

IN THE HON'BLE SUPREME COURT OF PAKISTAN

CMA NO. OF 2018

IN

S.M.C. NO. 11 OF 2016

SUO MOTO ACTION REGARDING
ILLEGAL TRANSPLANTATION OF HUMAN ORGANS

IN THE HON'BLE SUPREME COURT OF PAKISTAN

CMA NO. OF 2018
IN
S.M.C. NO. 11 OF 2016

SUO MOTO ACTION REGARDING
ILLEGAL TRANSPLANTATION OF HUMAN ORGANS

Sr. No.	Description of documents	Dated	Pages
1.	Report by the Secretary, Law and Justice Commission of Pakistan (LJCP)	16-5-2018	1
2.	Brochure of the Conference & Workshop on Organ Donation (Annexure-1)		5
3.	List of participants (Annexure-2)	-	29
4.	Proposals of Legal and Government Workshop for effective enforcement of law (Annexure-3)	-	39
5.	Proposals of Professional and Deceased Organ Donation (Annexure-4)	-	41
6.	Proposals of Reaching out to the people workshop (Annexure-5)	-	42
7.	Proposals of Role of Media in Public Education Workshop (Annexure-6)	-	43
8.	Affidavit	16-5-2018	44

Certified that the paper book as bound is complete and correct.

Date: 16-5-2018



Secretary
Law and Justice Commission of
Pakistan

IN THE HON'BLE SUPREME COURT OF PAKISTAN

CMA NO. OF 2018
IN
S.M.C. NO. 11 OF 2016

SUO MOTO ACTION REGARDING
ILLEGAL TRANSPLANTATION OF HUMAN ORGANS

Respectfully submitted:

In compliance with the directions of this Hon'ble Court a National Conference and Workshop on Organ Donation was convened at the Sindh Institute of Urology and Transplantation (SIUT), Karachi on 20-21 April 2018. The following four thematic areas were selected for discussion:

- i. Effective enforcement of Law to curb illegal transplantation of human Organs;
- ii. Professional and deceased Organ donation;
- iii. Role of Media in Public Awareness;
- iv. Public Outreach.

After deliberations each thematic group came up with recommendations which were presented in the plenary session of the Conference and approved as Conference Declaration. Brochure of the Conference, list of participants and recommendations of each thematic group are attached as **Annexure- 1, 2, 3, 4, 5 & 6**, respectively.

As recommended, the following actions are required to be done for improving the healthcare and elimination of illegal sale and transplantation of human organs:

A. Legislative Reforms:

- (i) To ensure that transplant activities are conducted at places other than establishments recognized under the Transplantation Acts and Rules be punished under the general penal law. For this purpose, a following new section be inserted in the Pakistan Penal Code through an Act of Parliament exercising of power under Article 142 of the Constitution:

"374A- Punishment for commercial dealings in human organ, tissue and cells -Whoever,-

- (a) makes or receives any payment for the supply of, or for an offer to supply, any human organs, tissue and cells;
 - (b) seeks to find a person willing to supply for payment of any human organ;
 - (c) offers to supply any human organs, tissue and cells for payment;
 - (d) initiates or negotiates any arrangement involving any payment for the supply of, or for an offer to supply any human organs, tissue and cells.
- (i) takes part in the management or control of a body of persons, whether a society, firm, or company, whose activities consist of or include the initiation or negotiation of any arrangement referred to in clause (d); or

(ii) publishes or distributes or causes to be published or distributed any advertisement; -

(a) inviting persons to supply for payment of any human organ and tissue / cells;

(b) offering to supply any human organ and tissue / cells for payment; or

(c) indicating that the advertiser is willing to initiate or negotiate any arrangement referred to in clause (d),

Shall be punished with imprisonment for a term which may extend to 14 years and with fine which may extend to 10 million rupees.

(ii) Accordingly, Schedule II to the Code of Criminal Procedure may be amended to make subject offence non-compoundable, non-bail-able and cognizable. The schedule of the FIA Act may also be amended.

(iii) Relevant rules may be amended to provide that all brain deaths diagnosed by competent professionals should be reported to HOTA and care of brain death person should be mandatory as per international protocols till the family decides for or against donation.

