



# The solicitation of altruistic kidney donations on Facebook

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## ABSTRACT

Chronic kidney failure poses a risk to human life and quality of life. Patients often receive renal replacement therapy or a kidney transplant, with the latter considered superior, though often inaccessible due to long waiting lists. While most kidney donations originate from the deceased, Israel has transformed as the first country where most kidney donations originate from altruistic living donors. This creates a social environment in which patients are tasked with kidney solicitation which often occurs on digital social networks. This study examines the phenomenon of digital kidney solicitation by employing a thematic analysis of 76 attempts of solicitation on Facebook. The analysis revealed the act of digital solicitation comprises of reflecting the inner conflicts of solicitation and justifying the kidney donation both in general and for the particular solicitor. This study sheds light on the phenomenon of people with kidney failure attempting to save their own lives through digital social networks. A phenomenon that could influence the social-health debate concerning the fair distribution of health resources in society.

## 1. Introduction

Chronic kidney failure and end-stage renal failure are health-related conditions that pose a severe risk to human life and quality of life (Centers for Disease Control and Prevention, 2023). Individuals with these conditions must receive renal replacement therapy or a kidney transplant (Johns Hopkins Medicine, 2023), with the latter's outcome considered superior on both levels (Purnell et al., 2013; Tonelli et al., 2011). However, due to worldwide shortages, most countries have long waiting lists, and lists' criteria are set too high for most individuals with chronic kidney failure to qualify for a donated kidney (Johansen et al., 2023). While most kidney donations are taken from the deceased (Johansen et al., 2023) Israel has transformed in recent years into the first country in which the majority of kidney donations are donated by altruistic living donors (Global Observatory on Donation and Transplantation, 2023), with more than two-thirds of kidney donations originating from the living (Israeli Ministry of Health, 2023a). This is plausibly the result of the unique circumstances – most notably Jewish-religious beliefs – in Israel regarding the topic of transplantation. Indeed, transplants from deceased donors have been relatively low in Israel, an observation explained mostly by Jewish religious opposition citing degrading a cadaver (Melamed, 2006), disputes on determining the time of death (Rosner, 1999), and eschatology (Ashkenazi et al., 2019; Hacohen, 2011). However, with the establishment of Matnat Chaim in 2009, an Israeli non-profit organization that encourages

altruistic donations, we suggest a major theological shift occurred regarding organ donations in Israel. While the organization and its messages were directed at all Israelis, one particular group – Religious-Zionists – responded to the call and today are believed to make up the vast majority of altruistic kidney donors in Israel. The theological shift reframed the donation by focusing on the advantages of the receiver (the preservation of the sanctity of life) rather than the disadvantages of the donor. While theologically, some religious aspects are not shared between deceased donors and living donors (e.g., respecting the cadaver and time of death) other aspects are shared (e.g., eschatology). However, theologically, we suggest that starting in 2009, the sanctity of life overcame the opposing aspects, particularly for donations from the living, and particularly for observant individuals from the Religious-Zionists community. Thus, while donations from the deceased are still relatively low for the abovementioned reasons, an unprecedented rise in donations from the living, and notably donations from altruistic strangers, is now comprising the lion's share of kidney donations in Israel today.

With most donations coming from altruistic strangers, we suggest the creation of a unique social environment in Israel in which solicitation is becoming the central pathway for receiving a kidney transplant in Israel. While the acts of solicitation of altruistic kidney donations are plausibly happening in Israel in various social encounters, many Israelis with kidney failure have turned to digital social networks, particularly Facebook, which have become integral to the interactive human

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experience. Thus, this study examines for the first time the digital solicitation of kidney donations occurring on Facebook in Israel today.

The study employs a thematic analysis (Corbin and Strauss, 1990) of 76 Facebook posts of individuals who actively solicited a kidney donation throughout the duration of 12 months (February 1st, 2022, to January 31st, 2023). The analysis identified two central themes: reflecting the inner conflicts of solicitation and justifying the kidney donation both in general and for the particular solicitor.

This study contributes to scientific literature in two main ways. First, it interpretively reveals the phenomenon of digital kidney solicitation, reflecting an attempt by people with kidney failure to save their own lives and better their own lives through digital social networks. Second, the discussion of digital solicitation as a circumvention attempt enriches the social-health debate concerning the fair distribution of health resources in society, particularly regarding organ donations.

## 2. Literature review

### 2.1. Chronic kidney failure and end-stage renal failure

Chronic kidney failure refers to the loss of kidney function, a phenomenon that often occurs gradually. Humans have two kidneys tasked with filtering waste from the blood, and a variety of conditions can cause their failure including diabetes and high blood pressure (Centers for Disease Control and Prevention, 2023). End-stage renal failure refers to the final stage of kidney failure in which the kidneys can no longer function at a level that will support the individual. At this stage, individuals must receive renal replacement therapy or a kidney transplant (Johns Hopkins Medicine, 2023). Patients regularly start with renal replacement therapy, though many often strive for kidney transplantation, as therapy has a larger negative effect on the quality of life (Purnell et al., 2013) and has lower survival rates (Tonelli et al., 2011). Kidney donations can originate from both the living and deceased, though live donor kidneys are considered significantly superior (Rudow et al., 2015). People with kidney failure have two potential paths to receive a new kidney: to passively wait on a national list for a deceased or altruistic donation or to actively solicit a donation from the living, particularly a family member or an altruistic donation. However, the worldwide shortage of available kidney donations has created in most countries exclusive high-criteria waiting lists, and even being added to such a list does not guarantee kidney transplantation, with most individuals remaining on renal replacement therapy for years. As data for Israel on this matter does not exist, we exemplify this through a different Western country, the US that has measured this issue extensively. After one year for those on the list in the US, 26 % had received a kidney donation, and after three years this accrued to 43.7 %. Indeed, of those receiving renal replacement therapy in the US only approximately 3.8 % of individuals undergo kidney transplantation per year (Johansen et al., 2023). Thus, we conclude that kidney transplantation is a sought-after, valuable, and relatively rare resource.

