

BRANDING, COMMODIFICATION, AND ETHICAL BOUNDARIES IN HEALTHCARE ADVERTISING: A QUALITATIVE ANALYSIS OF DONATION CAMPAIGNS IN CENTRAL EUROPE

ZBYNĚK STAVAR¹, ALENA HRICOVÁ²

¹DEPARTMENT OF MARKETING (FACULTY MANAGEMENT COLLEGE OF BUSINESS AND LAW) PAN-EUROPEAN UNIVERSITY, PRAGUE, CZECH REPUBLIC ORCID ID: 0009-0000-8334-704X ABSTRACT

²UNIVERSITY OF SOUTH BOHEMIA IN ČESKÉ BUDĚJOVICE ORCID ID: 0000-0003-0549-4962

Abstract

This study examines how contemporary healthcare advertising frames the donation of body parts—blood plasma, gametes, and organs—and how such framing intersects with ethical principles, public trust, and the professional identity of healthcare workers. Drawing on qualitative content and critical discourse analyses of ten campaigns from the Czech Republic, Slovakia, the United Kingdom, Germany, Austria, and the United States, we identify recurrent communication patterns: the shift from altruistic to incentive-driven appeals, reliance on medical authority symbols to reassure safety, gendered targeting in gamete donation, and selective disclosure of risk. We interpret these patterns through the lenses of commodification theory and principlism in biomedical ethics, and we contextualise them within European legal norms including the Oviedo Convention and relevant EU directives. Findings indicate that branding and market logics shape donor motivation and perceptions of ethical boundaries; however, incentive-heavy or gender-stereotyped messaging risks eroding autonomy and justice, especially for economically vulnerable groups. We propose communication standards for ethically robust recruitment that align with legal frameworks while supporting sustainable donor relations and professional integrity in healthcare.

Keywords: healthcare advertising; commodification; donation; bioethics; branding; public trust; principlism

INTRODUCTION

Healthcare advertising sits between clinical practice, public interest, and market competition. Donor recruitment for blood/plasma and gametes must be effective while respecting autonomy, non-maleficence, and justice, which is especially sensitive where the human body is at stake (Beauchamp, 2003; Pennings, 2012). In Europe, legal limits on financial gain from the body and stringent safety-and-quality rules set boundaries for how benefits and risks may be framed (Council of Europe, 1997; European Parliament and Council, 2010).

In Central Europe, performance-driven digital marketing imports consumer-market logics into healthcare: segmentation, A/B testing, incentive-forward appeals, and branded promises of “safety, speed, and reward.” These practices can shift the moral economy of donation toward quasi-transaction, altering its social meaning. Brand language and visuals do not sell a product but a promise of care and expertise, thereby shaping public trust and the professional identity of healthcare workers (Almeling, 2011; Walby & Cooper, 2008; Cherry, 2021). Operationalising ethical principles in concrete campaigns is non-trivial. Evidence shows that incentives may raise short-term conversions yet crowd out prosocial motives, target economically vulnerable groups, and create information asymmetries when risks are downplayed or hidden in fine print, weakening autonomy even where formal disclosure exists (Schenker, Arnold, & London, 2014; Chell et al., 2018; France et al., 2021; Beauchamp, 2003).

This article maps dominant communication patterns in donor recruitment and derives ethically grounded, practice-ready guidance for the Central European context. It contributes by: (1) conceptualising tensions between gift and market in campaign language and visual rhetoric; (2) using qualitative content and critical discourse analysis across public and private institutions to show how these tensions materialise in motives, symbols, and information structures; and (3) translating ethical and regulatory requirements into testable design standards. The paper proceeds with theory (Section 2), methods (Section 3), results (Section 4), discussion with ethical and reputational implications (Section 5), and practice recommendations (Section 6).

