the organ procurement process (Kim, Elliott, & Hyde, 2002),

especially with nurses working in the intensive care unit (ICU) (Bidigare & Oermann, 1991; Day, 2001; Pearson, Robertson-Malt, Walsh, & FitzGerald, 2001).

People's attitudes, beliefs, and behaviors are influenced by their cultural background, social norms, and religious beliefs (Stoeckle, 1990). An *attitude* reflects an individual's belief, feeling, or action toward an object (Ajzen & Fishbein, 1980). Cantwell and Clifford (2000) defined an attitude as "a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour" (p. 961). If a person expresses favor to a specific issue, the person is regarded as having a positive attitude toward that issue.

Several external factors have been identified that influence the formation of personal attitudes toward organ donation and transplantation. These can be categorized into experiential, educational, social, cultural, and religious factors (Kim, Elliott, & Hyde, 2002). In particular, an individual's attitude to organ donation and transplantation has significant ethnocultural correlation (Lam & McCullough, 2000). In addition, positive attitudes of health professionals significantly influence the consent rate for organ procurement (Ehrle, Shafer, & Nelson, 1999). From studies in Western cultures, the majority of ICU nurses consider organ donation to be valuable, with 95% of them expressing positive attitudes (Duke, Murphy, & Bell, 1998). There is, however, little evidence to extrapolate these findings to Eastern philosophy cultures.

In the transition to a modern technological country, there have been many changes in South Korean society. Issues regarding brain death and organ donation remain problematic,

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however, as evidenced by low organ-donation rates and efficacy of potential donor care. This may be explained by cultural influences, because most of Korea's traditional philosophies and cultural beliefs stem from the ideology of Confucianism, Buddhism or Taoism/Chondogyo. Christianity, an integral part of Western culture, was introduced in Korea in the 19th century but has infiltrated into society relatively less than the other three traditional religions (C. W. Kim, personal communication, April 31, 2001). Although a recent survey demonstrated that three major religions dominate in Korea—Protestant (32%), Buddhism (29%), Catholic (14%), and 21% with no designated religion (K. Kim, 2001)—it should be noted that Confucianism and Taoism/Chondogyo are no longer formalized religions in Korea. They remain, however, influential in the customs of the people transmitted through many generations of family. The influence of these Korean religions and customs on brain death and organ donation is discussed below.

### CONFUCIANISM

Although most Korean religions do not possess any formal position on the issue of organ donation and transplantation, Confucian thoughts are commonly acknowledged in discussions regarding Korea's low rate of organ donation. Many Koreans express rejection or aversion toward the issues of brain death and organ donation/transplantation, especially from the brain dead (Joo, 1995), as there is a belief that the deceased person would be humiliated by the organ-harvesting process. *Filial piety* or duty to parents is the most basic and crucial concept of Confucianism and implies that a person's duty is to maintain the body in the same condition in which it was received from his or her parents, including being intact at death (Y. Kim, 1998; Lam & McCullough, 2000). Thus, strong adherents of Confucianism do not accept the removal of organs for donation.

Shih et al. (2001) investigated the impact of cadaveric organ donation on Taiwanese donor families and found that 86% of donor families expressed negative experiences, such as worry about the donor's afterlife due to disfiguration of the donor's body. In this study, 41% and 36% of the respondents believed in Confucianism and Buddhism, respectively. This finding is potentially applicable to the Korean context because of similar cultural beliefs and traditions.

### BUDDHISM

The central philosophy of Buddhism is a peaceful death and transmigration of the soul (metempsychosis), leading to successful rebirth (Lam & McCullough, 2000; McQuay, 1995; Park, 1997). The philosophy emphasizes that the process of physical dying is important and must not be disturbed by any external factors (Lam & McCullough, 2000). Therefore, organ donation, especially from a brain-dead patient, may be discouraged in Buddhist philosophy.

