Kidneys and Controversies in the Islamic Republic of Iran: The Case of Organ Sale*

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Iran is the only official Shi'a Islamic country, with *Ithna-Ashari*, or Twelver Shi'ism, as the dominant form. For various reasons, in part due to the interpretive approach to jurisprudence in *Ithna-Ashari* Shi'ism, but also due to other aspects of Iranian culture, the Iranian approach to medical science and technology is dramatically different from that in most other Islamic countries. In Iran, what is and is not considered Islamically acceptable is constantly being renegotiated depending upon social, political, economic and technological conditions. This kind of flexibility, and often pragmatic approach to social problems, has major positive and progressive implications for health policy on numerous levels. However, the drive to embrace new technologies and capabilities can also precede or override ethical deliberations. Drawing on fundamental religious and ethical debates within the country, as well as interviews and observations in an Iranian transplant center, this article investigates Islamic discourse, perceptions of life, death and the body, and the case of organ sale/donation in Iran.

This article is based on a qualitative pilot investigation conducted in 2002 in Shiraz, Iran. Interviews were conducted with health professionals working in

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transplant centers, with recipients of donated organs from living related (LR) and living unrelated (LU) donors, and with living commercial donors themselves, using a semi-structured, open-ended format. Observation was also conducted at Shiraz University of Medical Sciences, in the Namazi Hospital Organ Transplant Ward. This ward is arguably the largest and most successful kidney transplant ward in Iran and in 2002 was the only center which also conducted liver transplants. [1] Iran is of particular interest in the transplant world because it is the only country where there is an official, state-sponsored system of financial remuneration for kidneys and liver portions from living unrelated donors.

Numerous scholars have addressed the commodification of the human body within the global economy, and the consequences for both the individual and for social relations. Nancy Scheper-Hughes' ground-breaking work on the trafficking of human organs has revealed a global trade, where the poor individuals and nations are exploited by the wealthy ones (2000, 2002a, 2002b). Appadurai discusses in detail how 'commodities, like persons, have social lives' (1986: 3). Yet, when the commodity is in fact part of a person, its social life takes on a new meaning, where the giver and the receiver are in some way transformed as a direct result of the transaction. As Sharp demonstrates, the social construction of the self – including notions of kinship as well as individual body boundaries – is fundamentally altered through organ transplantation (Sharp, 1995, 2000, 2006). Furthermore, the sale of human body parts, tissues and cells forges an uncomfortable relationship between 'gifts' that are altruistically given and 'commodities' that are bought and sold, blurring these distinctions and, in fact, forging a new category of 'gifted commodities' (Tober, 2002). This article addresses how these debates are formed and policies enacted in the Iranian social, religious and medical landscape.

The last two decades have seen major advances in medical technologies. The emergence of these technologies – such as reproductive technologies and gamete and embryo donation, human cloning, stem-cell research, genetic testing, euthanasia, life-sustaining respirators and so on – have led to redefinitions of life and death. In the West, where many of these technologies were initiated, the emotional and moral disputes surrounding their use have been substantial. The response throughout the Muslim world has been equally fraught with ethical and religious concerns, and with similar lack of consensus. Throughout the Muslim world these debates have centered on: (1) Does the use of the technology in question violate Islamic principles? (2) How can the technology be used in an Islamically acceptable way? *Fatawa*, or religious declarations, on these modern issues vary among the different Islamic sects, or schools of thought. These rulings are differentially cloaked in the language of Islam, and actually reflect local customs, cultures and moral sentiments.

Marcia Inhorn's (2006) work comparing Sunni and Shi'a approaches to gamete donation and infertility treatment in Egypt and Lebanon points to how different Islamic interpretations of what is permitted (*halal*) influences state reproductive policies and individual practices. Other research on the differences between Afghan and Iranian acceptance of Iran's family planning program similarly demonstrates how the use of reproductive services corresponds to different interpretations of what is and is not considered Islamically – as well as culturally – acceptable (Tober et al., 2006). From this work, we are beginning to understand how sectarian and cultural similarities and differences in the Islamic world impact daily life and policy decisions.

Negotiating Bioethics, Medical *Fatawa* and Health Policy

Iran's approach to technology and health is different from that of much of the Islamic world in a variety of ways: donor embryo and donor egg (but not donor sperm) are permitted, as are most other reproductive technologies, and vasectomy and tubal ligation (as well as other family planning methods) are promoted. In many other Muslim countries, however, sterilization is prohibited because it is considered to 'harm' the body. Recent laws on abortion in Iran have also been passed permitting the procedure in the first trimester if it can be shown that having a child could cause the mother emotional or physical harm, or if the fetus is 'deformed' or diseased. In Iranian interpretation of Islamic Law, abortion is legal before 'ensoulment' occurs – before the onset of the second trimester. Needle exchange programs have been implemented in prisons and on the streets in order to prevent the spread of HIV/AIDS, and programs promoting sexual health education and prevention of STDs have been targeting Iranian youth. Iran has also set up the only system whereby living unrelated organ donors are permitted and given financial incentives by the government.

