

# Welcome

Dear Colleagues,

It is our great honor and privilege to welcome you to the Symposium on “Deceased Organ Donation and Religion” on March 12-13, 2020 in Ankara, Turkey.



Organ transplantation is accepted as a valid and advanced treatment method applied in many chronic organ diseases. However, millions of people die and are buried with healthy organs, which could save the lives of many patients who continue to wait on Transplant lists. Unfortunately, organ shortage is the greatest challenge facing the field of organ transplantation today.

Our aim as the transplant community should be to work towards a system of meeting the organ demand entirely with **deceased organ donation**. This will make an enormous difference to those patients awaiting transplants in which living organ donors are not an option.

However, cultural and religious beliefs play an important role in organ transplantation activities worldwide. In order to effectively continue to make the best use of the opportunities we have today, it is essential that we discuss the issue from the perspectives of different religions and explore ways to solve the problems caused by this issue.

In the light of these, we have decided to organize a **Symposium on “Deceased Organ Donation and Religion”** on **March 12-13, 2020** in Ankara, Turkey. The Symposium will be held at the Baskent University Campus in Ankara to ensure our young colleagues and students are participated at the highest level.

We are delighted to welcome you to Ankara, Turkey for this Symposium, and we hope you enjoy the scientific sessions and the social events we have planned.

Yours sincerely,

A handwritten signature in black ink, reading "M. Haberal".

**Mehmet Haberal, MD, FACS (Hon), FICS (Hon),  
FASA (Hon), FIMSA (Hon), Hon FRCS (Glasg)**

President, The Transplantation Society

Founder and Founder President, Baskent University

President of the Executive Supreme Board, Baskent University

Chair, Baskent University Division of Transplantation

Chair, Deceased Organ Donation and Religion International Symposium

## RELIGIOUS SPEAKERS

### ISLAMIC PERSPECTIVE

Mohammad Ali Al-Bar *KSA*  
Hassan Chamsi-Pasha *KSA*  
Mohamed Mostafa Gemeaha *Egypt*  
Aasim I. Padela *USA*

### JEWISH PERSPECTIVE

Rav Isak Alaluf *Turkey*

### CHRISTIAN PERSPECTIVE

Charbel Chlela *Lebanon*

## INTERNATIONAL FACULTY

Besher Al-Attar <i>KSA</i>	Gail Moloney <i>Australia</i>
Muhammad Zuhair Al-Kawi <i>KSA</i>	Marwan Masri <i>Lebanon</i>
Mustafa Al Mousawi <i>Kuwait</i>	S. A. Anwar Naqvi <i>Pakistan</i>
Medhat Askar <i>USA</i>	Philip O'Connell <i>Australia</i>
Antoine Barbari <i>Lebanon</i>	Jai Prakash <i>India</i>
Marcelo Cantarovich <i>Canada</i>	Vasanthi Ramesh <i>India</i>
Jeremy Chapman <i>Australia</i>	S. Adibul Hasan Rizvi <i>Pakistan</i>
John Fung <i>USA</i>	Gamal Saadi <i>Egypt</i>
Sandeep Guleria <i>India</i>	Bassam Saeed <i>Syria</i>
Refaat Kamel <i>Egypt</i>	Faissal A. M. Shaheen <i>KSA</i>
Abdukhakim Khadjibayev <i>Uzbekistan</i>	Sunil Shroff <i>India</i>
Vivek Kute <i>India</i>	Nasser Simforoosh <i>Iran</i>
Josep Lloveras <i>Spain</i>	Antoine Stephan <i>Lebanon</i>
S. Ali Malek Hosseini <i>Iran</i>	Claire Williment <i>UK</i>

## Thursday, March 12

08:30-17:00 On-Site Registration

08:30-09:00 **Opening Ceremony**

*Mehmet Haberal*

President, The Transplantation Society (TTS)

*Refaat Kamel*

President, Middle East Society for Organ Transplantation (MESOT)

*Gamal Saadi*

President, African Society of Organ Transplantation (ASOT)

*Faissal A. M. Shaheen*

President, International Society for Organ Donation and Procurement (ISODP)

09:00-09:15 **Coffee Break**

09:15-10:45 **Plenary Session 1**

Deceased Organ Donation: Challenges and Solutions (Part I)

### **Chairpersons**

*Mehmet Haberal, Refaat Kamel, Marcelo Cantarovich*

09:15-09:30 **L1** S. Adibul Hasan Rizvi (*Pakistan*)

09:30-09:45 **L2** Faissal A. M. Shaheen (*KSA*)

09:45-10:00 **L3** Jeremy Chapman (*Australia*)

10:00-10:15 **L4** S. Ali Malek Hosseini (*Iran*)

10:15-10:30 **L5** John Fung (*USA*)

10:30-10:45 **L6** Gökhan Moray (*Turkey*)

10:45-11:00 **Coffee Break**

11:00-12:45

## Plenary Session 2

Deceased Organ Donation: Challenges and Solutions (Part II)

### Chairpersons

*S. Adibul Hasan Rizvi, S. Ali Malek Hosseini, Philip O'Connell*

11:00-11:15

**L7** Refaat Kamel (*Egypt*)

11:15-11:30

**L8** Sandeep Guleria (*India*)

11:30-11:45

**L9** Marwan Masri (*Lebanon*)

11:45-12:00

**L10** Mustafa Al-Mousawi (*Kuwait*)

12:00-12:15

**L11** Abdukhakim Khadjibayev (*Uzbekistan*)

12:15-12:30

**L12** Antoine Barbari (*Lebanon*)

12:30-12:45

**L13** Josep Lloveras (*Spain*)

12:45-14:00

**Lunch**

14:00-17:00

## RELIGIOUS SPEAKERS

Deceased Organ Donation and Religion

### Chairpersons

*Faissal A. M. Shaheen, Jeremy Chapman, John Fung*

### Islamic Perspective

14:00-14:30

**L14** Aasim I. Padela (USA)  
*Director, Initiative on Islam and Medicine Faculty, MacLean Center for Clinical Medical Ethics*

14:30-15:00

**L15** Mohamed Mostafa Gemeaha (Egypt)  
*Sheikh  
 MD, Al-Azhar University*

15:00-15:30

**L16** Hassan Chamsi-Pasha (KSA)  
*Expert, International Islamic Fiqh Academy  
 Cardiologist, King Fahd Armed Forces Hospital*

15:30-16:00

**L17** Mohammad Ali Al-Bar (KSA)  
*Director of the Medical Ethics Center, International Medical Center*

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**Jewish Perspective**

16:00-16:30

**L18** Rav İsak Alaluf (Turkey)  
*Chief Rabbinate Religious Committee Member*

**Christian Perspective**

16:30-17:00

**L19** Charbel Chlela (Lebanon)  
*Priest & Professor, Holy Spirit University of Kaslik*

17:00-17:15

**Coffee Break**

17:15-18:30

**Panel Discussion**

Deceased Organ Donation and Religion

**Chairpersons**

*S. Ali Malek Hosseini, Mustafa Al-Mousawi, Gamal Saadi*

**Panelists:**

Aasim I. Padela  
 Mohamed Mostafa Gemeaha  
 Hassan Chamsi-Pasha  
 Mohammad Ali Al-Bar  
 Rav İsak Alaluf  
 Charbel Chlela  
 Sunil Shroff  
 Bayraktar Bayraklı

19:00

**Welcome Reception**

*Baskent University Campus*

## Friday, March 13

08:30-17:00 On-Site Registration

08:30-10:00

### **Plenary Session 3**

Deceased Organ Donation: Challenges and Solutions (Part III)

#### **Chairpersons**

*Antoine Barbari, John Fung, Sandeep Guleria*

08:30-08:45

**L20** Anwar Naqvi (*Pakistan*)

08:45-09:00

**L21** Philip O'Connell (*Australia*)

09:00-09:15

**L22** Gamal Saadi (*Egypt*)

09:15-09:30

**L23** Bassam Saeed (*Syria*)

09:30-09:45

**L24** Vivek Kute (*India*)

09:45-10:00

**L25** Sunil Shroff (*India*)

10:00-10:15

**Coffee Break**

10:15-12:00

### **Plenary Session 4**

Deceased Organ Donation: Challenges and Solutions (Part IV)

#### **Chairpersons**

*Marwan Masri, Anwar Naqvi, Bassam Saeed*

10:15-10:30

**L26** Beshar Al Attar (*KSA*)

10:30-10:45

**L27** Antoine Stephan (*Lebanon*)

10:45-11:00

**L28** Jai Prakash (*India*)

11:00-11:15

**L29** Nasser Simforoosh (*Iran*)

11:15-11:30

**L30** Vasanthi Ramesh (*India*)

11:30-11:45

**L31** Gail Moloney (*Australia*)

11:45-12:00 **Free** Kiran Jang Kunwar (*Nepal*)  
**Paper** *An Overview and Achievement on Kidney Transplantation in Nepal*

12:00-13:30 **Lunch**

13:30-15:10 **ISODP Session**

**Chairpersons**

Faissal A. M. Shaheen, Aasim I. Padela

13:30-13:50 Faissal A. M. Shaheen  
*Challenges for Deceased Donation Program in Middle Eastern Countries*

13:50-14:10 Muhammad Zuhair Al Kawi  
*Islamic Perspective on Organ Donation and Brain Death*

14:10-14:30 Claire Williment  
*Challenges and Outcome of Opting in/out System*

14:30-14:50 Beshar Al Attar  
*The Approach for Deceased Donation Practice in the GCC Countries:  
The Saudi Model*

14:50-15:05 **Coffee Break**

15:05-17:15 **Panel Transplantation & Religion**

15:05-15:20 Marcelo Cantarovich (Canada)

15:20-15:35 Medhat Askar (USA)