Buddhists also believe in reincarnation, in which human souls are immortal and are on their eternal journey occupying new bodies (human or animal) during their sojourn (Shih et al., 2001). The accumulation of good deeds through compassion in the mortal world will enable one's soul to obtain a higher status of being in the eternal world. According to some Buddhists, their view of human life is self-effacement (annihilation of self); thus, there is nothing intrinsically divine about the physical body (Park, 1997). This group of Buddhists believes that organ donation is the greatest act of compassion and self-sacrifice. Based on this belief, a Buddhist organization was formed in 1992 to encourage cornea and organ donation based on the life-offering movement in Korea (Park, 1997). This group emphasizes that to save another life by organ donation is Buddhist benevolence. Most Buddhist organizations do not definitely express, either by written document or standpoint, any religious attitude against organ donation (Park, 1997). Rather, they leave the decision about organ donation as a personal choice.

### TAOISM/CHONDOGYO

Originating from China, Taoism has strongly influenced the formation of an indigenous religion in Korea called Chondogyo. The human being is considered as a small cosmos in Taoist ideology. Its ethos provides the concept of *ch'i* as the life force of the body, which represents the components of nature. That is, each major organ of the human body has a direct relationship with a natural element: heart-fire, liver-wood, spleen-earth, lungs-metal, and kidney-water (Chondogyo, 2001).

The fundamental notion in Taoism is the reciprocal principles of *yin* and *yang* in *ch'i*, two aspects of life that are in relative opposition yet also inseparable from each other. For example, female is considered as *yin* and male as *yang*. The inside of the body is *yin*, whereas the surface is *yang* (McQuay, 1995). Therefore, in the Taoist belief system, the state of sound balance between *yin* and *yang*, and physical and spiritual harmony with nature, are considered as healthy (Y. Kim, 1998; Lam & McCullough, 2000; McQuay, 1995). From this point of view, removal of any major organs means to destroy this balance of *ch'i* and will bring about catastrophic results. Thus, Chondogyo belief is to not injure or molest the body or mind. Living in an ideal way is valued rather than life per se. Chondogyo does embrace death as a natural event and encourages reverence for the deceased (Lim, 1999).

### SHAMANISM

Shamanism is not a major religion in Korea but cannot be ignored when considering Korean culture. It developed before the introduction of foreign religions and permeated among the lay people over thousands of years, blending with other religions. Shamanistic beliefs remain common, and

folk healers are often used in current Korean society. Some lay people often prepare and bring amulets to ward off evil spirits. Many Koreans still believe in the world beyond the grave and believe that humans become ghosts after death. They believe that the body must be intact after death to go to "the realm of the shades" (K. Kim, 2001). Thus, missing an organ for any reason may cause suffering in the afterlife for the spirit of the deceased and would anger the deceased's spirits (K. Kim).

Many Korean people still believe that individuals have to die at home. If an individual dies away from home, the body is not allowed to be brought into his or her home for the funeral ceremony (K. Kim, 2001). Because the deceased person will be transferred into a ghost, that ghost would provoke bad omens for the remaining family members. Thus, family members of the dying would want the loved one to be discharged from the hospital to bring him or her home before death. This could be one of the possible reasons for the small numbers of families that could be approached for organ donation.

In addition, Korean cultural norms do not allow people to discuss death in general. Children should not talk about death in front of their parents or elder family members (J. Kim, 1995) because early death would result as a bad omen. Thus, discussion of organ donation is discouraged.

### CHRISTIANITY

There is diversity in opinions among Korean Christian organizations regarding organ donation from brain-dead patients. Some manifest a negative view on this issue, as they believe that even though the brain-dead body is maintained by artificial life support, as long as the heart beats, the person is still alive. Thus, to remove life support following organ procurement from a brain-dead cadaver is tantamount to murderous behaviour (Chun, 1992). This is a violation of the divine right because the decision between life and death is only in God's hand.