The Iranian approach to medical technology and health policy has been remarkably progressive in most areas, controversial in many. What is it about Iran that makes its approach to these issues so different from most that of other parts of the Muslim world? A possible answer to this question comes from an interview with a well-respected Shi'a clergy in Isfahan, Seyyed Shahnazeri:

In Iran our jurisprudence (fegh) is more dynamic (pouya) than Sunni fegh because we use reason or intellect ('aql) and Sunni rely more on strict readings of religious texts. According to the Prophet Mohammed, intellect was the first thing created by God, so it is our responsibility to always use reason and be flexible.. . . Because of this, in Islam we also really emphasize science. It's very important for all Muslims. We know that many things have been discovered since the time of the Prophet. We have to adapt to that. Therefore, for Shi'a and other Muslims it is a duty to advance our knowledge and make scientific advances and discoveries. For Shi'a,

though, the difference is we can be more flexible in using and pursuing new science and technology because we can adapt the religious texts to modern society through our own interpretations and intellect. Because Islam, and particularly Shi'a Islam, emphasizes science and new thinking, there is no challenge between religion and science. If new things come, Islam should be able to accommodate – there is no choice.

Shahnazeri's comments resonate with a widely held view in Iran regarding the perceived flexibility of Shi'ism compared to Sunnism. That is not to say that other Muslims do not also use various methods of logic in Islamic jurisprudence, but Iranians definitely perceive their own system as more flexible and dynamic when it comes to scientific and technological advances and incorporating these advances into daily life. A brief foray into the formation of Iran's policies surrounding gamete and embryo donation provides a further example of how decisions are negotiated in practice.

A 2006 conference on Gamete and Egg Donation in Iran, sponsored by the Avesina Research Institute demonstrates the dynamics of ethical deliberations and how health policies are formed. Iran, as the center for Shi'a jurisprudence, is often viewed as the policy-maker in the Shi'a world by issuing *fatawa* on what is considered religiously permissible. The agenda of the conference was not only to discuss the range of work that has been conducted on donor egg and embryo in the Islamic Republic and beyond, but rather to bring together a group of experts to address the range of issues, in order to help form official public policy regarding the use of reproductive technologies and donor gametes and embryos. Presenters at the conference included: leading clergy from both conservative and reformist factions, legal scholars, physicians/fertility specialists, psychologists, sociologists, demographers and a few medical anthropologists (including myself). Representatives from other Islamic countries, like Bahrain, were also sent in order to report back to their own governments how policies surrounding egg and embryo donation were being formed in Iran – possibly setting the trend for other Muslim countries.

While most of the practicing specialists perceived that the range of infertility treatments did not pose a problem for Shi'a Islamic bioethics, there was considerable disagreement among Iranian religious scholars as to whether or not third party donations were Islamically acceptable, with many conservatives rejecting the use of third-party donation and reform-oriented religious leaders accepting its use. The Bahrain contingent attending the conference (who were also Shi'a) viewed the Iranian recommendations as violating some basic Islamic principles surrounding the creation of family. They were particularly upset by Iran's acceptance of the use of donor gametes and embryos, as were some of the more conservative Iranian Shi'a clerics, as the use of donor gametes complicates definitions

of maternity and paternity, as well as Islamic inheritance laws. The physicians from Bahrain were also frustrated, as they had hoped that Iran would provide them with recommendations that they could incorporate into their practice; however, they did not feel that they could ethically suggest third-party donation to their patients as it went against their religious views. Ultimately, the Avesina conference helped to formulate Iran's current laws permitting gamete and embryo donation. The conference thus served as a tool for negotiating policy by bringing together medical practitioners, specialists and religious leaders. This format has been used for negotiating other policies surrounding health and the use of technology in the Islamic Republic as well.

Interestingly, in the case of gamete and embryo donation, donors are to remain forever anonymous. Policies surrounding organ donation, however, require that donor and recipient identities are not only released, but donors and recipients also meet and can opt to continue contact after transplantation. Thus policies for transacting one type of bodily product (genetic material) are not consistent with other types of bodily products (organs) – though both are perceived as gifts of life. Further, Iran's policies toward third-party gamete donation requiring donor anonymity are contrary to such policies in many Western countries, where donor identity release is strongly advocated if not required. This fact points to fundamentally different constructions of family, 'children's rights', identity, privacy and inheritance in these different cultural settings.

