



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research
Vol. 9, Issue, 3(F), pp. 25045-25051, March, 2018

**International Journal of
Recent Scientific
Research**

DOI: 10.24327/IJRSR

Research Article

WORKING WITH RELIGIOUS SECTS TO EXPAND ORGAN DONATION FOR TRANSPLANT

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DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0903.1780>

ARTICLE INFO

Article History:

Received 15th December, 2017

Received in revised form 25th

January, 2018

Accepted 23rd February, 2018

Published online 28th March, 2018

Key Words:

Transplant Issues, Donation, Religious, Moslems, Jews and Christians, Public Education, Hospital Nurses

ABSTRACT

Background: Israel suffers from a grave shortfall of donated organs for transplant. A serious impediment to expanding organ donation is the public perception of religious obstacles. This study explores the variation in these obstacles by sect and degree of religious observance within Israel's three major faiths.

Method: A questionnaire survey of a large convenience sample of Moslems, Jews and Christians of all sects was conducted.

Results: Although all faiths and sects officially sanction organ donation the willingness of ordinary people to donate and the dependence of this consent on the assurance of religious sanction varies markedly by sect. The secular are a stand-out group on all relevant research variables and within all three religions. Both belief and professed absence of belief are key factors for all who wish to encourage organ donation.

Conclusion: Any public education initiative needs to be conducted in collaboration with religious leaderships and guided by the teachings of each sect. Hospital nurses, who are often the staffers who spend the most time alongside the family members of a potential donor, need to appreciate the range of religious and non-religious positions on key organ donation issues.

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INTRODUCTION

Background

In Israel as elsewhere there is a grave shortfall of donated organs relative to the number of patients waiting for a transplant and one of the heaviest impediments to expanding the frequency of organ donations, if not the heaviest, is public religious beliefs and perceptions of religious obstacles (Ashkenazi, 2004). According to the Israel Ministry of Health's National Transplant Centre (NTC) 45% of the Israeli population, Moslems and Jews alike, refuse to donate organs on the grounds that their religion forbids it (National Transplant Centre, 2008). Israel has the lowest rate of deceased donations of 21 developed nations and the average waiting time in Israel for a kidney transplant is six years, three times as long as the waiting period in Europe (Steinberg, 2015). Currently only 14% of the adult Israeli population has signed the NTC card indicating agreement to deceased organ donation (Ministry of Health, 2017).

In 2008 the Israeli parliament (Knesset) passed two laws in order to encourage and expand organ donation. The first stated that brain-stem and respiration death constituted the legal

precondition for organ donation, this to reassure the public, and particularly the religious public, who were still not convinced that brain death was a real final death. The second piece of legislation set out an array of benefits for live donors-exemption from any monetary outlay entailed by the donation, compensation for loss of work-days and outlays on insurance and psychotherapy, payment for convalescence time and travel up to a determined sum, and a certificate of thanks from the State. In addition all signatories to the NTC card and their family members would themselves receive priority should they ever need a transplant (Gruenbaum & Jotkowitz, 2010).

This legislation had some success but not nearly enough. In particular the need for kidney transplants has accelerated over the last decade with the increase of the numbers of patients on dialysis and increasing numbers waiting for liver, lung, pancreas and corneal transplants. There is pressure on the Knesset to follow the lead of the many European countries which have legislated some form of presumed consent to donate (an opt-out system). Some Israeli chief rabbis have endorsed this approach (Yellinek, 2006; Scott & Jacobson, 2007) but the current strong emphasis in the Israeli health care

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system on patient autonomy seems to offer no prospect of it being made law any time soon.

While all Israel's three main religions have given formal sanction to organ donation, live and deceased, none has given it active public encouragement (Bruzzone, 2008; Messina, 2015). Moreover, there will always be individual senior and less senior rabbis, muftis and bishops to take and publish a stance contrary to that of their faith's highest authority and so confuse the ordinary believer's perceptions.