On the other hand, the general Christian belief (Catholic or Protestant) encourages organ donation as a performance of self-sacrifice, fraternalism, and altruism (McQuay, 1995). The belief is that the cadaver is not a person because its soul has left the body, and organ donation is accepted with sound consent from the donor and/or family (Lam & McCullough, 2000; Randhawa, 1995). It is clear that a range of cultural issues provides mixed messages in relation to organ donation.

### ORGAN TRANSPLANT ACT

Organ donation and transplantation from brain-dead patients is relatively new in South Korea. The Organ Transplant Act was implemented in 2000 to accept brain death as the point of death for the purpose of organ donation (Korean Ministry of Health and Welfare [KMHW], 2000). This act assists the critically ill patient with organ failure by providing

a legal framework for organ transplantation and equitably distributed organs. The act is also intended to deter organ commercialism (Korean Ministry of Health and Welfare, 2000). Therefore, to explore the attitudes of health professionals regarding organ donation and transplantation in the current Korean context is meaningful. Very few studies related to this issue have, however, been conducted in Korea; moreover, to duplicate previous Western-based studies (e.g., Day, 2001) is not appropriate due to the different cultural and social context.

## METHODOLOGY

The purpose of this study was to identify the sociocultural factors that influence attitudes of Korean health professionals toward organ donation and transplantation from brain-dead patients. The findings of this preliminary study will inform the development of a culturally relevant questionnaire to explore the attitudes of a larger sample of ICU nursing professionals to organ donation and transplantation in Korea.

### Design and Sample

An exploratory design using nine key informants was developed to address the stated purpose. Following examination of a list of hospitals providing transplant services in Korea (Korean Ministry of Health and Welfare, 2000), the top three hospitals were selected for accessing the key informants. These hospitals were selected because their health professionals were most familiar with organ procurement processes because of the higher caseloads. Two were teaching hospitals, which support universities in relation to medicine and nursing. All were independent private hospitals.

Purposive sampling was used to identify appropriate key informants to gather a rich description of the factors influencing the attitudes of health care professionals from those best able to provide the data (Sarantakos, 1993). *Key informants* are individuals who hold positions of authority and respect, and are used to provide intimate knowledge and experience of the subject area (Marshall, 1996). The key informant approach enables identification of major themes (McCull & Patterson, 1997) and item generation during questionnaire development (Wackerbarth, Streams, & Smith, 2002) within the subject of interest. Each key informant was invited to participate because of his or her extensive clinical experience in organ transplantation as well as his or her exposure to a range of health professionals with varied organ transplantation experiences. The key informants were the chief of an organ transplant team, one transplant surgeon, the three organ transplant nurse coordinators, two ICU nursing unit managers, and two ICU nurses.

### Procedure

Institutional ethics committee approval was gained prior to the study. The first author visited each hospital to explain

the research purpose, obtain organizational permission to conduct the interviews, and access the key informants. Prior to the interviews, an information sheet and the interview guide were provided to all participants. The information sheet explained the nature of the project and offered a guarantee of confidentiality. The interview schedule was developed following a review of the literature and within the context of the newly implemented act. All participants were asked similar prompt questions with additional questions triggered by the participants' responses. The questions focused on organ donation and transplantation, brain death, the Organ Transplant Act, organ commercialism, social factors influencing organ donation, health professionals' roles in organ procurement, and the current knowledge and attitudes of ICU nurses regarding organ donation. The key informants were encouraged to express their opinions about these issues honestly and openly.

After an informed consent was obtained, data were collected through audio-taped semistructured interviews and observations of individuals' responses during the interviews, which were later recorded as field notes. Interviews were confidential and conducted in private, which lasted between 35 and 50 minutes.