Although the two major schools of Islamic thought are typically considered to be divided between Shi'a and Sunni sects, within each branch there are numerous subdivisions. The notion of what is 'Islamically acceptable', then, has a high degree of variability both between and within Sunni and Shi'a Islam. As discussed above, Iran's approach to the entire range of bioethical issues has been unlike that of other Islamic countries, and is not always in agreement with decrees set forth by prominent Sunni Muslim clerics, or even Shi'a clerics from other Muslim countries.

In Iran, the drive to utilize available technologies can heavily influence the outcome of ethical deliberations and religious declarations. Policy shifts occur in response to social and technological advances, as well as social and economic necessity. While Islam is invoked as a conceptual framework from which to rationalize and validate policy decisions, it is not necessarily always the driving force behind such decisions.

Fatawa can emerge before, concurrently or even after technologies and medical procedures are utilized. Physicians who want to utilize controversial technologies and procedures often incorporate them into their practices first and then address the religious, ethical and legal implications after the technology is already in use. The eventual development of official policies surrounding religiously

controversial technologies and treatments is due to the collaborative efforts of physicians, legal scholars and religious leaders. Furthermore, as will be demonstrated with the case of Iran's approach to organ transplants, these policies change over time, based on these continued conversations. The result is that physicians who want to use various technologies to treat their patients work together with religious leaders to establish new medical *fatawa* declaring the technology to be permissible, as well as lobbying members of Parliament (*Majlis*) to pass new legislation to determine policy surrounding their use. I will now discuss Iran's current system of organ transplantation and sale as one example of how religion and medical technology and treatment have been negotiated in the Islamic Republic.

Decisions surrounding the parameters of medical treatment and medical ethics in Iran must, necessarily, conform to the Islamic principles as determined by leading (Twelver) Shi'a clerics. The leading figures in this regard include, Ayatollah Sayyed Rouhollah Khomeini, Sayyed Muhammad Ali Araki, Sayyed Muhammad Reza Golpeigani and, later, Ayatollah Khamene'i, Iran's current religious leader. These religious leaders, and others, decide what is and is not permissible according to Shi'a Islamic law. Both cadaveric and living organ donations have been ruled permissible as long as they comply with the following guidelines:

1. Removing an organ from the body of a dead non-Muslim in order to transplant it to the body of a Muslim is allowed and does not necessitate payment of *diyeh* (blood money).

2. Removing an organ from the body of a dead Muslim is allowed if:
    a. Saving the life of another Muslim is dependent upon receiving the organ from the body of the dead Muslim. Normally, no *diyeh* is paid.

        1. If the dead had voluntarily agreed to donate his organs, no *diyeh* is paid;
        2. If the deceased had not agreed to donate his organs removing his organs is not allowed. Anyone undertaking such an act would be sinning and is liable for *diyeh*.
        3. The guardians of the deceased have no right to give consent to an organ donation from the deceased (*Tawdih al-Masa'il,* Ruling 2882).

3. Removing an Organ from a Living Person is permissible under following conditions:

    a. The life of the patient depends on receiving the organ,
    b. To the extent possible the organ should be sought from the body of a non-Muslim,
    c. The life of the donor will not be jeopardized as a result of donating the organ.

It is permissible to donate and transplant organs like kidneys if the above conditions are fulfilled . . . (*Istifta'at,* vol. 2: 43–5).

Buying and selling organs: In the event that the above conditions for organ donation are fulfilled, it is not unlikely that one be allowed to sell his organs in his lifetime (*Tahrir al-Wasilah*, vol. 2: 163, ruling 4).

Based on these decisions, Iran became the only country in which the compensation of living organ donors is not only legal, but also facilitated by the government. Although many other Islamic countries, including Saudi Arabia, Pakistan, Egypt and Kuwait, permit transplants from living unrelated donors, financial compensation is strictly prohibited and determined to be against Islamic law. Still, private arrangements for compensation between donors and recipients do exist. In Iran, every living donor receives a stipend from the government to compensate the donor for their time and their sacrifice. In 2002, living related (LR) and living unrelated (LU) donors both qualified to receive 1 million *toman* (a little over US $1233) in compensation; by 2006 the compensation for a kidney increased to 5 million *toman*, or around US $6000. Families of cadaveric donors do not receive this stipend. Aside from compensation from the Iranian government, living unrelated donors and recipients also typically negotiate a fee to be paid to the donor by the recipient, usually matching or exceeding that paid by the government. Living related donors typically do not receive money from their family member as their motivations are to help out a loved one.

According to some, Iran's system of organ donation is an attempt by the Iranian government to practically solve several problems plaguing Iranian society: rising unemployment and poverty, poor outcome for dialysis patients and the black market in organs (Ghods, 2006). Yet there is no evidence of a black market in organs in Iran preceding the development of the current system; indeed, others argue that the black market emerged after the development of the current system (Zargooshi, personal communication 2003). Like other aspects of Iranian governmental and medical institutions, the system of organ donation and sale in Iran has been negotiated within a particular Iranian Islamic framework, and with cooperation between health officials, physicians, legal and religious scholars, leading clergy and the state.

