

Muslims' views on the permissibility of organ donation: The case of Malaysia

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Background: Some argue that Malaysia's extremely low organ donation rate is attributed to religion, specifically Islam. Testing this argument, this study asked Malaysian Muslims their views regarding various issues on organ donation and examined whether their decisions to donate organs are framed by religious beliefs.

Materials and Methods: This study investigated the perspectives of Malaysian Muslims between October and December 2013 in Kuala Lumpur. Self-administered questionnaires were distributed to 900 people, with 829 responses collected (92% response rate). Respondents' verbal consent was taken before proceeding with the survey.

Results: The survey found that more than half of respondents felt that organ donation is permitted in Islam and that it is a communal responsibility. However, the same proportions were unsure on the issues of rewards for organs or on whether Islam permits the procuring of organs from brain dead patients.

Conclusions: Malaysian Muslims are not against organ donation; however, encouraging organ donation requires the state to address public concerns on Islam's views on this sensitive issue through effective policy tools to help address these gaps in Malaysian Muslims' understanding of organ donation. The organ donation rate could improve by using Islamic scholars as ambassadors for an organ donation drive to convey the message of Malaysia's urgent need for organ donation.

IeJSME 2016 10(1): 41-46

Keywords: Islam; Malaysia; Muslims; organ donation; organ transplantation; perception on organ donation.

Introduction

The dramatic decline in the organ donation rate in Malaysia over recent decades is a cause for concern because the need for organs has steeply risen over the same period. Between 2000 and 2012, for example,

the number of dialysis patients increased by more than 300%, from 6702 patients in 2000 to 28,590 in 2012. Against this background, only 94 (both living and deceased) kidney transplants were carried out in 2012 (compared with 32 in 2000).¹ Exacerbating this huge discrepancy, Malaysia's deceased donation rate stood at a paltry 0.48 per million population in 2008,² a status that is especially critical given its growing population and changing lifestyle patterns.

One immediate remedy to address Malaysia's organ shortage would be to persuade its Muslim population, which forms the bulk of the country's population, to donate organs. Many see this as a tall order, arguing that Muslims are less likely to donate their organs because they are unsure whether it is prohibited under Islamic law. This uncertainty is in part driven by the mixed signals from Muslim scholars, who are divided on the permissibility of organ donation. Recent international studies show that the majority of Islamic scholars permit organ donation.³⁻⁷ In Turkey for instance, 71% of Muslim religious leaders believe that organ donation is permitted in Islam.⁶ On the contrary, some scholars argue against organ donation, stating that such acts are tantamount to the abuse of the human body which belongs to Allah, and that meddling with a dead body is similar to hurting a living being.

Islam allows for such differences in opinion as long as they are substantiated by Islamic principles. The issue of organ donation and transplantation, for instance, falls under *sharia'h* law, or Islamic jurisprudence, where the primary references come from the Quran and Prophet Mohamad SAW guidance (*Sunnah*). However, if the Quran and *Sunnah* do not explicitly address such contemporary issues, *sharia'h* law allows Islamic scholars to deliberate on them and come up with stipulations, or *fatwas*. Muslims are then allowed to adopt the *fatwas* they see fit. For example, Muslim scholars are divided on what constitutes brain death, but there is now consensus in the Islamic community that brain death is consistent with the religious definition of death.⁸ Although some works still argue that equating brain death in

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this way should be seriously revised,⁹ most scholars believe that brain death complies with the Islamic definition of death. However, one issue where Islamic scholars overwhelmingly concur is the selling of organs. Receiving reward for organ donation is condemned by Islamic scholars, and is even considered to be a crime in some Islamic countries.^{8,10} Iran is an outlier case in this regard, as it runs a governmental scheme of financially rewarding living kidney donors but under strict official supervision. The Iranian model however, continues to raise serious ethical concerns.¹¹

Although studies in Malaysia suggest that Islam is not a barrier to organ donation, the samples used in those works were largely people without direct contact with Islamic institutions such as mosques and Islamic academies and those that do not consider Muslim healthcare professionals' views on organ donation.¹²⁻¹⁵ The fact that religion is not a barrier applies to the major prevailing religions in Malaysia, namely Islam, Christianity, Hinduism, and Buddhism.¹⁶ Indeed, for Malaysian Muslim non-donors, studies show that only 10% believe that organ donation is against their religion; their main reasons for refusing organ donation are the lack of information on organ donation and lack of trust in official procedures.¹⁴

Nevertheless, to the best of our knowledge, no studies have thus far investigated the perspectives of Malaysian Muslims on organ donation, brain death, and reward for organs, which are the aims of this study.

Materials and Methods

A survey was conducted in three selected areas in Klang Valey and its suburbs (mosques, hospitals, and Islamic academies) between October and December 2013. Enumerators were trained to approach Muslims in these three areas in which self-administered and pilot-tested questionnaires were distributed to 900 people, with 829 responses collected (92% response rate). Questionnaires were presented in the Malay language because all Malays are Muslims, while enumerators were

also trained to seek respondents' verbal consent before proceeding with the survey.