15:35-17:15 **Q & A**

17:15-17:30 **Closing Ceremony**

18:00-19:00 **Baskent University Ankara Hospital Visit**

19:30-21:00 **Congress Dinner** Gölbaşı Patalya Resort Hotel

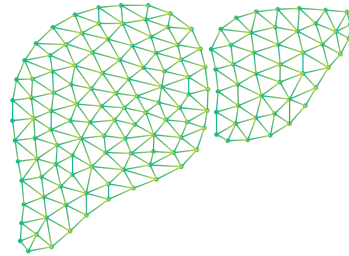
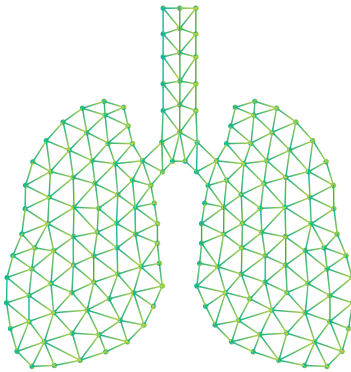
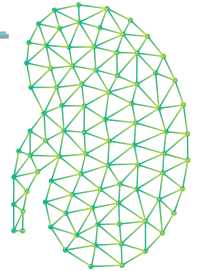
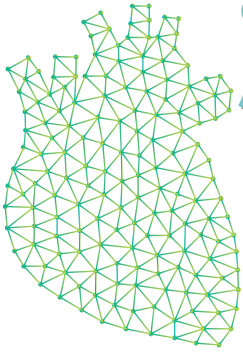
International Symposium

# Deceased Organ Donation and Religion

12-13 March, 2020

Başkent University Campus  
Ankara, Turkey

## Abstracts





**L1**

**Syed Adibul Hasan Rizvi**

(Abstract not available)

**L2****Deceased Organ Donation: Challenges and Solutions****Faissal A.M. Shaheen**

Facharzt (Austria), FSM (Neph), FRCP(UK), FACP(USA)

Senior Consultant Physician and Nephrologist

Head of Nephrology Department, DSFH

President, ISODP

Co-chairman, WHO Task Force for Organ and Tissue Donation and Transplantation

The population with end-stage renal disease (ESRD) is increasing worldwide over the last decade. For patients with ESRD, renal transplantation is better than dialysis for various reasons. In countries such as India about 80,000 patients are added annually to the pool of ESRD, however, only 2.4% undergo transplant. In recent years, the number of live donor transplants has surpassed cadaveric donations worldwide. However, the number of patients on waiting lists for kidney transplantation is increasing by 10% annually while the annual increase in the number of renal transplants is only 4%. The average waiting period for cadaveric graft is more than five years in the US. Efforts are being made to increase the availability of organs for donation and usage of 'expanded-criteria donors' or 'sub-optimal donors' is one of them and to overcome many obstacles against transplantation.

There are many factors affecting organ donations worldwide. They include religious factors, legislations, economic factors, presence of organ procurement organizations, cultural issues and the presence of commercial transplantation apart from other unknown factors. The important factors to increase organ donations are: National Organization/OPO, Approved Legislations, Sufficient Government Funding, Support from Religious Authority, Direct Approach and Training for the Medical Community

Conclusion:

- National accountability and responsibilities of each country towards providing opportunities for care and achieving self-sufficiency (WHO Guidelines).
- Each country should customize its organ donation and transplantation program according to its culture.
- Deceased donation and transplantation is being utilized in our region but remain suboptimal compared to Western countries.
- The most important factors affecting organ donation and transplantation are the Organ Procurement Organizations (OPO), the medical community and culture.
- Organization around the process of deceased donation - the key for success.

**L3****The Challenges of Increasing Organ Donation in Australia****Jeremy Chapman**

Clinical Professor

Director of Medicine and Cancer, Westmead Hospital, Sydney, Australia

Deceased Organ Donation rates vary dramatically across the countries of the world and also within some countries from region to region. This variability has been attributed, with little data to support the hypotheses to a variety of factors including differences in religious acceptance of the concepts of brain death and organ transplantation.

There have been few experiments that test the potential to increase organ donation and none that isolate individual actions designed to increase organ donation. There are however some particular national strategies that have been resourced and implemented in several countries that are providing some clarity on the actions that alter the rate of organ donation. There are also some specific examples of events that have destroyed the confidence of a particular community and reduced donation rates.

In this presentation the actions taken to increase organ donation in Australia will be presented together with the factors that have moved community attitudes to organ donation towards a better result for patients awaiting a transplant. As a result of the national government investment in Organ Donation the number of organ transplants has effectively doubled over a period of ten years.

The role of community religious and cultural leadership in the context of the multicultural society that makes up the major cities of the country will be discussed. The impact of professional education in intensive care units and the effect of data collection and analysis will also be identified. The conclusion that we have arrived at in Australia is that there is no one solution, the approval of the leadership of the religions that guide the community is important and necessary, but that it is not enough or sufficient in isolation to change the rate of organ donation.

**L4****Religion and Deceased Organ Donation****Seyed Ali Malek Hosseini**

Founder of Shiraz Transplant Center

Founder of Abo Alicina Institute

President of Iranian Society for Organ Transplantation

Shiraz, Iran

Since 1980's when the miraculous immunosuppressive drug, cyclosporine, has significantly increased graft and recipient survivals, organ transplantation has been considered the treatment of choice for those with end-stage organ failure. The conception of "brain death" (another definition for death) was introduced in 1970's. Over the past half century, the concept has gained acceptance from both legal and religious points of views in various countries. In fact, organs procured from brain-dead patients are currently the main source of transplants and save lives of hundreds of thousands of people in need of transplantation.

Legal aspects of brain death were first considered and passed in the USA and other western countries; after a long delay, the laws were ratified in a number of Asian countries. Unfortunately, despite of the desperate need for the procedure in many Asian countries, the required legislation on transplantation, if any at all, comes into effect very slowly, especially in Islamic countries.

It seems that religion is the main barrier to extension of transplantation in these countries. A recent report shows that the rate of deceased donation is almost 50 donations per million population (PMP) in Spain and Croatia; It is zero in most Islamic countries—Egypt, Jordan, and Iraq, for example. With a PMP of 15 in Iran, the situation is better; in certain cities of Iran, the rate is as much as 60 PMP. With a population of almost 82 million people, Iran is a large country. The prevailing religion is Islam (99% Moslem: 90% Shia, 10% Sunni). The remaining 1% includes Christians, Jews, and Zoroastrians. Although one-tenth of Iranians are Sunni, all of those who grant permission for deceased donation are Shiat. Although a number of Sunni clergies have commented positively on this issue, it seems that the problem is mainly cultural. We are working hard in identifying and removing the barriers and will hope to be witnessing a deceased donation rate, as much as values observed in European countries, if not higher, in near future.

**L5**

**John Fung**

(Abstract not available)

## L6

**Transplantation and Legislation History in Turkey****Mehmet Haberal<sup>1</sup>, Gökhan Moray<sup>1</sup>, Ebru H. Ayvazoğlu Soy<sup>1</sup>, Gülnaz Arslan<sup>2</sup>**<sup>1</sup>Department of General Surgery, Division of Transplantation, Baskent University Faculty of Medicine, Ankara, Turkey<sup>2</sup>Department of Anesthesia and Reanimation, Baskent University Faculty of Medicine, Ankara, Turkey

Organ transplantation became the nova of the medicine as the life-saving procedure of end stage organ failure. Deceased-donor organ transplantation is the preferred treatment modality for patients with end-stage organ failure. Prompt diagnosis of brain death and increasing the donation rate must be the main focus of all transplant centers. An effective system should be created with regarding to legal and ethical issues; especially the legislation. If there is a lack in transplantation legislation then it is better to stop or abandon transplantation in this country because this situation blows organ trafficking.

In Turkey, we initiated the experimental studies of transplantation in the early 1970's. On November 3, 1975 we performed the first renal transplantation in Turkey with a kidney donated from a mother to son. Our next goal was to perform the first deceased donor kidney transplantation in Turkey. At that time, there was no legislation governing organ transplantation in Turkey. To start a deceased-donor donation program in Turkey, we contacted and worked in cooperation with international networks, including the Eurotransplant Foundation (Leiden, The Netherlands) and the South Eastern Organ Procurement Foundation (Richmond, Va, USA). We were able to perform the first deceased-donor kidney transplantation on October 10, 1978, using an organ supplied by the Eurotransplant Foundation. At that time deceased kidneys older than 12 hours cold ischemia time (CIT) were not used. However, we transplanted grafts with CIT of over 24 hours with a high success rate.

During the early periods of transplantation, the lack of law in governing organ donation was the main hurdle in Turkey. To raise public awareness about the benefits of deceased donation and the related challenges that health professionals face overcome this problem, we made attempts to convince officials of the Department of Religious Affairs, members of Parliament, and the Ministry of Health that transplantation was a lifesaving procedure and should be proceeded. The Department of Religious Affairs, members of Parliament and the media made considerable contributions towards these activities. Following our efforts, on June 3, 1979 the first transplantation law was enacted by the Turkish Parliament. In fact, the law has been used as a model for many other countries. Once the law passed, we were finally able to perform the first local deceased-donor kidney transplantation on July 27, 1979. In addition, we founded The Turkish Organ Transplantation and Burn Treatment Foundation in 1980, standardized organ donation cards were printed as well, to promote donation. On January 21, 1982 additional articles were added to Law 2238, with the enacted Law 2594, which allowed for deceased donation without consent from next-of-kin. Another groundbreaking event was achieved by our team on December 8, 1988; we performed the first deceased donor liver transplantation in Turkey, the Middle East and Northern Africa. Than in 1989, we initiated a national organ sharing program to distribute organs nationwide to increase deceased donor organ transplantation. These were followed by the first pediatric segmental living donor liver transplantation of Turkey, the Middle and Near East and Europe, performed by our team on

March 15, 1990 (from mother to his 10 month old child). One month later on April 24, 1990 we successfully performed the first adult segmental living donor liver transplantation (from father to his 22 year old son) in the World. On May 16, 1992 we performed the first combined liver and kidney transplantation from a living donor which was also the first operation of its kind performed in the World.

