Supplementary Materials for "Legal Origins, Religion and Health Outcomes: A Cross-Country Comparison of Organ Donation Laws"

Guillem Riambau[1], Clin Lai[1], Boyu Lu Zhao[1], and Jean Liu[1]

[1]Yale-NUS College

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1 Additional data details

This section provides further details on data sources and descriptive statistics. Table 1 provides the policy for each country, as well as the source(s) used. Details for countries that do not appear in the most standard sources can be found in Table 2. Table 3 provides detailed information for all independent variables, including both how they are measured and the source used. All descriptive statistics for these variables can be found in Table 4.

Table 1: Policy and source by country

Country	Policy	Source	Country	Policy	Source
Argentina	Opt-out	[1],[2]	Libya	Opt-in	[8]
Armenia	Opt-out	[3]	Lithuania	Opt-in	[3],[1],[5],[6]
Australia	Opt-in	[3],[1],[4]	Luxembourg	Opt-out	[3],[5],[6]
Austria	Opt-out	[3],[1],[4],[5],[6]	Macedonia	Opt-in	[7]
Azerbaijan	Opt-in	Other	Malaysia	Opt-in	[3],[1]
Bahrain	Opt-out	[8]	Malta	Opt-out	[3],[5]
Bangladesh	Unclear	[14]	Mexico	Opt-in	[3],[1],[4]
Belarus	Opt-out	[3],[1]	Moldova	Opt-out	[7]
Belgium	Opt-out	[3],[1],[4],[5],[6]	Morocco	Opt-out	[8]
Bolivia	Opt-in	Other	Netherlands	Opt-out	[9]
Brazil	Opt-in	[3],[1]	New Zealand	Opt-in	[3],[1],[4]
Brunei	No policy	Other	Nicaragua	Opt-in	Other
Bulgaria	Opt-out	[1],[5],[7],[6]	Norway	Opt-out	[3],[4],[5]
Canada	Opt-in	[3],[1],[4]	Pakistan	Opt-in	[16]
Chile	Opt-out	[3],[4],[2]	Panama	Opt-out	[1],[2]
Colombia	Opt-out	[3],[1],[2]	Paraguay	Opt-out	[3],[2]
Costa Rica	Opt-out	[3],[1],[2]	Peru	Opt-in	Other
Croatia	Opt-out	[3],[1],[5],[6]	Philippines	Opt-in	[3]
Cuba	Opt-in	[3],[1]	Poland	Opt-out	[3],[1],[4],[5],[6]
Cyprus	Opt-in	[5],[6]	Portugal	Opt-out	[1],[4],[5],[6]
Czech Republic	Opt-out	[3],[1],[4],[5],[6]	Puerto Rico (USA)	Opt-in	[1]
Denmark	Opt-in	[3],[1],[4],[5],[6]	Qatar	Opt-in	Other,[8]
Dominican Republic	Opt-out	[2]	Romania	Opt-in	[3],[1],[5],[7]
Ecuador	Opt-out	[3],[1],[2]	Russia	Opt-out	[3],[1]
Egypt	No policy	Other, [13]	Saudi Arabia	Opt-in	[3]
El Salvador	No policy	Other	Singapore	Opt-out	[3],[1]
Estonia	Mixed	[3],[5],[6],[10]	Slovakia	Opt-out	[3],[1],[4],[5],[6]
Finland	Opt-out	[3],[1],[4],[5],[6]	Slovenia	Opt-out	[3],[4],[5],[6]
France	Opt-out	[3],[1],[4],[5],[6]	South Africa	Opt-in	[3]
Georgia	Opt-in	Other	South Korea	Opt-in	[3]
Germany	Opt-in	[3],[1],[4],[5],[6]	Spain	Opt-out	[3],[1],[4],[5],[6]
Greece	Opt-out	[1],[4],[5],[6]	Sudan	Opt-in	[8],[11]
Guatemala	Opt-in	[1]	Sweden	Opt-out	[3],[1],[4],[6]
Honduras	Opt-in	Other	Switzerland	Opt-in	[3],[4]
Hong Kong	Opt-in	[1]	Syria	Unclear	[8],[12]
Hungary	Opt-out	[1],[4],[5],[6]	Taiwan	Opt-in	[1]
Iceland	Opt-in	[3]	Thailand	Opt-in	[3]
India	Opt-in	[3]	Trinidad and Tobago	Opt-in	Other
Iran	Opt-in	[15]	Tunisia	Opt-out	[3],[1]
Ireland	Opt-in	[3],[1],[4],[5],[6]	Turkey	Opt-out	[3],[4]
Israel	Opt-in	[3],[1]	Ukraine	Opt-in	Other
Italy	Opt-out	[3],[1],[4],[5],[6]	United Arab Emirates	Opt-in	Other
Japan	Opt-in	[3],[1],[4]	United Kingdom	Opt-in	[3],[1],[4],[5],[6]
Jordan	Opt-in	[8]	United States	Opt-in	[3],[1],[4]
Kuwait	Opt-in	[3]	Uruguay	Opt-out	[2]
Latvia	Opt-out	[1],[4],[5],[6]	Venezuela	Opt-in	[3],[1]
Lebanon	Opt-in	[1]			