History

In 1995 the Iranian Parliament (*Majlis*) rejected the use of brain-death criteria for organ retrieval and transplantation. A major concern was that, by accepting definitions of brain death, abuses could occur in which the life of one person would be prematurely sacrificed to save the life of another. Concerns were also raised

that poor people would be prematurely removed from life support to save the lives of wealthier patients in need of organs, creating an enterprise in cadaveric organs.

At the same time, Iran began to recognize that it had a poor system of managing patients suffering from kidney disease, accompanied by high rates of kidney disease and a very poor survival rate for hemo-dialysis patients. In response to this problem, in 1996, Iran initiated a program to compensate living donors for their organs. This program was developed in response to a perceived shortage of organs available for transplant, and was designed to encourage organ donation by offering financial incentives. The program had to pass through the Iranian Parliament, and was almost unanimously approved. The *Majlis*, which a year earlier had rejected definitions of brain death for the procurement of cadaveric organs, had now approved a system in which living donors could sell their organs, providing the rationale that living people have bodily autonomy, whereas dead people do not. This notion of bodily autonomy diverges from the view of many Muslim religious scholars (especially Sunni), who hold that God owns the body and that the person inhabiting it has a responsibility to maintain its integrity.

In 1998, Iran's first organs bank was founded due, in large part, to the efforts of Fatemeh Rafsanjani, daughter of former president Hashemi Rafsanjani. It was not until April 2000, four years after the *Majlis* had rejected brain-death criteria for transplants, that the Iranian Parliament gave preliminary approval to a bill legalizing organ transplants from brain-dead donors (*Transplant News*, 2000). Accompanying these events, former president Rafsanjani and other high-ranking clerics, had made many public declarations that organ donation was permissible in Islam. To an audience of legal and medical scholars, former president Rafsanjani declared: 'The religious decree on this issue [organ transplantation] was issued during the life of Imam Khomeini, and today the supreme leader of the revolution [Ayatollah Ali Khamene'i] and a number of distinguished religious scholars approve of it' (IRNA, 1998).

Today, Iran's organ donation system allows for living related donors, living unrelated donors (both of whom are financially compensated by the government), cadaveric donors (whose families are not compensated by the government) and organ banking. According to Ghods, there are numerous cultural and logistical barriers to the acceptance of cadaveric organ donation, yet living unrelated donation has received wide acceptance: by the year 2000 more than 8400 transplants were performed from living unrelated donors (LURD), comprising 76 percent of total donations (Ghods, 17:2:22). By 1999, the system of financial compensation for living donors had reportedly eliminated transplant waiting lists.

Yet, the argument that there are fewer cultural barriers to living donation than cadaveric donation is debatable; it is possible that living unrelated donors make up the majority of donations both because donors receive financial incentives and because this system has been aggressively promoted over cadaveric donation (see, for example, Zargooshi, 2001). Likewise, poverty and unemployment probably also contribute to acceptance of living unrelated donations.

The *Beniad Omoor-e Bimarihay-e Khas* is a special government foundation which assists people with kidney failure in getting dialysis treatment, provides money and equipment to dialysis and transplantation centers, and helps support kidney patients and others with special diseases. This foundation helped to set up centers in every major city where potential donors and recipients could be matched. The *Anjoman Hemayyat Bimari Kolieh* – Society for the Support of Kidney Patients – not only aids in the treatment and social support of kidney patients, but also helps coordinate donors and recipients. Potential donors will typically go and register and wait until they are contacted by *Anjoman*. After several tests are done to determine compatibility etc., the patient (or his/her family) and the potential donor negotiate the fee.

One man, a commercial donor and mechanic in his mid-20s, discussed his trip to *Anjoman*:

Donor: I went to Anjoman to register to donate my kidney. The people who work there had some forms for me to fill out, then they took blood to make sure I was healthy and so they could find a match. They told me I was doing a very good thing by helping another person and that God would bless me and my family. I left, and within a few weeks they called me and said they found a match. I met the woman they said would receive my kidney and she seemed nice. They ran more tests and within a few weeks I was here in this hospital.
Interviewer: Is she paying you, or just the government?

Donor: She's a farmer's wife . . . lives in a village. She doesn't have much money.

Interestingly, though the Iranian system is based on a commercial market, it is not only the wealthy who have access to donor organs. Organ recipients come from all socio-economic classes; although unrelated commercial donors come from primarily lower socio-economic backgrounds.

Some donors do not ask for much beyond what they get from the government; others receive at least another 1 million *toman* on top of the fee paid by the government. It has also been reported in Iranian newspapers that many potential donors line up outside *Anjoman*, hoping to find wealthy people in need of kidneys who may be willing to make private arrangements; such reports were also confirmed by several donor and recipient informants. These private arrangements – outside of the government established centers – are not sanctioned by

the Iranian government and constitute a 'black market trade' in organs that is considered illegal in Iran. The government program was designed to regulate organ trade in order to prevent the exploitation and abuse of potential donors in the black market.

