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Noor Zurani Md Haris Robson, Azad Hassan Razack and Norman Dublin
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Organ Transplants: Ethical, Social, and Religious Issues in a Multicultural Society

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Noor Zurani Md Haris Robson, MBBS, MMed, PhD (UK),¹ Azad Hassan Razack, FRCS (Ed),¹ and Norman Dublin, FRCS (Ed), MSurg, FEBU, FRCS (Urol)(Ed)¹

Abstract

Recent advances in the fields of organ donation and organ transplant have introduced new hope for the treatment of serious diseases. However, this promise has been accompanied by several issues. The most common issue raised is ethical implications, but in a multicultural society like Malaysia, additional concerns arise pertaining to social and religious issues. These concerns need to be addressed as attitudes toward and acceptability of organ donation varies according to social, culture, and religion. The diverse cultural, religious, and traditional concepts pertaining to organ donation may hamper its acceptability and cause a lack of willingness to donate organs. The purpose of this article is to briefly explore the ethical issues involved in organ transplant and the various religious opinions on organ donation. It is hoped that this knowledge and understanding may benefit both health care providers and patients in a multicultural society like Malaysia.

Keywords

transplant, organ, ethics, social, religion, organ donation

Introduction

Organ transplant, defined as the transfer of a living tissue or organ to an injured or ill person to restore health or reduce disability, first started in the 1930s.¹ This concept gave new hope and new life to ailing patients when several kidney transplants were successfully performed in the 1950s.¹ Following that, doctors discovered how to transplant other organs successfully, thus improving quality of life, and reducing morbidity and mortality.¹ Today, most organ transplants are relatively safe procedures, no longer considered as experiments, but considered as treatment options for thousands of patients with medical indications, such as those suffering from renal failure, heart disease, respiratory disease, and cirrhosis of the liver.²

¹University of Malaya, Kuala Lumpur, Malaysia

Corresponding Author:

Noor Zurani Md Haris Robson, Department of Primary Care Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur 50603, Malaysia
Email: noorzurani@hotmail.com

Types of Organ Transplant

Organs can be transplanted from a living donor or deceased donor.³ Examples of organs transplanted from living donors are livers and kidneys.² This is possible because liver is capable of regeneration, and human beings are born with 2 kidneys and have 1 “extra” kidney to donate.⁴ There have also been reports of lung transplantation from a living donor, but this is still very rare.⁵ For these types of procedures, a patient in need of transplantation would seek a willing relative or friend as a donor. If the donor was a match, the surgical procedure would proceed without delay. However, a small number of living transplants are from charitable people donating for a good cause.⁴

On the other hand, a patient who needs a heart transplant, a double lung transplant, a pancreatic transplant, or a cornea transplant would need to get the organ from a deceased donor or from people who are brain dead but on mechanical/organ-perfusion life support.⁵⁻⁷ Even though people who are brain dead are technically dead, their body and organs continue functioning, and are therefore suitable for organ donation.³ However, some organs deteriorate quickly after the body expires, thus making them inappropriate for transplant.

Organ Transplant in Malaysia

Organ transplant has been in Malaysia since the 1970s.⁸ However, the procedure was only actively performed since 1997, when the National Transplant Centre was set up at Hospital Kuala Lumpur.⁹ Among the successful transplants reported are those of the kidney, cornea, and bone marrow.² Currently, the need for organ transplant in Malaysia exceeds the supply that was donated.⁹ This means that there is a need to support organ donations and transplant. To successfully promote organ donation and transplant, it is important to consider and understand the ethical implications, social and religious issues, especially in a multiethnic, multicultural, and multireligious country like Malaysia.

Ethical Considerations in Organ Transplant

Organ transplant has been hailed as one of the greatest achievements of modern surgery.¹ There are, however, many ethical dilemmas and controversies associated with this procedure.¹⁰ Among the questions raised were the following: Who gets priority? Will priority be based on the severity of a person's illness or his age or other factors? Will money, social status, or political connections influence this decision?^{3,10-14} Having a set of guidelines by the National Transplant Committee solved this problem.⁹ The role of the committee was to ensure that all transplant specialists adhere to this set of guidelines.

