

Research Summary

Organ transplantation is a part of medical practice in today's world and many countries have adopted the required guidelines and regulations to apply this life saving technology. Establishing the ethical basis on which organs can be removed, is still one of the most controversial issues of the health policy making in the debate. The critical disparity between supply and demand in organ replacement therapy, even with existence of social acceptance and organ transplantation law, turns attention towards the importance of an appropriate model of organ procurement. This model should be able to expand the donor pool and increase the organ retrieval rate by converting potential donors to actual ones. The ethical discussion surrounding the application of transplant technology is an example that the capability of medicine alone and mere medical indication or contraindication, can no longer determine medical intervention.

However, there is a growing consensus that medical practice should be as much as according to the ethical and socio-cultural norms, which respect individual as well as cultural beliefs. For instance in both Japan and Malaysia, despite the availability of the necessary technology and expertise till recently organ transplantation from brain death was not part of medical practice. From the large volume of written commentary one can isolate two main explanations, which have been repeatedly emphasized. First, cultural resistance, which refers to the local religious beliefs and traditional customs, and second the lack of clear legislation in addressing pertinent issues involving organ transplantation. This is compounded by the fact that not many people are aware of the great need to donate their organs unless it happened to their own family. A comparative study of the two countries indicates that the society is still reluctant to donate organs due to the above reasons.

In terms of legislation, Japan has clearer and more definitive provisions after the government ratified the laws in 1997. One such example is Article 6. Paragraph 3; which says; "individuals can choose the definition of death based on their own personal views". The law authorizes individuals to choose between the traditional definition or the alternative standard based on brain function by signing an "Organ Donation Decision Card". Individuals can state their wishes by marking one of these items: (i) they wish to be a donor based on brain-oriented definition, (ii) they want to be a donor after cardiac death, or (iii) they refuse organ donation. On the contrary, in Malaysia, death is not defined in the law. However the usual practice is that, a person can be certified dead either through the traditional cardiac death or brain dead. As such, once consent is obtained from the donor than transplantation can be done.

Undeniably, both Japan and Malaysian have their own ways of addressing problems pertaining to organ transplantation. However, it is submitted that Malaysia can learn from its Japanese counterparts considering the similar problems faced by both countries.

Publication of the Results of Research Project:

Verbal Presentation (Date, Venue, Name of Conference, Title of Presentation, Presenter, etc.)

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Title of Presentation: Organ Transplantation from living donors in Asia

Presenter : Professor Tsuyoshi Awaya, Okayama University, Japan

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Authors : Anisah Che Ngah, Tsuyoshi Awaya & Alireza Bagheri

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