

Knowledge, Religious Beliefs and Perception towards Organ Donation from Death Row Prisoners from the Prespective of Patiens and Non-Patients in Malaysia: A Preliminary Study

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Abstract

There are not many organ donors in Malaysia compared to other countries. According to several studies conducted, Malaysia is one of the lowest countries in term of organ donation rate although there are abundant of patients listed for organ transplants. Many reasons being made to why there are shortages of organ donors in Malaysia such as the lack of knowledge about organ donation, and the barrier from religious perspectives. The objectives of this study are to find out Malaysians' basic knowledge on organ donation and their religious perspectives on organ donation. The study also explores the Malaysians' perceptions in accepting organs donated by death row prisoners, should they find out on the matter. Questionnaires were created to collect data from respondents through convenient sampling of 213 samples. The results obtained showed that many Malaysians are aware of the shortage of organ donors in Malaysia, but most of them are not. Some of them also stated that, they would still donate their organs even if their religious believes oppose organ donations. Conversely, the study found out positive feedbacks from many Malaysians upon organ donation from death row prisoners.

Keywords: Knowledge, religious beliefs, organ donation, death row prisoners

1.0 Introduction

Over the years the demand for organs transplant was in the increasing trend. Subsequently, shortage of organs also becomes a global concern. For instance, in the United States (U.S) more than 90,000 patients are waiting for organ transplants (United Network for Organ Sharing, 2011). Because of the shortage, it's was reported that annually around 10,000 to 12,000 people in the U.S, who are eligible to receive organs donation, died. In comparison, there are only around 6,000 living donors who donate their organs (Center for Organ Recovery and Education, 2002). The main source of organs donors come from brain dead donors and non-heart beating donors (Sanford, 2011).

Similar situation also happened in many other countries. In Malaysia, for instance, the waiting list for renal transplants in year 2011 was 12,000 patients. These patients faced end stage of renal failure due to long waiting lists (The Borneo Post, 2011). The WHO's report in 2010 illustrates Malaysia as one of the lowest organ donation countries. Its was reported that Malaysia has only 4,328 pledged organ donors since 1997 as compared with an estimate of 14,000 patients in need for organs transplant (Bernama, 2012). As a consequence, patients have to wait as long as 16 years to receive organs donations (Tan, 2012). There are many discouraging factors that may contribute to the shortage of organs supply globally. Some economists argued that the gap between the demand and the supply of organs is caused by the equilibrating obstacles, in which no country is allowing financial incentives to the donators for organs acquiring (Becker and Elias, 2003).

Meanwhile, others argued that lack of knowledge on the concept of organ transplant is one of the factors that discourage people from donating organs. For instance, many people are misled into thinking that by donating organ(s), their organs would be completely removed from their body (Kaur, 2007). While some fear that the doctor will prematurely remove their organs along with the impression that to be a donor is not given any direct benefits to them (Wharton School, 2011). Beside all these factors, religious values also play important role in the decision making process of becoming an organ donor.

In the effort to reduce the gap between the demand and supply of organs, several potential sources of organ donors should be considered seriously, not only by the policy makers but also by the general public. For example, the society should have an open mind in accepting organs from capital inmates. In Malaysia, from 2007 until 2010, a total of 216 inmates have been sentenced to death penalty (Rogers, 2011). Although the numbers of executed inmates in Malaysia can be considered small, it could help those in need if the Malaysian government establish a policy to allow rights to death roll inmates into donating their organs. Perhaps, those 216 executed inmates could have helped in saving at least hundreds of other needy lives, if they were given an option to consider donating their healthy organs.

The brief discussion above revealed several factors that may refrain people from donating organs. Therefore, to be successful, it is very essential for any organ donation and transplantation's policy to take into consideration the values, beliefs and the socio-cultural of the society. This is due to the fact that religions, beliefs, lack of information and myths on organ donation are major factors that discouraged people to into donating organs (Morgan et al., 2003). It is also critically important for the policy makers to understand this issue from two different perspectives; patients who are on the organ transplant waiting list, and non-patients. With this respect, the objective of this study is to empirically assess the basic knowledge of Malaysian on organ donations and also their religious perspectives on this matter. Furthermore, on a deeper note, this study also investigates the perception and acceptance of Malaysians upon organs donated by death row prisoners.