Various forms of media have been playing an increasing role regarding kidney donations and transplantation by framing the experiences of donors and patients on television (Quick et al., 2023) and YouTube (Tian, 2010), educating the public regarding the risks involved in transplantation (Zhuang and Guidry, 2021), and raising general awareness to transplantation and donation (Novogrodsky et al., 2019). Moreover, a handful of studies have interviewed individuals who chose to partake in digital solicitation (Costello and Murillo, 2014; Pronk et al., 2018), though none have analyzed the actual acts of digital solicitation. Thus, this study adds an important layer of knowledge to the existing scientific literature concerning the digital solicitation of kidney donations.

### 2.2. Kidney donations in Israel

This study focuses exclusively on the Facebook solicitation of

kidneys in Israel. The focus on Israel derives from the unprecedented and ever-increasing annual numbers and percentages of altruistic kidney donations occurring in Israel as of late. Indeed, while in 2009 Israel ranked 28th in living kidney donors, in 2020 and 2021 it ranked 1st in the world (Global Observatory on Donation and Transplantation, 2023). While not all living donations are categorized as altruistic (when the living donor is unrelated to the patient), most living donations in Israel are indeed categorized as altruistic (Wasser et al., 2018). By examining raw data published by the Israeli Ministry of Health (2023a) we conclude that the past 13 years (2009–2021) posit a clear trend concerning both the growth in the overall number of kidney transplants as well as the percentage of altruistic kidney donations among all kidney transplantations in Israel. Thus, while the first three years of this period (2009–2011) consisted of 502 transplants of them 236 (47 %) were from deceased donors, and 266 (52.9 %) were from the living, the last three years of this period (2019–2021) consisted of 1237 transplants of them 389 (31.4 %) were from deceased donors, and 848 (68.5 %) were from the living. Therefore, while the number of transplants between these two periods grew overall by 246.2 %, they grew by 64.8 % from deceased donors and by 318.7 % from the living. The rise in altruistic kidney donations can be attributed to the Israeli non-profit Matnat Chaim organization that facilitates and encourages altruistic donations. The organization, which was founded in 2009, has facilitated up to January 12th, 2024, 1574 altruistic kidney donations in Israel (<https://kilya.org.il/en/>).

These ever-growing high numbers of altruistic donations (1st in the world in 2021, Global Observatory on Donation and Transplantation, 2023) combined with substantially lower levels of donations from deceased donors (32nd in the world in 2021, Global Observatory on Donation and Transplantation, 2023), are creating a unique social environment in which solicitation is becoming the central pathway for receiving a kidney transplant in Israel. As such, set with the challenging task of recruiting an altruistic volunteer to donate a kidney, many Israelis with kidney failure have turned to digital social networks as exemplified in this study. Thus, we show that digital social networks in Israel, particularly Facebook, are becoming a central platform for individuals with kidney failure to plead for their lives.

Kidney donations in Israel are influenced by complex and diverse religious attitudes. Indeed, not only do the different streams of Jewish orthodoxy adhere to these attitudes but so do many of the traditional and secular Jews (Ashkenazi and Klein, 2012; Ashkenazi et al., 2019). While most Jewish rabbinical authorities have theoretically supported the act of kidney donations from the deceased, others have prohibited it. Jewish law lists three prohibitions that prevent taking an organ from the deceased. These include enjoying a cadaver, degrading it, or preventing its burial in its entirety. Yet, the rabbinical supporters of organ donations from the deceased posit the sacred act of preserving life as taking precedence over these three prohibitions. In contrast, altruistic kidney donations are permissible by rabbinical authorities due to their vital contribution to the recipient while posing a low level of medical risk to the donor and are considered by rabbinical scholars as a voluntary act of righteousness (Melamed, 2006). However, rabbinical authorities in Israel have historically discouraged in practice the act of organ donation from the deceased as a result of disputes with the medical community regarding the criteria for defining the moment of death: brain stem death vs. cessation of heartbeat (Rosner, 1999). Yet, regardless of rabbinical decrees, it seems that widespread popular quasi-religious beliefs play a substantial role in the attitudes of Jewish-Israelis concerning organ donations from the living and the deceased. For example, a popular interpretation of Jewish theological eschatology, opposes the idea of organ donation, as it could prevent believers from resurrection at the end of days (Ashkenazi et al., 2019; Hacoheh, 2011). Other notions include inviting the 'evil eye' or the inaccurate belief that organ donation is utterly prohibited by the Jewish religion (Ashkenazi et al., 2019).