Diyeh, Nafs and 'Harm' – the Question of Bodily Autonomy

Diyeh and Transplants

In Islamic law, there is a long-standing tradition in legal disputes of compensation for body parts or loss of life, known as *diyeh*, or blood money. In Iran, for example, there is a system of formalized financial compensation for various transgressions. If someone hits and breaks another person's nose, the victim can go to court and ask for *diyeh* (compensation). The cost for a broken nose is 800,000 toman (US $1000). There is a different amount of compensation depending on the offense and the injury, as well as different costs associated with different limbs (e.g. a leg has more value than an arm).

Diyeh applies to everything, from loss of life to domestic violence, and any other kind of trauma inflicted on one person by another. Also, in Islam, a wife can collect payment from her husband for housework, as well as for breastfeeding their child. Interestingly, in Iran, according to some, the practice of paid wet nursing has been seen as analogous to paid organ donation (Ghods, ????) because the wet nurse is typically of lower socio-economic status yet is highly regarded for her sacrifice for another human being to whom she is not biologically related. Yet unofficial discussions regarding wet-nursing in Iran reveal that many Iranians feel wet nurses to be 'low-class' and inferior. There is some evidence that organ vendors are stigmatized as well (Zargooshi, 2001a).

As mentioned above, in cases where an organ is removed from someone who is brain dead, if the person had not authorized organ donation while living the person removing the organ must pay *diyeh* to the deceased's family members. Likewise, if a family member of the deceased authorizes organ donation, they must pay *diyeh* to other members of the deceased's family if they object to transplantation. Thus the notion of financial compensation for body parts, kidneys and other organs is logically consistent with an underlying Islamic system in which different parts and products of the body have a corresponding monetary value. In Iran, then, the idea of compensation for body parts – whether through injury, labor or organ donation – is consistent with Islamic principles. Other Islamic sects (e.g. Sunni) do not necessarily apply the concept of *diyeh* to organ donation, and forbid the practice of paid donation, emphasizing that donation should be motivated solely by altruism.

According to an anonymous transplant surgeon, though:

Many people do this because they need the money. We are very concerned about drug addicts selling their organs to buy more drugs. The government does not agree with these transactions but since a person has authority of his own body, if he wants to sell a kidney he can.

This surgeon acknowledges that, for some people, 'selling their organs is like a business'. He states that the Iranian Ministry of Health does not promote sale of organs among living donors because of the complications that can arise following organ donation. However, by emphasizing bodily autonomy, the decision of whether or not to sell one's organs is ultimately left with the individual, with the government as only the facilitator for the transaction. This notion of bodily autonomy is in direct conflict with most Sunni positions, that the body is owned by God and one does not have authority to sell parts of it.

Nafs and Brain Death

Definitions of brain death have been problematic in the Muslim world. This controversy centers on the Islamic/Qur'anic views of the person (or *nafs*), which rejects the Cartesian dichotomy between mind and body. In Iran, a person who is still breathing is considered to still be a living person. In this view, if a person has not yet completely died – cessation of breathing and heartbeat – then he or she is still alive. At this point, religious leaders and the Iranian Parliament rejected the idea that one's brain could be dead while their body was still living. In Iran, the use of cadaveric donors has been far more controversial than the living donor program. In part, this is due to Islamic prohibitions and rules governing the body, based on the notion of the unity of the person, or *nafs*. For example, autopsy, or any cutting of the body of a dead Muslim, has generally been prohibited. Autopsy has been permitted only in cases where the medical knowledge provided by the autopsy could help save the life of a Muslim or a number of Muslims (Tahrir al-Wasilah, vol. 2: 624; Tawdih al-Masa'l: ruling 2878), for example providing knowledge of a contagious, but treatable, disease. Theoretically, this ruling permitting autopsy in some instances could be expanded to permit cadaveric organ donation, given that such a procedure can preserve the life of a Muslim.

There has been extensive debate in both Iran and in other Muslim countries, surrounding both the permissibility of cadaveric organ donation in Islam, as well as the acceptability of 'brain death'. These debates occur among both Shi'a and Sunni religious scholars, and have yet to be resolved. In Iran, the debates surrounding the use of 'brain-dead' cadaveric donors has centered on (a) the notion that an unconscious person does not possess the faculties essential for

determining authority over their own bodies and is thus unable to give consent, and (b) that determination of 'brain death' could be made too hastily in order to procure organs for transplant. Leading clerics wanted to ensure that the bodies of 'brain-dead' patients were not abused.