Another factor that needs to be considered is the cost of organ transplant, as all organ transplants are very expensive, as it includes the surgical process and later on, the continuing rehabilitation process. Would this mean that a rich person would get a new organ whereas a poor person will be refused?¹⁰⁻¹² Setting up a National Transplant Fund, whose role was to help and fund organ transplant of those in need, reduced this problem.

A third factor to be considered was the question of consent and incentive. Currently, someone needs to agree directly for transplantation in order for organs to be removed. However, consent has to be given willingly, and not taken under duress or after harassment. There should not also be any questionable incentive, for example, where someone sells his or her kidney.^{3,10-14}

The organ procurement process could also pose problems. This is mainly because of the different definitions of “death.” Should death be defined as when the heart and lungs stop, or when the entire brain ceases to have activity, or just when the higher functions stop?

These are important issues as no one would want to take organs from someone who is still alive. However, waiting for “whole brain death” could leave many organs unusable.

From the physician’s or transplant specialist’s point, among the ethical principles to be considered is respect for patient autonomy, where competent patients have the right to make informed choices regarding their bodies and their lives; that they have the right to refuse medical therapy under most circumstances and to offer their organs for transplantation, irrespective of the circumstances of their death.^{3,10-14}

There is currently shortage of donor organs worldwide,¹⁵ and the aging population and increase in incidence of diabetes will worsen this shortage.^{15,16} Of the world’s 6 billion population, four fifths is from the developing countries. Unfortunately the transplant rates in the developing world leave much to be desired, at less than 10 per million population (pmp) compared with 45-50 pmp in the developed countries.^{17,18} However, in Asia, there are marked variations in socioeconomic status in member states and this is also reflected in the transplant rates. For example, the renal transplant rates range from 0.16 pmp in Bangladesh to 21.4 pmp in Singapore.¹⁸ There is a demand for donor organs in the developed world, which is compounded by the general reluctance of Asians to cadaveric organ donation despite legal sanction for cadaveric donations and support from the major religious groups.¹⁸ Therefore it is not surprising that living donor organs contributes 85% to 100% of transplantation in the developing countries as opposed to 1% to 25% in the developed countries.¹⁷ These differences are mainly because of racial and cultural attitudes toward death and the sanctity of the human body, thereby affecting consent for cadaveric donation.¹⁸ Therefore, a large market for the purchase for living unrelated organs (particularly kidneys) flourished. This is compounded by a low suitable donor pool of 1.6 donors available per recipient in the developing countries.¹⁷ The increasing ease of communication in the 21st century has made organ trafficking and transplant “tourism”/commercialism into global concerns, accounting for about 10% of organ transplants performed yearly in the world.¹⁹ In recent years, it has been reported that many patients sought transplant in China, but most recently it was reported that there is a shift of transplant tourism to Egypt.¹⁹ The usual destinations for transplant tourists are China, Philippines, India, and Pakistan. However, following the Istanbul Declaration on organ trafficking and transplant tourism last year, many countries have adopted its recommendation to curtail transplant tourism; for example, China, the Philippines, and Pakistan have taken major steps in the past 2 years and India is monitoring closely the illegal activities following the Gurgaon scandal.¹⁹ Although the Istanbul Declaration has a lot of support, much work still has to be done and in reality, it cannot stop organ trafficking and transplant tourism overnight.

Law and regulations regarding living-unrelated transplantation in many countries are either nonexistent or loosely regulated. Malaysia, for instance, has a vetting system by the National Transplantation Committee for living-unrelated transplantation. Although Singapore has a similar vetting system, the recent comment by Singapore Health Minister on compensation for the loss of a kidney is worrying.^{20,21} The scourge of rampant organ trafficking hopefully will dwindle following constant efforts by representatives of the Istanbul Declaration pushing the appropriate government agencies in the right direction.