### 2.3. Religious-Zionism and altruistic kidney donations

Yet, in the past decade, one particular sub-group of Israeli society known as Religious-Zionism has enthusiastically adopted the act of organ donations, particularly altruistic kidney donations from the living. While no empirical breakdown of donations by religious stream exists in Israel, news publications and medical personnel saliently point to the overwhelming majority of altruistic donations by Religious-Zionists individuals (e.g., [Hecht, 2021](#)). For example, Prof. Eytan Mor who serves as the Director of the Organ Transplant Center at the Sheba Medical Center, the largest hospital in Israel, reported in a news interview that 98 % of the altruistic kidney donors at his hospital were Religious-Zionists ([Farkash, 2021](#)).

Religious-Zionists are a Jewish-orthodox group in Israel that consists of about one million individuals representing 11.9 % of the total Israeli population ([Israel Central Bureau of Statistics, 2018](#)). Understanding the theological foundations of this group is vital to understanding their recent enthusiastic adoption of altruistic kidney donations. In particular, Religious-Zionism shares strong commonalities with both the ultra-Orthodox group (observance of Jewish law) and the Jewish-Secular group (integration into professional and public spheres) ([Mashiach, 2020](#)). However, Religious-Zionism holds fundamental theological beliefs that distinguish this group inherently from the two abovementioned groups and arguably pave the way for members of the group to altruistic organ donations.

The theological foundations of Religious-Zionism were mostly developed by Rabbi Avraham Yitzhak Kook (1865–1935) and his later followers who aspired to create what they viewed as the utopian Jew. Throughout the 20th century, a large amount of theological literature was composed critiquing Western philosophy, Jewish sages, and particularly cabalistic literature to formulate the characteristics of this utopian Jew ([Don-Yehiya, 2014](#)). Their goal was to promote the divine redemption of Jewry and the world through a combination of orthodoxy and practical measures ([Aldrovandi, 2011](#)). Indeed, Religious-Zionism encourages individuals to promote and advance in every sphere of day-to-day life as part of their religious obligation. The group's practical goals are ever-evolving and are saliently influenced by current events. The term "Zionism" in the group's name reflects the central role they attributed to the establishment of a Jewish homeland in Palestine, the preservation of this homeland through serving in the Israeli military, and the expansion of the state's borders by initiating the Settlements Movement in the West Bank, Gaza, Sini, East Jerusalem, and the Golan Heights ([Don-Yehiya, 2014](#)). Furthermore, over time they have encouraged integration in the varied spheres of Israeli society including the economy, higher education, politics, the military, and the media ([Lebel, 2016](#); [Roth, 2015](#)). This integration holds two purposes, (1) to better the state and the world through its members' contributions, and (2) to gain political power in each field for the facilitation of the group's values and ideology ([Aldrovandi, 2011](#)). As such, Religious-Zionism has been criticized by liberal scholars and political activists for its diffusion of Jewish-Orthodoxy and for its Right-Wing pro-Settlement actions that are often viewed as an obstacle to peace with the Palestinians ([Inbari, 2012](#)). However, the reader should keep in mind that Religious-Zionism, like any large group, is heterogenous by nature, and includes a variety of sub-groups and a diversity of values and ideologies.

We suggest it is not a coincidence that the vast majority of altruistic organ donations have originated from members of Religious-Zionism. We speculate that following the establishment of the Matnat Chaim non-profit organization that raises awareness and facilitates altruistic kidney donations, the act of altruistic kidney donations was plausibly perceived by an ever-growing number of members of the Religious-Zionists group as an additional avenue to realize their religious obligation to promote good in the world and contribute to the Jewish people ([Aldrovandi, 2011](#); [Don-Yehiya, 2014](#); [Mashiach, 2020](#)). Members who have routinely devoted their lives to the betterment of their surroundings (as defined by value-laden group theology) would plausibly

perceive this new opportunity to save lives as a natural expansion of their good deeds. Despite a lack of supporting empirical data, several fears have been raised concerning the new trend of Religious-Zionists altruistic kidney donations. These include the possible preservation of exclusivism and nationalism as it has been suggested that some Religious-Zionists donors purposely donate to Jews only (though to Jews of all religious streams). This was exemplified anecdotally when a well-known activist and journalist from the Religious-Zionists stream publicly declared he would only altruistically donate his kidney to a Jewish recipient, a story that was heavily covered and debated by mainstream media in Israel ([Lokesh et al., 2023](#)). Additionally, some donors could potentially be wrongfully influenced by rabbinical or community peer pressure, who are increasingly encouraging altruistic organ donations ([Epstein, 2017](#); [Hecht, 2021](#); [Niv, 2021](#)). To date, no data has been published corroborating any of these fears. Moreover, most donors presented their motivation to donate as an attempt to help others, reported having their family's support, and following the act of donation reflected they did not regret it ([Kurleto et al., 2020](#)). This could derive from the close supervision of altruistic organ donations in Israel by the medical community. Indeed, the donation of kidneys in Israel is highly regulated through legislation and medical supervision. According to the 2008 transplantation law, individuals who wish to donate must be approved by an independent medical committee that assesses both the physical and psychological characteristics of the potential donor ([Adi.gov.il](#)). Moreover, monetary compensation is prohibited, and living donors are only eligible for a few limited government-mandated rights and benefits including donation-related refunds, health insurance subsidies, and sick leave ([Kolzhut.org.il](#)). While we deem it highly valuable to examine the theological motivations and beliefs of the donors, particularly as they reportedly belong mostly to a religious community, this study focuses on the unique social environment that now characterizes Israeli society as a whole. This social environment affects all Israelis, religious or not, Jewish or not, by requiring individuals in need to actively solicit a kidney donation from an altruistic stranger donor, to save and better their own lives. Yet, we hope that future studies will help complete our understanding of this phenomenon by examining the donors as well.