In 2001, the Ministry of Health established the National Coordination Center as an umbrella organization to promote transplantation activities, especially for deceased donor organ procurement. This system increased deceased organ procurement from 0,9 pmp to 7 in 18 years. Until January 2020, we have performed 3089 kidney and since 1988, 652 liver transplantations at Başkent University. In over 40 years of solid organ transplantation history in Turkey, 41288 kidney transplants (21% cadaveric , 79% living donor); 15492 livers (29% cadaveric, 71% living donor) ; 280 lung, 1118 heart, 44 intestine and 197 pancreas transplants have been performed nationwide in 143 different centers.

Transplantation activities are accelerating day by day throughout the country, but deceased donors are still far below the desired rates. According to Global Observatory on Donation and Transplantation data Turkey is one of the leading countries with regard to living donor transplantation. However, according to deceased donation rates Turkey is behind in the ranking. Despite, improvements in legislation, education and coordination; to increase the quality and the quantity of transplantation activities in Turkey, there should be more efforts to increase public awareness through media, school and institutions.

**L7****Deceased Organ Donation in Egypt: Challenges and Solutions****Refaat Kamel**

Director, National Liver Transplantation Program

Professor of Hepatobiliary Surgery and Liver Transplantation

Ain Shams University, Cairo, Egypt

Deceased Organ Procurement has been the main driving force for organ transplantation around the world.

In Egypt, the first live kidney transplantation was performed in 1976 with more than 7500 cases performed so far. We performed the first living donor liver transplantation (LDLT) in our Centre, in 2001. Now, more than 4300 cases have been performed so far.

It is an uncontested fact, that deceased organ donation is the best way ahead in organ transplantation as it helps in covering organ shortage, in expanding transplantation practices and in fighting its darker side of commercialism.

A fully comprehensive law for organization of cadaveric organ donation with acceptance of brain death criteria, approved by the highest religious authorities, was passed by the national assembly in 2010. The Opt in system was chosen. This law also comprised regulatory rules for living organ donation to fight commercialism and transplant tourism.

However, Deceased organ procurement has not picked up and living donation has been the only mode of organ transplantation. The big question is WHY???

We try to analyze the reasons for this delay but we also present the reasons for a diminished drive to push for it compared to earlier years.

In conclusion, efforts to promote and initiate cadaveric transplantation should not stop. Following the clear success stories around the world, and recently in China which has been a complete turnaround, gives a clearly delineated path.



**L8**

## **Religion and Organ Donation**

**Prof. Sandeep Guleria, MS,FRSC,FRCSEd, FRCP**

Senior Consultant Surgeon  
Indraprastha Apollo Hospitals  
New Delhi, India

Religious beliefs play an important role in organ donation. Health care professionals are often unaware of religious beliefs and tend to avoid this in sensitive issue in discussions with family regarding organ donation. The major religions in the subcontinent are Hinduism, Sikhism and Islam.

**Hinduism** is the major religion in the sub-continent with more than one billion followers. It has no founder and no universal authority. Hinduism believes in transmigration of the soul and reincarnation where the deeds of an individual in this life will determine his fate in his next life. An important tenet of Hinduism is daan or selfless giving to help someone who is suffering. The physical integrity of the dead body is not seen as crucial to reincarnation.

"As a person puts on new garments, giving up the old ones the soul similarly accepts new material bodies giving up the old and useless ones"

In fact one of the earliest depictions of xenotransplantation is the case of Ganesha, the head of an elephant on a human body and is one of the best known and most widely worshipped deities in Hinduism.

Various Hindu scholars have endorsed organ donation publicly. Hasmukh Velji Shah of the World Council of Hindus stated that

"The important issue for a Hindu is that which sustains life should be accepted and promoted as Dharma (righteous living). Organ donation is an integral part of our living."

**Sikhism:** is a monotheistic religion founded in 15th century India by Guru Nanak Dev Ji.. Sikhs think religion should be practiced by living in the world and coping with life's everyday problems. Sikhism also stresses the importance of doing good actions. Sikhs believe in life after death, and a continuous cycle of rebirth. All Sikhs, apart from stillborn babies and infants dying within a few days of birth, are cremated. In Sikhism, the physical body is not crucial to the cycle of rebirth, as the soul of a person is eternal while the body is simply flesh.

**Islam:** Altruism is also an important principle of Islam, and saving a life is placed very highly in the Qur'an—"Whosoever saves the life of one person it would be as if he saved the life of all mankind". The Islamic Jurisprudence Assembly Council in Saudi Arabia approved deceased and live donation in a landmark decision in 1988. Similar formal rulings are in place in India as well.

Religious concerns may be an under-reported obstacle to deceased and live donation and/or the willingness to accept a transplant. Transplant teams, donation coordinators, intensivists and nephrologists need to be more aware, and strategies to increase donation should take into account religious concerns, although a proactive approach must be balanced against the patient's right to keep this issue confidential.

**L9****Religious Aspect of Deceased Organ Donation****Marwan Masri**

Transmedical For Life Canada

Transmedical For Life Lebanon

It is universally agreed that currently the best treatment for end stage organ failure is transplantation. Although the rate of organ donation from both living and deceased donors have increased over the past few years however, the current rate of organ donation is still by far not enough to meet the demand. Life donation is the main option for transplantation in MESOT countries but this is only viable for kidney and to some extent to liver transplantation.

Although the life donation is considered safe for both the kidney and liver there is still a significant rate of morbidity and to some extent mortality associated with the procedure. Moreover, life donation cannot be used for many organs such as heart. Alternatively, deceased donation can supply all the organs needed and if it is utilized properly will be sufficient to eliminate or reduce the waiting list and the suffering of many. In the ME region the effect of religion is more prominent than the Europe and North America while in Japan the transplant is affected by social and ethnic barriers. In Lebanon there is a semi universal agreement among the leaders of the main religions on accepting deceased donor transplantation. However, this acceptance is not filtered down to the general public. Moreover, within the same region and even within the same religious sect some Olma are with the program while other still oppose vigorously. Each group cites different versus from their own holy book to support their argument. It thus essential to form a universal consensus on religion views on deceased organ donation which will be acceptable at least to the majority.

**L10**

## **Deceased Organ Donation: Challenges and Solutions - Kuwait Experience**

### **Mustafa Al-Mousawi, FRCS**

Chairman at Hamed Al-Essa Organ Transplant Center  
Kuwait

Kuwait, a small country with a population of four million, is multicultural, multilingual and multi-religion country with two third of the population being expats workers from South East Asia or the Middle East. Workers with low salaries often do not have their families with them in Kuwait. Deceased organ procurement program started in 1996 and by the end of 2019, 999 organs and tissues were recovered from 307 deceased donors. Family approach in such a mixed society can be a challenge for coordinators.

### **Language and religious barriers**

Despite employing coordinators from various countries, sometimes within a single country, like India, multiple languages are spoken making it difficult to have trained coordinators who can speak all languages.

Dealing with multiple religious beliefs is another challenge which has its impact on organ donation.

### **Misunderstanding brain death**

Asking for organ donation from a heart beating deceased is not easy in a society which does not readily accept brain death but it is even more complicated when you approach the family over phone rather than face to face. There is often an element of mistrust when a stranger call them to inform them that their loved one is dead and asks for organ donation, when the message they often receive from friends is assuring them he is still alive in an ICU bed. In order to avoid such conflict it is important to make friends understand brain death.

### **Reaching expat communities**

Most expats in Kuwait have associations bringing various communities together. Reaching them is essential to promote donation culture and to dispel any misunderstanding.

Despite difficulties, with 6-8 donors per million population, Kuwait is among top four countries in organ procurement in the Middle East.

**L11**

**Abdukhakim Khadjibayev**

(Abstract not available)

**L12**

## **Why Altruistic Donation Is Not Fulfilling the Expectations?**

**Antoine Barbari, MD**

Rafik Hariri University Hospital  
Beirut, Lebanon

The critically growing organ shortage reflects a failing system of Altruistic Donation (AD) in spite of the tremendous efforts invested mainly by the medical community and the hundreds of thousands of organs wasted yearly. The global rate of kidney transplant had only increased from 11 to 12% and the gap continues to widen between the number of kidney transplants and that of waitlisted patients. It is the result of cultural barriers, religious obstacles, government's laxity and societal apathy and fear with consequent distrust in the system that implies a lack of solidarity within and among societies.

This lack of societal cohesion is the consequence of the state of sub-consciousness at the individual and collective levels that places humans in a permanent survival mode and results into the loss of their intelligence and hence of their compassion, engagement and devotion. This is well mirrored by the noticeable increase in kidney transplant from live unrelated donation in different regions that has resulted in the proliferation of transplant tourism, trafficking and commercialism, contributing to a survival system within which the wealthy recipients, mainly from the rich countries, exploit the poor donors from the underdeveloped countries. This is well reflected by the main focus of humans on materialism, consumerism, greed, fame, politics and religion, all being necessary ingredients of struggle for power and hence for control. This state of sub-consciousness originates from a domestication process that begins at fetal conception and is enforced later on by familial and socio-cultural-religious-political and mass media organizations, all being under the influence of the monetary establishment. The acquired negative and erroneous beliefs, mainly during the domestication process, influence our perception and hence our emotions, our behaviors, our values and ultimately our final destination, **UNLESS** we become conscious, intelligent and reprogram our subconscious mind.