2.0 Literature Review

2.1 Knowledge, Religious Beliefs and Organs Donation

Motivation to donate organ has been shown to have a relationship with knowledge and awareness towards organ donation. Pham and Spinger (2004), in their study for the U.S that included 278 respondents, found that 69.1 percent knew that blood-type made a difference in donation; 61.6 percent knew that transplant survival rates were high, and 75.9 percent knew that transplants could come from living donors. A study by Mossialos et al., (2008) in European Union found that more educated, younger age, and expressing some sort of political affiliation determined the willingness to donate one's own organs and consent to the donation of those of a relative. A qualitative study conducted in the Philippines by Abright et al., (2005) identified major themes related to organ donation; awareness of organ donation, family beliefs, religion/spirituality, attitude/emotions, personal experience with organ donation, health profession, and cultural issues.

Form religious perspectives, many Muslims are reluctant to partake in organ donations and transplants because in the Islam teachings it is forbidden to violate the one's body, neither alive nor dead (Oliver et al., 2011). For instance, in Malaysia, although the Malaysia National Fatwa Council has issued a statement in 1974 stating that Muslims are encouraged to donate their organs, many Muslims still believe that they cannot donate the organs because it is against the Islamic nature (Kaur, 2007). Study by Loch et al. (2010) found that out of 329 Malays participated in organ donations, only 114 respondents knew about the *fatwa* that support organ donations. Meanwhile, most people in Japan reject organ donations and transplants because they do not want dead bodies to be mutilated and they believe that dead bodies are contaminated (Daar and Marshall, 1998). On the other hand, there is no law that prohibits the Hindus to donate their organs, as they believe by donating the organs it would give positive effect for their rebirth process after death (British Broadcasting Corporation, 2003). While, in Christianity, donating organs is generally accepted and Pope Benedict XVI shows his support by becoming a donor himself (Owen, 2008) and his predecessor John Paul II stated in his letter to *Evangelium Vitae*, that donating organs is an act of Christian's love and duty (Johannes Paulus II, 1995).

2.2 Organs Donation from Death Row Prisoners

In China, two-thirds of organ donors come from the executed prisoners (Branigan, 2009) or more than 90 percent of executed prisoners' organs have been used in organ transplants (Chao and Sommer, 2011). China is able to provide supply of organs from the executed prisoners and hold the record of a country that performed most of the organ transplantations (Matas, 2008). As of 2007, there were more than 1000 Malaysians who travelled to China to obtain organs such as kidneys due to the availability of usage and selling executed prisoners' organs (Bernama, 2007). China is not the only country in Asia that uses this method. Singapore, for example, has legalized the permissions for death row prisoners to donate organs and, Taiwan has also been practicing it from 1990 until 1994 (Cameron and Hoffenberg, 1999). Philippines has a program called Kidney For Life, in which the prisoners are allowed to exchange their death sentences for their kidney donation to any organ transplant organization (Castro, 2003).

Prisoners have the right to partake in any organ donation program. But in order to do so, the authority need to protect the prisoners' needs (Magee and Levy, 2006). In Singapore, most death row's inmates request to donate their organs, and then the prison authority would inform the health personnel and Singapore's Ministry of Health to proceed with the prisoners' requests (Suhaimi, 2009). The U.S authority however, has denied Christian Longo, one of the Oregon State Penitentiary's inmates, who is currently waiting for execution for killing his wife and children, to willingly donate his organs with the reason they do not want to negotiate with a killer (Aleccia, 2011). The death row prisoners' requests to donate organs have been denied also because the authority stated that the chemicals from execution would eventually contaminate the organs after they have been executed (Wood, 2008).

There is a large amount of opposition towards organ donation and conscription of prisoners as many thought it is unethical and abusion of the human rights. Many organizations and ethicists such as World Health Organization (WHO) and World Medical Organization (WMO) are against this practice because they consider it inhumane and coercion may take place in this matter (Shimazono, 2007). WHO argued that this act is not considered as free will, even if the prisoners agreed to organs donation whilst they are imprisoned (Roche, 2010).