This study, therefore, contributes to the scientific literature by presenting for the first time the phenomenon of digital kidney solicitation, an act that interpretively reflects an attempt of individuals with kidney failure to save their own lives and better their own lives through digital social networks. Thus, the study enriches scientific literature by revealing new ways in which information and communication technologies, particularly digital social networks can play an important role in preserving and promoting individuals' health. Moreover, by shedding light on the circumvention attempt (i.e., digital solicitation from altruistic donors) versus the traditional distribution of organ transplantation (e.g., national waiting lists), the study contributes to the social-health debate concerning the fair distribution of health resources in society. Indeed, Israel like similar social-democratic societies posits an equitable public health system that aspires to serve residents in an equal, affordable, and accessible manner ([Rosen and Samuel, 2009](#)). This includes the variety of treatments and medications required for individuals with kidney failure including renal replacement therapy and transplantation ([Haviv and Golan, 2020](#)). Yet, in this article, we posit that the allocation and distribution of kidney donations are seemingly and increasingly taking place in the competitive arena of digital social networks possibly giving preference to those who have over those who have not. Thus, arguably, competing successfully on Facebook could require having an active account with high levels of interaction, having many Facebook friends, having the knowledge of how to create viral messaging, and potentially promoting one's solicitation with monetary tools through digital marketing perhaps resembling online medical crowdfunding campaigns ([Snyder and Caulfield, 2019](#)). Therefore, saving one's own life could be transforming into a popularity contest on Facebook, reflecting existing inequalities, contrary to the societal ideals of

equitable healthcare to all members of society regardless of background and abilities. Therefore, to better understand the phenomenon of digital kidney solicitation we set out to explore:

**RQ:** What are the characteristics of digital kidney solicitation on Facebook in Israel?

### 3. Methods

The study employs a qualitative thematic analysis of 76 Facebook posts of individuals soliciting kidney donations in Israel. We chose Facebook for this study following a preliminary exploration of popular digital social networks in Israel (e.g., Twitter, Instagram, TikTok) that relayed that hardly any attempts at solicitation for kidney donations were occurring at the time of the study on other social networks. While we cannot explain this phenomenon, it directed us to focus our analysis solely on Facebook. The sample comprised Facebook posts that were published by the individual who required the donation or on their behalf by their immediate family members. These included the patient ( $N = 29$ , 38.15%), the child of the patient ( $N = 26$ , 34.21%), the patient's spouse ( $N = 15$ , 19.73%), the patient's sibling ( $N = 4$ , 5.26%), and the patient's parent ( $N = 2$ , 2.63%). We present an overview of Facebook engagement with solicitation posts (Table 1). This engagement could be organic as well as artificially financed, thus, we use it only for enriching the contextualization of the sample. The reader should keep in mind that engagement is not necessarily an indicator of message effectiveness.

The sample's length comprised 12 months between February 1st, 2022, and January 31st, 2023. While we deemed 12 months a sufficient duration for examining the phenomenon, we chose these particular 12 months as they represent the most up-to-date occurrences of kidney solicitations on Facebook in Israel. Through this purposive sampling technique (Etikan et al., 2016), 81 posts of kidney solicitation were identified initially. When more than one post was published concerning the same individual, we chose the main Facebook post (i.e., reflecting the best attempt at solicitation) by the following indicators: author (the individual was preferred over their relatives), length of post (a longer and more detailed post was preferred over a shorter post), and higher virality (measured by shares, likes, and comments). In line with this notion, five posts were eliminated from the original sample, as they were considered secondary to the main solicitation of particular individuals. While the abovementioned indicators would not allow for systematic sampling in large samples, we feel that the five particular Facebook posts eliminated reflected clear cases for elimination relative to each of the remaining posts. Thus, the final sample comprised 76 posts, each representing 76 distinct individuals who were actively soliciting a kidney donation during the time of the study.

According to the National Transplant Center, 913 people were waiting for a kidney donation in Israel during the time of the study (Israeli Ministry of Health, 2023b). Thus, this study's sample of 76 posts could potentially represent 8.3% of the total research population at the time of the study. This percentage is relayed only for context, as this study does not ascribe representativeness, and possibly not all individuals on the national list are even interested in pursuing digital solicitation. Yet, to better contextualize the sample size, two more populations could potentially turn to kidney solicitation in addition to those on the "more exclusive" national transplant list. These could

include individuals who receive renal replacement therapy, with the most current figure from 2021 comprising 6690 individuals (Israeli Ministry of Health, 2022) as well as include an unquantifiable number of individuals who are suffering from a gradual loss of kidney function, and though they have not yet started renal replacement therapy, they could be taking the early initiative to solicit a kidney donation. Thus, the accurate percentage of sample representation cannot be determined with certainty. Moreover, the level of medical necessity of the 76 analyzed individuals cannot be determined, and these individuals could belong to each of the three abovementioned populations. Yet, the reader should note that the level of medical necessity does not directly bear on the study's objective of examining digital kidney solicitation in a mostly altruistic donation environment.

