

Helping Those You Know

The possibilities of deceased directed donation

BY ABU FAHAD ABBASI AND AASIM I. PADELA

NEAR OR AT THE TIME OF OUR DEATH, many families will be asked to consider donating “our” organs. As we learn about organ donation, sometimes we wonder if there is a way to identify those who we feel should receive them.

Few of us have resolved our views on this subject, and even fewer have made them known by signing up for a donor registry or outlining our choice in our wills or advance healthcare directives. The diversity of religious opinions, societal pressures and acute need impacting one’s choices; the multiple procedures and forms that can be involved; and one’s health status and values make any decision about such bioethical issues complex. Moreover, organ donation has evolved from what it once was, as there are different types of donations and a complex terminology that differentiates them.

Organ donation is a controversial topic and, more than that, a deeply personal decision; however, it is our ethical responsibility to donate or not based on our guiding principles. From a religious ethicolegal perspective, the Fiqh Council of North America’s (<http://fiqh-council.org>) ruling considers organ donation permissible, albeit with several caveats and conditions (see Perspectives on Organ Donation and Transplantation, Islamic Horizons p. 60, Sept./Oct. 2019). Directed Deceased Donation (DDD), which gives individuals a more personalized option with greater autonomy regarding intended recipients, is permitted.

WHAT IS DECEASED DIRECTED DONATION?

Deceased Directed Donation (DDD) allows the deceased donor’s organs to be transplanted to specific pre-appointed recipient(s) after the donor’s death. The donor can choose the organs to donate to the same person or to different people.

Some consider DDD more favorably than regular generalized organ

donation. With general organ donation, the donor is unable to choose a recipient: that decision is dictated by a complex algorithm based on geographic location and the medical status of individuals on the transplant list. DDD, however, enables donors to choose a specific person who will preferentially receive the donated organ should they have a medical need for it.

For Muslims, charity continues even after the deed (*sadaqa jariya*). If we enable another Muslim to continue worshipping God, we may also benefit from this perceived altruistic choice. Simply enabling donors by giving them a choice restores autonomy to the organ donation process.

The DDD process actually starts before the donor’s death. The hospital alerts the Organ Procurement Organization (OPO) that a potential donor is interested. After registering as an organ donor with the secretary of state, extensive medical tests are conducted and various requirements must be met before the family is informed or, in some circumstances, until their consent

is obtained. At this point the recipient has usually been identified; if not, the OPO will ask if anyone within the family has a need. Once a recipient has been identified, tests have been run and consent obtained, the transplant team facilitates a smooth transfer. The recipient will be monitored, and the OPO will support the donor’s family throughout the completion and-post completion of the process.

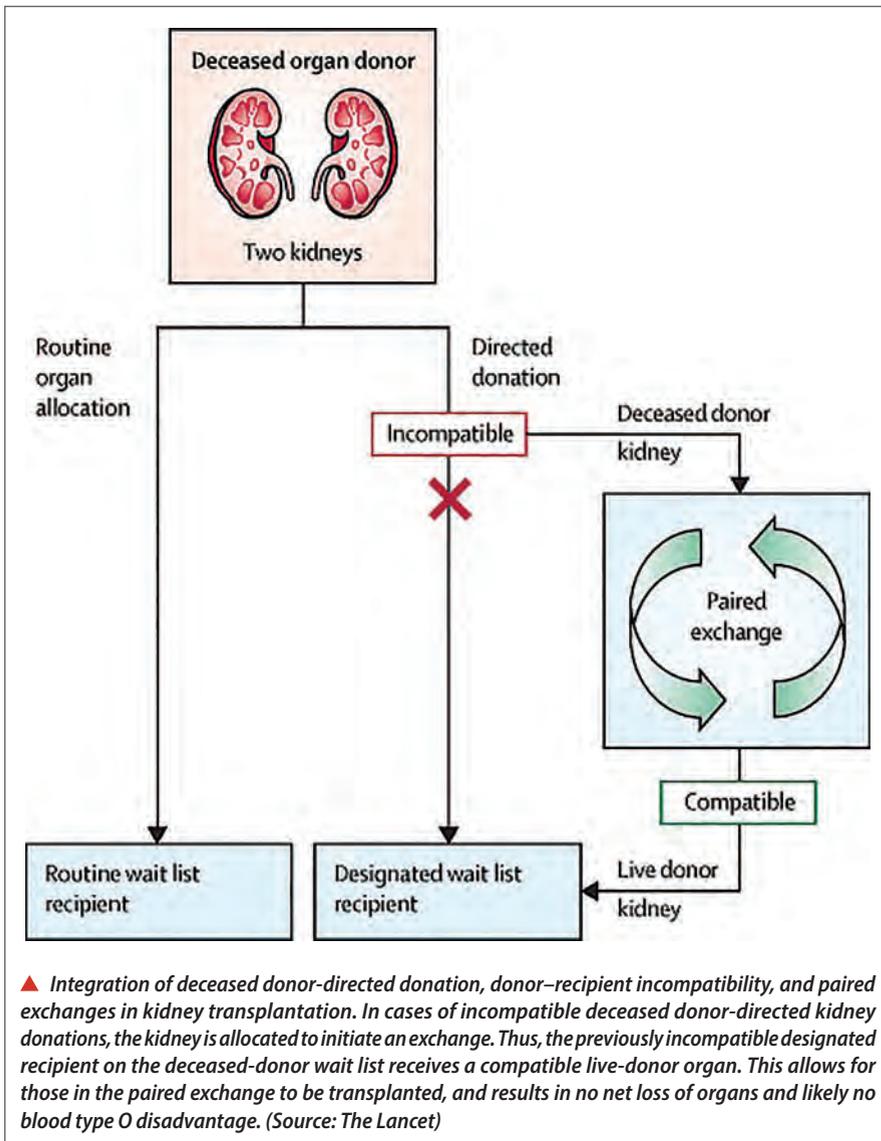
The practice of DDD is legally permitted in the U.S. under the Uniform Anatomical Gift Act (UAGA), which is accepted by most states’ anatomical gift — “a gift that takes effect after the donor’s death” — laws. The UAGA recognizes that organs are gifts and that the donor can legally designate a recipient accordingly (A. Bianchi, R. Greenberg: “Deceased directed donation: Considering the ethical permissibility in a multicultural setting” *Bioethics*. 2018;00:108).