Physicians and transplant specialists should also consider values such as patient-doctor trust, respect for human dignity, and presence of conflict of interest. This means that the procedure should include a fully informed process where the interest of procuring organs should not interfere with optimal patient management during the dying process. Ethically and legally, a person should not be killed to provide organs for another, and that organ retrieval can only begin after the donor had been declared dead. This determination of the correct interval between death and organ harvests is a subject of continuing debate.^{3,10-14}

Lately, there have also been concerns raised regarding the role of genetic engineering, the role of embryonic stem cells, cloning and transplant from animal sources, opening up a host of different ethical debates.⁹ Further discussion and research is needed to address these issues. Evidence-based results from these scientific research studies have important implications for health care practices.²²

Social and Religious Considerations Regarding Organ Transplantation

The shortage of organs for transplantation makes it important to understand why some oppose organ donation.²³ There are many reasons why certain populations are less likely to consent to organ donations. Among these reasons, both social and religious issues play an important role, especially in a multiethnic, multicultural, and multireligious community like Malaysia. It had been reported that the formal position of a religion to organ donation and transplant play an important factor in persuading the community regarding organ transplant.²⁴⁻²⁷

Social Issues

Many social issues need to be considered when promoting organ transplant in the community. Some of these issues are misconceptions that need to be addressed individually.^{13,23,28-30}

The first misconception that needs to be corrected is the perception that the body of the donor would be mutilated and treated badly. This is not so, as the organs are removed surgically in a routine operation. Organ donation does not disfigure the body or change the way it looks in the casket and normal funeral arrangement is possible.^{13,23,28-30}

The second misconception is the worry that even if the person wanted to donate one organ, other organs would also be taken. This worry can be corrected by informing the patient that only organs specified for donation will be taken from the body. The third misconception is the worry that if a person was involved in an accident, the doctors would not save his or her life if they knew that he or she was a donor. This fact is totally incorrect as the doctors at the accident unit are different from those in the transplant team. The organ procurement team is only notified after all lifesaving efforts have failed and after death has been determined, and after the family has consented to organ donation. The fourth misconception is the worry that a person's religion does not approve of donation. Generally, all organized religions support organ donation as it is typically considered a generous act; however, this aspect will be discussed in more detail below. The fifth misconception reported is whether a person is of the right age for donation. It has been reported that age is not a barrier for organ donation, as organs can be donated from someone as young as a newborn. However, transplant teams generally consider the age limit for tissue donation as 70 years.^{13,23,28-30}

Religious Considerations

In this report, the authors wish to discuss the religious perspective of the 3 main religions in Malaysia—Islam, Confucianism, and Christianity.^{24-27,31} The views of Buddhist and Taoist thoughts will be addressed briefly.

Islamic perspective. There is a striking variability in attitudes toward transplantation throughout the Muslim world. The practice of organ donation and transplant is sanctioned in Saudi Arabia and Iran but unclear in Turkey.^{10,25,32,33} In contrast, almost half of Arab Bedouins believe that Islam prohibits organ donation.³² Majority of Muslim scholars (both Sunni and Shia) promote the importance of saving human life, based on the teachings of Prophet Muhammad who

encouraged his followers to seek medical attention when ill, and hence allow organ transplantation. However, there is no unanimous support for this view. This variability in attitude toward organ donation is thought to be because of the variable opinions of individual religious leaders and Muslim scholars, who have variable levels of knowledge regarding organ transplant.²⁴

It has been reported that Muslims who argue against organ donation believe (a) that Islam forbids organ donation because it was not mentioned in the Quran and traditional Islamic literature; (b) that the body is owned by God and that only God can make decisions about its fate and have cited sacredness of the body; (c) that the deceased's body must be buried as soon as possible after death, and expressed the view that the body is resurrected after death and that it was more desirable for a body to remain whole after death; (d) that disease can only be cured by God's will and that they would prefer to wait for a divine cure rather than accept organ transplantation; and (e) that organs took an independent role as "witness" to an individual's life on "Judgment Day." Several groups also express the anxiety that the donor would have no control of who receives the organ.^{24,34,35} There were also those who believed that organ transplantation extended a patient's life and his or her suffering. To respond to these misperceptions, it is important to recognize the importance of authoritative religious figures and involve them in the decision-making process for organ transplant.^{24,34,35} In Malaysia, as early as in 1970, the Muslim Council ("Fatwa Kebangsaan"), supported organ transplant, as it was considered an act of charity.⁹

