

Cultural Attitudes towards Death Practices, the Body after Death and Life after Death in Deceased Organ Donation - A UK Polish Migrant Perspective

Sharp C and Randhawa G*

Professor, Director of the Institute for Health Research, University of Bedfordshire, UK

***Corresponding author:** Randhawa G, Professor Gurch Randhawa, University of Bedfordshire, Putteridge Bury Campus, Hitchin Road, Luton, LU2 8LE, UK; Tel: 01582 743797; E-mail: gurch.randhawa@beds.ac.uk

Received date: May 04, 2016; **Accepted date:** May 17, 2016; **Published date:** May 21, 2016

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Abstract

Previous studies have found the perception of the body and death practices can have an influence on perceptions of deceased organ donation. This is the first study in the UK to investigate

Saudi Arabia brain death is gaining social acceptance due to religious scholars increasing awareness about organ donation [4,5].

Although Donation after Brain Death (DBD) is debated in some countries, in other countries it is accepted as Donation after Circulatory Death (DCD) is illegal. Donation after Circulatory Death is legally forbidden in Finland, Germany, Poland, Portugal and Luxembourg [6]. In Israel, brain death is only accepted with the use of electronic equipment as opposed to reliance on doctors, as decided upon after a rabbinical debate in 2008 [7]. In 2011, debate sparked again after the death of a famous football player in Israel, where it was concluded that death was defined as the cessation of breathing but did not include the continuation of breathing on a respirator; this was considered a 'breakthrough decision' [8].

In general, across countries with transplant programmes, social, religious, cultural, legal and historical norms and constructs accept the principle of transplantation as it adheres to the notion of giving and helping others. However, these constructs can influence the extent to which brain death or circulatory death in organ donation is accepted and could influence organ donation decisions. There are multiple views of what constitutes a 'good death' or the point at which a person is 'really dead'. In turn, these factors may be affected by the perceptions of the connectivity of the body and soul upon death and cultural death practices.

Morgan et al. [1] conducted a systematic review of ethnic minority community attitudes toward deceased organ donation in the UK and North America [1]. They found a degree of uncertainty of religious perspectives toward body totality after death but this was of particular concern to those of Islamic faith. In addition, other religious groups. Morgan et al. suggested bodily concerns were influenced by cultural traditions, which were intertwined with their transplant community.

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'[O]ur religion teaches us that our body is only on Earth, and in essence it isn't useful to us forever; and that it is (only) needed on Earth.' (Post-2004, Female, Personal Shopper, 29)

Two participants further argued this point as they suggested that the body does not need to be whole upon death as accidents can happen in a person's life time that means that a person would die with limbs or organs missing that he or she was born with that would not have effect on the 'soul'

will live on as it could make it difficult for the family to have closure [37].

The notion of the deceased relative 'living on' in the recipient has

participants. If this table represented a continuum, the majority of participants would be classified in section iv as many said 'why not?' to donation as the individuals themselves did not need their body after death. This illustrates a Cartesian view of the body where there is a perceived separation of the body and self, or body and soul, upon death and the body is no longer required. However, when considering the donation of a relative's organs, the view of the body and self may be mixed between level 'iv', where the person is believed to have gone to Heaven and the level 'iii' as it may be difficult for families to distinguish between the newly-dead person and their living identity, taking a holistic embodiment perspective on the body.

Across societies, religions and cultures, the body is regarded differently in its need after death and the perception of the connectivity between the body and the 'self'. From a Polish cultural perspective, there were fewer concerns surrounding body totality and the need for organs after death and could be attributed to religious and cultural perceptions of the connectivity between the body and self upon death and of the deceased body. The findings from the present study demonstrate the differences between the perceptions of the body when considering organ donation for oneself or for providing permission for a relative's organs to be donated. The family experiencing the bereavement process go back and forth between the separation of the body and self and the intertwining of the body and self after death and perceptions of whether the deceased relative's 'spirit' 'lives on' within the organ and how this could affect decisions

10. Hayward C, Madill A (2003) The meanings of organ donation: Muslims of Pakistani origin and white English nationals living in North England. *Soc Sci Med* 57: 389-401.
11. Alden DL, Cheung AH (2000) Organ donation and culture: a comparison of Asian American and European American beliefs, attitudes, and behaviors. *J Appl Soc Psychol* 30: 293-314
12. Lam WA, McCullough LB (2000) Influence of religious and spiritual values on the willingness of Chinese-Americans to donate organs for transplantation. *Clin Transplant* 14: 449-456
13. Cheng B (2005) An overview on attitudes towards organ donation in Hong Kong. *Hong Kong J of Nephrol* 7: 77-81.
14. Irving MJ, Jan S, Tong A, Wong G, Craig JC, et al. (2014) What factors influence people's decision to register for organ donation? The results of a nominal group study. *Transpl Int* 27: 617-624
15. Pan X, Liu L, Xiang H, Ding C, Ren L, et al. (2014) Current attitudes towards organ donation after cardiac death in northwest China. *Chin Med J (Engl)* 127: 835-838
16. Holman A, Kamer-Hutuleac A, Ioan, B (2013) Factors of the willingness to consent to the donation of a deceased family member's organs among the Romanian urban population. *Transplant Proc* 45: 3178-3182.
17. Irving MJ, Tong A, Jan S, Cass A, Chadban S, et al. (2012) Community attitudes to deceased organ donation: a focus group study. *Transplantation* 93: 1034-1039
18. Lauri MA (2006) Attitudes towards organ donation in Malta in the last decade. *Malta Med J* 18: 25-29
19. W6o KT (1992) Social and cultural aspects of organ donation in Asia. *Ann Acad Med Singapore* 21: 421-427.
20. Tumin M, Noh A, Jajri I, Chong CS, Manikam R, et al. (2013) Factors that hinder organ donation: religio-cultural or lack of information and trust. *Exp Clin Transplant* 11: 207-210
21. Sheikh A, Dhami S (2000) Attitudes to organ donation among South Asians in the UK. *JR Soc Med* 93: 161-162
22. Morgan M, Adams OP, Seed PT, Jones R (2010) Ethnicity and attitudes to deceased kidney donation: a survey in Barbados and comparison with Black Caribbean people in the United Kingdom. *BMC Public Health* 10: 266
23. Exley C, Sim J, Reid N, Jackson S, West N (1996) Attitudes and beliefs within the Sikh community regarding organ donation: a pilot study. *Soc Sci Med* 43: 23-28
24. Altraif IH, Al-Sebayel MI, Nondo H (1996) Knowledge and attitude towards organ donation among Males in Riyadh, Saudi Arabia. *Saudi J Kidney Dis Transpl* 7: 135-138
25. Sanner MA (2006) People's attitudes and reactions to organ donation. *Mortality* 11: 133-158
26. Radecki CM, Jaccard J (1997) Psychological aspects of organ donation: a critical review and synthesis of individual and next-of-kin [JN (1996)0 vot ation am he S ical .