THEORETICAL BACKGROUND

Communication practices in donor recruitment oscillate between a gift logic and a market logic. The anthropological tradition conceives the gift as a social relation that creates obligations and reciprocity rather than a pure transaction (Mauss, 2016; Weiner, 1992). In late-modern “tissue economies,” however, body parts, time, and care enter circuits of exchange and valuation, altering the symbolic status of donation and opening space for commodification (Walby & Mitchell, 2006; Cooper & Waldby, 2014). This shift is pronounced in reproduction: gendered incentives, agency intermediation, and marketing categories reconfigure the female body as a source of reproductive service (Almeling, 2007, 2011). Critical scholarship warns against structural exploitation and the “fetishisation” of the body where market language overlays the ethical particularities of working with human corporeality (Scheper-Hughes, 2001; Sothorn, 2011).

An ethical grid for assessing these phenomena is provided by the principles of autonomy, beneficence, non-maleficence, and justice, which must be operationalised within specific campaign messages and touchpoints (Beauchamp, 2003). A deontological emphasis on not treating persons merely as means is salient when incentives are aimed at economically vulnerable groups (Kant, 2014; Radcliffe-Richards, 2012). Communicatively, this implies a duty to present benefits and burdens clearly and in balanced fashion within the primary message, not only in footnotes or secondary materials. Research on healthcare advertising shows that information asymmetry and hidden minimisation of risks weaken consent quality even when formal disclosure requirements are met (Schenker, Arnold, & London, 2014). From the standpoint of justice, targeting and visual rhetoric should not concentrate pressure on specific demographics, typically young women in oocyte donation (Almeling, 2007).

The European legal and self-regulatory framework distinguishes legitimate reimbursement of expenses from impermissible financial reward and sets safety and quality standards. Internationally, the prohibition of financial gain from the human body is foundational and informs national regulations (Council of Europe, 1997). EU sectoral directives govern organs, tissues and cells, and blood, including institutional responsibilities and traceability (European Parliament and Council, 2010; see also Pennings, 2012; Sándor, 2018). Professional codes stress restraint, truthfulness, and the primacy of donor/patient interest over marketing effect (ČLK, 2018). For communication this means that “earnings” language is inappropriate, whereas transparent specification of expense reimbursement is acceptable; campaigns should consistently state eligibility criteria, contraindications, and typical adverse effects (EGE, 2015).

In healthcare, a brand primarily sells a promise of care and safety, not a product. Perceived service quality also arises from “hedonic” attributes of the experience—comfort, ease of orientation, and aesthetic qualities—which must not overshadow informational duties (Herstein & Gamliel, 2006). Trust and risk perception strongly shape donation motivation; the clarity of risk communication and the visibility of institutional responsibility affect willingness to donate and the sustainability of donor–institution relations (Barkworth et al., 2002; France et al., 2021). Emerging performance-driven digital formats (segmentation, A/B tests, dynamic incentives) may raise conversions in the short term, but without ethical guardrails they shift the social meaning of donation toward quasi-transaction and heighten reputational risk (Pennings, 2012).

From these premises we derive the analytical criteria applied in this study: (a) the balance of prosocial and incentive-driven appeals, (b) the amount and placement of information on risks and eligibility, (c) gender and demographic framing, (d) signals of professional responsibility and traceability, and (e) brand coherence as an indicator of trustworthiness. These criteria connect gift and commodification theory with principlism and European regulation and enable a systematic assessment of how specific language and visual rhetoric meet ethical and legal requirements (Beauchamp, 2003; Council of Europe, 1997; European Parliament and Council, 2010; EGE, 2015).

METHODOLOGY

The study uses qualitative content analysis complemented by critical discourse analysis to capture how the language and visual rhetoric of recruitment campaigns frame blood/plasma and gamete donation in ethically sensitive contexts (Krippendorff, 2018; Fairclough, 2013). The corpus comprises ten campaigns available in the public domain at the time of collection across Central European and Anglophone settings: five from Central Europe (plasma centres and assisted reproduction clinics) and five from abroad (e.g., NHS Blood and Transplant; commercial plasma providers). Inclusion criteria: (a) a recruitment purpose, (b) accessible key visuals and copy in an online/offline archive. Exclusions: purely informational materials without recruitment intent and duplicate variations of the same creative concept.