Similar with WHO and WMO, United Network for Organ Sharing (UNOS) also voiced out their concerns on death-row inmates donating organs in exchange for reducing their sentences because it would indicate that coercion takes place to make the prisoners as organ donors (The Editorial Board, 2011). However, other ethicists argued that since prisoners are subjected to emotional force, fear and pressure from to the conditions in prison, they always authorize conformity (Tassel et al., 2007). The South Carolina government once made a proposal to shorten prison terms for prisoners who donate bone marrow or kidney, but many consider this as unethical and violation of the federal law (O'Reilly, 2007). With respect to Malaysia, the Malaysian Ministry of Health (2007) stated to oppose the use of executed prisoners' organs because it contributes to the unhealthy and unethical practices that lead to extensive commercialization of organ transplant.

The public in Europe and U.S also condemn the practice of prisoners' organ harvesting because they fear that the prisoners' will be executed prior to their time and gives the impression of cheating execution process (Abouna, 2002). In addition, the public views that prisoners do not deserve to contribute into the society, even there are scarce of organs for the transplantation, because by doing so, the prisoners punishment will be unjustly sentenced (Fung, 2011). Other than that, they believe the use of prisoners' organs could lead to more high-risk infection, such as AIDS/HIV disease, as it is perceived that prisons are the first place where high-risk diseases linger (U.S Department of Health and Human Services, 2009). At the same time, to accept organs from the prisoners who died of other causes other than execution, while still in prisons is consider permitted in comparison to the fact that the usage of organs from executed prisoners is illegal (Aleccia, 2011). Caplan (2011) is concerned that when a country starts to make death-row prisoners as organ donors, it would encourage the country sentence prisoners into executions for unjustly crimes, which would be immoral and inhumane.

3.0 Methodology

3.1 Sample and Sampling Methods

This study used a cross sectional data that were collected by using a structured questionnaire. A survey questionnaire was distributed in several hospitals within Kuala Lumpur and Klang valley to collect valuable information on the public perceptions' of organs donations from prisoners.

The questionnaire was also distributed through the internet. A sample size of 213 respondents consisted of young adult and elderly respondents (18 years and above) were chosen by using convenient sampling. Respondents in this study were selected based on their willingness to participate in the study. The participants were asked whether they would like to be involved in the study and whether they would be comfortable with any private and confidential questions involved in the study. The questionnaires then were collected as soon after the respondents finished answering the questions.

3.2 Questionnaire

The questionnaire used in this study consists of closed-ended questions. The 5-point Likert scale was used in any close-ended question. The survey questionnaire used in this study is originally based from Saleem et al., (2008), Australian Capital Territory's Surveys on Inmates (2011) and Carillo (2010). Several modifications were made on the original questionnaires to suit the Malaysian setting. In general, the questionnaire is divided into three main sections, namely section A, Section B, and Section C. In section A, the questions were about the socio-demographic information of the respondents. Meanwhile, questions in Section B focus on the knowledge, beliefs and religious views of the respondents towards organ donations. Finally, questions in Section C were related to the acceptance level of respondents on prisoners' organs donations.

3.3 Data Analysis

The data collected was analyzed using descriptive statistics and Pearson chi square test in order to find out the independency between variables. In the analysis, the respondents will be divided into two groups; patients and non-patients. Statistical Package for Social Sciences (SPSS) was used as to produce descriptive statistics and to conduct the statistical test.

4.0 Findings and Discussion

4.1 Background of the respondents

Generally, there are two types of respondents participated in this study; first, patients who are in the waiting list for organ transplants, and secondly, non-patients. Specifically, from the total number of 213 respondents, 16 percent are in the waiting list for organ transplant and 84 percent are not. With regard to age group, 75.1 percent of the respondents are less than 41 years old, which described as the young adult group, followed by 18.8 percent of the respondents are between 42-59 years old. Only 6.1 percent of the respondents are more than 60 years old. In comparison between patients and non-patients by age groups, about 8.9 percent of respondents are between 42-59 years old and 4.7 percent of respondents of more than 60 years old are in the waiting list to receive organ transplants, respectively. Only 2.3 percent of respondents below 41 years old are in the waiting list.