Estonia: [3] defines it as opt-in, [5] defines it as "mixed", [6] defines it as opt-out, and [10] defines it as opt-out but notes that previous studies classified it as opt-in. See Table 2 for more details.

Netherlands: [1],[3],[4],[5],[6] define it as opt-in, but the law was changed in February, 2018, to make it opt-out, as [9] notes.

[1] Shepherd et al. (2014); [2] OPS (2013); [3] Rosenblum et al. (2012); [4] Li and Nikolka (2016); [5] Council of Europe (2016); [6] Ugur (2015); [7] Spasovski et al. (2012); [8] UNESCO (2011) ; [9] Sheldon (2018); [10] Rithalia et al. (2009); [11] Saeed (2011); [12] Saeed (2011) ; [13] Paris and Nour (2010) ; [14] Rahman and Mahmood (2017); [15] Griffin (2007); [16] Bile et al. (2010); "Other": Table 2 gives all details for "Other" sources.

Table 2: Policy and source by country, further details on sources (all webpages cited accessed on May 15, 2018).

Country	Source
Azerbaijan	http://sehiyye.gov.az/insan_orqan_toxumalarnn.html [The Law of the Republic of Azerbaijan "On the transplantation of human organs and (or) tissues"]
Bolivia	https://www.lexivox.org/norms/BO-L-1716.html [Ley de Donaciòn y Transplante de Òrganos, Cèlulas y Tejidos, 5 de noviembre de 1996]
Brunei	http://www.wpro.who.int/health_technology/documents/docs/HumanOrganTransplantationMeetingReport.pdf, IRODAT database also has no records of deceased donations in Brunei Gómez et al. (2014).
Egypt	http://www.wipo.int/edocs/lexdocs/laws/en/eg/eg060en.pdf [Egypt 2014 Constitution]
El Salvador	http://elmundo.sv/nunca-se-ha-hecho-trasplante-de-organos-de-cadaveres/
Estonia	Private correspondence with the Director of Transplantation Centre, Tartu University Hospital [who described it as a "mixed system"]
Georgia	https://matsne.gov.ge/ru/document/download/16780/10/en/pdf [Law of Georgia No 3393 of 23 June 2006]
Honduras	http://www.transplant-observatory.org/download/ley-de-trasplante-y-extraccion-de-organos-y-tejidos-humanos-1982 [Honduras. Ley de Trasplante y Extracciòn de Òrganos y Tejidos Humanos, 1982.]
Nicaragua	https://www.laprensa.com.ni/2013/09/27/politica/163967-legalizan-trasplante-de-organos
Peru	http://www2.congreso.gob.pe/sicr/cendocbib/con4_uibd.nsf/DD1DEA7AFEE1A30405257A86006203DC/$FILE/28189.pdf https://ww1.essalud.gob.pe/trasplanteweb/regulaciones.html
Qatar	https://www.hamad.qa/EN/your%20health/Organ-Donation/Documents/Law%2015%20-%20English.pdf [Law No. (15) of 2015 on Regulating the Human Organs Transfer and Transplantation]
Trinidad and Tobago	http://www.health.gov.tt/sitepages/default.aspx?id=109 [Ministry of Health, National Organ Transplant Unit]
Ukraine	http://zakon3.rada.gov.ua/laws/show/1007-14 [Ukraine Law "About transplantation of organs and other anatomical materials to man"] http://keratoplastika.dp.ua/en/the-legislative-framework.html
United Arab Emirates	https://www.haad.ae/HAAD/LinkClick.aspx?fileticket=YHdkY2-FnX8%3D&tabid=183 [Ministerial Decision No. (566) of 2010, On the Implementing Regulation of Federal Law No. (15) of 1993 Regulating the Transfer and Transplant of Human Organs] https://government.ae/en/information-and-services/health-and-fitness/blood-and-organ-donation [Official Portal of the UAE Government]