Hence the choice of the present authors to explore the sources of, and variation in, the resistance to organ donation deriving from religious faith and its perceived pronouncements and to see where there might be openings for education and persuasion with respect to the willingness to donate organs. The aims of this study are thus

1. To clarify and particularize the connection between religious allegiance and organ donation by refining the research variable 'religion' by (a) religious subdivisions and sects, and (b) the extent of the respondent's religious observance.
2. To examine how the above clarification can be deployed to guide the efforts of government, nursing and nurses to increase the number of organ donations and donor card signings.

The connection between religion and organ donation by religious subdivision and sect

Religious belief and authority are strong in Israel and difficult to separate from politico-ethnic allegiances. The leaderships of all three main religions are alike in founding their rulings on organ donation on the scriptures and their interpretation, both historical and recent. Little reference is made to academic debate on the issue.

Islam

Islam and all its sects represented in Israel (Sunni, Sufi, Akhmadi, Cherkess, Druze) permit organ donation on the basis of the following verse from the Koran:

That was why We wrote for the Children of Israel that whoever killed a soul, except for a soul slain, or for sedition in the earth, it should be considered as though he had killed all mankind; and that whoever saved it should be regarded as though he had saved all mankind (32: Al- Ibn Al-'Arabi; Qur'an al-karim).

In 1988 Sheikh Muhammad Tantawi, the Grand Mufti of Egypt, issued a formal religious ruling (*fatwa*) laying down that the majority opinion of the elders of Islam sanctioned live organ donation provided that it was carried out in conformity to the religion and its law (El-Shahat, 1999). It was also permissible to transplant deceased donated organs for the purpose of saving life (Natour & Fishman, 2011). Legislation in Iran in 1989 on organ donation and transplant also incorporated the relevant Koranic verses in order to promote public awareness of this Koranic sanction and expand the rate of organ donation for transplant (Kazemeyni & Aghighi, 2012; Afzal, Dehghani, Sadeghi, & Khaleghi, 2015).

Opposition to organ donation and transplant has, of course, been heard from imams and members of the public, sometimes on the grounds of the impairment to the wholeness of the body or the delay to its burial. Badarna (2008) argues that most of

this opposition proceeds from ignorance and a fear of doing something forbidden.

Islam's subdivisions and sects have each been formed by particular concatenations of history, geography and ethnicity. The *Sunni* are the major sect within Islam in almost all countries, commanding both religious and political authority (Hezkia, 1998). The *Sufi* express and acquire faith through direct personal religious experience and are constantly seeking to intensify this faith. Their ceremonial is intensely emotional and music, song and dance are central elements (Sviri, 2008). The *Akhmadi* are a relatively new sect, which emerged in 19th century India. They see themselves as a global religion which eventually Christians, Jews and Hindus will join to spread justice and righteousness around the world (Stendal, 1992). Death is not the end of existence and some persons reincarnate. The *Cherkess* are a tiny non-Arab Sunni Moslem grouping concentrated in and around one village, known for their conservatism with respect to Western influences, but who make efforts to integrate into Israeli society. Their generosity and aid to others is famous (Stendal, 1973). The *Druze* are a much larger grouping numbering almost 160,000, whose scriptures are secret to a few special individuals. Their religious practice is essentially not one of ritual and ceremony but is shaped by the tenet that there is no need for mediation in the direct relationship between the individual and God. Belief in the transmigration of souls is central and it is taught that once the soul has left the body the body is worthless. No ruling has yet been made, however, as to when exactly the soul departs (Ministry of Education and Culture, 1982).

Judaism

"From a halakhic point of view (*halakha* - Jewish religious law) it is prohibited to desecrate or mutilate the dead; it is prohibited to derive benefit from the dead body; it is prohibited to delay the burial of the dead; and there is a positive commandment to bury the whole dead body. Harvesting organs from the dead violates all these prohibitions. However, all these concerns and prohibitions are set aside, if necessary, in order to save the life of a human being ...the value of saving life takes precedence over most other values and precepts..." (Steinberg, 1996). The key reference text is Talmudic and similar to that of Islam: "Whoever destroys a soul, it is considered as if he destroyed an entire world. And whoever saves a life, it is considered as if he saved an entire world." (Babylonian Talmud, tractate Sanhedrin 37a) (Messina, 2015).