The unit of analysis encompassed the key visual, main claim, landing-page microcopy, mandatory information (eligibility, contraindications, risks), and any AV spots. Materials were archived as screenshots and text exports with source and date metadata. The coding frame followed the theoretical background: (1) type of motivational appeal (prosocial vs. incentive-driven), (2) visibility and placement of information on risks and eligibility, (3) gender and demographic framing, (4) signals of professional responsibility and traceability (accreditation,

oversight, contacts), (5) brand coherence and indicators of trustworthiness, (6) aesthetics of safety and expertise, (7) “earnings” versus “expense reimbursement” language. Coding proceeded in two rounds by two coders; disagreements were resolved by consensus and refinement of code definitions. Emphasis was placed on latent meanings and relations between image and text rather than simple frequencies.

The analytic procedure combined open coding with synthesis into thematic maps, enabling comparisons between public and commercial campaigns and the identification of patterns of information asymmetry, gendered stereotypes, and the use of incentives. Critical discourse analysis focused on the interaction of linguistic strategies with institutional position and regulatory constraints; special attention was paid to how main claims link to mandatory information and to the visibility of key risks in primary communication. Validity was strengthened by source triangulation (different material types within the same campaign) and an audit trail of decisions (codebook versions, reasons for inclusion/exclusion). Ethical sensitivity was ensured by restricting analysis to publicly available materials without assessing individual donors; the focus remained on institutional communication.

Study limitations arise from purposive sampling and from analysing declared messages rather than donor behaviour or campaign effectiveness over time. The study does not include a full legal assessment of compliance with local regulation. These limitations are mitigated through theoretical grounding, a transparent coding protocol, and comparisons across institution types and geographical contexts, which together support actionable and transferable recommendations for ethically robust communication practice.

RESULTS

The analysis of selected campaigns confirmed significant contrasts between public and commercial approaches to donor recruitment. Foreign campaigns such as those by *BioLife Plasma Services* or *Octapharma Plasma* built their communication almost exclusively on direct financial incentives. The central slogans highlighted concrete amounts (“Earn up to \$900 in your first month”) and presented donation as a way to gain quick and tangible benefits. Visuals emphasised young, healthy donors, often accompanied by explicit numbers in large fonts. In some cases, solidarity was mentioned, but only as a secondary element that supported the transactional message. By contrast, campaigns of public institutions such as *NHS Blood and Transplant* or *NHS Scotland* employed a markedly different narrative. Their communication stressed the social value of donation, saving lives, and collective responsibility. Visuals were simpler and used authentic photographs of donors and patients. Slogans like “Pass it on” or “Every donor makes a difference” reflected altruistic values, while the practical aspects of eligibility and risks were presented clearly at the forefront of websites and leaflets. These campaigns built trust primarily through transparency, inclusion, and civic language rather than monetary promises.

In the Slovak and Czech context, the analysis revealed hybrid strategies. Campaigns of reproductive clinics (*Gynicare*, *Sanatórium Helios*) showed young women—most often students—framed as “ideal donors.” The language combined solidarity appeals (“help couples achieve their dream”) with direct emphasis on financial compensation. Safety and medical professionalism were often represented visually through white coats, sterile interiors, or medical devices, but the explicit details of risks or medical criteria were less visible. In this segment, gender stereotyping was the most striking element, with a narrow portrayal of donors as young, attractive, and available.

Plasma donation in the Czech Republic combined financial and altruistic elements in varying proportions. While commercial centres stressed bonuses, loyalty programs, and convenience, public blood services underlined solidarity and public health needs. The balance between these approaches determined how donors perceived the act itself: either as a socially meaningful gesture or as a service transaction.

Across all contexts, several recurring communication patterns emerged.