Altruistic donation requires a close collaboration between all parties involved in the donation process and necessitates therefore a positive reprogramming of our subconscious based on cooperation, sharing, harmony, resilience, generosity and recycling that will lead to satisfaction, gratitude, trust, inner peace, and ultimately happiness which are well known laws of nature and major components of UNCONDITIONAL LOVE, the peak of CONSCIOUSNESS. CONSCIOUSNESS and therefore AD is optimized when we, attain a stage of perfect harmony with Mother Nature and her laws.

**L13**

## **Organ Transplantation In Catalonia (7.6m inhab) - Long Lasting and Sustained World Leading Figures: Some Explanatory Keys**

**Josep Lloveras**

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An Organ Transplantation Program was established in Catalonia in 1984: Six Tx and harvesting Hospitals + one Histocompatibility Lab + six Hospital Tx Coordinators (high profile medical doctors) + nine Advisory Committees (that meet regularly ever since) + the Donation and Transplantation Registry (data communication is compulsory, linked to activity payment and linked to a similar Registry for ESRD pats) + a Program for Organ Sharing through Consensus Decision-Making + a Program for Healthcare Personnel Donation Training + a Program for Social Promotion of Donation.

Currently there exist 23 authorised Harvesting Hospitals + 8 Tx Hospitals with 22 authorised Tx Programs.

Deceased donation progressed from 27.1 donors pmp in 1990 to 49.0 pmp in 2019. Cerebrovascular accidents being by far the most prevalent cause of death, while traffic accident donors reduced from 16% in 2000 to 5% in 2019. Average age increased from 51.7y in 2000 to 59.7y in 2019 (48.7% older than 60y and 27.7% over 70y. Family consent has been stable between 80-85% over this period. Refusal to donate due to previous will of the donor oscillated between 30-35%; to unspecified family decisions in 40-45%; to religious causes in 3-5% and due to a miscellanea of causes in the remaining 15-20%.

Renal transplantation has had a steady progressive increase from 43.5 pmp in 1984 to 61.4 pmp in 2000 and to 115.1 pmp in 2019, leading the world activity ever since 1984. Living donation over the last three decades oscillated between 5% and 25% (16% in 2019). Most kidneys were exchanged within Catalonia. 10-15% were received from other parts of Spain. The Waiting List has remained stable around 1.000 pats over the last three decades in spite of the increasing activity, due to the broadening of Tx indications. Currently 58% of all ESRD pats are living thanks to a kidney graft. ESRD incidence was 110 pmp in 1990 and 165,3 pmp in 2019, the prevalence being 720 pmp and 1.435 pmp respectively.

Liver Tx activity has remained quite stable over the last 30 years around 25 pmp. At Dec. 31, 2019 the W.L. had 53 patients, at its lowest historical point. Cardiac Tx has also been quite stable over the last 20 years around 9 pmp. Current W.L. has 25 individuals. Lung Tx increased from 4.9 pmp in 2000 to 15.6 in 2019 with a quite stable W.L. around 55 pats. Pancreas Tx activity has remained stable over the last 30y around 3.5 pmp with also a quite stable W.L. around 30 pats.

The relative success of our transplant activity may be explained by a number of factors that will be discussed but the core of the model rely ever since was established in 1984 on the long lasting strong and efficient deceased donation organisation that include highly qualified medical doctors as transplant coordinators in each hospital.

**L14****Deceased Organ Donation & Muslim Attitudes: Conceptual Issues and Islamic Bioethical Tensions****Aasim I. Padela MD MSc,**

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Faculty, MacLean Center for Clinical Medical Ethics

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A growing body of literature both in the US and abroad demonstrates that Muslims rarely sign up to be organ donors and that a significant number hold negative attitudes towards organ transplantation. This Muslim “problem” with organ donation is of great interest to community leaders, public health officials, healthcare professionals and policymakers, and has proven challenging to address. A dominant narrative within critical discourses is that Muslim reticence towards donation is rooted in religious and biomedical knowledge gaps. In other words, that the less than ideal donation rates result from a lack of public awareness about the societal need for and benefits from organ donation, as well as lack of knowledgeable of the Islamic juridical positions that deem organ donation morally licit. These suppositions undergird educational interventions in communities, practice policies, as well as fatwa-writing, in the hope of changing Muslim organ donation attitudes and behaviors.

This presentation will critically examine this narrative from both a social scientific and a normative lens. Beginning with the normative, I will highlight conceptual issues with the category of “deceased” organ donation paying particular attention to plurality among Islamic scholars, as well as leading bioethicists, on the question of death determination for organ donation. The second part of the presentation will feature empirical data from Muslim communities in the US and frameworks from behavior change science in order to critically evaluate educational and behavior change interventions. This analysis will speak to the fact that religious permissibility is not the only question Muslim communities have, and that religious edicts are not sufficient behavior change tools. The final part of the presentation will focus on an informed-choice model for organ donation education and policy, an approach that we have proven effective in improving knowledge and behavioral intent for donation through an RCT in US Muslim communities.

**L15**

**Mohamed Mostafa Gemeaha**

(Abstract not available)



**L16****Deceased Organ Donation: Islamic Perspective****Dr. Hassan Chamsi-Pasha**

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Consultant Cardiologist

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The donation of organs is an act of charity, benevolence, altruism, and love for humankind. The human being should always maintain his/her dignity even in disease and misfortune. Donating organs from a cadaver is not tantamount to the mutilation of the corpse or an act of disrespect. The harm done, if any, by removing an organ from a corpse should be weighed against the benefit obtained and the new life given to the recipient. Any action carried out with good intentions and aims at helping others is respected and encouraged, provided no harm is inflicted. Donation of organs should not be considered as acts of transgression against the body. Human organs are not a commodity, and they should be donated freely in response to an altruistic feeling of brotherhood and love for one's fellow beings.

The majority of the Muslim scholars and jurists belonging to various schools of Islamic law invoked the principle of priority of saving human life and hence gave it precedence over any other argument. Sheikh Hassan Mamoun (the Grand Mufti of Egypt) sanctioned corneal transplants from cadavers of unidentified persons and from those who agree to donate upon their death (Fatwa No. 1084 dated April 14, 1959). The Saudi Grand Ulama sanctioned corneal transplant in 1978. In Algiers, the Supreme Islamic Council sanctioned organ transplantation in 1972, while in Malaysia, the International Islamic Conference sanctioned organ transplantation in April 1969.

The most detailed fatwa on organ transplantation was that of the Fourth International Conference of Islamic Jurists held in Jeddah in February 1988 (Resolution No. 1). It endorsed all previous fatwas on organ transplantation, clearly rejected any trading or trafficking of organs, and stressed the principle of altruism.

**L17**

## **Brain Death and Deceased Organ Donation: Islamic Perspective**

**Dr. Mohammed Ali Albar, MD, FRCP (Lond)**

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International Medical Center  
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The Islamic faith values any means to save a human life and condemns the termination of a human life without just cause: "And kill not anyone whom God has forbidden, except for a just cause (according to Islamic law)." The idea that brain death represents true death in Islam remains a subject of debate. Brain death has been acknowledged as representing true death by many Muslim scholars and medical organizations, including the Islamic Fiqh Academies (IFAs) of the Organization of the Islamic Countries (OICs), and considered as legal rulings by multiple Islamic nations. The Islamic Fiqh Council of Islamic World League held in Makkah Al Mukarramah (December 1987), did not equate cardiac death with brain death. Although it did not recognize brain death as death, it did sanction all the previous fatwas on organ transplantation. However, consensus in the Muslim world is not unanimous, and an appreciable minority accepts death by cardiopulmonary criteria only. Although guidelines are available in many countries to standardize national processes for the diagnosis of brain death, the current variation and inconsistency in practice make it imperative that an international consensus is developed.

Following the established guidelines scrupulously can maintain the foundation of a transplantation system that saves thousands of lives a year. A confirmatory test is mandatory to establish the absence of blood flow to the brain by cerebral angiography or CT angiogram or MRI angiogram or Doppler. Strict adherence to the principle of "total cessation of cerebral functions is the criteria" will establish the diagnosis of brain death.

**L18****Yahudilikte Organ Bağıışı****Rav İsak Alaluf**

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Vücudumuz birçok organın, dokunun ve hücrenin bir araya gelmesi ile çalışan kusursuz bir makineyi andırır. Bu makine normal şartlar altında uyum içinde çalışır. Ancak bazen vücudumuzun bir organı birçok nedenden dolayı işlevini yitirir. Bazen bir nokta vardır ki, o durumda vücut o hayati organ olmadan yaşamsal işlevini sürdürmez duruma gelir. İşte bu durumda bir başka canlıdan organ nakli hayati önem taşır.

İnsana yapılacak organ naklinde uygun verici yine bir başka insan olabilir. Ancak hayati önem taşıyan bu işlemde verici organlarını hangi şartlarda bağışlayabilir. Bu sorunun cevabını farklı yönlerden inceleyerek özellikle Yahudi dini hukukunda organ bağışının yerinin ne olduğunu anlamaya çalışacağız.

Çağımızın en büyük dini otoritelerinden biri olan Rabbi Tendler hem bu konuda uzman bir din adamı hem de A.B.D. Yeşiva Üniversitesinde Talmud ve Biyoloji profesörüdür. Organ bulamadıkları için günde 10 kişi hayatını kaybetmektedir. Ne yazık ki dinden en uzak olanlar arasında bile, ölümle karşı karşıya kalındığında dini bir tutku ortaya çıkmaktadır.