Harm and Bodily Autonomy

In Islam in general it is considered a sin for one to harm one's body. In Iran, organ donation among living donors is not considered harmful because a person can survive with only one kidney. Many other Islamic countries (e.g. Egypt, Pakistan, Saudi Arabia) do allow 'altruistically motivated' living donation, as it helps to save the life of another, but paid donation is considered to be against Islamic principles. In these circles, the argument is that God designed and has authority over the body, the inhabitant of the body has the responsibility to properly maintain it, and that one cannot sell something one does not own. According to Dr. Shiri, former head of the Organ Transplant Unit in Isfahan:

In Islam, one of the first priorities is that we are not allowed to harm our bodies. The donor has to be 100 percent certain that he wants to do this, and that he will not suffer unnecessarily because of this – that he will not harm his body. Since people can live well with only one kidney, or only a partial liver, organ donation meets this Islamic principle.

The notion of harm, however, is problematic: to what degree do donors really understand the potential harm to their bodies after donation? What is the process of informed consent? According to Dr. Javad Zargooshi, a urologist who has conducted extensive interviews and surveys with hundreds of donors from several weeks to several years after transplantation, 85 percent would choose not to donate again after having realized the adverse affects that selling a kidney would have on their lives (Zargooshi, 2001a, 2001b). Most male donors, who worked as day laborers, reported they were not able to work as well after transplantation because they were 'weak and tired', and are thus financially worse off than they were before transplantation. Research in India demonstrates that potential donors don't understand the ramifications of kidney donation, and are told by transplant physicians and staff that they are at very low risk for complications, since they could survive perfectly well with one kidney (Goyal, 2001). Goyal also demonstrates that over 80 percent of donors did not understand the function of the kidney and believed that, since they had two, one was extra. How can someone assess the potential harm to their body, when they do not completely understand the function of the organ they are selling?

Ideal vs Actual Sources for Organs

According to Dr. Shiri, most organ donation in Iran is from cadaveric donors who have met the criteria for brain death, as confirmed by five specialists. Cadaveric donors must meet the following criteria: brain death, beating heart, no diabetes, malignancies or history of kidney disease, no high blood pressure, and be between the ages of 18 and 55.

Aside from medical criteria, there is one major social criterion: that donor and recipient should be of the same nationality. Dr. Shiri addresses a recent case of an Afghan man who had been pronounced brain dead. The transplant center contacted the Ministry of Health in Tehran to get permission for organ transplantation. Permission was denied because his ethnicity was not the same as the recipient (who was Iranian). According to Dr. Shiri, the reason behind this policy is to avoid exploitation of the poor, and because the deceased does not have the power to have authority over the body that living people have. Among living donors, since they do have the power to have authority over their body, ethnicity and nationality are not an obstacle to organ transplantation arrangements. Thus, the restrictions put in place to protect the brain dead are not applied to the living, who are assumed to have bodily autonomy.

Data from several sources demonstrate that most donors are living unrelated. In 1997 between 68 and 76 percent of organ donations were from living unrelated donors (Broumand, 1997). More recent data, from Shiraz Transplant Unit, showed 84 percent of transplants were from living unrelated donors as of 2001. Although Dr Shiri states that the *preferred* source of organs is first from cadaveric donors, second from living related donors, and third from living unrelated donors, in practice, the *actual* sources for organs are the reverse: living unrelated donors and living related donors are the primary sources for organs, while cadaveric donors fall far behind.

The Transplant Ward – Namazi Hospital, Shiraz

Ethnographic fieldwork was conducted in a transplant ward at Shiraz Namazi Hospital. This unit is the largest transplant center in Iran for kidneys, and in 2002 was the only center that also conducted liver transplants. Here, I interviewed the head nurse, transplant staff, physicians, and several donors and recipients. This particular ward has received a lot of funds from wealthy Arab donors whose family members come for kidney transplantation. Much of the equipment – computers, ventilators and other state-of-the-art equipment – were bought with Saudi money.

According to the head nurse:

Saudi Arabians[DB1] come here very, very often – especially in summer. Because all of the [DB2]patients from Saudi Arabia are on vacation, during summer they have free time and they come to Iran to be operated on. And the majority of patients who come from Saudi Arabia are children . . . children and second transplants. After the first transplant, if they have rejection, they come here for their second operation. For example, one patient, the first renal transplant was done in the Philippines and it was rejected. And after that he moved to Iran for his second transplantation from an LUR donor . . .

The Saudi patients who come here are very wealthy. Very wealthy. And all of the money for transplantation expenses that they have paid has given this ward more flexibility and equipment. You see this refrigerator – every room has one – they're paid for from our Saudi patients. The patient paid a lot of money and I spent it on facilities for the rooms – refrigerators, respirators, computers, even dialysis equipment. All of the computers here are because of Saudi money. OK? This ward is very rich because of the Saudi patients.