- Motivation was framed either by prosocial values (helping others, saving lives) or by direct incentives (financial bonuses, comfort, speed).
- Transparency of risks and eligibility criteria differed: public campaigns made them visible, while commercial ones often moved them “below the fold” or behind extra clicks.
- Gender targeting was most visible in gamete donation, reinforcing stereotypes.
- Brand architecture and accountability signals (logos, accreditations, contact points) increased trust, while stock photography and generic claims weakened credibility.
- The aesthetics of safety and expertise (white coats, clinical spaces, devices) conveyed competence, but could overshadow human warmth.
- The language of slogans and microcopy shaped expectations: concrete, step-by-step phrasing reduced hesitation, while vague promises raised doubts.
- Visual clarity—simple composition, one strong slogan, authentic photos—proved more effective than overloaded layouts.

Overall, the results show that public campaigns achieved higher credibility by combining prosocial appeals with transparent presentation of conditions and risks. Commercial campaigns were more effective at attracting attention

through incentives and lifestyle framing but often undermined long-term trust by obscuring essential information or relying on stereotypes. The most persuasive materials managed to integrate the strengths of both approaches: a clear altruistic purpose together with visible, concrete, and practical details about the process, risks, and available compensation.

Overall, the most persuasive materials clearly stated the purpose of donation and, in a prominent place and plain language, explained who can donate, what the process involves, what restrictions follow, and what compensation is actually available. Inclusive visuals without stereotypes, a consistent brand, and clear process navigation increased trust and willingness to act. Weaker performance was seen in materials that hid key information “below the fold,” exaggerated superlatives, or relied on generic imagery without a clear link to the service. Table 1 summarises the synthesis of key strengths and weaknesses across categories and supports the conclusion that visible risk information, inclusive visuals, and specific CTAs are needed.

As shown in Table 1, public and commercial campaigns differ primarily in donor motivation, transparency of information, and visual style. While public institutions rely on prosocial appeals, inclusivity, and clear signals of accountability, commercial actors emphasise financial benefits and lifestyle elements. The Czech and Slovak context reveals hybrid models that combine both approaches. The table summarises these contrasts and highlights transparency, claim language, and gender framing as key areas of ethical sensitivity

Table 1: Summary of Key Findings

Dimension	Public campaigns (e.g., NHS)	Commercial campaigns (e.g., BioLife, Octapharma, clinics)	Czech/Slovak cases	hybrid
Motivation	Prosocial frame: solidarity, saving lives, collective responsibility	Incentive-driven: bonuses, exact amounts, convenience, lifestyle	Combination: help + compensation	
Transparency of risks/eligibility	High, placed upfront in main message	Lower, often 'below the fold' or after extra click	Mixed: transparency	partial
Visual style	Authentic photos, patients, civil tone	Stock photos, aspirational lifestyle, 'young/fit' imagery	White coats, medical interiors, idealised donors	
Language of slogans/claims	Altruistic: 'Every donor makes a difference'	Transactional: 'Earn up to \$900/month'	Hybrid: 'Help couples fulfil dreams' + financial benefit	
Brand/identity	Clear operator, oversight, trust signals	Focus on corporate brand, sometimes unclear responsibility	Branding present, but trust based on 'expertise look'	
Gender targeting	Broad, inclusive	Often young, attractive donors as ideal type	Strong gender stereotyping (esp. gamete donation)	
Overall effect	Higher credibility, stronger trust	Higher attention, weaker long-term trust	Mixed perception: effective but ethically sensitive	

DISCUSSION

The findings confirm that recruitment communication in the field of bodily donation is strongly shaped by the processes of commodification in health care. Public institutions tend to emphasise a prosocial frame and solidarity, while commercial actors highlight comfort, speed, and financial benefits. This duality shifts the meaning of donation: from an altruistic gesture to a transaction positioned between solidarity and economic calculation. The literature points out that such a shift towards an instrumental understanding of the body and health is one of the key ethical challenges of contemporary biomedicine (Waldby & Mitchell, 2006; Isasi & Knoppers, 2011).