"In all cases, an organ or tissue may be removed only after the donor has been pronounced dead in accordance with the criteria of Jewish law. Permission is necessary either from the deceased prior to his demise or from next of kin, except for emergencies" (Steinberg, 1996).

Judaism's subdivisions are four and largely of geographical origin-the *Ashkenazi* (European/American Jews), the *Sephardi* (descendants of Iberian Jewry, including Jews of the Mediterranean basin and North Africa), the *Mizrakhi* (an ethno-political movement whose slogan is 'Torah and Labour'; it combines religious conservatism with socio-educational activism), and *Mixed* (of mixed Ashkenazi-Sephardi descent). Differences of halakhic ruling between the Ashkenazi and Sephardi rabbinates in Israel are minor.

Some dissenting opinions among contemporary rabbis do not accept the ruling definition of brain death. According to these views the classic definition of death, i.e. the total and irreversible stoppage of cardiac activity and the circulation of blood, remains crucial in determining whether death has occurred (Steinberg, 1996).

Christianity

The Christian approach to organ donation differs from the Jewish in that Christianity does not regard the human body as a ‘holy ark’ so that it is much easier for Christian doctrine to endorse organ donation for transplant (Teo, 1992; Ministry of Health, 2017). In 1990 the Roman Catholic and Protestant churches published a joint declaration in support of organ donation as an act of Catholic love. Both Catholics and Protestants accept brain-death as a completely satisfactory definition of death.

The three texts most frequently quoted by Christian theologians with regard to organ donation are the following:

“With a drop of blood you can save a life, with the donation of a kidney you can bring hope and health back to life; donate a cornea and turn permanent darkness to light and god will light your way; donate a heart and your heart will continue to beat in one who still awaits death; donate a lung and you will breathe in peace and comfort.” Pope John Paul II, special message on organ donation to the Society for Organ Sharing, June 20, 1991. (Teo, 1992).

“Heal the sick, cleanse the lepers, raise the dead, cast out devils: freely you have received, freely give.” Matthew 10:8

“Greater love hath no man than this, that he lay down his life for his friends.” John 15:13.

The Greek Orthodox teach that the human body is to be respected in light of three doctrines-God created man, the resurrection of Jesus, and the expectation of the raising of the dead. The Greek Catholic and Protestant churches emphasize that the decision to donate an organ cannot be compulsory. They also declare that religion and medicine are completely separate so that the church can say neither yea nor nay to organ donation.

The great majority of Christians in Israel are Greek Orthodox and Greek Catholics. Roman Catholics and Protestants are the largest of the remaining sects.

METHOD

A questionnaire was composed by the senior researcher which comprised sixteen questions on the respondent’s attitudes to organ donation and a further six on his/her knowledge and evaluation of the organ donation network in Israel. (See Appendix 1 for the full questionnaire.) The questionnaire was distributed in two ways. The first was to format the questionnaire using Google Forms (so that data are automatically transferred to an SPSS program for analysis) and upload it onto Facebook and other social media sites and groups, including university student sites. Users were asked to complete the questionnaire and return it. However, to reach those sections of the research population who did not frequent the social media and to ensure that responses were obtained from all religious subdivisions and sects and from all groups of religionists as defined by the extent of their observance, we

needed to resort to the traditional method of distribution whereby researchers (four fourth-year nursing students) loaded the questionnaire onto I-pads and went out to the places of worship of every subdivision and sect, asked the permission of the presiding minister and sat down with worshippers (before or after a service) to complete the questionnaire. No reluctance to do so was encountered and all the assistance the students had to give was to explain to a few respondents how to operate an I-pad and occasionally explain the meaning of a word (the questionnaire was composed in Hebrew only as all Israeli Arabs understand it fluently). Data gathering lasted ten months from October 2016 to July 2017.

