

Organ donation from an Asian perspective



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The majority of patients in the UK needing an organ transplant will spend more than a year on a waiting list, but for the Asian population the wait is longer still and lack of compatible donors is

a major problem. This overview of the burial and cremation rituals, and the various religious positions on organ donation, clarifies how these may affect members of the UK's Asian community faced with the difficult decision to donate or not.

Technological advances in medicine have made it possible to transplant the kidney, heart, liver, lungs, and pancreas, and also to replace other body parts such as heart valves, bones, muscular tissue and the cornea. Transplant procedures began at the start of this century when the cornea was transplanted in 1905. The kidney was successfully transplanted in 1954 and the heart was first transplanted in 1967¹. The vast majority of organs for transplant come from dead donors, cadavers. However, it is possible to donate some organs while living, most commonly a kidney as it is possible to live normally with one kidney. A part of a liver, lung or pancreas may also be donated.

To procure organs from dead persons, the UK currently employs what might broadly be termed an 'opting-in' legal procedure. This relies upon the co-operation of volunteers and who indicate their willingness to participate through the use of donor cards and the recently introduced NHS Organ Donor Register. Organs cannot be taken from a donor without the relatives' permission, thus carrying a donor card or being on the Donor Register only gives an indication of a person's wishes².

Patients who are normally considered as donors are those who have suffered some form of intracranial damage, commonly as a result of a road accident. Organs are only removed once it has been confirmed that a patient is brain-stem dead, ie when all brain activity stops, an irreversible condition. A

ventilator can keep the blood circulating after death and this allows organs to be preserved for transplantation, but a patient who is brain-stem dead cannot recover¹.

Once the brain-stem death of a potential donor has been confirmed, the medical staff will discuss the possibility of donation, establish whether the patient indicated any wishes in this respect and then request permission for organs from the relatives. If the relatives agree, the local Transplant Co-ordinator is contacted. The Co-

EDITOR'S NOTE

Most members of the caring professions are uncertain about the likely views of Asian patients and their families concerning organ donation. Will there be objections on religious grounds? Who should be approached and how? Our uncertainty may be no greater than that of Asians themselves, who may have no clear idea what organ donation implies or what their own religious leaders think about it. In this article,

Mr Gurch Randhawa gives authoritative guidance derived from careful inquiries from each of the main religious groupings found in Asia (his recommendations meet the requirements of the Muslim Law Council).

In sum, it seems that for members of the main religious faiths met with in Asia, organs may be donated provided that permission is given by the person concerned, or by the family (with full background information), provided that donation is voluntary with no commercial interest to the donor.

ordinator explains the procedures involved to the family and spends time counselling them. A computer database of all patients waiting for an organ transplant is accessed by the Co-ordinator to identify suitable recipients. This database is maintained by a special health authority, operating within the UK National Health Service, the United Kingdom Transplant Support Service Authority (UKTSSA)³.

When patients and their locations have been identified, the doctors at those hospitals are asked to confirm acceptance of the organs. A team of specialist surgeons is called to the donor's hospital to carry out the surgery and preserve the organs for transport, as soon as possible, to the transplant hospital where they are transplanted immediately¹.

THE SPECIFIC NEEDS OF THE ASIAN POPULATION

At the beginning of 1996, there were over 6,000 patients waiting for a transplant in the UK. The vast majority of these people continued to wait as there were less than 1,765 transplants during that year⁴. It is accepted that the predominant reason for this problem is the lack of donors rather than lack of facilities. For the foreseeable future this trend is unlikely to change unless the number of donors is dramatically increased.

This issue is even more pertinent to the UK's Asian population (those originating from the Indian subcontinent) who have been shown to be represented in disproportionately high numbers on transplant waiting lists in some regions of the UK⁵⁻⁹. This can be attributed to the higher incidence of end-stage renal failure as a result of increased rates of diabetes and hypertension among Asians⁸⁻¹¹.

Additionally, tissue type compatibility and blood group matching is more difficult across racial groups^{5, 6, 12}. However, several commentators have suggested that religious and cultural traditions surrounding death may prevent family members from consenting to the donation of their loved one's organs¹³⁻²⁰ and that this is particularly the case for the Asian population^{12, 21}. Unfortunately, the topic of cadaveric organ donation is inextricably associated with bereavement and often discussed at a time of great grief. Health professionals, dealing with dying patients who may be potential

organ donors, need to be particularly aware of the various burial or cremation rituals and the religious position towards organ donation of all faiths, and how these may affect the decision to donate or not.

RELIGION AND ORGAN DONATION

The religious beliefs of the major faiths of British Asians – Islam, Hinduism, Sikhism, Buddhism, and Christianity – have been scrutinised in the literature. It is very important to recognise that none of these religions object to organ donation in principle, although in some there are varying schools of thought.

The recent *fatwa* (edict) from the Muslim Law Council has clarified much of the divergence in opinion among Muslim commentators²⁰. This directive states that it is permissible to donate organs, and specifies brain-stem death as an acceptable diagnosis of death. There is nothing in Hindu scriptures to indicate that organs cannot be donated to alleviate the suffering of other people. Some Hindu commentators, however, have proposed that donation is only acceptable if the desire to donate is expressed overtly before death²². There is no religious prohibition against organ transplantation in Sikhism or Buddhism²³. In Christianity, religious leaders have indicated that organ donation is acceptable if prior consent has been obtained either from the donor while alive or the donor's next of kin²⁴.

BURIAL AND CREMATION

Some authors have commented that reticence to donate organs exists because of fears and concerns about being dissected after death and the body being disfigured. It has been suggested that these issues are also related to burial rites¹⁴⁻¹⁷.

Hindus and Sikhs cremate their dead as soon as possible after death. In both groups, the body is washed and dressed in normal clothes, and is usually viewed by close friends and relatives before being taken to the crematorium. Ashes are often returned to India to be scattered at a sacred site, such as the River Ganges for Hindus and the River Sutlej for Sikhs^{25, 26}.

Muslims, on the other hand, bury their dead and are required to do this. The body is covered in a shroud and placed in the coffin²⁷. There is a tendency among a number of British Pakistani Muslims to return the body to Pakistan to be viewed by relatives and buried at a graveyard where other members of the family are buried.

Buddhists and Christians bury or cremate their dead. Commonly the body is

viewed by the family and close friends, either at home or at the cemetery or crematorium²³.

CONCLUSION

As the demand continues to grow for transplant organs among the Asian population, the need to procure organs from Asian cadaveric donors is also increasing. Under current legislation family consent is required before organs may be removed from a patient. Patient deaths occur more frequently in critical care areas than in most general wards²⁸ so it is essential that the staff caring for patients, particularly in intensive care units, are able to deal sensitively with Asian families, offering them the support they need. If religious concerns are an issue for the family, it is important for professionals to be aware of the positions held on these matters by the various faiths of the Asian community. BC

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