Table 3: Data details

Variable	Year	Source	Details
Legal system	2016	CIA (2018)	0=Not civil law [N=20]; 1=Both civil law and common law [N=8]; 2=Only civil law [N=65] `https://www.cia.gov/library/publications/the-world-factbook/`
GDP per capita	2016	World Bank (2018)	GDP per capita in current 2016 US dollars (natural log). Data for Taiwan taken from the IMF (link here). `https://datacatalog.worldbank.org`
% secondary education	2015	United Nations (2016)	% population with at least some secondary education (ages 25 and older) `http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf` [Table 9 in the pdf] Data for Taiwan is taken from **?**. Data for Puerto Rico, from the U.S. Census (link here).
Public sector size	2014	IMF (2016)	General government total expenditure (% of GDP) `https://www.imf.org/en/Data`
State religion	2014	Pew Research Center (2017)	0=Secular (favored religion/no religion/hostile to religion) [N=68]; 1=Official religion [N=25] http://www.pewforum.org/2017/10/03/many-countries-favor-specific-religions-officially-or-unofficially/
Main religion	2016	CIA (2018)	Taken as the religion with the largest proportion of followers 1=Catholic [N=40]; 2=Christian (not Catholic or Orthodox) [N=14]; 3=Orthodox Christian [N=12]; 4=Islam [N=20]; 5=Any other [N=7]
% main religion	2016	CIA (2018)	% of citizens who follow the largest religious group. When the CIA World Factbook does not provide an accurate estimate, data is taken from the International Religious Freedom Reports issued by the US Department of State [Cuba, Czech Republic, Guatemala, Iceland] `http://www.state.gov/j/drl/rls/irf/religiousfreedom/index.htm?year=2014&dlid=238478`
% any religion	2016	CIA (2018)	% of citizens who are religious (any faith). When the CIA World Factbook does not provide an accurate estimate, data is taken from the International Religious Freedom Reports issued by the US Department of State [Argentina, Cuba, Czech Republic, Guatemala, Iceland, Malta] `http://www.state.gov/j/drl/rls/irf/religiousfreedom/index.htm?year=2014&dlid=238478`
Democracy index	2017	The Economist (2018)	0=Authoritarian regime or hybrid regime [N=32]; 1=Flawed democracy of full democracy [N=61] `https://infographics.economist.com/2018/DemocracyIndex/`
Urbanization	2013	World Bank (2018)	Urban population (% of total) `https://datacatalog.worldbank.org`. Data for Taiwan is taken from https://eng.stat.gov.tw
Income tax rate	2018	The Heritage Foundation (2018)	Top individual income tax rate (%) `https://www.heritage.org/index/download`
Inheritance tax	2017	Deloitte (2018), Ernst & Young (2017), Global Property Guide (2018)	If there is a range, the maximum is considered. Most countries data is taken from either Deloitte (2018) (N=47), Ernst & Young (2017) (N=31), and Global Property Guide (2018) (N=11). Other sources are BDO (2016) (Georgia), KPMG International Cooperative (Venezuela), Ministry of Finance (Slovenia, Lithuania), and Schoenblum (2008); Pérez (2012) (Cuba)
Health (% public)	2015	WHO (2018)	Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE) `http://apps.who.int/nha/database`
Health (% GDP)	2015	WHO (2018)	Domestic General Government Health Expenditure (GGHE-D) as % Gross Domestic Product (GDP) `http://apps.who.int/nha/database`
Public spending health p.c.	2015	WHO (2018)	Domestic general government health expenditure per capita (current US$) `http://apps.who.int/nha/database`
Net debt (gov.)	2014	IMF (2016)	General government net debt (percent of GDP). Link here
% women MPs	2013	World Bank (2018)	Proportion of seats held by women in national parliaments (%) https://data.worldbank.org/indicator/SG.GEN.PARL.ZS?view=chart
Blood dona–tions p.c.	2013	WHO (2018) World Bank (2018)	Blood donations: 2016 Global Status Report on Blood Safety and Availability. Link here Population: World Bank. https://data.worldbank.org/indicator/SP.POP.TOTL
Life expectancy	2015	WHO (2018)	Life expectancy, at birth, in years http://apps.who.int/gho/data/view.main.SDG2016LEXv?lang=en
Gini index	2015	CIA (2018) CIA (2018)	Gini index (with perfect equality the index would be zero; with perfect inequality, the index would be 100) https://www.cia.gov/library/publications/the-world-factbook/rankorder/2172rank.html
Literacy rate	2015	CIA (2018) CIA (2018)	Adult literacy rate (%) https://www.cia.gov/library/publications/the-world-factbook/fields/2103.html
Corruption	2017	Transparency International (2017)	Corruption Perceptions Index 2017: perceived levels of public sector corruption according to experts and businesspeople. 0 = highly corrupt; 100 = very clean. https://www.transparency.org/news/feature/corruption_perceptions_index_2017#table
Giving index score	2017	Charities Aid Foundation (2017)	World Giving Index 2017. It relies on a simple averaging of the responses from the three key questions asked in each country: "Have you done any of the following in the past month?" (i) Helped a stranger, or someone you didnt know who needed help; (ii) Donated money to a charity; (iii) Volunteered your time to an organization". Link here