Canlılığı hala sürdüren ölmüş bir verici ne anlama gelmektedir? Burada sözü edilen ölüm acaba bir "beyin ölümü" müdür? Yahudilik bu kavrama nasıl bakmaktadır? Sorularımızın yanıtlarını aramadan önce Rabi Tendler'in kayınpederi olan Rav Moşe Feinstein'in tıpta "beyin ölümü" olarak adlandırılan kavrama nasıl baktığına bir göz atalım.

"Ölümün tek kriteri, kendiliğinden nefes alıp vermenin tamamıyla durmasıdır.

Klinik ölüm tablosu gösteren bir hastada, yani hareket veya uyarıya cevap olmaması şeklindeki yaşam işaretlerinin bulunmaması, bağımsız solunumun durmuş olması, ölümün gerçekleştiğinin kesin bir kanıtıdır. Kendiliğinden nefes alıp vermenin durması, yeniden canlandırmanın mümkün olamayacağı bir süre boyunca sürmelidir.

**Çağdaş görüşlere bir bakış:**

Belirttiğimiz gibi Rabi Dr. Moşe Tendler, beyin ölümü kriterinin alahik açıdan kabul edilebilirliğinin ateşli bir savunucusu olmuştur. RCA(Rabbinical Council of America) Biyomedikal Etik Komitesi'nin başkanı sıfatıyla Rabi Tendler, diğer yeniliklerin yanı sıra, solunum cihazına bağımlı, beyin ölümü gerçekleşmiş bir hastanın hayati organlarının, nakledilmek üzere çıkarılmasına izin veren bir bakım vekaletnamesi formunun hazırlanmasına öncü olmuştur.

İsrail Hahambaşılık Konseyi, ve o tarihte Başhaham olan Rabi Mordehay Eliyau Kasım 1986 tarihli bir kararnamesinde, kalp nakilleri gerçekleştirmesi için Hadassah Hastanesi'ne yetki veren bir "beyin ölümü" kriterini onaylamıştır, İsrail Hahambaşılığı, beyin ölümünün solunumun geri dönüşü olmayan şekilde teyidi olduğu hükmünü Talmud'daki esaslara dayanarak vermiştir. Şimdi de hangi durumlarda organ bağışının yapılabileceğini Rabi Eliezer Melamed'in öğretileriyle anlamaya çalışalım.

Karşımızda organ yetmezliği nedeniyle hayatı risk altında olan bir hasta vardır ve onu kurtarabilme şansı mevcuttur. Tevrat can tehlikesi karşısında bazı kuralların esnetilebileceğini öğretir. Organ bağışının hedefi bir hayat kurtarmak olmalıdır. Birçok otorite sadece araştırma ve deney amaçlı olarak organ bağışına karşıdır.

Rabi Melamed öğretilerinde organ bağışının yapılmasının ancak bütün dini otoriteler tarafından kesin beyin ölümü gerçekleşikten sonra mümkün olabileceğinin altını çizmektedir. Bu anın hem yetkili hekimler hem de yetkili bir din adamının hazır bulunması ile saptanmış olması gerekmektedir. Merkezi İsrail’de olan Halakhic Organ Donation Society’e organ bağışı yapanlar bu kartların arka yüzüne şu ifadeyi de mutlaka yazdırmaktadırlar: “Yetkili bir dini otoritenin (Rabi’nin) onayı ile.

Günümüzde Yahudilikte hala karşı görüşler olmasına rağmen dini otoriteler “hayat kurtarmak amacı ile” organ bağışına gerekli kriterler sağlandığında izin vermektedir.

**L19****Organ Donation by a Deceased Person: Ethical Approach to the Catholic Church****Charbel Chlela, Ph.D.**

Professeur associé - USEK, Lebanon

Donating and receiving an organ, both simple and complex gestures. It is, without a doubt, an act of solidarity and fraternity, but people concerned are not simple organ producers, and the organ, the object of donation, is not a simple piece we manipulate allowing us to save another person. The removal of an organ affects the integrity of the body, even if the donor has died. Organ transplantation affects the very identity of the patient.

The Catholic Church considers that the "Donation of organs after death is a noble and meritorious act and should be encouraged as an expression of generous solidarity" (Catechism of the Catholic Church no. 2296). It considers that the organ harvesting always results from the voluntary and generous donation of a person and not from the grabbing of the body in order to instrumentalize it, even if it is for a noble aim.

The Catholic Church encourages organ donation as an act of love following the Lord Jesus who gave his life for world salvation. It has an interest, like all monotheistic religions, in human rights. It remains attentive to the following subjects: the criterion of death, gratuitousness, anonymity, consent, the right to receive an organ, the media influence, organ trafficking, identity of the recipient, his guilt and his dependence, the parents will, the symbolic relationship between the recipient and his graft, justice in organs attribution, organ removal in case of cardiac arrest, donation and due, etc.

The Catholic Church favors the culture of giving to get out of quantitative reasoning on the needs of organs. For this "There is a need to instill in people's hearts, especially in the hearts of the young, a genuine and deep appreciation of the need for brotherly love, a love that can find expression in the decision to become an organ donor". (John Paul II) because "From our own death and from our gift, there may spring life and health for others, the sick and suffering, contributing to strengthening a culture of help, of giving, of hope and of life" (Pope Francis).

**L20**

**Syed Ali Anwar Naqvi**

(Abstract not available)

**L21**

## **Deceased Organ Donation: Challenges and Solutions**

**Philip J. O'Connell**

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Australia

Australia is a country of 25.7 million people. The median age is 37 years – up 2 years since 1999. Whilst its population is predominantly of European background, immigrants make up 29% of the population, a higher proportion than any other nation over 10million people. In recent time, increasing numbers of migrants have come from Asia, so that > 10% of the population has an Asian background. From a political and administrative perspective, it is a secular country, but it is predominantly Christian in its traditions with greater than 50% being Christian, 30% have no religion and Muslims, Buddhists and Hindus making approximately 2% each of the population. Strategies to improve organ donation in Australia is focused predominantly on community engagement and capacity building within the health system. Engagement with the community has focused on education and encouraging people to communicate their wishes regarding being an organ donor with family members. Also, the benefits to the community in promoting social cohesion and transplantation as a lifesaving procedure is stressed. In a multi-ethnic society such as Australia, the challenge has been cultural and lack of understanding rather than religious. This is especially so in non-English speaking communities. Hence there is a focus on education, which begins in schools, and highlighting the transparent allocation system and the excellent outcomes from transplantation. This transparency promotes trust and a knowledge that organs are allocated equitably and based on need. All the major religions support deceased organ donation and Australia is a good example of a Western country that improved its poor organ donor rate by focusing on increasing the capacity and capability within the health system. In 2006 the National Task Force for Organ and Tissue Donation was established which identified that organ and tissue donation policy in Australia was fragmented and organ donor rates were falling due to the lack of a coordinated national approach. This led to the development of a national reform agenda with the aim of 1. Increasing the capability and capacity within the health system to maximize donation rates and 2. To raise community awareness and stakeholder engagement across Australia to promote organ and tissue donation. It contained several key components including the establishment of; a National Authority and Organ and Tissue Donation Agencies, the funding for hospital based specialists, systematic audits of hospital deaths, a professional education program and establishment of professional standards, a public awareness campaign and adequate donor family support. The transition from dispersed groups of committed clinicians to a national professional organization run to professional standards and international benchmarks had an immediate impact on the organ donor rate, with a 124% increase in deceased donors from 2009 to 2018. In Australia where there was broad community acceptance of deceased donation, substantial improvements in donor rates could be achieved through the establishment of a well-funded national authority whose task was to co-ordinate organ donation throughout the country, educate professionals in organ donation, set performance benchmarks and promote organ donation to the public. This importance in educating the medical profession and engaging with intensive care specialists to establish and increase deceased organ donation should not be underestimated.

**L22****Regulated Transplantation: Is It Mandatory for Egypt?****Gamal Saadi, MD**

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President, Egyptian Transplantation Society (ETS)

President, African Society of Organ Transplantation (ASOT)

Around 60,000 patients are on regular dialysis treatment, with only 1500 transplants performed annually. Only living transplantation is practiced with unrelated donors representing more than 50%.

In spite of issuing the Law organizing transplantation in Egypt since 2010, yet Deceased donation has not yet been implemented and donation is through individual private activities. Controlled governmental regulated supervision seems mandatory to guide living donation, perform patient wait list and achieve deceased program to allow performing it from those willing to donate, without recruitment to avoid social antagonism.



## L23

**Deceased Organ Donation in Syria: Challenges and Solutions****Bassam Saeed, MD, FRCP,**

Farah Association for Child with Kidney Disease in Syria

Immediate Past-President, MESOT

Damascus, Syria

**Abstract:**

The first living donor kidney transplant in Syria had been performed 40 years and a total of 5132 renal transplants had been performed by 2018. Three cases of heart transplant from deceased donors have been performed in Damascus in the late eighties; cardiac transplant activities have since discontinued. In 2003, a new national Syrian legislation has been enacted, authorizing the utilization of organs from living unrelated donors and from deceased donors. This very important law has been preceded by another big stride in this regard which was the acceptance of the higher Islamic religious authorities in the country in 2001 on the principle of procurement of organs from cadavers providing consent is given by a first- or second-degree relative. Since the enactment of this law, kidney transplant rates have increased remarkably from 7 kidney transplants pmp in 2002 to 17 pmp in 2007. At the same time, kidney transplants performed abroad for Syrian patients have declined from 25% in 2002 to <2% in 2007. Rates of kidney transplants continued at comparable rates until 2010 before the beginning of the political crisis in 2011. Unfortunately, four decades after the first successful kidney transplantation in Syria, patients, in need for organ transplantation, remain to rely on living donors only; moreover, 17 years after the law authorizing deceased donors, a program is still not in place in Syria and additional improvement of the legal framework remains. The years that preceded the current war in Syria were marked by the absence of growth of kidney transplant activity, the delay in establishing a deceased donor program and the exclusive reliance on living donors. The limited resources and small number of organized teams of transplant surgeons and nephrologists, a lack of public awareness, education, and motivation for organ donation continues. Paid renal donation masked the need and urge to start a national deceased-donor program. Ignorance appears to be a major limiting factor inhibiting the initiation of deceased-donor program in Syria as in many other developing countries; Therefore, there is a need for a concerted and ongoing education campaign by the transplant community and the public to increase awareness for organ donation, aiming to change negative public attitudes and gaining societal acceptance. The indifferent attitude of healthcare professionals has also been identified as a major limiting factor to the initiation of deceased-donor program, a fact that has also been pointed out in other developing countries. The unfortunate war continues to add substantially to the many reasons that prevented the start of a deceased donor program before the conflict.