Mosques were selected as the location to capture the views of religious leaders and Muslims performing their daily prayers. Islamic academics were selected to allow us to take into account the views of Islamic scholars and students, while hospitals were chosen to capture the views of Muslim healthcare professionals and people with health concerns. The three designated locations were chosen because issues of the permissibility of deceased organ donation involve matters related to Islamic rules, academic debate and healthcare professionals' knowledge and attitude, and the people who are in close contact with the groups.

First, respondents were asked to provide basic information including education background (Islamic or conventional). Information on education background is important to test whether this has a significant bearing on the results. Respondents were then asked their opinions on the following seven statements related to the permissibility and prohibition of organ donation, rewards for donation, and brain death, with responses given on a five-point scale (strongly disagree, disagree, not sure, agree, strongly agree):

1. Organ donation is prohibited (*haram*) because it abuses the human body and changes the will of Allah.
2. Organ donation is allowable (*harus*) as long as it does not contravene religious and moral principles.
3. Organ donation is a communal responsibility (*fardu kifayah*), even with the availability of dialysis treatment.
4. A living donor is entitled to receive a tangible reward for his/her donation.
5. The deceased donor's family members are entitled to receive a tangible reward once they have allowed the retrieval of their loved one's organs.

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6. Removing organs from brain dead patients is permissible in Islam.
7. Switching off the mechanical ventilator of brain dead patients is permissible in Islam.

Note: Questions 1-3 in the questionnaire refer to both living and deceased donations. The five-point scale (not Yes or No option) was presented to respondents because all 7 issues are very much debatable in this

country especially among religious leaders, academics and healthcare professionals.

Pearson Chi-square test were performed to test whether there are statistical differences between the studies groups. 5% significance level was used as criteria.

All human studies were reviewed and approved by the University of Malaya Research Ethics Committee (reference number: UM.TNC2/RC/H&E/UMREC-21).

Results

Table I: Respondents' characteristics by education background

Variable	Conventional Education (n = 663)		Islamic Education (n = 166)	
	No.	(%)	No.	(%)
Gender				
Male	434	65.5	86	51.8
Female	229	34.5	80	48.2
Age				
35 years old and below	226	34.1	83	50
36 – 50 years old	323	48.7	69	41.6
51 years old and above	114	17.2	14	8.4
Income				
RM 2000 (USD 614.254) and below	214	32.3	56	33.7
RM 2001 (USD 614.562) – RM 4000 (USD 1228.51)	258	38.9	48	29.0
RM 4001 (USD1228.82) – RM 6000 (USD 1842.76)	99	14.9	40	24.1
RM 6001 (USD 1843.07) – RM 8000 (USD 2457.02)	30	4.5	6	3.6
RM 8001 (USD 2457.32) and above	62	9.4	16	9.6
Education level				
Pre-tertiary level	351	52.9	71	42.8
Tertiary level	312	47.1	95	57.2

Table I shows the characteristics of the education background of the 829 respondents. Respondents with a conventional education background outnumbered those with an Islamic background by 663 (80%) to 166 (20%). Two-thirds of respondents were men in the conventional group; however, there was no significant difference between genders in the Islamic group; 86 (51.8%) men and 80 (48.2%) women. Almost half of respondents with a conventional education background were middle-aged (323; 48.7%), while half of those with an Islamic background were aged below 35 years (83; 50%).

Few differences between the groups existed for income and education level. For instance, for respondents with an income of RM 2000 (USD 614.254) and below, 214 (32.3%) had a conventional background and 56 (33.7%) an Islamic background. Similarly, of those with a conventional education, 351 (52.9%) respondents had a pre-tertiary level and 312 (47.1%) a tertiary level compared with 71 (42.8%) and 95 (57.2%) for an Islamic education respectively.