CIA= Central Intelligence Agency (USA); IMF=International Monetary Fund; WHO = World Health Organization.
When the link is too long to fit, a hyperlink is provided.

Table 4: Descriptive statistics

Variable	Mean	St. dev.	Min	Max	N	Comments
Variables included in main results (Table 1, Figure 2 in the main manuscript, and Table 5 below).						
Legal system	1.48	0.83	0	2	93	0=Neither Common Law or Civil Law (N=3) or Common Law only (N=17); 1=Both Common Law and Civil Law (N=8); 2=Civil Law only (N=65)
log (GDP per capita)	9.47	1.14	7.21	11.73	91	
% secondary education	73.79	21.18	16.3	100	91	
Public sector size	35.49	11.83	13.4	78.17	93	
State religion	0.27	0.45	0	1	93	0=favored religion (N=22) / no religion (N=44) / hostile to religion (N=2); 1=Official religion (N=25)
Democracy index	2.68	1.00	1	4	93	1=Authoritarian regime; 2=Hybrid regime; 3=Flawed democracy; 4=Full democracy
OECD membership	0.38	0.49	0	1	93	35 members and 58 non-members
Urbanization	71.74	17.64	8.67	100	92	% urban population
% religious	85.11	17.91	29.2	100	93	
Main religion						
Catholicism	0.44	0.50	0	1	93	41 countries (used as basegiven the largest N)
Protestantism	0.14	0.35	0	1	93	13 countries
Orthodoxy (Christian)	0.13	0.34	0	1	93	12 countries
Islam	0.22	0.21	0	1	93	20 countries
Other	0.08	0.27	0	1	93	Includes Buddhism (N=4), Shintoism (N=1), Hinduism (N=1), and Judaism (N=1).
Blood donations	0.024	0.0139	0.004	0.056	84	
Giving Index score	34.06	10.39	16	57	83	
Variables included in robustness checks (Figure 3 in the main manuscript, and Figure 1 below.)						
Income tax rate	29.38	14.05	0	57	92	Maximum bracket in case there are multiple ones
Inheritance tax	4.12	20.73	0	80	93	Maximum bracket in case there are multiple ones
Health (% public)	61.55	17.85	14.7	93.99	89	
Health (% GDP)	4.56	2.25	0.39	9.42	89	
Public health p.c.	1,273	1,612	4.7	6,944	89	In USD
Net debt (gov.)	26.62	67.02	-244.03	126.25	58	
% female MPs	22.20	11.06	0	48.9	89	
% main religion	67.97	23.80	16.2	99.8	93	
Corruption	51.40	20.15	14	89	92	Corruption perceptions. The lower the number, the more corrupt.
Life expectancy	76.61	4.71	62.9	83.7	90	
Literacy rate	93.53	8.42	57.9	99.9	73	
Gini index	37.39	8.85	21.5	62.5	81	