B. Administrative actions required to be done by the Governments:

The Federal and Provincial Governments should take necessary measures to:

- (i) strengthen and enhance the capacity of their respective Human Organ Transplant Authorities [HOTAs] and Monitoring Committees;
- (ii) proactively promote deceased organ donation and to establish protocols consistent with the international standards defining criteria establishing when brain death is said to have occurred;
- (iii) recognize that the state is duty bound to ameliorate poverty and exploitation that compels a person to agree for a sale his or her organs;
- (iv) The structure of HOTAs, its network and overall functionality is the responsibility of each Government and should be subjected to periodic performance review.

C. Administrative actions required to be done by respective HOTAs:

- (i) HOTA is to promote donation of organs to be harvested from persons certified as brain dead in accordance with protocols that are internationally accepted and are credible to the family of the deceased donor;
- (ii) For the purpose of deceased organ donation HOTA's to establish National and Provincial Registries at state expense to create a deceased donor data base and bank, a data base of potential recipients and to prescribe methods for the safe and efficient harvesting of such organs and for their equitable allocation and transplantation;
- (iii) Registration and recognition should be in respect of designated premises where organs and tissue / cells may be removed or transplanted and

recognized establishment may only operate from the designated premises. A fresh registration shall be required when an establishment opens, changes or add up place for its operation;

- (iv) The monitoring authority while granting registration or renewal should reserve the right to review the amount charged by a registered establishment according to prescribed criteria and to audit the transplant data and accounts maintained by the establishment;
- (v) support the public hospitals in providing free of cost transplantation to all indigent patients and provide lifelong care to living donors and recipients.

D. Effective Enforcement of Law:

- (i) To establish vigilance committees having capacity to undertake immediate action against any breach of Transplantation laws and to promptly coordinate with the Secretary of the Monitoring Authority;
- (ii) In case of brain death donors the respective police surgeons to provide guidelines of the procedures to be followed before removing organs of deceased donors in situations where medico legal cases are pending in such cases police surgeons be part of the procedures for brain death;
- (iii) To encourage victims to come forward as whistle blowers and for that purpose the law enforcing agencies and prosecutors ought to establish guidelines on when to prosecute the donor whistle blower or when to make him or her a witness against others charged with partaking in unlawful transplants or aiding, assisting or abetting such activity;
- (iv) All monitoring authorities should ensure that the evaluation committees of the recognized establishments enjoy credibility and shall periodically audit their decisions;
- (v) The monitoring authority while granting registration or renewal should reserve the right to review the amount charged by a registered establishment according to prescribed criteria and to audit the transplant data and accounts maintained by the establishment;
- (vi) At the time of grant of registration to an establishment and at the time of renewal thereof the monitoring authority must obtain the No-objection certificate of the relevant healthcare commission;
- (vii) The respective HOTAs must establish round the clock communication centers where violation can be reported;
- (viii) Secretary of the Monitoring Authority should be required to dispose of complaints within 24 hours.


E. Public Outreach:


- (i) **Institutionalization of deceased donor program** enabling all the citizens desiring to join the deceased donor program to exercise the option of making a lifetime gift of such organs and to publicly recognize the families of the deceased donors through the award of medals and certificates.


F. Action desired from the Media Regulators and Owners of Print and electronic Media:

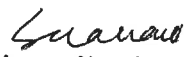
- (i) The Pakistan Electronic Media Authority [PEMRA] and the All Pakistan Newspapers Society [APNS], The Council for Pakistan Newspaper Editors (CPNE), the Pakistan Federal Union of Journalists [PFUJ] and Pakistan Television [PTV] ought to sensitize the general public on the imperatives of deceased organ donation, to educate the public that donation of organs is followed in all Islamic countries, to expose the sale and illegal transplantation of organs and to encourage the mass media to disseminate public service messages promoting deceased organ donation.

The subject recommendations are placed before the Hon'able Court for kind consideration and issuance of directions to the relevant authorities for implementation.