The sample of Facebook posts was collected through multiple search techniques. These included inserting relevant Hebrew search words (e.g., kidney, kidney transplant, kidney needed, kidney failure) into the general Facebook search engine. Additionally, the search techniques also included scanning public Facebook groups and pages that were oriented toward organ donations, kidney donations, and dialysis in search of solicitation posts. In scanning we focused on both the posts and the comments to posts, often using these as leads to individuals who published public solicitation posts elsewhere such as on their personal Facebook accounts, special pages, or groups they created especially for the solicitation, or appeals they posted in other public groups or pages. This method of sampling resembles the snowball sampling technique (Biernacki & Waldorf, 1981) though adapted for digital data gathering.

The study applied a thematic analysis grounded theory approach to identify recurring categories that reached saturation (Corbin and Strauss, 1990) regarding the characteristics of digital kidney solicitation on Facebook in Israel. Additionally, as the analysis was conducted by a single coder (the author), informal peer debriefing was employed with various external scholars with expertise on the research topic or qualitative analysis to better hone and deepen the themes through discussion and debate (Creswell and Creswell, 2017; Spall, 1998). Peer debriefing was used in all stages of the study from planning the study to analysis and identifying themes. These informal debriefings which took place in the office and online through Zoom were used to identify biases, explore possible themes, and challenge conceptions, though the final say was ultimately made by the author. Indeed, the themes of this study are presented in their final form after much deliberation and thought. All posts were published in Hebrew and translated into English for this study. Additionally, all posts were published in the public domain (arguably to reach the largest audience), thus the analysis was not considered an intrusion of privacy, though the study posits it to be ethically imperative to preserve the anonymity of the individuals mentioned in these posts as their publicity was arguably intended only in the narrow confines of the solicitation.

### 4. Findings

The findings comprised two central themes that characterized the Facebook posts of individuals soliciting kidney donations: reflecting the inner conflicts of solicitation and justifying the kidney donation.

**Table 1**  
Facebook engagement and solicitor identity (M = Mean, Mdn = Median).

Solicitor identity	The patient (N = 29)	Child of the patient (N = 26)	Patient's spouse (N = 15)	Patient's sibling (N = 4)	Patient's parent (N = 2)	Total
Likes	M = 175.9, Mdn = 22	M = 86.8, Mdn = 45	M = 188.9, Mdn = 45	M = 38.8, Mdn = 13	M = 405, Mdn = 405	M = 146.8, Mdn = 30.5
Comments	M = 88.2, Mdn = 22	M = 40.5, Mdn = 27	M = 150.1, Mdn = 99	M = 33, Mdn = 6	M = 247.5, Mdn = 247.5	M = 85.4, Mdn = 21.5
Shares	M = 463.2, Mdn = 67	M = 141.5, Mdn = 34	M = 567.2, Mdn = 83	M = 110.3, Mdn = 32	M = 818.5, Mdn = 818.5	M = 364.4, Mdn = 51.5

#### 4.1. Reflecting on the inner conflicts of solicitation

Individuals soliciting a kidney donation on Facebook reported encountering an array of inner conflicts challenging their willingness to partake in the solicitation. While the study sample comprises only of individuals who overcame these inner conflicts (as evident through their solicitation attempt) we speculate others might have chosen to avoid solicitation altogether. In overcoming these inner conflicts, individuals often choose to reflect on their inner conflicts and share them with potential donors and the general public. The four inner conflicts that reached saturation in the analysis included the loss of personal privacy, the shame of feeling vulnerable, the sense of selfishness, and the general reluctance to actively engage in solicitation.

First, the individuals expressed their aversion to the loss of their own personal privacy through the exposing of private health issues on Facebook. For example, "It is really not easy for us to write like this, exposed, but hopefully, it will help" (F1); "I never imagined I would write this post. I'm hardly active on social media and certainly don't share my life with the media, but exposure is the best chance" (F9).

Second, the individuals expressed feeling shameful for being vulnerable as well as for being needy and dependent on others for their deliverance. Moreover, these feelings were made worse by having to share them online. For example, "I understand that I have no choice and I must overcome the shame because otherwise, I have no chance" (F4); "I never thought or dreamed at any point in my life that I would have to ask someone for help. I have always heard stories about people asking for help, I have assisted and helped a lot in my life. I couldn't believe at this stage in life to be on the side asking for help" (F36); "It is a very challenging place to be in, as a person who has radiated strength, optimism, and determination all his life, to be in a situation where my life depends on others. Here I am in a place where I am asking for the gift of life, a kidney donation, for me and my family" (F57).

Third, the individuals shared their feelings of selfishness for centering the public's attention on them and their needs. For example, "All ego is removed in such situations, a situation I never dreamed of reaching in my life. From a person who has been engaged and contributing to the community all his life to a person who needs your help (not easy)" (F39); "It's the last thing I want to do. I don't usually ask for help and I usually solve my issues alone or together with the people closest to me, but I felt that at this point I no longer have a choice ... I want to go back to being independent" (F54).

Fourth, the individuals voiced their general reluctance to actively engage in solicitation. For example, "My situation is severe, I have problems with my blood vessels and there will come a day when the dialysis treatment does not enable me to live. I have to receive a donation soon. I am asking for you to help me find a donor" (F45); "I understand I have no choice, and if I want to continue my life and get back to living like a regular person more or less then I have to find a kidney donor" (F74).