**Conclusion:** The recommendations of the Istanbul Declaration are yet to be implemented in Syria. Thus, every effort must be made to initiate a deceased-donor program to lessen the burden of living donors and to enable a national self-sufficiency not only in kidney but also for the transplantation of nonrenal organs.

**L24**

## **Our Experience of Deceased Donor Renal Transplantation at Ahmedabad, India**

**Vivek Kute, Himanshu Patel, Pranjal Modi, Vineet Mishra**

IKDRC -ITS Ahmedabad

Institute of Kidney Diseases and Research Center, Institute of Transplantation Sciences (IKDRC-ITS) Ahmedabad, India has completed a total of 6008 kidney transplants including 440 kidney exchange transplants and 900 deceased donor kidney transplants (DDKT) till date. We are also State Organ & Tissue Transplant Organisation to govern and regulate organ transplantation activity in the state of Gujarat. We report DDKT outcome in 294 patients (age:  $36.5 \pm 14.1$  years; male:female, 200:94) between 2005-2012. Over a mean follow-up of 3.93 years, patient and graft survival rates were 81.7% and 92.6%, respectively, with a median serum creatinine of 1.5 mg/dL. 20.7% had biopsy-proven acute rejection.

We report DDKT outcome between donation after cardiac death (DCD) donors  $\geq 70$  years (Group 1;  $n = 14$ ; mean age,  $75.7 \pm 5.81$ ) and DCD donors  $< 70$  years (Group 2;  $n = 19$ ; mean age,  $51.7 \pm 10.1$ ) between 1999-2012. Over a mean follow-up of  $3.21 \pm 3.46$  years, one-, five-, and ten-year, patient survival rates were 77%, 67.4%, and 67.4%, respectively, and death-censored graft survival rates were 85.7% for one, five, and ten years. Patient survival ( $P = .27$ ), graft survival ( $P = .20$ ), DGF ( $P = .51$ ), and BPAR ( $P = .74$ ) were similar in 2 groups.

20 DDKT were performed at our center using grafts from deceased donor  $\geq 70$  years between 2004- 2011. Kidneys were allocated to dual or single grafting according to pre-transplant biopsy. Mean age of recipients was 47.60 years, 13 of whom were males. Mean donor age was 76.49 years; 10 of whom were males. Over a mean follow-up of  $2.8 \pm 1.7$  years, patient and graft survival rates were 75% ( $n = 15$ ) and 80% ( $n = 16$ ), respectively, with a mean serum creatinine of  $1.78 \pm 0.56$  mg/dl; 20% of patients had biopsy-proven acute rejection episodes. DDKT from older donors achieves acceptable patient/graft survival, provided that organs are allocated to dual or single grafting according to pre-transplant biopsy.

Forty-three expanded criteria donor (ECD) transplantations among 158 DDRx were performed between 2006 - 2009. DDKT using ECD for younger recipients is a feasible option with acceptable outcomes. Our experience of favorable DDKT outcomes from a brain-dead deceased donor who died from neurotoxic snakebite, deceased donor who died of bacterial meningitis or brain-dead deceased donor with head injury, disseminated intravascular coagulation and deranged renal functions, en bloc transplantation of pediatric deceased donor, ECD in younger recipients, Older donor in older recipients and controlled DCD renal transplantation may expand the donor pool. Intercity organ harvesting is a viable option to increase the donor pool. Distance may not be an impediment, and good recipient outcome is possible in spite of prolonged CIT in case of proper harvesting and preservation. DDRTx in patients with diabetic nephropathy or autosomal dominant polycystic kidney disease, alport's syndrome and pediatric recipients has acceptable long term patient and graft survival in our center and, therefore, we believe it should be encouraged.

**L25**

## **Deceased Donation Program in India - The Role of Movies, Television and Print Media**

**Dr. Sunil Shroff, MS, FRCS,**

President Elect, Indian Society of Organ Transplantation, India

India showed a remarkable progress in its deceased donation rate from 2010 to 2016, when its deceased donation rate went up 9 times in the period of 6 years. In 2010, it had done a mere 100 donations but by 2016, over 900 donations had been undertaken (Fig 1). The key factors for this success were government and hospital initiatives with public-private-civil society organisation partnerships, capacity building in the program through training of transplant coordinators, intensivists and surgeons, and the positive publicity the program obtained from the media in India. While the capacity building has continued but the donation rate after 2016 has seen a decline or stagnation and one of the reasons has been the growing distrust created first by the visual media and then by the print media.

The trust factor for organ donation has been low in India due to multiple kidney scams in the past. However, the increase of the deceased donation rate from 2010, saw some extraordinary positive reports coming out in the media very frequently of donations and often these were coming from ordinary people. The saving of multiple lives by one donation created the 'feel good' factor in the society and more and more people opted for organ donation of their loved one. To transport organs like hearts from one part of the city to another, green corridors were established and the traffic would be stopped to give the movement of organs a 'Very Important Person' (VIP) status.

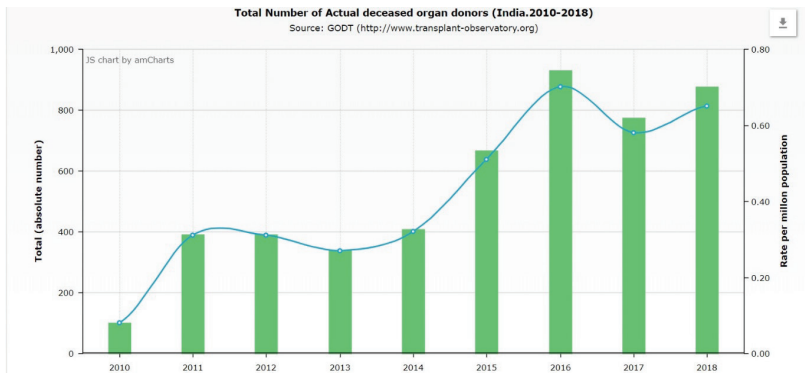
These 'green corridors' creation caught the imagination of a cinema director who made a very sensational movie called 'Traffic' that became a box office success and it was then translated into many Indian languages. While the dramatic theme of the movie was how a heart was moved over 100 miles through busy roads but the story also indicated possible organ commerce and showed this aspect in poor light. This movie was followed by another one that repeated the plot of the English movie 'Coma' that showed that donors were being killed in a hospital for organs. Another film 'Andhadhun' showed kidneys, liver, and corneas being sold in India. A Tamil movie 'Yennai Arindhaal' depicted Indians involved in an international organ theft network - killing local people and stealing their organs. Many more such movies came up with plots that grossly distorted organ donation and transplantation and some plots were downright ludicrous. Similar sinister plots were created in television serials in different Indian languages including one on the newly launched Amazon Prime series called 'Breathe' where a father who is a policeman is shown killing registered organ donors of a rare blood group because his son needed a lung transplant. 'I want to sell my kidney for money' is used quite frequently in movie dialogues and has become relatively common parlance without even an afterthought in Indian television serials as well. The law of the country that makes such acts of organ commerce a punishable offence through imprisonment for up to 10 years and a fine that can go up to US \$150,000 is disregarded. India produces the maximum numbers of movies in the world in different Indian languages and the visual media is one of the key in The general distrust so created also made the print media hostile to the deceased donation

program and some crime reporters have started reporting organ donation stories without any understanding with distorted facts and sensational implications. Often the investigation from authorities would prove the stories to be wrong but this was never reported or acknowledged in the press. Over the last two years many people who pledged organs have withdrawn consent and many families have point blank refused donation fearing that organs would be sold.

Being perhaps influenced by the movies and print media stories some social activists too started looking at organ donation with suspicion and started making complaints to government authorities on hearsay and with no firm evidence especially against private hospitals. One such activist literally brought down the deceased donation program in the state of Kerala.

The trust factor that takes many years to build can very easily be lost when the media plays truant with a topic as sensitive as organ donation and transplantation. Very often it is the 'Bad news' that gets more eyeballs or readership than 'good news' and this makes 'bad news' good business sense for media houses. Organ donation has become a victim of this sensationalism and unless this wave passes it is going to be difficult to regain the confidence and trust of the people. It is imperative therefore for the government to make information about organ donation and transplantation available in the public domain to ensure transparency and credibility.