Confucianism, Buddhist, and Taoist perspective. It has been reported that persons of Chinese ethnic origin, because of the influence of Confucianism, Buddhist, Taoist, and other spiritual beliefs do not support the thought of organ donation as they associate an intact dead body with respect for ancestors or nature.^{30,36} In particular, in Confucianism, the concept of "filial piety" dictated that individuals should return their bodies in the same condition that they received from their parents, out of respect for their ancestors.^{26,37} It is therefore wrong to return a person's body that is not intact by removing organs from it.³⁸ However, if they do decide to donate their organs after their death, the priority is to close relatives, and then in descending order, distant relatives, people from their home country (other Chinese ethnic group), and then only to strangers.³⁹ This "negotiable" willingness to donate has enormous implications, where the transplant specialist can use it as a strategy to increase organ donation rates among Chinese community. As for the Buddhists, they believe that the dying process takes several hours, and the Taoist believes that organs have one-to-one relationship with nature.³⁶

Christian perspective. As for Christianity, its main branches—Catholics and Protestants—support and encourage organ transplant. Christians look at Jesus Christ, whose life was one of self-giving as guidance. Pope John Paul II, the recently deceased Pope had repeatedly advocated organ donation and organ transplant as a "service of life." However, to prevent conflict, it was suggested that the freedom of the prospective donor should be respected, and that the physician who determines death should not be a member of the transplant team.³¹

Implications of Ethical, Social, and Religious Aspects of Organ Transplants

Understanding the ethical, social, cultural, and religious beliefs of a multiethnic population is important, as this could be used to explore negotiable limits of those beliefs and values.⁴⁰ First, a physician involved in the procurement process should explore issues based on the effect of procurement on the donor's body, in cases where a patient may be reluctant to donate because the organ procurement process seems to violate his or her religious and spiritual beliefs. A physician who understands this belief may change the procurement protocol to allow a patient to donate his or her organs without violating these values. For example, a Buddhist patient who believes that the dying process takes several hours may allow his or her organs to be removed

for donation if the clinician promised that the procurement process will only begin after a specific period of time had passed, or a Taoist who believed that his or her major organs have a one-to-one relationship with nature may not allow those particular organs to be removed for donation, but may allow other organs or tissues to be procured. A Chinese patient, who has declined to donate his or organ to an open system, may be willing to donate if he or she were allowed to specify the recipient. This is because Confucianism beliefs emphasize the family as the moral basis of society. Thus, addressing this religious perspective is important, as people will be more willing to donate organs to people similar to themselves before they will donate to strangers at large. As for the Muslim community, the same “negotiation,” can be used wherein the recipient of the organ from a Muslim should also be a Muslim, as this would be an act of charity in the name of “Islamic brotherhood.”

Even though this article aimed to address the social and religious issue of organ transplant, the authors would also like to mention the importance of addressing the emotional issues faced by the family (the loss, the grief, and the anger) because the question of organ donation at the time of death would seem inappropriate. At this time, the family is in a state of crisis, overwhelmed with grief, and hence the family members are not at their normal functioning level. The thought or idea of giving a vital organ of a loved one to another may not be welcomed. This aspect needs to be addressed by physicians and the transplant team.

Therefore to overcome the aforementioned difficulties, it is suggested that the following steps be taken to attain societal acceptance of organ transplantation.¹⁸

1. Difficulties of the organ donation process should be minimized, including avoiding delays in funerals.
2. Widespread public awareness should be created on the benefits of transplant to society and legal definition of brain death. The presence of religious objections to transplantation must be stressed.

At present, the renal transplantation rate in Malaysia is very low at 5 to 7 pmp. This low rate is not able to keep up with demands for transplantation from patients with end-stage renal failure. This is reflected by a large number of Malaysians who have sought renal transplantation abroad (64% of Malaysian receiving renal transplant during the period from 1999 to 2008).^{8,9} One of the suggested ways to reduce this apparent deficit is by increasing cadaveric transplantation rate. The opt-out system of organ donation as practiced by Spain and Singapore is fairly effective in increasing the donor pool.¹⁵

Conclusion

Organ transplant is a safe procedure that gives new hope and new life to thousands of people. When dealing with this issue, it should not be forgotten that this is a discussion of life and death, where a decision is made on who lives, who dies, and why. This issue is also regarding real people who are suffering, and decisions made based on good ethics and proper understanding of social and religious aspects will facilitate and make the process less painful. Both the community and physicians should therefore approach organ transplant positively and objectively and treat ethical, social, and religious issues as negotiable perspectives and not barriers to organ transplant.

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