These four angles of inner conflict to solicit a kidney donation possibly reflect an apologetic approach by the solicitor who is asking for a large favor, an attempt to garner empathy from potential donors, or a general reflective expression of inner turmoil. More precisely, this sharing could reflect an identity management rhetoric initiated by the solicitors aimed at both themselves as well as the general public and potential donors.

#### 4.2. Justifying the kidney donation

The act of solicitation inherently includes the justification of the donation. It can be assumed that the higher the value of the donation, the higher the level of justification for solicitation. The individuals asking for a kidney donation from altruistic donors employed in their Facebook posts varied justifications for the donation. We divided these justifications into two separate themes: medical justifications and personal justifications.

##### 4.2.1. Medical justifications

We speculate that medical justifications potentially serve to answer the underlined unasked question of whether the proposed solution of organ transplantation and accordingly organ donation is truly required in each particular case. The medical justifications focus on two aspects: the medical necessity (exhausting alternative medicinal options, life-threatening situation, and long-lasting daily suffering), and the donor's necessity (family members are not a possible match, and the donor will not pay a heavy medical price for the donation).

First, the individuals portrayed their act of Facebook solicitation as their last-ditch effort following the exhausting of all medicinal options as well as testing all family members for a possible match. Thus, possibly justifying the heavy request for a body organ from an altruistic stranger. For example, "The time has come when the kidneys are no longer functioning. After testing, no one in my immediate family was found suitable to donate" (F26); "My time is fixed, sadly I could not find a donor from among my family members due to medical reasons" (F47).

Second, the individuals outlined the solicitation as a life-saving act relaying in the Facebook posts that their lives were currently in grave danger and that only a kidney donation could save it. This justification was further highlighted as the posts often emphasized the urgency of the donation claiming only a short period of time was left to save their lives. "I appeal to you from the bottom of my heart and ask you to share the post so that maybe we can find a donor and save Dad's life" (F21); "He [my husband] has only one kidney, that is barely functioning, if a donor is not found soon, his life is at risk" (F27). This justification could offer a highly valued exchange for the potential altruistic donation.

Third, the individuals shared on Facebook their long-lasting daily suffering that they propositioned could only be stopped with a kidney donation. "From a functioning and working person, a husband, a father, I have slowly turned to a shadow, most of the day I am weak in bed" (F39); "Three times a week I become half a person ... my situation is decreasing and I have been hospitalized between life and death" (F61); "To live well without four times a week with unbearable painful dialysis ... it's been five years that I am in this situation and it is only deteriorating" (F65). While suffering arguably does not hold the same valued exchange as saving a life, it might still serve as a strong justification for the donation.

Fourth, some individuals contributed to the justification of the donation by attempting to lessen the personal price for the donor. Thus, the individuals highlighted the low risk of the operation and emphasized the redundancy of having a second kidney. "With the advancements in medicine in the past few years, a kidney donation is an unpleasant procedure but almost without danger" (F6); "It is important to point out that one can live a totally regular life with one kidney! The quality of life and life expectancy of kidney donors are not different from the rest of the population" (F32). While this theme does not focus directly on the solicitor's health, it could help justify the donation through medical reasoning.

##### 4.3. Personal justifications

While personal justifications can encourage organ donations in general, we speculate that personal justifications mostly serve to answer why the particular solicitor should be chosen from among other potential solicitors to receive a kidney donation from a potentially interested altruistic donor. These justifications range from value-laden moral justifications to historical behaviors and promises for the future.

First, the individuals justified the request by exempting themselves from any blame for their dire medical condition. Indeed, the Facebook posts saliently highlighted it was not dangerous or irresponsible behavior that caused kidney failure but rather genetic causes and diseases they had no control over. For instance, "The [cancer] treatments severely damaged the kidneys and now I am dealing with kidney failure" (F9); "I carry a violent kidney failure gene" (F26). Moreover, strengthening this justification, the individuals often recounted living healthy and athletic lives before their health deterioration. "More than anything

my father [the patient] loved to run, but in the upcoming race he will not be able to participate due to his deteriorating health" (F3).

Second, the individuals revealed on Facebook varied positive contributing roles and actions they accomplished in their past. "My hero sister, from a young age she has been volunteering for the community, in the ambulance service and police, and despite the difficulties, she still volunteers today" (F10); "Our father contributed a lot through his life, to Holocaust survivors, in the ambulance service, and to people with special needs" (F30). The highlighting of social contributions can serve as an additional justification for the donation.

Third, the individuals presented on Facebook the high value of their future lives by sharing the positive worthy endeavors they would pursue if saved. These endeavors did not include professional accomplishments but rather personal family-oriented obligations and celebrations. For example, parents wished to raise their children, grandparents wished to celebrate their family members' life events, and children wished to take care of their parents. "So that I will be able to return to full functioning without weaknesses and pains and raise my princess [daughter] in peace and with God's help bring more children into the world" (F18); "I want to be part of my family's future. I am not yet ready to watch over them from above ... I still have much to contribute to society and my family" (F47). Additionally, the Facebook posts saliently included photos of the individuals with their spouses and children plausibly exemplifying this theme.

Fourth, individuals guaranteed on Facebook that they would preserve and protect the donated kidney by actively staying healthy and avoiding negative health behaviors. Thus, promising the potential donors that their donation would not be in vain. For example, "It is important for me to point out, I do not smoke, I take care of my health, take the necessary medications, maintain a healthy lifestyle, and follow all measures to reduce the risk of infections, as well as follow close medical supervision. It's worth investing in me" (F76).