Table II: Responses to the seven items

Statement	Response	Conventional education (n = 663)		Islamic education (n = 166)		Total (n = 829)		Chi-square (p-value)
		No.	%	No.	%	No.	%	
1. Organ donation is prohibited (<i>haram</i>) because it abuses the human body and changes the will of Allah	S. disagree	145	21.90	41	24.70	186	22.40	0.0122
	Disagree	217	32.70	54	32.53	271	32.70	
	Not sure	173	26.10	55	33.13	228	27.50	
	Agree	99	14.90	16	9.64	115	13.90	
	S. agree	29	4.40	0	0.00	29	3.50	
2. Organ donation is allowable (<i>harus</i>) as long as it does not contravene religious and moral principles.	S. disagree	6	0.90	0	0.00	6	0.70	0.5554
	Disagree	18	2.71	6	3.61	24	2.90	
	Not sure	195	29.41	51	30.72	246	29.70	
	Agree	292	44.04	66	39.76	358	43.20	
	S. agree	152	22.93	43	25.90	195	23.50	
3. Organ donation is a communal responsibility (<i>fardu kifayah</i>), even with the availability of dialysis treatment.	S. disagree	4	0.60	0	0.00	4	0.50	0.7591
	Disagree	17	2.60	5	3.01	22	2.70	
	Not sure	257	38.80	64	38.55	321	38.70	
	Agree	298	44.90	71	42.77	369	44.50	
	S. agree	87	13.10	26	15.66	113	13.60	
4. A living donor is entitled to receive a tangible reward for his/her donation.	S. disagree	60	9.00	6	3.61	66	7.96	0.0075
	Disagree	100	15.10	36	21.69	136	16.41	
	Not sure	177	26.70	50	30.12	227	27.38	
	Agree	243	36.70	46	27.71	289	34.86	
	S. agree	83	12.50	28	16.87	111	13.39	
5. The deceased donor's family members are entitled to receive a tangible reward once they have allowed the retrieval of their loved one's organs.	S. disagree	27	4.10	4	2.41	31	3.70	0.0539
	Disagree	97	14.60	40	24.10	137	16.50	
	Not sure	213	32.10	50	30.12	263	31.70	
	Agree	261	39.40	57	34.34	318	38.40	
	S. agree	65	9.80	15	9.04	80	9.70	
6. Removing organs from brain dead patients is permissible in Islam.	S. disagree	50	7.50	27	16.27	77	9.30	0.0032
	Disagree	161	24.30	46	27.71	207	25.00	
	Not sure	308	46.50	58	34.94	366	44.10	
	Agree	104	15.70	27	16.27	131	15.80	
	S. agree	40	6.00	8	4.82	48	5.80	
7. Switching off the mechanical ventilator of brain dead patients is permissible in Islam.	S. disagree	44	6.60	25	15.06	69	8.32	0.6559
	Disagree	122	18.40	42	25.30	164	19.78	
	Not sure	291	43.90	55	33.13	346	41.74	
	Agree	137	20.70	34	20.48	171	20.63	
	S. agree	69	10.40	10	6.02	79	9.53	

Table II shows that the majority of respondents believe that organ donation is permissible in Islam and thus should be encouraged as a communal responsibility. A total of 55.1% of respondents disagree or strongly disagree that organ donation is prohibited, while 17.4% of them agree or strongly agree. In parallel, 58% of respondents agree or strongly agree that organ donation is a communal responsibility and is in accordance with Islamic principles.

In response to the statements on rewards for organ donation, about half of respondents agree or strongly agree that a donor and his or her family are entitled to receive a reward for donating organs or for giving consent to donate their dead relative's organs. On the issue of brain death, opinions were divided. More than 41% of respondents are not sure about the permissibility of procuring organs from brain dead patients or of switching off life support machines. Only 21.6% and 30.1% of respondents agree or strongly agree on harvesting organs and switching off the life support machine of a brain dead patient, respectively.

The last column in Table II reports the *p*-values of the chi-square test, which tests the significance of the differences between respondents with Islamic and conventional backgrounds. At the 5% significance level, the results show differences between the two groups, except for items 2, 3, 5, and 7.

Discussion

These results offer a number of interesting points. First, the findings reject the hypothesis that Malaysia's low organ donation rate is due to the religious beliefs of its largest population, Malay-Muslims. In fact, more than half of respondents agree that organ donation should be encouraged as a form of communal responsibility. Second, the results give optimism that Malaysia's low deceased organ donation rate (0.48 pmp) could improve if the state were to employ a range of effective public policy programmes to better inform the public. Third,

to dismiss doubts about organ donation, the state should come out strongly on ambiguous issues that can be subject to misinformation (e.g. brain death and rewards for organs).

On the issue of financial reward for organ donation, the results show that respondents are not sure whether Islam prohibits reward for donation. This ambiguity should be addressed effectively, or misinformation and possibly abuse could result, leading to unrestrained organ trading that would only botch any attempt to increase organ donation among Muslims. Similarly, the uncertainty on what classifies as brain death makes it imperative that Malaysia embarks on public relations campaigns to inform the conditions that allow for harvesting organs from brain dead patients. Effective communication on the permissibility of organ harvesting in brain dead patients could result in Muslim individuals and families donating or granting permission to procure their relative's organs.

In summary, the study gives reasons to be optimistic that Malaysia should see a future rise in organ donation to match its demand for organs as long as effective policy measures are put in place. The study clearly found that Malaysian Muslims are not against organ donation; however, encouraging organ donation requires the state to address public concerns on Islam's views on this sensitive issue through effective policy tools that reach out to the target population. In this regard, the organ donation rate could improve by using Islamic scholars as ambassadors for an organ donation drive, iconic Muslim personalities to convey the message of Malaysia's urgent need for organ donation, and effective and appropriate public relations tools that target Malaysia's different communities. If Malaysia can assuage its largest community to accept the message of organ donation, there is every reason to be sanguine that the organ donation rate will increase considerably in the coming years.

Limitations

This study has some limitations. First, the observations were collected from the Klang Vale only, while the views of Muslims in other states may not be exactly the same. Second, although we have explained the concepts of communal responsibility (*fardu kifayah*) and brain death to the respondents, we were not able to deliver comprehensive explanations on these concepts. That was mainly because of the limited time we had to explain these concepts to respondents.

Acknowledgements

The authors wish to thank the University of Malaya for funding this research under the University of Malaya Research Grant Scheme (Grant Number: RG490-13HTM).

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