By these two methods 410 questionnaires were returned from the various internet sites, of which forty were disqualified for incompleteness and 501 from the places of worship, of which 32 were disqualified for incompleteness-a total of 839 completed questionnaires.

The sample: The convenience sample is the largest ever assembled in Israel to explore attitudes to organ donation and also the first to carefully include all religious subdivisions and sects. Tables 1 and 2 present key elements of the sample’s composition:

Table 1 Sociodemographic data of the sample

Sociodemographic data	Jewish		Cristian		Muslems		
	N	%	N	%	N	%	
Income status							
low	22	7.7	17	17	36	7.9	P < 0.01
moderate	212	74.7	69	69	376	82.8	
high	51	17.9	14	14	42	9.3	
Occupation							
Independed	44	15.4	10	10	57	12.6	N.S.
salaried	223	78.2	78	78	367	80.8	
unemployed	18	6.3	12	12	30	6.6	
Relation to religion:							
Ultra-Orthodox	5	1.8	-	-	3	0.7	P < 0.01
religious	21	7.4	16	16	219	48.2	
traditional	45	15.8	45	45	157	34.6	
secular	214	75.1	39	39	75	16.5	

Table 2 Sample by religion and subdivisions/sects (absolute numbers)

Religion	Subdivisions/sects					
Moslems	Sunni	Sufi	Akhmadi	Cherkess	Druze	All
	194	83	30	35	112	454
Jews	Ashkenazi	Sephardi	Mizrakhi	Mixed		285
	164	47	37	39		
Christians	Greek Catholics	Greek Orthodox	Protestants	Roman Catholics		100
	33	22	20	25		
All						N=839

That Jews are underrepresented and Moslems and Christians over-represented in the study sample compared to their actual nationwide distribution (Jews constitute some 75% of Israel’s total population) is not a serious problem for the purposes of this research. More important for the purposes of this study is that there is a large-to-adequate number of respondents from all three religions, from all sects and subdivisions, and from all sub-groups by extent of religious observance (except for ultra-orthodox Jews). This allows us to pursue the key aim of this study, which is to clarify and particularize the connection between religion and organ donation by subdivision and sect and the extent of religious observance.

Data analysis: The questionnaire responses to the sixteen questions relating to attitudes to and beliefs about organ donation were first analysed by Varimax factor analysis. The six remaining questions (6,7,19-22) relate to the respondent's confidence in his/her knowledge about organ donation. From this analysis four variables emerged-see Table 3:

Table 3 The main study Categories

Four categories	P-value	% of total variance explained	Questions
A. Extent of willingness to donate organs (by live or deceased donation)	0.907	33%	8,9,11,12,13,14,15,16,17,18
B. Dependence of above willingness on religious sanction	0.836	17%	3,4,5,10
C. Extent of belief that my religion permits organ donation	0.784	12%	1,2
D. Confidence in knowledge about organ donation	0.694	40%	6,7,19,20,21,22

All variables had a five-point range from 0 = Don't Know to 4 = Very much agree.

One-Way ANOVA was used to measure the significance of inter-group differences. Post hoc Tukey tests were used to test which means were statistically significantly different from each other. T-tests were used to measure differences between means. The descriptive statistics used were means and frequencies.

RESULTS

Table 4 willing to donate organs in Jews, Muslims and Christians (Mean)

	Willing to donate organ			One-Way ANOVA	
	Mean	SD	N	Sig	F
Jews	3.24	0.72	285	P < 0.01	F (2,836) = 48.843
Moslems	2.50	1.15	454		
Christians	2.78	0.82	100		

On the variable, Willingness to donate organs, the differences between the Sunni and the Akhmadi, between the Sunni and the Cherkess, and between the Akhmadi and the Cherkess were not statistically significant; all other differences were significant. On the variable, Dependence on religious sanction, the differences between the Sunni and the Akhmadi, and between the Akhmadi and the Cherkess were not statistically significant; all other differences were significant.