Thus, we conclude that justifications in general and these identified eight justifications in particular, serve an important expression in the Facebook posts, possibly reflecting an illusioned or real need by the solicitor to persuade potential donors both to donate an organ in general and to donate the organ specifically to themselves.

## 5. Discussion

This study set out to examine the characteristics of the digital solicitation of kidneys on Facebook. The study reveals that digital solicitation comprises of two central aspects: reflecting the inner conflicts of solicitation and justifying kidney donation. A content analysis cannot determine the motivations for the existence of these themes in the digital solicitation attempts, however, some explanations can be presented. First, by viewing the solicitors through an authentic perspective, the solicitation can be interpreted as reflecting the true feelings and thoughts of a person in need. As such, the solicitor authentically shares their inner conflicts and difficulties and pleads their case objectively with the public. It could be speculated that these inner conflicts possibly reflect the loss of the socio-cultural Zionist ethos of the strong and self-sufficient "New Jew" (Conforti, 2011). Second, the solicitation could be viewed as a more conscientious attempt to purposely utilize persuasion techniques to invite empathy and justify the donation. Applying the above-mentioned idea of the "New Jew", the act of solicitation could be viewed as a conscientious attempt to regain self-sufficiency and recover one's position in the Jewish-Zionist socio-cultural structure consisting of autonomous individuals striving for collective nationalistic goals (Almog, 2000). Yet, to better understand the experiences and motivations of solicitors we recommend future research include interviews with these individuals. Indeed, as the solicitation environment continues to develop and monopolize the distribution of kidney donations in society, solicitors plausibly would adopt to messaging techniques aligned with professionals and the professional sphere of advertisements and digital marketing, similar to online medical crowdfunding campaigns

(Snyder and Caulfield, 2019).

To date, previous studies have focused mostly on interviews with individuals who chose to partake in digital solicitation (Costello, 2013; Costello and Murillo, 2014; Pronk et al., 2018), though none have analyzed the actual acts of digital solicitation. Thus, this study adds an important layer of knowledge to the existing scientific literature concerning this phenomenon. Indeed, cross-method analysis, achieved in this phenomenon by adding this content analysis to the existing qualitative interviews in the literature, can enrich and strengthen the developing understanding of this complex topic.

The solicitation of kidney donations on digital social networks presented in the analysis exemplifies the crucial role that digital social networks can play in enabling individuals the opportunity to be healthy and to enjoy societal resources. Thus, this study enriches the scientific understanding of the important role that digital social networks can play in preserving and promoting individuals' health. Accordingly, this phenomenon also highlights the importance of the fair distribution of media resources in society. If digital social networks can play a vital role in saving people's lives and contributing to their quality of life, as illustrated in previous research (Shomron, 2021, 2022; Shomron and David, 2022; Shomron and Schejter, 2021) and exemplified in this study through kidney solicitation, then perhaps society should further its adoption in society, particularly for marginalized populations (Schejter et al., 2023). Indeed, by utilizing a justice-based approach such as the capabilities approach (Sen, 2009) for the interpretation of the phenomenon of digital kidney solicitation, we suggest the creation of two distinct expectations in society. The first expectation emphasizes the importance of available digital opportunities to each individual in society, thus allowing each individual with kidney failure to digitally solicit if they choose to do so. This enablement includes not only the general permission to partake in the ongoing digital solicitation but also refers to the ability to do so successfully, focusing on the ends rather than the means (Nussbaum, 2011). The second expectation emphasizes the fair distribution of health resources in society, enabling in this case, each individual to receive the medical intervention they require, and in this case to receive a kidney donation.

Defining injustice in the phenomenon of digital kidney solicitation is complex as it reflects various ethical aspects. For example, it could be considered an injustice if the probability of an average individual who is on the national waiting list to receive a kidney donation were lowered due to this phenomenon. Indeed, the chances of such a scenario are increasingly rising as solicitation becomes the dominant way to receive a transplant. If altruistic donors are choosing the recipients, and the choosing process is occurring through solicitation (including digital solicitation), then people on the national list (that have been defined by the medical community as the most deserving of donation) will likely be overlooked and replaced by individuals who excel at solicitation. This represents a new reality concerning the distribution of health resources in society. As such, society should be expected to measure the potential inequalities in opportunities and resources regarding the recipients of kidney donations, with identified disparities possibly reflecting injustice.

Yet, solicitation might actually be enlarging the number of donors and donations due to awareness raising and persuasion. Moreover, despite the expected medical incompatibility of altruistic stranger donors and recipients, the medical community is increasingly overcoming this obstacle through kidney-paired donations. Indeed, in the past, donation matches were contingent on the medical compatibility of the donor and the recipient (Chkhotua, 2012). However, through kidney-paired donation tactics, a group of donors and recipients can exchange between themselves in a way that overcomes medical incompatibility (Ferrari et al., 2015). For example, A who is incompatible to donate to B can donate to C, in exchange for D donating to B. Though complex, paired donations can involve two, three, four, or more couples (Chkhotua, 2012). Indeed, complex paired donations are happening now even between individuals living in different countries (Yaakov,

2023). Thus, digital kidney solicitation is not limited to medical compatibility, and soliciting a donation from a stranger donor who does not match can still lead to successful transplantation, therefore widening message effectiveness and accordingly the pool of donors.