Fig 1



**L26****Deceased Organ Donation: Challenges and Solutions in Saudi Arabia****Besher A. Al-Attar**

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**Abstract:** In accordance with the scientific and jurisprudential development of the definition of death, the Saudi national protocol for brain death diagnosis was put in place in 1986, defining the medical criteria, clinical examinations and tests that have to be carried out to declare brain death, regardless of the issue of organ donation. The irreversibility of brain damage is recognized when after evaluation; there is an established cause of coma sufficient to account for the loss of brain function, exclusion of any brain function recovery and persistent cessation of all brain functions during an appropriate period of observation and/or a trial of therapy. Despite the issues raised from time to time regarding brain death and the doubt shed around the diagnosis or the occurrence of any malpractice, the SCOT follows up all the cases suspected of brain death that are reported in various hospitals in the Kingdom. It is the responsibility of a team of doctors, administratives and technicians in the SCOT to ensure the application of the adopted national protocol to document the death diagnosis lawfully (death documentation by brain function criteria), without any negligence, or giving permission to speak to the family about the subject of organ donation after death until they are sure that there is death documentation and the patient received the appropriate medical and surgical care before pronouncing brain death. Since the beginning of the national program for organ donation and transplantation in 1986 and until the end of 2019, there were a total of 13,731 cases reported to SCOT and of these cases, 53% were due to head trauma, 33% were due to brain hemorrhage and 11% due to anoxia. Of the possible cases, 62% were medically documented dead, 84% the family were approached and 33% consented for organ donation. The organ donors saved the lives of 5,498 patients (3,394 kidneys transplants, 1,145 livers, 449 hearts, 423 lungs, 80 pancreases and 7 small bowels). In addition to 2,152 tissues recovered such as heart for valves, corneas, bones and musculoskeletal tissues.

**Conclusion:** The follow-up of all of the brain death cases until cessation of heart and lung function and after death declaration in the hospitals regardless of the being subject to organ donation or not did not have any record of any restoration or recovery of brain function since 1986 to date. This confirms the validity of the applied national protocol which is periodically reviewed by the national committee for the death declaration by using the neurological criteria. Misconception about brain death, timing of death, soul departure and extended families involvement remain as the major obstacles in improving the donation rate from deceased donor.

**L27****Deceased Organ Donation in Lebanon: Challenges and proposed solutions****Antoine Stephan, MD**

Beirut, Lebanon

Everybody agrees that organ transplantation is the best and often the only treatment of end stage organ failure. Although, the living can sometimes participate, no organ procurement program is self-sufficient without deceased donation.

Organ procurement involves a chain of closely linked steps and we have faced challenges at every single step. One of these steps - the family consent- is heavily influenced by the religious taboos as they can affect the performance of both the family and the health professionals.

To improve the technical steps, we have resorted to numerous comprehensive courses to train the health professionals but we have at the same time attempted to sensitize the public and did our best to eliminate the religious taboos.

## Deceased Organ Donation: Challenges and Solutions in India

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End-stage renal disease (ESRD) is a frequent public health problem and a consequence of lifestyle diseases like diabetes mellitus and hypertension. The population-based study reports a prevalence of 151-232 ESRD patients per million populations. Renal transplantation is the best treatment for ESRD. However, there is a gross discrepancy in the supply and demand for organs worldwide and Indian subcontinent being no exception. In addition to the diminished supply, there are other limitations and challenges for diseased organ transplantation in India. The diseased organ transplantation rate in the country has picked up from 0.26/million populations in 2013 to 0.36/million population in 2014, but a quantum of growth is required to obliterate the existing deficit. There are several challenges for deceased organ transplantation in India and the following ways may address these challenges.

**1. Socioeconomic factors:** Public sector hospitals need to pick up organ transplantation so that clinical care is affordable to all. Commencement of organ transplantation in the public sector would provide the necessary thrust for renal transplantation.

**2. Cultural and religious aspects:** Widespread involvement of religious leaders to allay the fear of organ transplantation rate would increase the organ donation directly and indirectly. The religious leaders need education on the organ transplantation and brain death for a fruitful outcome.

**3. Proper communication:** Need to involve volunteers trained in psychology to counsel patient's attendees for brain death. Brain death counselling should be part of end-of-life care, the involvement of organ transplantation coordinators and councilors should be ensured.

**4. Organisational support:** The staff and the coordinators need to be well educated to answer all the queries of the patient's attendees. A well-nuanced counselling would clear the roadblock for organ donation. Hospitals should have a clear protocol for brain death declaration and the doctors involved should not be a stakeholder in the ESRD or post-transplant care.

**5. Educating doctors:** Dedicated training on organ donation, including transplant human organ allocation act (THOA) should be involved in the undergraduate training. Medical graduated need training on the role of doctors, nursing officers and paramedic's involvement in organ donation. Also, the art of coordinated care with paramedical staff need to be taught, as there have been differences in the thought process of the common man and the medical fraternity.

**6. Suspicion of misuse:** Up to 59% of the patient attendees believe that there was a potential misuse or misappropriation of an organ donated. Hence, it is vital to have a transparent displayed organ allocation system, preferably should be available on the public domain for all to witness.

**7. Organ transport:** Creation of green corridors with the appropriation of stakeholders would reduce the cold ischemia and improve the longevity of the organ transplanted.

**8. Delay in handing over the body:** Funeral is essential for the family. The undue delay in handing over the body discourages patient attendees to organ donation. The medical and

paramedics need sensitization on the issue, and also, the donor families need to be duly recognized.

**To conclude**, the disparity on the number of potential donors and the actual donation rate can be substantially minimized by a following a protocolized approach, addressing all the challenges. There should be a particular emphasis on the importance of effective communication and humility of the stakeholders.



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## Deceased Organ Donation: Challenges and Solutions; Iranian Experience

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Renal Transplantation is the procedure of choice for most patients with end stage renal disease (ESRD) since it improves the quality of life and is cost effective compared with dialysis. The rapidly increasing incidence of end stage renal disease and inadequate supply of kidneys, especially from deceased donors have created a wide gap between kidney supply and demand, which has resulted in long waiting times and increasing number of deaths during the dialysis-dependency period.

Deceased donor is the preferred source for renal transplantation. But in spite of tremendous efforts even in the countries with the best economic and supportive measures, deceased donation is far behind the need and many recipients on the waiting list lose their lives (about 7 thousands per year in U.S.). Unfortunately, in MESOT countries very few have an active deceased donor transplantation program. Iran is the leading country in deceased donor transplantation followed by Turkey. At present 65% of kidney transplantations in Iran is from deceased donors.

Figure 1: reveals the rate of deceased donations in MESOT countries with active deceased transplant program.

There are several reasons in great achievements in regard to deceased donor program in Iran. **Religion has played a very positive role in Iran in donation process and there are very few religious leaders who are not in favor of donation, both deceased and living donation.**

Table 1: shows the Fatwas from religious leaders on deceased and living donation.

Second important solution that has enhanced deceased donation in Iran is because intensive care units are responsible to report brain death by law. Hospitals will be downgraded if they do not report brain death on time.

Social awareness programs also have played significant role to support deceased program. In order to improve graft survival following deceased donor transplantation our strategy is that harvested kidney being transplanted locally as much as possible. By this strategy early grafting (about 3 hours from harvesting to transplanting the kidney) has resulted in better graft survival in deceased donor transplantation.

In this presentation we will discuss challenges and solutions for deceased donation in detail.

Table 1: Fatwas from Religious leaders in Iran for kidney donation

Religious leaders	Living	Deceased donation
Ayatollah Khomeini	Yes	Yes
Ayatollah Khamenei	Yes	Yes
Ayatollah Makarem	Yes	Yes
Ayatollah Nouri-hamedani	Yes	Yes
Ayatollah Vahid Khorasani	Yes	<b>No</b>
Ayatollah Safi Golpayegani	Yes	<b>No</b>

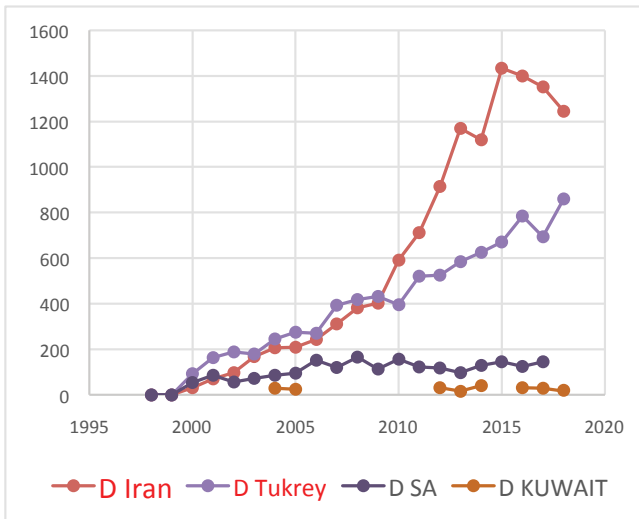


Fig 1: Deceased donor transplantation in MESOT countries

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## Deceased Organ Donation - Challenges and Solutions

**Dr. Vasanthi Ramesh**

Director, NOTTO, India

Organ transplantation has not been able to achieve its full potential due to an absolute shortage of organs. The National Organ and Tissue Transplant Organization (NOTTO) has been set up in India with the main objectives of promoting deceased organ donation thus preventing commercial trade and creating a national registry. The deceased organ donation rate (DODR) in India is less than 1 and the goal of NOTTO is to take this higher by increasing the actual number of people consenting for donation in principle and in actuality. Nationwide and year-round awareness activities are conducted by NOTTO along with regional organizations (ROTTOS) and state organizations (SOTTOs) under it to improve the number of donor pledges. To promote brainstem death declarations and to achieve a higher donor conversion rate (i.e. from eligible to actual donor), training of intensivists and anesthetists is being undertaken to educate the medical community about the medical and legal provisions of brainstem death declaration. To integrate organ donation in the process of end-of-life care, the Transplantation of Human Organs and Tissues Act 1994 has made "Required Request" mandatory, whereby patients and their families are offered the opportunity to donate organs and tissues of their next of kin as part of the standard ICU care.