In term of gender, the distribution of male respondents (48.8 percent) and female respondents (51.2 percent) in this study are roughly balanced. Comparisons between patients' and non-patients' category by gender show that 8.5 percent of male respondents and 7.5 percent of female respondents are listed in the waiting list for organ transplant, respectively. As for the distribution of respondents by education background, the descriptive statistics show that 69.5 percent of respondents are graduated from tertiary level and 30.5 percent graduated from secondary level. Further analysis found that majority of the respondents that in the waiting list for organ transplants are from secondary level which is about 11.7 percent higher than respondents with tertiary level of education (4.2 percent).

Religious categories are included in this study to identify the respondents' knowledge on organ donation based on their religions. In this study, there are five categories of religions; Islam, Christianity, Buddhism, Hinduism and 'Other' religion indicates the religious beliefs of respondents with less-known religion(s) or respondents who are Atheist. Out of total respondents, 7 percent who are in the waiting list for organ transplants are Muslims and followed by 4.2 percent are Hindus. Only 1.4 percent Christians and 3.3 percent Buddhist are listed in the waiting list for organ transplant while there are no respondents in 'Other' religion registered as organ recipients.

4.2 Basic Knowledge on Organ Donation

In this study we used two related issues in order to examine the level of basic knowledge on organ donation; first, the respondents' knowledge on the issue of shortage of organ donors in Malaysia, and secondly, their knowledge on the definition of organ donation (Table 2).

For organ donors' shortage, the study identified that 41.3 percent of non-patients acknowledged that currently Malaysia is facing a shortage of organ donors while 13.6 percent patients knew about this issue. About 16 percent of non-patients and 9 percent of patients are not aware about the shortage of organ donors. On the other hand, 28.2 percent of both patients and non-patients are not sure about this matter. The relatively higher percentages of respondents that unaware or unsure about the shortage of organ donors indicate that many Malaysian are still uninformed on this issue. Further analysis was conducted to statistically test the interdependency relationship between knowledge on the shortage of organ donors and the categories of respondents (patients and non-patients) by using Chi-Square tests. The test is significant in which it indicates significant difference in the level of knowledge on the shortage of organs donor between patients and non-patients.

Meanwhile, to examine respondents' understanding on the definition of organ donation, in the questionnaire, we provided three different but correct definitions of organ donation and another option that combines all the three definitions for respondents to choose (Table 1). The options were; 'The removal of the organs/tissues from a dead body', 'The removal of the organs/tissues of the human body from a living donor', 'The removal of the organs/tissues of the human body for the purpose of transplantation to another person', 'All of the above', and 'Not sure'. 'All of the above' option is the most comprehensive definition of organ donation. We found that 31.9 percent of non-patients managed to answer the question on definition of organ donation correctly as compared with patients which are only 6.1 percent. Out of the total respondents, 6.6 percent are unsure about the organ donation's definition. The Chi-square tests, however, is not significant at 5% levels which indicate that there is no significant different between patients' and non-patients' knowledge on the definition of organ donation.

Table 1: Respondents' basic knowledge on organ donation

Basic Knowledge	Category of Respondents		Pearson Chi-Square.
	Patients (%)	Non-Patients (%)	
Shortage of Organ Donors			
Yes	13.6	41.3	15.073 (0.001)*
No	0.9	16.0	
Not Sure	1.4	26.8	
Definition of Organ Donation			
The removal of the organs/tissues from a dead body	0.5	11.3	9.322 (0.054)
The removal of the organs/tissues of the human body from a living donor	2.3	4.7	
The removal of the organs/tissues of the human body for the purpose of transplantation to another person	7.0	29.6	
All of the above	6.1	31.9	
Not Sure	0.0	6.6	

*Sig. at 5% level (2-sided)

As expected, the results of the study show that the majority of non-patients do not know about the issue of the shortage of organ donors. It is anticipated that most patients know about this because they are the ones on the waiting list to receive organs. In contrast, the comparison between patients' and non-patients' knowledge on the definition of organ donation shows a different angle, in which majority of non-patients managed to answer correctly on the definition as compared to patients. As stated previously, the accurate definition of organ donation includes the first three meanings and the respondents need to choose 'All of the above' option as the most comprehensive answer.