Although a great deal of the funding supporting organ transplant centers comes directly from the Iranian government, foreign funds – particularly from neighboring Islamic countries, where kidneys are in short supply – also provide substantial financial assistance. Despite official Iranian claims that the Iranian organ transplantation system is designed only for Iranians, 'transplant tourism' has a definite impact on both the flow of organs, and the flow of funds, between countries. Patients from other Muslim countries, where it is illegal to buy and sell human organs due to Islamic interpretations forbidding the practice, travel to Iran to buy their organs there. In fact, one informant who was considering selling a kidney stated that she hoped she could find a Saudi recipient, because they are reputed to pay more money.

Donor–recipient 'Kinship'

Recipients were interviewed between one day and six months post-op, and were asked questions about the arrangements they had made with the donor, how they felt about their bodies, how they felt about the donor, and related questions. All of the recipients said they thought God would look upon the donors with compassion, and that they would be rewarded for their deeds. Many of the recipients talked about the donors with extreme gratitude. Saying they allowed them to have 'another life' (*zendegi-yeh dobareh*). Feelings of kinship with the donor is a theme that repeated throughout all the interviews, as well as the notion of having another person living inside themselves, reframing one's sense of self. One man, Ali, said his 33-year-old female donor is like his sister, and states:

Because of her, I am comfortable (razi). My soul (jan) owes everything to her. From beginning to end I owe her everything – do you know what I mean? I pray for her daily to God. I ask God to keep her safe and to bring her good fortune – to Allah, az Khoda. Allah hu Akbar (God

is great!). Also many times I prayed for her husband, for his good fortune. I am very thankful to him that he has made it possible for his wife to do this. He comes to see how I am. Anything she asks for, anything she needs, I will give it to her. I gave them money, a gabbeh (rug), things like this to make them more comfortable. It is the least I can do. She is like my sister. She gave me her kidney. She gave me another life. These things I give them are nothing. She is like more than family to me because part of her gives me life.

A husband who received a kidney from his wife also expressed unending gratitude and a desire to do everything for her, along with the notion that it is part of another person's body that sustains them: 'A part of my wife's body is keeping me alive. How can I repay such a debt? I will give her everything I can, to make her life better. We are like one now.'

A 16-year-old boy, Amir, said he felt about his donor as if she were his mother. He said when they met they had a strong bond, 'like family', and that they really liked each other. In his mind, the main reason why she donated her kidney to him was that 'she had kind feelings for me and wanted to see me well'. He would not disclose how much his family paid for the kidney. Other recipients also expressed feelings of kinship and gratitude. Interestingly, most of the recipients were working class and were not necessarily wealthy (although I suspect the boy's family was).

Interviews with recipients consistently reveal feelings of indebtedness to the donor, as well as a sense of kinship. All recipients further emphasized the donors' altruistic motivations over their financial motivations, in order to imbue these life-saving transactions with higher meaning. It is important to note, however, that most recipients were interviewed within days, weeks, or less than a few months post-transplant, when feelings of gratitude and relief at being free from dialysis are pronounced. As Zargooshi (2001a) notes, recipients who received organs a year or more prior often expressed resentment toward their donors for having high expectations for continued relations and compensation. One explanation for this is that, if donors continue to make requests of the recipient for long periods following donation, recipients may grow weary of continued contact and demands. Another possibility is that, as recipients get further away from the time of implantation, their new kidney becomes increasingly incorporated into their own bodies and identity. They no longer perceive it as something that belongs to someone else that is now in their own body; thus, the feelings of kinship and indebtedness dissipate over time.

Donor Motivations

All donors were asked their reasons for donating, what financial arrangements had been made, their satisfaction with their decision to be a donor, their sentiments

toward the recipient and his/her family, and related questions. Donors frequently discussed a desire to help others, and hoped that the recipient would have a long and healthy life. They did not express a desire to 'get anything' from the recipients yet; in Iranian culture this desire would probably not be directly expressed anyway. Further probing did demonstrate a need for money among the donors. One woman was a donor because her husband was going to do it to earn money but he could not because of a kidney stone, so she did it instead. The usual price received was 1 million *toman* from the government and another 700,000 from the recipient or their family. In dollars, a little over US $2000 – in a country where an average living wage is between US $100–150 month.

Donors repeatedly emphasized the value of giving and helping others in Islam as a strong reason for their decision. Some of the most often *expressed* reasons for donation/sale of kidneys were the moral value of *kheiraat* (charity) and that God would look kindly upon them for their charitable deeds.

Hassan, a 21-year-old mechanic, sold his kidney to a 53-year-old diabetic woman. When asked why he sold/donated his kidney he stated:

I gave my kidney for God. I always wanted to do this in my life. . . . I'm giving another life to this lady – another life.

