the gift of life…
An Interfaith Study
by Mary Braybrooke
Autumn/Winter 2012

“the gift of life”

This Study of attitudes to kidney transplantation in different faiths arose out of the relatively long wait for kidney transplantation of some clients from ethnic minorities who attend Renal units. For example, I came to know one gentleman from Bangladesh in his early thirties who was of blood group B, for which a kidney is less likely to become available. He felt isolated, stigmatised by his community and unable to find work or a wife. He regarded kidney failure as a repugnant disability and was unable to talk about it to his family and friends. Since I wrote this article I am glad to say a kidney has been found and he has also found a wife! He waited several years for both.

The proportion of those awaiting kidney transplants is much higher in the ethnic minority groups than in the general population.

Some cities have appointed special workers to address this and inform the local communities.

Living donation seems natural. Giving to another in this way shows great compassion which is the way of the Buddha.

The issue of transplantation is vital because it usually provides better quality of life for those suffering from end stage renal failure and it is also cost effective. It does, however, raise moral issues concerning removing organs from a healthy donor and related problems regarding an individual’s consent to have organs removed for the sake of others. Over 30% of relatives refuse donation of organs when asked, often because of the short time given to make a decision and possibly for religious and cultural reasons, which are the subject of this paper. The situation has changed in the last few years in that there are now many more related donors and some altruistic donors. Medical knowledge has improved and now transplantation is more possible although the waiting list is still long.

My study consisted of personal interviews with people from different countries and of questionnaires sent to contacts in different faith communities in Great Britain, concerning cultural, religious and personal attitudes to transplantation including cadaver organs and living donors, and to both receiving and donating kidneys. There was a question concerning carrying donor cards and about spreading awareness. There were roughly the same number of men and women, 40-50 in total between 30 and 75 years of age, practising members of their own faiths and of reasonably good educational background. The replies showed no particular sex or age bias.

Knowledge about the shortage of kidneys varies greatly. Some people had given the matter great thought; others did not know that there was a shortage of organs. There were misgivings about brain stem death, and suggestions that equal concern should be given to the needs of the dying as the living.

In spite of the objective actions taken by the medical profession at the time of death, there were anxieties about treating the body with care and dignity. Some wanted absolute assurance that the donor had given consent. Others had difficulties with the body being kept alive artificially for the organs to be removed. A warm, heart beating body is hard to consider dead even if the brain is not functional. The Leicester General hospital scheme of identifying asystolic [non heart beating] donors has led to a marginally higher rate of relative consent but this information is very technical and mostly unknown to those not involved.

The following are various quotes from some of the people of different faith traditions whom I interviewed.

Hinduism

“There is no objection to receiving or donating organs in Hinduism but there are certain rites for the dying person. Cremation is usually within 24 hours”.
“Asian people often have a sense of continuity and sanctity of the soul. The soul needs to be freed from its former connections when it leaves the body. There is fear of mutilation of the body.”
“Cremation occurs quickly. People do not think about organ donation.”
“There is a feeling of fatalism in terms of illness. Renal failure is the will of God and it is useless to interfere or obstruct it. There is also fear of the surgeon’s knife.”
“Donating a living organ is acceptable provided full information is given to the donor.”

Christianity

The majority interviewed agreed with donating and receiving kidneys and about half carried kidney donor cards. However, some felt that ethics had not caught up with medical advances. Some who only believed in burial did not want their body to be ‘carved up’. Another wondered how the body and mind reacts to receiving a living organ. Living donor donation is acceptable provided full explanations are given to both the donor and the recipient. The impetus is self-sacrificial love.

Islam/Muslim

Post mortem kidney transplantation should be less of a problem in Islam than other organs because the hadith explicitly states that in the garden of Paradise there will never be a need to urinate. Organ donation was made “halal” in 1982 by the senior “ulama” commission in Saudi Arabia. A person donating kidneys is eligible for a reward in the hereafter.
“There are conservative and liberal views in Islam but because of the belief in physical resurrection there is a desire to keep the body intact.”