Dr. S. Adibul Hasan Rizvi
Director SIUT


Dr. Muhammad Raheem Awan
Secretary LJCP


Syed Nayyar Abbas Rizvi
Additional Attorney General Pakistan


Dr. Anwar Naqvi
Professor of Urology SIUT


Dr. Mirza Naqi Zafar
General Secretary
Transplantation Society of Pakistan

Imran Ahmed
Director Legal PHOTA

Dated: The 16th Day of May 2018

Conference & Workshop on Organ Donation

on Friday - Saturday
April 20 - 21, 2018 at 8:00 am

Highlight:

**Promoting Deceased Organ Donation
to Curb Illegal Transplant of Organs**

Under the aegis of

Law & Justice Commission, Supreme Court of Pakistan
and SIUT

Participants:

Members of Medical Profession
Representatives of Civil Society
Members of Judiciary and Legal Profession
Members of Law Enforcing Departments



Law & Justice Commission
of Pakistan

Human Organ
Transplantation
Authority



Sindh Institute of Urology and Transplantation (SIUT)
Tel: (92 21) 99216958-62
e-mail: resource@siut.org; info@siut.org
website: www.siut.org UAN: 021 111-000-313

It gives me great pleasure to welcome the participants of the conference and workshop on "Promoting Deceased Organ Donation to Curb Illegal Transplant of Organs". The *Suo Motu* action by Supreme Court of Pakistan on Illegal Transplant has given a new impetus to curb this illegal activity and initiate a comprehensive program of deceased organ donation in the country. This conference and workshop on the behalf of Supreme Court under the auspices of Law and Justice Commission of Pakistan and SIUT is the first occasion where all stake holders will come together to work out a National plan. Members of Judiciary, Legal Fraternity, Law Enforcement Organizations, Prominent Civil Society Individual and Members of the Press and Electronic Media will attend the workshop to give their suggestions to prepare a National and Provincial Plans to promote Deceased Organ Donation.

The presence of all the facets of society in this two day conference and workshop confirms that the will is there, plans can be made and turned into reality "An Organized Deceased Donor Program in Pakistan". A new era will begin of ethical transplants and national sufficiency in organs for multi organ transplantation to save the lives of thousands of patient dying of end stage organ failure.



S. Adibul Hasan Rizvi
Director
SIUT

Member Coordination Committee appointed by the Supreme Court of Pakistan

Chairperson

Dr S Adibul Hasan Rizvi, Director SIUT

Members

Dr Anwar Nagvi, Professor of Urology SIUT
Mr Muneeb Malik, Sr. Advocate Supreme Court
Mr Syed Nayyar Abbas Rizvi, Additional Attorney General Pakistan
Mr Raheem Awan, Secretary Law and Justices Commission of Pakistan
Dr Mirza Naqi Zafar, General Secretary, Transplantation Society of Pakistan

Invited Speakers for Plenary Sessions

Dr Adib Rizvi, Ms Nazliha Ali, Mr Munir Malik, Dr Faisal Masood, Mr Hameed Haroon, Dr Athar Inam, Dr Khairat Rizvi, Dr. Faisal Daf, Dr Shahab Naqvi, Dr Saeed Akhtar, Akhtar Jamal, Zehra Nigah.

Workshop Legal and Government

Mr Munir Malik, Justice (Rtd) Majida Rizvi, Dr Mirza Naqi Zafar, Mr Nayyar Rizvi, Dr Farina Hanif and Dr Shoaib Sultan.

Advocate General: Punjab, Sindh, KPK, Balochistan and Federal Capital Areas

Inspector General: Punjab, Sindh, KPT, Balochistan and Federal Capital Areas

Director Federal Investigation Agency: Punjab, Sindh, KPT, Balochistan and Federal Capital Areas

Prosecutor: Punjab, Sindh, KPT, Balochistan and Federal Capital Areas

Secretary Health: Punjab, Sindh, KPT, Balochistan and Federal Capital Areas

Administrator / Director: Punjab, Sindh, KPT, Balochistan and Federal Capital Areas
Human Organ Transplant Authority

Workshop: Professionals and Deceased Organ Donation

Dr Khairat Rizvi, Dr Saeed Akhtar, Dr Shahab Naqvi, Dr Sadia Nishat & Dr Qamar Abbas, Dr Asad Shehzad, Dr Abdaal Waseem, Dr Akhtar Jamal, Dr Naila Shahbaz, Dr Safia Zafar, Dr Madeeha Hashmi, Dr Qazi Wasiq, Dr Salman Adil.

