EDITORIAL

Ethical considerations related to organ transplantation and Islamic Law

KEYWORDS
Islamic law; Transplantation; Organ

Abstract
With the increasing number of transplantable organs and tissues, as well as improvements in transplantation results, there has come a severe shortage of organ donors. Organs for transplantation are usually obtained from living genetically related donors or from heart-beating cadavers. Unfortunately, these sources have so far been unable to keep up with demand. As a result, there is a large and steadily increasing number of potential recipients awaiting transplantation, some of who will die before an organ can be found. These trends have raised many ethical, moral, societal and in particular religious (Islamic Law) issues regarding supply, the methods of organ allocation, and use of living donors. Several ethical dilemmas regarding case selection, allocation within the law, medical problems, and economic sources have now to be confronted. Despite this, the legal framework regulating transplantation in Iran was recently enhanced in comparison to other Islamic countries.

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Introduction
An ethical consensus has developed around the world, that there should be no monetary compensation for transplantable organs, either from living or deceased persons. Unfortunately, the altruistic supply of organs has been less than adequate, and thousands of patients die each year waiting for organ transplantation. As the altruistic system of organ donation has met with 'failure', some from the transplant community believe that altruism alone is not enough to satisfy the needs of the thousands of patients on organ transplant waiting lists, and providing some financial incentives or social benefits to the individual or family of the donor is necessary to increase the supply of cadaveric or living organs.

Social attitudes and ethical principles, in Islamic countries, are closely intertwined with Islamic tradition, teachings and heritage. These positions are strongly adhered to in many Islamic countries, and by Moslems who live in countries that are not predominantly Islamic. We feel that transplant physicians and transplant coordinators should be aware of these factors when dealing with potential donors and recipients from these communities.

Decision-making can be facilitated if these issues are considered prior to consulting with a donor’s family. The success of transplantation activities in Islamic countries is only partly related to the economic situation. Other factors involved include religious laws (fatwas), societal outlooks and views, the medical and surgical expertise and motivation available, and the existing systems and laws.

Social attitudes
Very few surveys have assessed societal attitudes towards organ transplantation, its commercialization,
and cases of brain death in Islamic countries. Those that have been published\textsuperscript{1,6,7} suggest that there is wide acceptance of renal transplantation, but that people have doubts and are suspicious about the concept of brain death, and fear that brain death may be wrongly diagnosed. There is also extreme aversion to any form of mutilation of the body in Islamic societies. All the studies from these countries show that people reject commercial transplantation for ethical and religious reasons.\textsuperscript{1,6,7} In addition, public attitude concerning the removal of organ(s) from donors who have committed suicide, concept of spousal donation, timing of death as well as soul departure and extended families that exist in these countries, can all be influenced by the local Imams (community leaders). Sound knowledge of these factors is mandatory to any transplant coordinator and lack of sensitivity to these issues could be disastrous.\textsuperscript{5}

In other Asian countries, it is more difficult to obtain cadaver kidneys for renal transplantation because of certain socio-cultural beliefs and customs. The issues affecting living-related kidney donation are more social than cultural. This is due to the web of family pressures and personal conflicts for both donor and recipient surrounding the donation. Important misconceptions and fears are: the belief that removal of an organ violates the sanctity of the deceased, concern about being "cut-up" after death, desire to be buried 'whole', dislike of the idea of their kidneys being inside another person, wrong concept of brain death, and the idea of donation being against religious conviction.\textsuperscript{8} More recently, a European Commission sponsored study has been established\textsuperscript{3} to acquire a broad understanding of the interaction of ethical values, cultural traditions and social customs on willingness to donate. It will also aim to assess the effect of national laws on professional attitudes to living donor transplantation.

Islamic laws

The importance of religion in Islamic countries is so great that it is difficult to distinguish religious and societal behaviors. The Quran carries complete guidance for the living in the corporeal world in addition to guidance on man’s relationship with God. Such details are relevant to transplantation because, in Islamic countries, fatwas must be passed before this practice is allowed and brainstem death is accepted. Today, most of these nations allow both living-related and cadaver-organ transplantation, but they vehemently reject commercial transplantation. Concerning the equating of brainstem death with cardiovascular death, some clear fatwa of approval have been passed by Islamic scholars representing all Islamic countries. In Iran and other Muslim countries, there is general public resistance to removal of organs despite clear rulings from religious leaders.

Recently, some religious authorities have waived family permission and allowed cadaver-organ removal even if the deceased person had not made a declaration for organ donation. Scholars have also exempted physicians from paying a legal penalty for removing organs in such cases. Cadaver organ donation is also allowed if the deceased person has made a declaration that money obtained from the recipient must be spent to pay his debts or for public welfare and that the organ be used to save a life. There is no restriction on organ donation between people of different religions in normal circumstances.

Economic sources

Organ transplantation involves payments of large sums of money. Huge sums go to the hospitals, the transplant surgeons, the physicians, the ancillary staff and the insurance companies. In fact, most of the money goes to the pharmaceutical industry. Many millions of dollars flow into their coffers for the immunosuppressants, antihypertensives, antibiotics, anticholesterol, antacids, and so on, that recipients routinely receive in the course of their treatments. The only people who are not being remunerated are the families of the donors. They alone are being asked to be altruistic. Just try to do a transplant today on an un-insured patient. I can assure you, the patient will not get through the front door. In Iran, Ministry of Health Services (MHS) will pay for dialysis treatment of an uninsured ‘alien’. But MHS will not pay for his or her transplant that would be the harm of providing a payment to the donating family of, let’s say, $6000? In kidney transplantation, even the insurance company would benefit from the payment, since they would no longer have to pay for dialysis therapy. The most controversial remuneration of all is payment to a living donor who has no relationship to the recipient. Because of the organ shortage, most centers in this country accept the donations of living donors who are related, or emotionally related (for example, a spouse or a friend) as the source of transplant organs. In situations where there is an obvious relationship between the donor and recipient, people find no violation of ethical principles. In spite of the inherent risks of donating a kidney or a segment of liver, and the pressures and emotions related to
the desire to save a loved one, these organ donations are found acceptable. But, what of the donor who has no obvious relationship to the recipient? What should we say of someone who only wants to donate an organ to someone with the means to pay for it, perhaps out of financial desperation? These are dilemmas that are yet to be resolved.

References


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