Buddhism

Most Buddhists regard organ donation very positively as it stems from a compassionate belief to benefit others. If it is truly the wish of the dying person it will not harm in any way the consciousness that is leaving the donor in the process of giving organs. It turns into a good karma.
"Some believe that human beings are created according to a certain design that should not be artificially modified. A kidney may be meant for one body only. There is attachment to one's body."
"Living donation seems natural. Giving to another in this way shows great compassion which is the way of the Buddha."

Sikhism

A small study Sikhs in Coventry in 1996 found that there were a number of misgivings to do with reincarnation and mutilation, [also found in my study] and anxieties about the technical and clinical aspects of the transplantation process, but most felt donation to be a highly altruistic action. The study concluded that barriers to transplantation were more due to lack of knowledge and understanding than because of religious and cultural factors.
"Orthodox Sikhs would not want their bodies messed around but the more liberal will both accept and donate."
"In India major medical intervention is less common than in the West. Fewer people are kept alive by artificial means. We feel the time of death is ordained by God and nothing can change this. People are more accepting of death. Life continues through reincarnation."

Judaism

In Judaism there are laws which ban mutilation of, and benefiting from a corpse, however, saving a life can take precedence. Orthodox rules are stricter than Reform. Organs from a living person are permitted provided this does not endanger the life of the donor.
"There is a reluctance to face death and a feeling that the body should remain within the community coupled with a mistrust of western medicine. There is a belief that God's will should be accepted and of the sacredness of the human body."

Living Donation

There was a wide consensus that few people knew about the possibility of becoming a living donor, even more an altruistic donor. There was some anxiety that in parts of the world poor people are willing to sell their organs and that in others such as China, kidneys are removed from executed criminals. Most of those interviewed agreed to donation from living donors provided all were fully aware of the implications. It was felt that the psychological results of failure could be traumatic and long lasting.

Publicity

Everyone agreed that more publicity and information was needed in all cultures.

Suggestions included launching educational campaigns, talks by sufferers from kidney failure, general articles, big poster advertising and information campaigns and the provision of donor cards in all surgeries. In some countries including Britain the willingness to donate is recorded on the driving license.

Presumed consent has ethical difficulties and would, I think, although practised in some European countries, not be acceptable with others, because the wishes of the family may not always be considered.

Reporting good news about successful transplantation is helpful. I met a gentleman who received a kidney from his twin sister 34 years ago and who was said to be the longest surviving transplant patient in the United Kingdom and possibly Europe.

Conclusion

In spite of all the publicity it seems clear that there is a need for much more research and a greater dissemination of knowledge to all the many cultural groups in our increasingly multi-faith societies.

Most of the major faiths appear to agree on the merits of donation but there are continuously repeated concerns and “if distress is to be avoided guidelines for the harvesting of organs will (need to) be modified by religious and cultural views concerning the integrity of the body” [david Lamb, 1993]. Scientific practice has to live alongside the individual’s deeply held beliefs.

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The interests of the donor of a kidney organ and the interests of the potential recipient need to be carefully balanced. In living donors, while maximising the availability of donor organs, it is important to ensure that the donor is acting freely and in an informed way. The principle of respect for the individual patient is the cornerstone of medical ethics. A happy story was printed in the Lancet in May 1998 when two married couples, one Jewish and the other Muslim in Israel donated and received each other’s kidneys, a wonderful example of cross cultural/religious co-operation.

Since writing this article there has been a lot more publicity to the need for organ donation, and medical advances in matching and pairing recipients and donors. Nevertheless, the need for sensitivity in dealing with relations of a potential donor even if the donor has already made his/her wishes in the affirmative is vital. That the dead relative may have given life to someone else who might be dying otherwise can be a great source of comfort and inspiration to those left behind.

Mary was a medical social worker and retired in 2009

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