Transparency emerges as a crucial theme. When benefits and rewards are communicated more prominently than risks and limitations, the quality of informed consent is undermined. Although such campaigns may formally comply with legal requirements, they in practice weaken donor autonomy and increase the risk of manipulation. In the Czech context, there is a notable tolerance for “symbolic” financial incentives, which reduces sensitivity to the long-term consequences of commodification. The European model based on gratuity, solidarity, and transparency remains the preferred framework, but it faces increasing pressure from a globalised market where competition for donors and recipients is intensifying. Ethical dilemmas also appear in the gender dimension. The analysis showed that campaigns for gamete donation often portray young women—typically students—as “ideal donors.” This reinforces a selective image of the body as a resource and deepens gender asymmetry. Such practices

are criticised in the literature as forms of normalising certain social roles and reproducing inequalities (Almeling, 2011; Broer et al., 2020). By contrast, blood and plasma campaigns generally appear more inclusive, demonstrating that ethically robust communication is possible.

The role of the health care brand also proved significant. A strong brand can build trust and increase willingness to donate, but it simultaneously creates pressure to present the service as a product. When the brand is tied to prestige, comfort, and financial benefits, the professional identity of health workers as impartial guardians of care is weakened. This conflicts with both deontological and principlist principles, which require that the donor be treated primarily as an autonomous person and not as a means to an end (Beauchamp, 2003; Kant, 2014). Finally, commodification of health care should not be seen solely as a matter of economic pressure but also as a transformation of cultural values and social norms. Digitalisation and personalised targeting introduce new ethical concerns: for example, the use of donor stories as marketing tools, the collection and use of personal data, and algorithmic targeting of vulnerable groups. These techniques are more subtle than traditional advertising, but they may also be more effective in shaping individual decisions (Figuerola et al., 2022).

CONCLUSION

The analysis of health care advertising in the field of bodily donations in the Czech and international context confirmed that the commodification of medicine is one of the most prominent trends in contemporary biomedicine. Health services, especially the donation of plasma, gametes, and other biological materials, have moved beyond a purely professional and solidarity-based discourse and have become the subject of intensive marketing, brand communication, and sophisticated donor-motivation strategies. Commodification is not only an economic or organizational process but carries essential ethical, social, and psychological implications. Current advertising practices often redefine the very meaning of donation, shifting it from an altruistic gesture toward a transaction framed in the language of benefits, financial compensation, and personal achievement.

Empirical findings indicate that in the Czech environment hybrid models prevail, where elements of solidarity and public interest coexist with explicit financial incentives and personalized marketing. While legislation and professional codes stress voluntariness and non-remuneration, campaign practice often balances at the limits of regulation—especially in presenting donation as an easy, risk-free, and prestigious lifestyle. The most visible commercialization is evident in plasma and gamete donation, whereas organ donation continues to be framed primarily in terms of altruism, solidarity, and the public good. The health care brand becomes a crucial tool: a strong and trustworthy brand can foster willingness to donate and support positive perceptions of institutions, yet it simultaneously carries the risk of shifting ethical boundaries and weakening professional autonomy. A key finding is that some campaigns employ manipulative elements, downplay risks, or stereotype donors according to gender or social status. These practices contradict deontological and bioethical principles that require respect for autonomy, informed consent, and the protection of donor dignity. The discourse of commodification must therefore be understood in the broader context of societal value change, individualization, and the redefinition of relationships to the body and health. Regulation and ethical frameworks remain essential boundaries that need to respond to new forms of digital marketing and personalized advertising strategies. The European model of gratuitousness, solidarity, and transparency continues to represent the preferred framework for ethical governance, though globalization and efficiency pressures may challenge this balance.

The sustainability of the system ultimately depends on public trust, the protection of vulnerable groups, and the transparency of all forms of communication. This study has thus achieved its aim by identifying key trends, critically reflecting on their ethical consequences, and formulating recommendations for practice and regulation in the area of health communication and donation. Future research should focus on the effectiveness and ethicality of online marketing, targeted campaigns addressing economically disadvantaged groups, and novel donor-motivation strategies, in order to balance recruitment efficiency with the protection of individual autonomy and dignity.

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