All variables are coded as of 2016, except where no data was available, in which case the closest year with data was chosen.
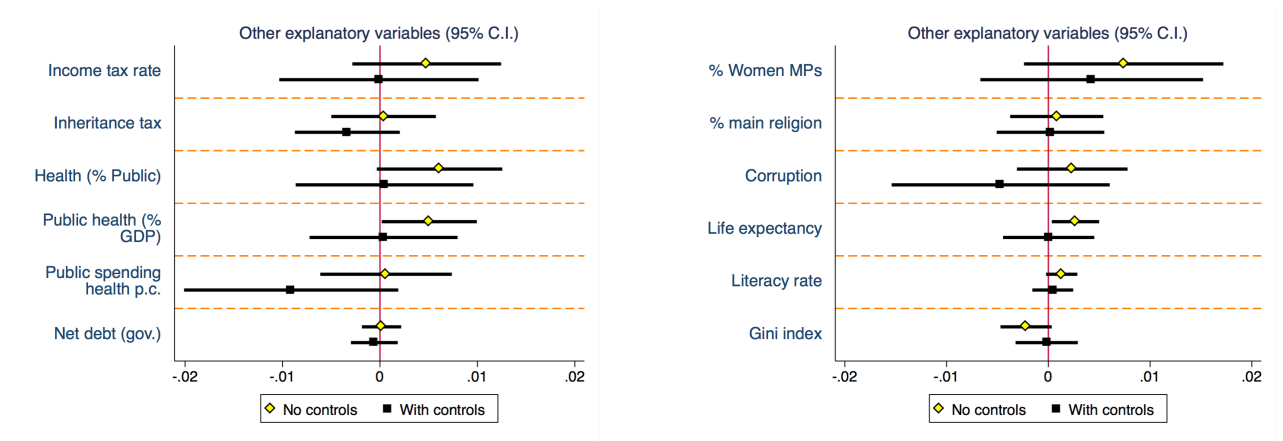
2 Additional Results

This section provides results for other variables that could potentially explain presumed consent policies. Since organ transplants are more likely in economically developed countries, we check if development plays a role in determining donation policies. To that avail, we use life expectancy and literacy rate as proxies for economic development. We also include net government debt to broadly check if countries with preferences for tighter budgets or less expansionary policies are more likely to pass either type of law. Similarly, we check whether political preferences are correlated with any particular policy. First, we check for preferences for a public health system. In this case, we use the size of the public health care system (relative to the total health spending and to GDP), as well as public spending in health care per capita. Furthermore, we also check if preferences for wealth redistribution are correlated with organ donations laws. Highest income tax rate and highest inheritance tax rate broadly capture such preferences —hence, we use them as proxies. Finally, we also add controls that measure the degree of gender equality (% of parliamentary MPs who are women), of economic equality (Gini Index), and level of corruption. We also include another control for religion (% of the population who follow the main religion in the country). The updated regression specification is

$$\text{Policy}_i = \alpha + X_i'\beta + \gamma z_i + \varepsilon_i, \tag{1}$$

where z is the new variable control added. As before, Policy_i is a dummy that captures presumed consent (1=presumed consent; 0=explicit consent), i denotes country, and X is a vector of explanatory variables comprised of legal origins, GDP per capita, State religion, main religion, percent of the population who are religious, democracy index, and OECD membership.

Given the small size of our data set, we include the controls one at a time. Figure 1 shows the 95% confidence intervals for coefficient γ attached to the added control z. Percentage of citizens who are religious is dropped from the second regression in Panel b (% main religion). This is because percentage of followers of the main religion and percentage of citizens who are religious (one of the controls in X_i) are strongly positively correlated ($corr$=0.82).