The study observes that majority of patients tend to choose ‘The removal of the organs/tissues of the human body for the purpose of transplantation to another person’ as the exact definition of organ donation. This is probably because the patients identify the word of organ/tissues removal for the purpose of transplantation based on their current situation.

4.3 Religious Perspectives toward Organ Donation

Majority of the respondents in this study are Muslims, followed by Christians, Buddhists, Hindus and ‘Other’. About 54.8 percent of non-patients Muslim respondents stated that Islam allows organ donation in comparison to only 5.9 percent of patients Muslims (Table 2). A similar pattern can also be observed in case of Christian respondents, where 56.7 percent of non-patients and 6.7 percent of patients respondents said that their religion accept the good deed of organ donation. We also found that Buddhist, Hindus and ‘Other’ have the same opinion on the statement ‘My religion allows organ donation’. This study, however, does not investigate how the respondents distinguish their religious perspectives on organ donation, but instead on their opinion on it only. In the further analysis, the Chi-Square tests have been carried out to empirically test the association between respondents’ religious belief on their religion and organ donation with the category of respondents, patients and non-patients. The tests were conducted for each religion being studied individually, and the test results show that all are not significant at 5 percent level.

Table 2: Religious perspectives towards organ donation

Religion	My religion allows organ donation	Respondents		Pearson Chi-Square
		Patients (%)	Non-Patients (%)	
Islam	Yes	5.9	54.8	1.583 (0.453)
	No	.0	4.4	
	Not Sure	5.2	29.6	
Christianity	Yes	6.7	56.7	0.359 (0.821)
	No	.0	10.0	
	Not Sure	3.3	23.3	
Buddhism	Yes	17.4	30.4	1.059 (0.821)
	No	4.3	4.3	
	Not Sure	8.7	34.8	
Hinduism	Yes	29.4	29.4	0.944 (0.624)
	No	5.9	.0	
	Not Sure	17.6	17.6	
Other	Yes		62.5	No statistic are computed because respondents are constant
	Not Sure		37.5	

Results in Table 3 show that although their religion do not allow organ donation, some people may or may not obey their religious views. In the case of Muslim’s respondents, 43.7 percent of both patients and non-patients are still willing to donate their organs but 33.3 percent of total Muslim’s respondents are hesitating whether to comply or not with their religious perspectives. There are 23 percent of Muslims verify that they will act on what their religion forbids. The results obtained also show that majority of Christians (73.3 percent), Buddhists (47.8 percent) and respondents in ‘Other’ religion (87.5 percent) will also go against their religious viewpoints and will still donate their organs. Even so, Hindu’s respondents mostly will comply with their religious (35.3 percent).

When we compared the answered given by respondents between patients and non-patients for each religion individually, the Chi-Square tests show that all are not significant differences at 5 percent level. This indicates that in each religion being studied, patients' and non-patients' respondents are not significantly difference in their opinion on the statement 'If my religion does not allow organ donation, I would still donate organ'.

Table 3: Decision to donate organ and religious perspectives

Religion	If my religion does not allow organ donation, I would still donate organ	Respondents		Pearson Chi-Square
		Patients (%)	Non Patients (%)	
Islam	Yes	3.7	40.0	0.741 (0.690)
	No	3.0	20.0	
	Not Sure	4.4	28.9	
Christianity	Yes	6.7	66.7	0.909 (0.635)
	No	.0	10.0	
	Not Sure	3.3	13.3	
Buddhism	Yes	17.4	30.4	0.744 (0.689)
	No	8.7	17.4	
	Not Sure	4.3	21.7	
Hinduism	Yes	17.6	11.8	0.142 (0.932)
	No	17.6	17.6	
	Not Sure	17.6	17.6	
Other	Yes		87.5	No statistic are computed because respondents are constant
	Not Sure		12.5	

4.4 Perception and Acceptance toward Organs from Death Row Prisoners

The practice of organ donation in other countries are not widely publicize in Malaysia, thus, it is understandable if most of the respondents have little knowledge about it. Since Malaysia does not have an Act to allow death row prisoners to donate organ, it is assumed that the respondents are not entirely sure whether this would help to increase national organ supply. There are three perceptions towards accepting organs from death row prisoners been asked in the questionnaire; 'I will accept organs from death row prisoners', 'I will accept organs from death row prisoners for my family', and 'I will accept organs from any type of death row prisoners' (Table 4). These perceptions are measured originally using 5-point Likert-scale, in which it has been minimized into three categories; namely agree, disagree and not sure.