The Sufi stand out both for their readiness for organ donation but equally for the deep dependence of this willingness on the sanction of their religious authorities. The Druze stand out at the other end of the spectrum: both their willingness to donate organs and their declared dependence on religious sanction are exceptionally low.

On the variable, Willingness to donate organs, the differences between the Ashkenazi and the Mixed and between the Mizrakhi and the Sephardi were not statistically significant; all other differences were significant. Table 5 shows that the Sephardi and Mizrakhi are the least willing to donate, if not by a great distance.

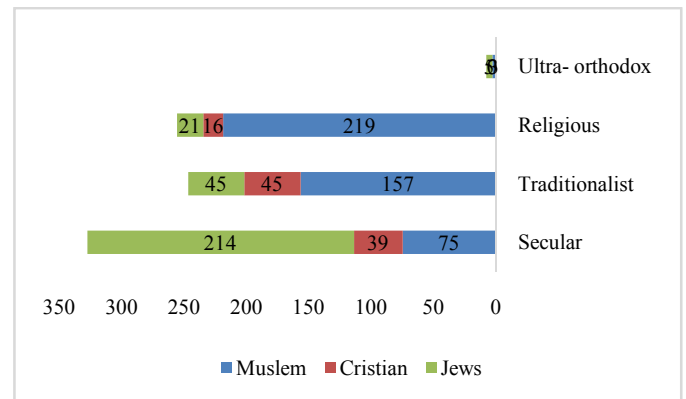


Figure 1 Sample by religion and extent of religious observance

On the variable, Dependence on religious sanction, only the difference between the Greek Catholics and Roman Catholics emerged statistically significant. The Protestants and the Roman Catholics are the most beholden to their religious leadership.

The seculars are unique among the observance groups in that the almost all the differences on all four study variables between Jewish, Moslem and Christian seculars are statistically significant. With respect to willingness to donate, all inter-group differences are statistically significant. On dependence on religious sanction, all inter-group differences are statistically significant except for that between Jews and Moslems. On variables 3 and 4, all inter-group differences are statistically significant except for that between Jews and Christians.

On variables 1,3 and 4 the Jews score highest and the Moslems lowest. On variable 2 the Christians rank highest. Relatively few secular Moslems believe that Islam permits organ donation.

Table 5 Religious respondents by all main study variables (mean scores and standard deviation)

Variables	Jews		Moslems		Christians		All	
	MEAN	SD	MEAN	SD	MEAN	SD	MEAN	SD
A. Extent of willingness to donate organs (by live or deceased donation)	3.24**	0.724	2.50	1.166	2.78	0.820	2.79	1.045
B. Dependence of above willingness on religious sanction	0.552	1.23	2.15**	1.144	1.87	0.818	1.80	1.032
C. Extent of belief that my religion permits organ donation	1.494	2.57	2.53	1.374	2.53	1.371	2.54	1.403
D. Confidence in knowledge about organ donation	0.736	2.36	2.23	0.970	2.21	0.865	2.27	0.886

**p < 0.01
 One Way ANOVA
 Variable 1: F(2,836) = 48.843, p < 0.01. By Tukey test there is significant different between the three religion.
 Variable 2: F (2,836) = 82.349, p < 0.01. By Tukey test there is significant different between the three religion.

If we take the secular out of the study sample and then measure the orthodox, observant and traditional by all four study variables the only difference to emerge statistically significant is Dependence on religious sanction-the Moslems score highest (M=2.32), and after them the Christians (M=1.96) and lowest the Jews (M=1.59) (all differences are statistically significant).

On the variable, Dependence on religious sanction, the differences between traditional Jews on the one hand, and traditional Moslems and Christians on the other hand, emerged significant but not the difference between Moslems and Christians.