Results show that variables that proxy economic development are, in general, positively correlated with presumed consent policies (bars with empty diamonds). However, they lose their explanatory power when the full set of controls is taken into consideration (bars with solid squares). This is the case also for size of public health care system: those countries where a larger proportion of resources are devoted to public health care seem to be more likely to pass presumed consent laws. Also, more unequal countries (higher Gini index) are less likely to legislate presumed consent. All these results are however not robust to including a full set of controls.

(a) Preferences for redistribution and public health care size

(b) Economic development, equality, corruption and religious measures

Figure 1: Bars with an empty diamond show the 95% confidence interval for the coefficient of the relevant variable (vertical axis) when no controls are included. Specifically, for the γ in $Policy_i = \alpha + \gamma z_i + \varepsilon_i$, where i denotes country, and z denotes the variable at hand. Bars with a solid square show 95% confidence intervals of coefficients when the full model with controls is used. Specifically, for the γ in $Policy_i = \alpha + X_i'\beta + \gamma z_i + \varepsilon_i$, where X_i is a vector of country specific controls: legal origins, GDP per capita, State religion, main religion, percent of the population who are religious, democracy index, and OECD membership. The second regression in Panel (b) [% main religion] does not include "% religious population" as a control.

Including countries with unclear policies

Finally, we include all countries in our dataset. Our results in the main manuscript include countries for which there is enough information for us to determine whether the country has opt-in (coded as 0) or opt-out (coded as 1) policies. Results in Table 5 below also include countries that do not have clear policies, or that have a mixed system (N increases from 87 to 93). In order to be consistent with our focus throughout the paper (what explains presumed consent), we code all unclear/mixed countries with '0', too. Hence, our new dependent variable represents legislating presumed consent vs. everything else (explicit consent or unclear/mixed).

Results are consistent with those presented in the main manuscript. The only difference is that in this case, percentage of religious population is no longer significant at a 5% level. This suggests that more research should be devoted to fully disentangling the relationship between religious population and organ donation laws.

Table 5: Drivers of *presumed consent* legislation
(replication of Table 1 in the main manuscript with *all* countries included)

Dependent Variable: Presumed consent (opt-out)				
	(1)	(2)	(3)	(4)
Civil Law	0.432**	0.419**	0.437**	0.345*
	(0.127)	(0.129)	(0.131)	(0.144)
log (GDP) p.c.	0.049	-0.016	-0.003	0.014
	(0.054)	(0.077)	(0.078)	(0.079)
% sec. school	-0.000	-0.001	-0.002	-0.001
	(0.003)	(0.003)	(0.003)	(0.003)
Public sector size	0.007	0.008	0.008	0.008
	(0.005)	(0.005)	(0.005)	(0.005)
State religion	0.057	0.120	0.169	0.227
	(0.117)	(0.123)	(0.132)	(0.149)
Democracy index		0.123	0.123	0.153
		(0.065)	(0.065)	(0.082)
OECD		0.014	-0.035	-0.009
		(0.159)	(0.166)	(0.168)
Urbanization		0.001	-0.000	-0.001
		(0.004)	(0.004)	(0.004)
% religious			-0.004	-0.006
			(0.004)	(0.004)
Main religion:				
Protestant				-0.390*
				(0.171)
Orthodox				-0.034
				(0.180)
Islam				-0.076
				(0.206)
Observations	93	93	93	91
R^2	0.199	0.239	0.249	0.317

Standard errors in parentheses.
*** $p<0.001$, ** $p<0.01$, * $p<0.05$

Dependent Variable: 1=Presumed consent ("opt-out"); 0=Explicit consent ("opt-in") or unclear/mixed. Civil Law: legal system based on civil law only (base category: common law or neither. Unreported category: both civil law and common law). log (GDP) p.c.: Natural logarithm of GDP per capita (in 2016 USD). State religion: dummy variable for holding an official, government-endorsed religion. Public sector size: government total expenditure as % of GDP. Main religion: base category='Catholic'; unreported category='Other'. OECD: member of the OECD (dummy variable). See Tables 3 and 4 for more details on the variables.

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