### Data Analysis

Interviews were initially transcribed verbatim in Korean and then translated into English by the bilingual primary researcher. A random audit of transcripts was conducted by bilingual professionals independent of the study to ensure that the original meaning and intent of the data were preserved. Data analysis was an ongoing process throughout the study, commencing with the first transcript. The constant-comparison method was used to develop and theoretically refine relevant categories of data (Anells, 2003; Strauss & Corbin, 1990). Transcripts were analyzed independently by each of the researchers. Initially, data derived from field notes and verbatim transcripts were summarized and analyzed line by line after interviews. Text was reduced to concepts through open coding, and logical groups of concepts were clustered as categories. Data were read and reread carefully to extract the essential meaning. The research team met regularly to discuss interpretations. When required, the primary researcher reexamined the original Korean transcripts to ensure that the initial meaning was preserved. Initial codes were then categorized, recategorized, and condensed to identify the relationships of the themes and properties of the categories. Direct quotes are included to elaborate on themes—the job title of the respondent is included in parentheses.

## RESULTS

All interviews were conducted in Korea between November 2001 and January 2002. The respondents were Korean, aged from 25 to 50 years. Analysis of the concepts expressed

in the respondents' discussions led to the identification of several themes related to sociocultural and legal aspects of organ donation in Korea:

### Sociocultural Issues

#### *Confucian Ethic as a Barrier to Organ Donation*

As noted earlier, an individual's perception of the meaning of death and organ donation is significantly influenced by cultural beliefs. In Korea, strong Confucian thought still remains a tradition, and the key informants identified these beliefs as one of the barriers to organ donation. As stated by one transplant coordinator, "One cannot stab or knife into the dead body, because that implies killing the body twice." This statement reflects that "the physical body is not one's property" (Berger, 1998, p. 2088). Many Koreans consider that an individual's organs are gifts from his or her parents; hence, it is disrespectful to remove them (Lam & McCullough, 2000).

One nurse explained that although Confucianism was less attractive to the young generation, it remains a strong influence in Korean society. She elaborated:

Our generation [born after 1975] does not know about the exact meaning and concept of Confucianism, but we have heard about it for a long time even until now. Even if we are not interested in that philosophy, through a long time inheriting its accumulated philosophical ideas, it still remains in our custom. We cannot completely ignore it and it will not be changed at once. Even though the scripture that 'the body must be intact' might not strongly appeal to us, if someone asks me about organ donation, the first idea hitting my mind is that scripture. . . . I think, the Confucian philosophy provides us a justified excuse for something which we do not really want to do. (RN)

Another nurse recounted an episode with an end-stage renal disease patient who finally gave up kidney transplantation due to her relatives' strong reluctance. This was what the family members (her husband's family) told the patient:

It's better to die rather than to take a kidney from a stranger. We come from a reputable family; don't ruin our strain by being mixing up with a stranger's blood. (RN)

According to one ICU manager, in most cases of sudden death from motor vehicle accidents involving young people, parents have authority and are the decision makers. If parents who are the family decision makers have a strong Confucian mindset, suggesting the advanced option of organ donation is a difficult issue.

#### *Supernatural Beliefs as Barriers to Organ Donation*

Misunderstandings and myths regarding brain death and organ transplantation are evident even amongst health professionals (Lam & McCullough, 2000; Park, 1997). Even to this day, traditional Koreans consider that "missing an organ for

any reason may cause suffering in the afterlife for the spirit of the deceased who would become a complaining ghost" (transplant coordinator).

In Korean folk belief, interfering with a dead body is a serious crime. The dead body is considered to be impure and dangerous and thus quite powerful. Therefore, to maintain a good relationship with the deceased, burial of the whole body is important (Lam & McCullough, 2000). An ICU manager mentioned one of the superstitions that prevails in the lay community.

Some patients' families ask for early discharge from the hospital when s/he [a loved one] is facing imminent death. Because they still believe that if the patient dies in the hospital, it becomes dying in the street away from home, and the ghost [of the deceased] will not go to Heaven and will wander [like in] Hades. Also, the ghost will never go back home again. (ICU manager)

These superstitions inhibit organ donation from brain-dead patients. In addition, it was found that some people fear premature death if they have made known their wishes of being an organ donor. A key informant had this fear:

I know, after my death, I don't know anything . . . do not feel any pain . . . but, if my doctor knows my wish of being a donor . . . who knows, he may announce my death a bit early, before I really die. He may make a premature death to me for organ procurement. Frankly speaking, I'm scared and anxious about it. (RN)

Decisions about organ donation are not considered an individual choice; rather, they involve a group as it is a family matter. Some families do not want to donate, especially when they do not know the deceased's wish (Joo, 1995). One possible reason for this was provided by a transplant coordinator:

They do not want to deal with the consequences [such as creating a complaining ghost of the dead] of making the wrong decision and disrespecting the deceased because the body belongs to the creator and the creator alone should make the decision. Donation is often refused because of this fear and worries from the family. Because of the importance of family within the culture of the participants, consent to donation is a family issue, not just an individual issue. (Transplant coordinator)

Misunderstanding and myths result in people being reluctant to donate organs, especially from brain-dead patients. Change will require more time in accepting the concept of brain death and the recognition of the value of organ donation.

### *Negative Perceptions of Commercialized Organ Donation*

Before the Organ Transplant Act was enforced, organ commercialism was common in Korea even though it was considered inhumane behavior. The majority of key informants commented on the dramatic reduction in the number of commercial kidney transplant procedures since the act was implemented. They suspected, however, that the buying and selling of organs still continues. Stickers/advertisements for a kidney around toilets in the hospitals and public places were observed identifying an organ broker's contact number and cost (Joo, 1995). As one transplant coordinator remarked:

Illegal organ sales brokers are estimated to be approximately 20 [brokers] in our country . . . they are more knowledgeable about the Act than we are. . . . Now, organ sales are much fewer than before, but personally, I don't believe that organ commercialism is entirely abolished. Even nowadays, it will be carried out in the small hospitals in the provinces, behind the legal umbrella, the price [of a kidney from a broker] probably has increased. It cannot wear away in a day. (Transplant coordinator)

Kidney transplant tourism remains strong among opulent patients in Korea, as noted by one transplant coordinator's statement:

Usually organs are procured from a condemned criminal in China, so after transplantation, the recipient has no worries of being distressed or pressured by [living] donor for further financial compensation. (Transplant coordinator)

One surgeon noted an episode when one kidney recipient, suspected of organ commercialism, committed suicide a few months after her transplant.

Her husband told me, she's so happy after transplantation, but she's under intense stress, because the donor continuously required further monetary compensation even though they already paid. They paid whenever the donor requested, but he never stopped. She could not take it any longer, she finally chose the last resort of death. (Surgeon)

One nurse described organ commercialism this way:

If he [vendor] could save his family's life after selling a part of his body, such as one of his kidneys . . . I know, it's not good, but only in such a case, I understand and accept organ commercialism. I think it [organ sales] is better than robbery or murder for the money. It's a kind of fair money for the compensation of selling his body part. He fairly earns the money. Everybody has two kidneys and with one kidney can live, so selling one to make money and thus save his family seems okay to me, also the buyer [recipient] can survive. (RN)

Because commercialized organ transplantation was common in the past (Joo, 1995; Park, 1997), Koreans tend to have a negative view toward organ donation in general.

Whenever I have heard about organ donation, first of all, it reminds me of organ sales, rather than its positive side such as pure altruism. The meaning of organ donation and organ sales gives the same interpretation to me. . . . Maybe I have been unconsciously indoctrinated. (RN)

### ISSUES ASSOCIATED WITH THE LEGAL CONTEXT: THE ORGAN TRANSPLANT ACT

Key informants identified a number of problems associated with the implementation of the Organ Transplant Act. These include highly bureaucratic administrative system, lack of clarity in the definition of death, and financial issues.