Table 6 Dependence on religious sanction (Moslem VS Christian)

Moslem	Mean	SD	Christian	Mean	SD
Sunni	2.01	0.84	Greek Catholics	1.64	0.73
Sufi	3.75	0.66	Greek Orthodox	1.73	0.86
Akhmadi	2.05	0.75	Protestants	1.93	0.69
Cherkess	2.45	1.04	Roman Catholics	2.24	0.87
Druze	1.13	0.51			

*P<0.01

Table 7 Secular respondents by religious background and by all main study variables (Mean & SD)

Variables	Secular Jews		Secular Moslems		Secular Christians	
	Mean	SD	Mean	SD	Mean	SD
A. Extent of willingness to donate organs (by live or deceased donation)	3.41	0.59	1.78	1.09	2.78	0.86
B. Dependence of above willingness on religious sanction	1.12	0.43	1.27	0.7	1.72	0.81
C. Extent of belief that my religion permits organ donation	2.56	1.49	1.41	1.10	2.37	1.57
D. Confidence in knowledge about organ donation	2.42	0.71	1.64	0.94	2.35	0.8

P< 0.01

Table 8 Traditional respondents by religion by dependence on religious sanction

	B category- Dependence on religious sanction	
	Mean	SD
Traditional Jews	1.22	0.45
Traditional Moslems	1.88	0.81
Traditional Christians	1.91	0.81

P < 0.01

DISCUSSION

The strength of the religious factor in individual decision-making about organ donation: The considerable number of respondents in this research who declared that their willingness/consent to donate organs was contingent on authorization from their religious leadership (the mean scores among traditional, observant and orthodox believers range from 1.76 to 2.59 out of 4) demonstrates sharply that religious perceptions are still a very potent decision-influencing factor with respect to organ donation in Israel. This confirms the Saleem *et al.*, study in Pakistan (2009) which found a strong negative correlation between believing that one's religion did

not permit organ donation and individual willingness to donate. The power of perceived religious obstacles in this context is a conclusion of critical importance but, nonetheless, qualifications need to be made.

Although the proportion of respondents who were confident in their knowledge about the issue of organ donation was quite high, many respondents were clearly not *au fait* with their religion's latest ruling. For instance, many Jews were not aware that the Chief Rabbinate had sanctioned brain-respiratory death for the purposes of transplantation. The religious authorities themselves are still somewhat divided over transplantation issues, and the brain death-cardiac death issue is one of them. Also, some believers prefer to listen to the rulings of a local minister/leader over those of their faith's supreme leadership. Again, some respondents use religion as a cover for their own individual prejudices against organ donation. Even secular people are known to revert to quasi-religious allegiances when issues of death and mortality have suddenly to be decided.

Another very important qualification that has to be made is that a religious allegiance is not all-powerful. Individuals can still make their own choices and go their own way. Even among the orthodox and observant in all three religions the mean score for 'dependence on religious sanction' did not exceed 2.59 (out of 4). In the Rios *et al.*, study in Spain (2015) 35% of respondents who supported deceased organ donation acknowledged that their religion forbade such a practice. In the present study the Druze sect were by a distance the least willing religious subdivision to donate organs (Table 4)-perhaps because of the strength of the sect's declared belief in reincarnation-yet their elders have stated firmly that every individual Druze has the right to make his own choice.

Perhaps it is in this context that it is pertinent to introduce the concept of altruism. Ashkenazi (2004) found that the major reason for consent to donate *across all Israel's religious groups* was altruism, the conviction that organ donation was a supreme example of loving one's neighbour. All Israeli organ donors also know that their donation will be transplanted regardless of the recipient's religion, that is 'Christian' livers and corneas will live on in 'Moslem' bodies, and so on. More recent studies (e.g. Haski-Leventhal, Yogev-Keren, & Katz, 2009) have confirmed the ubiquity of altruism.