The findings show that 32.4 percent of non-patients and 8.5 percent of patients will accept the organs donated by prisoners while 20.7 percent of both non-patients and patients will not. The rest, 38.5 percent are not sure whether to accept or not the organ donation from death row prisoners, and out of this 5.2 percent are registered patients for organ transplants. When it comes to accepting organs from death row prisoners for their close family members, we found that 48.8 percent of the respondents are willing to accept organs donated by death row prisoners. This is slightly higher than the total responses for the first perception (40.8 percent). A smaller amount of respondents disagree on the statement (18.3 percent) and 32.9 percent are unsure whether to accept or not the organs donated by death row prisoners. Since there are many positive responses on the first two perceptions, the responses on the third perception also received good feedbacks. Both patients (6.1 percent) and non-patients (33.3 percent) do not mind accepting organs donated by any type of death row prisoners.

On the contrary, 26.8 percent respondent will not accept organs from any type of death row prisoners, but if they were to receive organs from the prisoners, they would like to know what type of prisoners that donated the organ and what kind of crime the prisoners committed before. The study, however, found no significant relationship between respondent’s categories and the three perceptions being studied as the p value > 0.05 (Table 4).

Table 4: Perceptions towards accepting organ from death row prisoners

Perception	Respondents		Pearson Chi-Square
	Patients (%)	Non-Patients (%)	
I will accept organs from death row prisoners	Agree	8.5	2.540 (0.281)
	Disagree	2.3	
	Not Sure	5.2	
I will accept organs from death row prisoners for my family	Agree	9.9	2.747 (0.253)
	Disagree	2.3	
	Not Sure	3.8	
I will accept organs from any type of death row prisoners		6.1	0.043 (0.979)
	Agree	4.2	
	Disagree	5.6	
	Not Sure		

5.0 Conclusion

The objective of the study is to identify patients’ and non-patients’ knowledge and religious perspectives towards organ donation. Furthermore, this paper investigates whether they would comply with their religions if the religious view does not allow organ donation. The findings show that there are no significant relationships between respondent’s categories, religious perspectives and complying with their religions. From the result, it can be seen that most Muslims (both patients and non-patients) stated that their religion allows organ donation and if the *fatwa* (statement issued by the Islamic Scholar Council) changes to ‘no’, they would still donate their organs. Similarly, the findings also show that majority respondents from other religions will also still want to donate their organ eventhough their religions forbid doing so, except Hindus. The study assumes that the reason why some people would still want to donate organ against their religious perspectives is probably because of their values toward organ donation are not in parallel with their religious views.

The second objective of this paper is to explore the respondent’s perception on accepting organs from death row prisoners. The study receives positive feedbacks from both patients and non-patients for the three perceptions given and this may indicate that majority of respondents are amenable by giving the rights to death row prisoners to donate organs. Although there some of the patients will not accept organs donated by inmates, while some are still unsure whether to accept or not to accept the organs, both feedback percentages of these two groups both are smaller in comparison to the percentage of respondents who are willing to accept organs from death row prisoners.

This study is one of the efforts to encourage organ donations to the Malaysia society and at the same time to indentify another potential way to increase organs in national organs supply which is through organ donation from death row prisoners. Even though the sample size used in this paper is considered small and only focuses on Kuala Lumpur and Klang valley, the finding may embody Malaysians’ perspective as a whole. Although the finding may not generalize the perspective of Malaysian as a whole, it could be expanded at the practical level in the future research.

Among other issues that need to be critically analyzed further are the benefits of giving the rights to death row prisoners to become donors, the costs of having prisoners as the organ donors, the legislation aspects involved, and as well as the impact of this to the society as a whole.

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