#### Highly Bureaucratic System of Administration

Since establishment of the Korean Network for Organ Sharing (KONOS) Agency as part of the act, there has been a dramatic reduction in organ procurements from brain-dead patients. In 1999, 435 cadaveric organ transplants were performed from 162 brain-dead donors. Only 124 transplants from 28 brain-dead donors were, however, conducted in 2002 (Korean Network for Organ Sharing, 2003). Most key informants pointed out that the organ procurement process was too intricate and was under the sole control of KONOS, exercising power with excessively strict controls and criteria for brain death. One surgeon explained that

the organ procurement process became too complex and too complicated after KONOS took over the whole system. And KONOS has strict control over the hospital. (Chief of organ transplant team)

According to key informants, documentation procedures required prior to harvesting organs from a donor are excessively complex under the current act (Korean Network for Organ Sharing, 2003). These extremely strict regulations were devised to prevent organ commercialism. Unfortunately, although well intentioned, the resulting delay in organ harvesting time increases the risk of losing the organ due to extended ischemic time. Thus, the majority of key informants felt that much of the documentary process is troublesome, unnecessarily time-consuming, and detrimental to the transplant process. Informants insisted on the need for simplification of the existing documentary procedures to reverse the decreasing rates of organ transplantation. A transplant coordinator described the organ procurement process as

too administrative and too strict, especially in the documentary work. Thus, it takes too long a time to get the result from

KONOS. Sometimes we even lose organs such as heart and lungs because of the delay time from KONOS. . . . I feel, that is wasting time. (Transplant coordinator)

#### Lack of a Clear Definition of Death in the Organ Transplant Act

As noted by key informants, there is currently a contradiction in the application of the diagnosis of brain death. The Organ Transplant Act does not clearly define the concept of death; rather, it provides a broad protocol for procuring organs for transplantation from people who are alive (living donor), dead (extended donor pool for tissues such as cornea), and brain dead (Korean Ministry of Health and Welfare, 2000). Because the term *brain death* is applied only to donors involved in the organ transplantation process, this causes confusion among health professionals when they care for patients who are clinically brain dead but are not organ donors.

According to the chief of a transplant team, the legal concept of brain death "is only accepted as true death when the family members donate their loved one's organs." In other words, if the brain-dead patient is to donate, he or she is considered as a cadaver; otherwise, he or she is considered alive and may require weeks more treatment.

This uncertainty in the definition is one of the main reasons for the social debate and public condemnation of the current legislation. The subject of a human being's death should be discussed essentially in and of itself. Thus, before debating about brain death and its criteria, there must be an explicit definition of death first. The act focuses, however, only on organ transplantation aspects and is considered too pragmatic and utilitarian by the key informants. One surgeon stated:

The act was made to harvest organs from brain-dead patients, by overlooking the meaning of a human being's death. There is an underlying theme that objectifies the human being as a means of utility and benefit by focusing on organ transplantation. If there is expected and inevitable death, then hastening death artificially by declaration that all brain functions of that patient are stopped, based on the belief that it will be useful for that organ transplantation to save another life is interpreted by the act as good. (Surgeon)

One nurse also supported this opinion by saying:

I agree organ transplantation is good and valuable but human life and death issues should not be viewed solely in a utilitarian way and treated only as a means of saving other lives and providing a spare organ for transplantation. (RN)

As the gap between transplantable organ demand and supply widens, it is understandable that alternative ways to decrease this gap are explored. It is questionable, however, whether a human being should be treated as a "spare" part for the sake of saving another life. One surgeon insisted that the

brain-dead patient should not be regarded simply as “a means of life-extension or spare organ.”

### Limited Benefits From Medical Insurance

There was great concern among key informants regarding the limited medical insurance coverage for organ transplantation. The medical insurance system was not altered following the introduction of the Organ Transplant Act, and as a result only kidney transplantation procedure is partially covered. As transplantation of other organs is still viewed as experimental in Korea, these procedures are not covered by any insurance. The cost of transplantation is considerable. According to one transplant coordinator, the cost of a liver transplant was approximately 100 million Korean Won (US\$10-15 million) in 2001. Key informants believed that many patients with organ failure simply give up contemplating organ transplantation due to the concern that the family will not be able to shoulder the financial burden. The chief of a transplant team insisted, “There is a potential possibility that organ transplantation may be misused as a life prolongation medical and surgical method solely for the rich.” The majority of the respondents were concerned about the effectiveness and efficiency of the act given the limited provisions from medical insurance. Some respondents were skeptical about the new act, “just like a picture on the wall [for the poor], condemning it as a banquet for the rich” (transplant coordinator).