OKAY, IT’S LEGAL, BUT IS IT HALAL?

FCNA, in unison with individual scholars and global fatwa councils, considers organ donation and transplantation permissible. The most recent Sunni position regarding this ethical permissibility, via FCNA, allows for the practice with seven main stipulations: 1) People cannot sell their organs, 2) Neither the donor nor the recipient experiences considerable harm, 3) The donor gives his/her consent and authorization, 4) A vital organ can’t be donated if removing it will kill the donor, 5) Deceased donation must occur after cardiac determination of death, 6) Major Islamic scholars agree that donating reproductive organs is prohibited and 7) Other donated organs should not compromise the quality of the donor’s life.

This fatwa defines “deceased” as cardiac death. As brain death remains a topic of contentious debate among Islamic jurists, it requires a more case-by-case evaluation. Limitations regarding organ donations are not

OVER HALF OF ALL CANDIDATES ON THE ORGAN TRANSPLANT WAITING LIST ARE FROM A RACIAL OR ETHNIC MINORITY GROUP, BECAUSE SELECT DISEASES THAT CAUSE KIDNEY FAILURE ARE MORE COMMON WITHIN THESE POPULATIONS. THEIR HIGHER RATE OF KIDNEY FAILURE TRANSLATES TO A POTENTIALLY HIGHER NEED FOR KIDNEY TRANSPLANTS AMONG MUSLIM AMERICANS, WHO ARE PRIMARILY FROM MINORITY GROUPS.



restricted to this list (<http://fiqh-council.org/on-organ-donation-and-transplantation>).

WHY SHOULD YOU CARE?

According to the Organ Procurement and Transplantation Network, as of July 2019 there were 113,293 candidates on the organ donation waitlist, 84 percent of whom are awaiting a kidney transplant (U.S. Department of Health and Human Services [HHS], Organ Procurement and Transplantation Network [OPTN], 2019), and approximately 20 of whom will die every day waiting for a transplant. Although more people are starting to register as organ donors, only three out of every 1,000 people die in a way that makes organ donation feasible (Health Resources & Services Administration, Organ Procurement and Transplantation Network (2019, July) *National Data*. Retrieved from <https://optn.transplant.hrsa.gov/data/view-data-reports/national-data>).

Over half of all candidates on the organ transplant waiting list are from a racial or ethnic minority group, because select diseases that cause kidney failure are more common within these populations. Their higher rate of kidney failure translates to a potentially higher need for kidney transplants among Muslim Americans, who are primarily from minority groups. Thus, this a formidable health concern within the community.

WHAT WOULD YOU DO?

Knowing what you know now, how might you react differently if a family member or a close friend needed an organ? Imagine that a middle-aged Muslim woman at your mosque has been diagnosed with end-stage kidney disease. Her kidneys are failing, dialysis is taking a heavy toll on her and she is the main caretaker for her two young daughters. As the disease is progressing rapidly, eventually she will require a transplant.

A group of family and friends are asking the mosque attendees to get tested in order to locate a potential living donor or perhaps a DDD. If you know about this case, then you may be able to authorize your organs to be donated to her when the opportunity arises. This is just one scenario where a kidney, via DDD from a dying person, could potentially save a life.

In 2017, PEW Research Center estimated that about 3.45 million Muslims were living within the U.S., a number projected to increase greatly during the next decade. Thus people will fall ill and require kidneys, and some of us will die with perfectly viable kidneys. We urge our families and communities to start the conversation now so that our families will know our wishes in this regard when death begins to approach us, either slowly or by surprise. ^{ih}

Abu Fahad Abbasi, an MD candidate at Saint James School of Medicine, completed a medical student internship during the summer of 2019 at the University of Chicago's Initiative on Islam and Medicine. He is interested in Muslim patient care and Islamic bioethics.

Aasim I. Padela, director of the Initiative on Islam and Medicine and associate professor of medicine at the University of Chicago, is an expert in Muslim health disparities research and Islamic bioethics.

This article was produced as part of the University of Chicago's Initiative on Islam and Medicine Medical Student internship program, which is underwritten by Drs. Skina and Hossam Fadel.

**ISNA Monthly Sustainer –
A Good Deed Done Regularly!**

**You can make an impact
with as little as
\$10 per month!**

www.isna.net • (317) 839-8157

Convenient. Secure. Affordable.