Digital kidney solicitation raises complex ethical questions regarding both the individuals involved and society at large. Indeed, a large array of potential positive and negative outcomes could be rising from digital kidney solicitation (Wright & Campbell, 2006; Williams, 2006) though these have not been measured empirically. Positive contributions could include raising public awareness to altruistic donations, enlarging the potential pool of donors, shortening the wait time to receive transplantation, vacating the national waiting lists enabling others perhaps with a greater need to move up the list, and humanizing the process by revealing the stories and faces of the people affected. Negative outcomes could include the preservation of existing inequalities in the solicitation process. For example, competing successfully could require language proficiency and advanced digital literacy skills to create viral and well-targeted messaging as well as an appealing, likable, and trustworthy Facebook presence. Moreover, it could require financial wealth to purchase particular digital services and technological devices as well as to employ relevant professionals (e.g., social media influencers, and digital marketers). Additionally, it could require an abundance of social capital (e.g., family, friends, and acquaintances) who serve as potential donors and disciples who can further spread the solicitation attempt through Shares, Likes, Comments, and original Posts. Furthermore, physical attractiveness, as well as background commonalities (e.g., race, ethnicity, and religion), could affect the likelihood of virality as well as the probability of donation. As most donors reportedly belong to the Religious-Zionist Jewish-Orthodox community, further research should map in-depth the motivations of these individuals and their expectations in choosing a "worthy" recipient. Likewise, perhaps the theological background of the donors is in turn influencing the style and format of the solicitation attempts (e.g., the justifications identified in this study) shaping them in a way that matches the religious values of the donors. Perhaps this would imply that solicitors who do not express these religious values in the solicitation attempts, or their personal lives (e.g., being a Jew or living according to Religious-Zionist values), would be deemed by the donors as "unworthy" of a donation. Moreover, through solicitation, a patient could receive a donation before 'more deserving' patients (e.g., patients in greater medical need, or who have received renal replacement therapy for a longer time). Therefore, for the abovementioned reasons, solicitation raises considerable moral and ethical issues, particularly a possible contradiction to the fair distribution of health resources that Israel like similar social-democrat societies aspires to facilitate (Haviv and Golan, 2020; Rosen and Samuel, 2009). Weighing the potential positive and negative outcomes from digital kidney solicitations is a complex ethical endeavor beyond the scope of this study. However, as altruistic living donations have become the dominant method of transplantation in Israel, creating an environment that accordingly invites solicitation in general, and digital solicitation in particular, we deem it vital that public debate is encouraged on the matter. This is enhanced as other health-related phenomena are being enabled and realized through digital social networks such as medical crowdfunding (Yang et al., 2023).

The majority of kidney donations in Israel today originate from altruistic living donors creating a unique social environment in which solicitation is the main way to receive a kidney. Yet, we suggest it is highly plausible that other countries will see substantial growth in altruistic donations, solicitation, and digital solicitation, in the coming years as a result of social network affordances as well as successful initiatives and campaigns to raise awareness and encourage altruistic donations. Indeed, the unique affordances of social media such as abundance, mobility, interactivity and multimodality (Schejter and Tirosh, 2016) create new opportunities for individuals to realize their capabilities including being secure (Shomron, 2022) as exemplified in the phenomenon of digital kidney solicitation. Thus, the social-health

debate concerning digital kidney solicitation and the digital capability to be secure places this study as highly relevant to other countries around the world. Indeed, we suggest other countries observe and critique the Israeli case to better distribute health resources in a way congruous to their societal health values.

This study includes some limitations. First, it focuses only on the social network of Facebook and not on other digital platforms as well as non-digital forms of solicitation, thus possibly missing additional characteristics of solicitation. Second, digital solicitation could be evolving with technological advancement, thus the findings in this study could represent the current technological affordances rather than past or future digital solicitation. Third, the sample does not distinguish between different populations regarding both medical background (on the national waiting list, receiving renal replacement therapy but not on the list, not yet receiving renal replacement therapy) and general background (e.g., ethnic, racial, age, gender, religion) possibly missing inner-group differences regarding this phenomenon. Fourth, this study does not measure the success rates of digital solicitation or identify the contributing factors to a successful solicitation such as persuasion principles or personal characteristics. Lastly, this study does not examine the donors, their motivations to donate, their deliberations, experiences, and the role of digital social networks throughout the process of donation. This is of particular interest as most donors are reportedly coming from a particular social-religious community thus raising theological and sociological questions. These limitations could help facilitate future research and help expand the understanding of digital kidney solicitation.

In conclusion, this study reveals the phenomenon of digital kidney solicitation on Facebook. Thus, representing an attempt of people with kidney failure to save their own lives and better their own lives through digital social networks. Moreover, the perspective of digital solicitation as a circumvention attempt enriches the social-health debate concerning the fair distribution of health resources in society, particularly regarding altruistic organ donations. While the study exemplifies the Israeli case, the phenomenon of digital kidney solicitation is likely to increase in other countries as well, and thus, the Israeli case could be examined and critiqued.

#### CRediT authorship contribution statement

**Baruch Shomron:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Writing – original draft, Writing – review & editing.

#### Declarations of interest

none

#### Data availability

The data that has been used is confidential.

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This study did not involve people but rather included a content analysis of publicly accessible social media content.

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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