## DISCUSSION

Several issues were identified by key informants explaining the social, cultural, legal, and financial difficulties surrounding brain death and organ donation. Sociocultural and supernatural beliefs and practices contradict the tenets of organ donation. The Organ Transplant Act has failed to address the core issue of defining the parameters of death when organ donation is appropriate. In fact, it muddled the issue by not addressing the core of the problem—how brain death can be reconciled within the social, cultural, and philosophical beliefs of the culture. The administrative system that was created to promote organ harvesting and transplantation is riddled with too many rules that complicate the viability of the organ for transplantation. The current medical insurance does not support the access of eligible Koreans regardless of socioeconomic status to organ transplantation. Commercialization of organ donation is negatively perceived and in turn influences perceptions about organ donation in general.

Within Korean culture, the removal of organs from a corpse is considered an assault or desecration. To treat the body with the greatest of care after death is an important belief. This context makes it more difficult for health professionals to approach the bereaved family for consent for organ donation. To promote organ donation from the brain dead requires changing perceptions of lay people and health care

**TABLE 1**  
**Preliminary Themes From Key Informant Interviews**  
**Related to the Social Environment**

### *Issues Related to Social Environment*

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Sociocultural issues
Confucianism as a barrier to organ donation
Misunderstandings and myths
Organs regarded as a spare for selling
Legal issues: The Organ Transplant Act
Administrative system too bureaucratic
A dualistic system (inconsistency of the act)
Limited benefits from medical insurance

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professionals, and a realization that Confucian custom needs to be carefully examined through ongoing education and public awareness.

To improve general understanding regarding brain death and organ transplantation and to remove the negative connotations of organ commercialism, publicity and open debate must occur. This public debate should precede legislation to establish the definition and parameters for brain death to address the religious, moral, and philosophical concerns of Koreans. As Rix (1990) insisted, “There must be public trust that the brain death criterion is not in the interest of the medical establishment alone, and the diagnosis of brain death is precise and definite” (p. 232).

In Korean society, patients’ ability to pay for medical costs is one of the criteria for the potential organ recipient (Joo, 1995; Park, 1997). To provide optimal benefit for all regardless of financial capacity requires the extension of medical insurance coverage. Without financial support, the growth of organ transplantation will remain limited and available only to the rich. As mentioned by an ICU charge nurse, “The gap between the wealthy and the poor in their ability to pay the high medical costs for organ transplantation may dominate the value of life.” This in turn increases negative attitudes of health professionals toward organ transplantation.

## CONCLUSION

Acceptance of brain death as the point of death is a concept that has only been legally accepted since 2000 in Korea. The study findings are beneficial in establishing an initial understanding of the sociocultural factors influencing organ donation. This understanding is necessary in identifying socioculturally appropriate strategies for change that can promote acceptance and accessibility of organ donation and transplantation among Koreans. The findings of this study as well as from the literature will guide the development of a culturally specific questionnaire to survey a larger sample of health professionals involved in organ donation in Korea.



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**APPENDIX 1: Key Informant Interview Guide**


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What do you think about brain death?  
 What do you think about organ donation and transplantation, especially from the brain dead?  
 What is your personal thought about the Organ Transplant Act?  
 What are the problems related to the Organ Transplant Act?  
 Has there been any change before and after the enforced act?  
 What do you think about organ commercialism?  
 What do you think the social factors influencing organ donation are?  
 What is the organ transplant coordinator's role in the organ procurement process?  
 What do you think about ICU nurses' attitudes regarding brain death and organ donation?  
 What do you think about ICU nurses' knowledge level regarding the organ procurement process?  
 Could you tell me what is your personal thought regarding brain death and organ donation?

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