There are also many obstacles of belief to organ donation which are not religious in origin. For example, the fear that signing a card identifying oneself as a potential organ donor may be a self-fulfilling prophecy, may somehow bring death closer. Ignorance also plays a part-about the wishes of a dead family member, about the meaning of brain-death. Some people distrust the health care system, fearing, for instance, that doctors may prefer the prospect of saving several people's lives with transplanted organs to saving the life of a single potential donor. Aviram in 2009 found that no less than 53% of Israelis were influenced by such fears.

The gap between statement and action: We also have to take into account the gap between action and declaration, both in daily life and in response to questionnaires. In answer to a2008 survey of attitudes to organ donation by Israel's National Transplant Centre a high percentage of respondents stated their willingness to sign an NTC donor card. In practice, however, only 14% of the adult population have done so. The same

survey found that an overwhelming majority of respondents endorsed deceased donations. Yet in practice only 60% of the families of a person declared brain-respiration-dead agree to donate that family member's organs. A study like the present one which asks people about their future behaviour also has to remember that what people say they will do and what they actually will do when the time comes may be two different things.

The seculars: Several of this study's findings show that the seculars are a stand-out group. Of all the groups by depth of observance (controlling for religious background) only they differ from all other groups on all four study variables. Secular Jews are the group declaring by far the highest willingness to donate organs (m=3.41, the next highest mean score is the 2.9 of observant Christians). The secular groups from all religious backgrounds, Jewish, Moslem and Christian, are also very different from each other-see Table 7. All these features mark the seculars out as deserving of particular research in the interest of expanding organ donation. Thus, a key result of the present study is that both *religious belief* and the *apparent absence of belief* are both key factors for efforts to increase public willingness to donate organs for transplant.

CONCLUSIONS AND RECOMMENDATIONS

1. The premise of the present study-that attitudes to organ donation differ considerably by religious sect and subdivision and by degree of religious observance-has proved sound. This is the first research study, in Israel at least, to look into this issue and, as such, we may consider it an exploratory study and an invitation to deeper exploration. But even this initial study offers useful indications to the designers of public education campaigns.
2. Even when no religious ruling prohibits or restricts organ donation large numbers of believers are confused, or out of date as to their religion's rulings, or scared of doing something wrong, or cling to exploded/unjustified prejudices. In other words, a large-scale public education effort is required if organ supply is more nearly to match demand.
3. The extent of respondents' declared dependency on religious sanction for their agreement to donate an organ makes it clear that any public education initiative must be carried out in collaboration with religious leaderships, local and central. We recommend setting up a council composed of representatives of medicine, nursing and all three religions to take charge of this educational initiative.
4. This education campaign needs to involve all age groups, from children to adults, and all means of persuasion, from personal talks by organ donors and recipients to mass-donor card signings.
5. Altruism is strong in all religio-ethnic communities and this is something educators can build on.
6. Hospital nurses in general and in particular those working in nephrology and dialysis, and in both adult and pediatric intensive care units, need to be made more aware of the importance of deceased organ donation and also learn their religion's position on all key transplantation issues, since they are often the staffers who spend the most time alongside the family members of a potential donor (Muliira & Muliira, 2014).
7. The number of trained transplant coordination nurses also needs to be increased. It has been demonstrated that their work with the families of dying patients expands organ donation markedly (Ashkenazi, at all 2004).

Acknowledgements

The authors wish to warmly acknowledge the help of the many colleagues who have contributed to the completion of this study- in interviewing and data gathering, in statistical analysis, in data interpretation, in linguistic and structural editing, and other aspects of the work. The overriding aim of the study has been to reduce the suffering of the many people waiting for an organ transplant. There are many religions but only one God.

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How to cite this article:

Tarabeih Mahdi *et al.* 2018, Working With Religious Sects To Expand Organ Donation For Transplant. *Int J Recent Sci Res.* 9(3), pp. 25045-25051. DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0903.1780>