Yet, the ODR remains proportionately low due to a plethora of reasons. Brainstem death (BSD) declaration by neurological criteria is not a routine or popular practice amongst the medical professionals. Donation after cardiac death (DCD) is performed in only one center in the country. Issuance of government orders making declaration of BSD mandatory in all hospitals might prove helpful. The use of the term 'Potential Donors', so that the full potential of patients who have a high probability of becoming deceased donors is tapped, is also being encouraged. Another strategy is the use of "marginal donors/organs" and split grafting techniques (in case of liver).

The geographical differences in ODRs across a single nation are also noteworthy. Literacy rate, duration of establishment of sub-specialties, cultural and religious practices, socio-economic factors, access to healthcare and ease of organ transport are just a few of many responsible factors.

The Hindus and the Muslims believe that the human body should not be desecrated or tampered with after death. There is scarcity of faith in the healthcare system; public also believes that if you consent to be an organ donor, the doctors will not make enough effort to save you and let you die. These religious practices and misconceptions further lower an already plummeting deceased organ donation rate.

Despite the continuing doubts in peoples' minds, the universal concept of "If we can save the lives of others, why not? It is a beautiful thing", prevails. This is in keeping with teachings of Lord Krishna to Arjuna in the Bhagawada Gita,

*"yad yad ācharati śhreṣṭhas tat tad evetaro janaḥ*

*sa yat pramāṇam kurute lokas tad anuvartate",* which means **"The common people emulate the good actions of great leaders."**

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## **Respect, Interaction and Immediacy: Addressing the challenges associated with the different religious and cultural approaches to organ donation in Australia**

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Australia is a multicultural society of just over 25 million people, with approximately 310 different ancestries, 300 languages and 150 religions. This diversity suggests that Australia's peoples might hold a multiplicity of beliefs about organ donation. However, research shows that most people in Australia strongly believe organ donation is a good thing, helps others and benefits society. Yet, the current rate of 20.7 donors per million population per year is below expectations and below the demand for organs for transplantation. What role do religious beliefs and cultural affiliation play in this paradox?

In Australia's "opt-in" donation system, people choose to register their donation decision on the Australian Organ Donor Register. As the final donation decision is made by the next-of-kin in the Intensive Care Unit (ICU), individuals are strongly encouraged to register their donation decision *and* discuss their donation decision with their family. 90% of consent-to-donate registrations on the Australian ORGAN DONOR REGISTER ARE HONORED BY THE NEXT-OF-KIN IN THE ICU. ONLY 44% OF NEXT OF KIN CONSENT TO DONATION WHEN THE WISHES OF THE DECEASED ARE UNKNOWN. REGISTRATION IS PIVOTAL TO DONATION CONSENT BUT LESS THAN 30% OF THE ELIGIBLE POPULATION HAS REGISTERED.

Research in New South Wales, a religiously and culturally diverse state and the most populous in Australia, investigated whether registration rates on the Australian Organ Donor Register, and thus consent donations, could be increased through a focus on respect, interaction and immediacy. The research highlights the importance of *respect* for the diversity of beliefs held about organ donation, which may be both positive and negative; offering all people a face-to-face *interaction* opportunity to consider their beliefs about organ donation, ask questions, and raise concerns and fears without judgment; coupled with an *immediate* on-the-spot opportunity to register. The challenges associated with adopting these strategies to increase registrations on the national register are considered. The role of religious leaders, the context in which individuals are asked about organ donation, the fluidity of beliefs, and the unspoken concerns of cultural and religious groups are also discussed. In conclusion, I suggest that the principles of respect, interaction and immediacy can overcome the hurdles to organ donation in Australia often ascribed to religion and cultural affiliation. Finally, I propose that the rich diversity of Australian society is more of a backdrop than a barrier to organ donation.

**Free Paper****An Overview & Achievement on Kidney Transplantation in Nepal**

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**Introduction:** Organ Transplantation being a surgical procedure where a healthier organ is inserted to the diseased recipient. Nepal, a population of 30 million along with the incidence of 3000 renal failure annually. Every year approximately more than 6 billion Nepalese rupees are spent of foreign soil for Kidney Transplantation. Shahid Dharma Bhakta National Transplant Centre (SDNTC) has been developed as a National Transplant centre by Ministry of Health and Population. Our center accounts more than 80 percent of Kidney transplantation done in Nepal every year.

**Aim and Objective:** To highlight the Issues in Kidney Transplantation, achievements of organ transplantation in Nepal.

**Materials and Methods:** Transplantation updates from SDNTC and detailed history of transplantation has been illustrated with achieved milestone in the Nepalese transplantation field. A total of 660 Kidney transplantation have been performed so far within 6 year of its establishment. Surgery cost is supported by the government along with the state of the art transplant centre has prevented many poor patients venturing foreign soil for transplantation.

**Results:** A total of 660 kidney transplantations have been performed so far within 6 year of its establishment. During last three years, we average about a 150 plus cases of kidney transplantation per year. The Transplantation milestones have been highlighted in fig no 1. With new amendment in transplantation law; extended donor criteria including pair exchange and transplantation from deceased donor; a donor pool has been increased along with the number of transplantation.

**Conclusion:** Organ Transplantation is the standard procedure in respected diseased condition. In developing countries like ours, social changes take time. Averaging 150 cases per year itself is a meritorious achievement. In western centre, more than 80 % of organ transplantation rely on deceased donor where as we have performed just 3 cases of deceased donation Kidney transplantation. A state of the art center in Nepal has prevented efflux of billions of rupees to foreign soil; millstone coverage by local media has brought awareness in organ donation including trafficking. Therefore Organ Donation and Transplantation being a noble cause should get a national attention.

**ISODP Session****Islamic perspective on organ donation and brain death****Prof. M. Z. Alkawi, MD, FACP, FAAN**

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Determining the presence or absence of life is not an issue that was prescribed in the original sources of Sharia'a. As in many other issues, the experts in that area of human knowledge are called upon to clarify the situation and set regulations that are consistent with the basic principles and purposes of Sharia'a.

The verse 42 in Al-Zumar: "It is Allah who takes the souls [of men] at death; and those that die not [He takes] during their sleep: those on whom He has passed the decree of death, He keeps back [from returning to life], but the rest He sends [to their bodies] for a term appointed" suggests that death is associated with the departure of the soul without being able to return. When medical experts determine that the body have reached the point of inability to house the soul, they declare the advent of death. Similarly, the issue of transplantation is dealt with balancing the need with potential harm considering all stakeholders' rights. Therefore, it may take all levels of decision from Wajib (duty) to permissible (mubah) to prohibited (haram). Each issue can be determined by its merits.

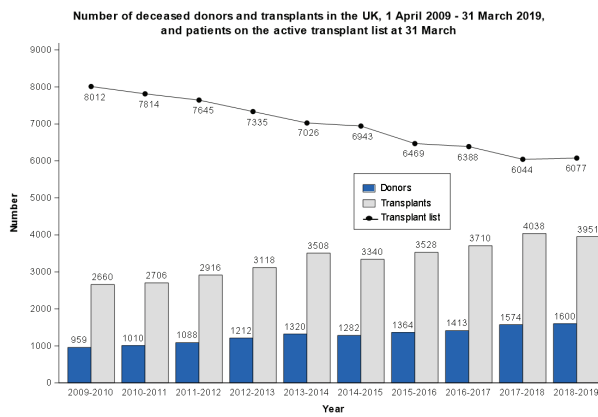
**ISODP Session**

## The Challenges and Outcome of the Opting In/ Out System

**Claire Williment**

Accountable Executive – Legislation Implementation, NHS Blood and Transplant, UK

There has been a period of intense activity in the UK to improve the organ donation infrastructure. This has led to the UK deceased donor rates increasing by 67% and deceased donor transplant rates increasing by 49% in the last 10 years. However, there is a limit to what can be achieved solely by health care system changes. Many countries within the UK are therefore in the process of changing the legal basis of consent, from 'opt in' to 'opt out'.



Source: *Transplant Activity in the UK 2018 - 19, NHS Blood and Transplant*

The change in legislation is supported by the precedent set in Wales, which introduced opt out in December 2015. Since changing their law, Wales' consent rates have increased significantly and are now the highest in the UK.

UK Deceased Donor Consent Rates			
Country	2015	2018/19	% Increase
England	61%	67%	+6%
Scotland	54%	64%	+10%
N. Ireland	59%	63%	+4%
Wales	58%	77%	+19%

Source: *NHS Blood and Transplant*

The introduction of opt out is anticipated to increase support for organ donation and improve consent rates, but is not without risk. One of the largest challenges is the perception of deemed consent. The Government's public consultation responses showed the concern that organ donation would no longer be a gift freely given, but a State-enforced requirement. This was particularly prevalent in BAME communities. Work is being taken forward with faith/

belief groups, community leaders and others, to dispel this perception. This is supported by a major marketing campaign, to raise public awareness that the law is changing, but the organ donation decision rests with the individual.

Another significant challenge is ensuring that the NHS is ready for the new legislation. This requires co-ordinated action by Government, NHS Blood and Transplant, Commissioners, IT providers, Regulators, Professional Representative Organisations and many others. Comprehensive training is being provided to organ donation teams, to ensure that they understand the change in law and are able to confidently and sensitively incorporate the requirements into the family discussion.

Although the new system is not yet in place, benefits are already being realised in England and Scotland. The increased collaboration across different stakeholders as the legislation progressed through Parliament led to new, positive relationships, which are delivering improvements in the profile and support for organ donation and transplantation. The additional Government commitments are also delivering changes. These include the introduction of a new faith/ belief declaration on the Organ Donor Register and improved information on our websites about how organ donation can be taken forward in line with faith and beliefs.

The introduction of opt out legislation is not the sole answer to the organ donation crisis or gaining public support. However, it is a vital lever which, alongside continued work to improve the infrastructure, we anticipate will increase consent rates and save hundreds of additional lives each year through the gift of organ donation.