Several of the commercial donors, like Hassan, above, expressed the donation/sale of their kidney as being motivated by a belief that God will help them or look upon them favorably for their personal sacrifice. Financial benefit was not expressed outright as a motivating factor in the donation. However, all donors were of low socio-economic status and, when probed further, indirectly expressed a need for money to pay off their debts. Yet, as much of the cross-cultural research demonstrates, paid donors often end up worse off financially as a result of selling/donating their kidney and regret having gone through with the procedure (see e.g. Budiani, this volume; Cohen, 1999; Goyal, 2002; Scheper-Hughes, 2000; Zargooshi, 2001b). Since informants in this study were interviewed so soon after their procedures, it is likely that they had not yet had the time to reflect negatively upon their long-term experiences.

Altruism and Charity – Invoking God – Commodity/Gift Themes

Charity, *kheiraat*, is highly regarded (required) in Islam and in Iranian society. Even when money is being transacted for organs, the emphasis by both donors and recipients is on the charitable motivations for donation, as opposed to the monetary motivations. In many of these transactions there is the belief among both donors and recipients that donors will receive special attention or reward from God because of their gift.

Gender also plays an important part. Records from Namazi hospital indicate that all donors were of low socio-economic status, with the women being unemployed and men primarily working as day laborers. The proportion of unemployed women was significantly higher among living non-related than related donors. In interviews with women vendors, most admitted that they had decided to do this to help supplement the family income and that they did not want their husbands to sell their kidneys because of the potential lost income. All of the living non-related donors claimed to have altruistic motives for organ donation initially, but on further questioning all of them also admitted receiving rewards from the recipients that matched or exceeded the amount paid by the government.

Eight of the nine living non-related donors were in an economic impasse, needing money urgently to pay outstanding bills. While women make up a larger percentage of commercial donors, they also make up a much smaller percentage of transplant recipients. Among living related donors, wives typically donate to their husbands, but it is very rare to see the reverse, primarily due to concerns over lost income. Brothers and sisters, on the other hand, donate to each other equally.

Conclusion

Iran's system of organ donation was designed with the intention of providing treatment and organs for those in need, by encouraging organ donation through the use of financial incentives. Another intention was to eliminate the black market in organs by creating a government-sponsored and regulated organization in charge of coordinating donors and recipients. In these transactions, money is given to the donor by both the government and by the recipients as compensation for their time and sacrifice. The system in Iran is the first of its kind, with the apparent intention of assisting the sick and the impoverished, as well as providing financial compensation to the poor. This system of using a government-sponsored agency to recruit donors has been successful in eliminating waiting lists for kidney patients; however, it is not without controversy. Within Iran, the ethical debates surrounding this system continue among both physicians and legal scholars.

Economists, including Nobel-laureate Gary Becker (2003), and professionals within the transplant industry worldwide, suggest that a system of financial compensation for kidney donors will increase the supply of much-needed organs, thereby reducing the death and suffering of dialysis patients. In this literature, Iran is often looked to as a model for other programs. Although such a system would reduce the suffering and extend the lives of kidney and liver patients, it creates another problem: the complications and long-term suffering incurred by

donors, who are usually impoverished, are typically not considered. The apparent success of the current system in Iran has been an impediment to establishing a successful system of cadaveric donation, which has been much more controversial than has the use of living unrelated donors for various reasons, many of which are related to religious and cultural notions surrounding death. It is curious that the arguments against cadaveric donation, citing fear of exploiting the poor, have not been equally applied to the living. The notion of a living person's autonomy over their own body has provided the philosophical argument in support of the LUD system over cadaveric donation.

Islamic principles have been invoked in arguments both for and against organ donation. In circles where arguments are made against living and/or cadaveric organ donation, the notion that the body belongs to God and that one is not permitted to harm one's body – since it is borrowed and does not belong to the individual – are invoked. In arguments for organ donation, for example in Iran, the Islamic principles of charity and self-sacrifice are emphasized, and compensation for body parts is consistent with the practice of *diyeh*. While the principles of charity and altruism are invoked, other Islamic principles, for example not harming one's body, are explained away: it is OK to harm one's body in order to save the life of another. Here it is believed that giving up one's kidney to help another will be looked upon kindly by God, and will lead to future reward. In Iran, as well as the rest of the Islamic world, advances in medical technologies have challenged fundamental, religiously based, bioethical principles, as well as traditionally held meanings of life and death. Because Shi'ism emphasizes the notion of *ijtahad* and *'aql* (or reason) in applying Islamic principles to daily life, there is substantial room for a flexible interpretation of what is considered acceptable within an Islamic framework**.** Although in some instances, for example in the cases of family planning and reproductive technologies, this flexibility can lead to relatively progressive health policies that overall improve individual and social life**,** in other cases, such as financial incentives for organ donation, there is a need to further examine the bioethical implications and ramifications.

Note

1. On a return trip to Iran in 2006 I learned that liver transplants were also being conducted at Tehran University Hospital.

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