Outside Karachi

Dr. Beekha Ram, Dr. Riaz Raja, Dr. Hamid Raza, Dr. Kashif Ali Memon, Dr. Shafiq Memon, Dr. Azam Hussain Yousfani, Dr. Shams Raza Brohi, Dr. Shaheen Ahmed Mughal, Dr. M. Saleh Khaskheili, Dr. Sikandar-e-Azam, Dr. M. Ali Sohail, Dr. Awaiz Bashir Lank, Dr. Ghulam Asghar Channa, Dr. Ahmed Din Soomro, Dr. Malik Hussain Jalbani, Dr. Saadat Khan, Dr. Haq Nawaz Mangel, Dr. Hidayatullah Mandhokar, Dr. Kareem Zarkoon, Dr. Hayat Khan Kakar, Dr. Amjad Ali, Dr. Jamsheed Rahim, Dr. Nazeer Ahmed, Dr. Shoukat Ali Shah, Dr. Waqar Ahmed, Dr. Hafiz Shahzad Ashraf, Dr. Safdar Ali Shah, Dr. Aftab Mohsin, Dr. Safdar Sial, Dr. Rahim Bux Bhatti, Dr. Muhammad Khan, Dr. Maqsood Ahmed, Dr. Saboor Soomro, Dr. Ataur Rehman, Dr. Tariq Abbas, Dr. Asif Malik, Dr. Nisar Anwar, Dr. Mumtaz Ali, Dr. Sheharyar Ashraf, Dr. Arshad Mahmood, Dr. Nayyar Mahmud.

Karachi

Dr. S.M. Shaig, Dr. Tariq Mohd Khan, Dr. Inayat Ali Khan, Dr. Nadeem Memon, Dr. Mukesh Kumar, Dr. Hamid Mehmood, Dr. Saeed Quershi, Dr. Mohd Taufeeq, Dr. Ateeq Khan, Dr. Naila Shahbaz, Dr. Safia Zafar, Dr. Mohd Imran, Dr. Yasmin, Dr. Shams Nadeem Alam, Dr. Sadqa Aftab, Dr. Seemi Jamali, Dr. S. Raza Khairat Rizvi, Dr. Khalid Shair, Dr. Nadeem Muneeb, Dr. Salman Faridi, Dr. Salman Shareef, Dr. Nooruddin, Dr. S.M. Nadeem, Dr. Naveeduddin, Dr. Nighat Abbas, Dr. Naveed Akhtar, Dr. Rashid Hamid, Dr. Vilay Kumar, Dr. Rizwan Azmi, Dr. Badaruddin, Dr. Saad akhtar, Dr. Naeemullah, Dr. Naseer Ahmed Shaikh, Dr. Azam Ali Siddiqui, Dr. Zafar Abbas, Dr. Farhat abbas, Dr. Gohar Javed, Dr. Sarwar Siddiqui, Dr. Faisal Khan, Dr. Athar Enam, Dr. Erfan Hussain, Dr. Salman Adil, Dr. Wasim Jafri, Dr. Fauzia Minai, Dr. Jan Ringers, Dr. M. Anwar, Dr. Ab. Ali Khan, Dr. Wasim Ahmed, Dr. Nurul Haq, Dr. Shahid Ahmed, Dr. Aftab Imtiaz, Dr. Salman Al Khalid, Dr. Asim Ahmed, Dr. Rizwan, Dr. Tahir Shamsi

Workshop: Reaching out to the people

Ms Zohra Yousuf, Ms Zubeida Mustafa, Dr Nasir Luck, Dr Maliha Azmi, Dr Seema Hashmi, Mrs Farida Mazhar, Mr Shahtaz, Mr. KL Nagpal, Mr Roland D'Souza, Mr Anwar Maqsood, Ms Zehra Nigah, Mr Tauseef Ahmed, Mr Zofeen Ibrahim, Mr Kamal Siddiqui, Ms Uzma Noorani, Ms Sheema Kirmani, Ms Samina Khan, Mr Wusatullah, Mr Amar Sindhu, Mr Arshad Mehmood, Dr Fatema Jawad.

Workshop: Role of Media in Public Education

Mr Ghazi Salahuddin, Dr Farhat Moazam, Mr Fahim Zaman, Dr Rubina Naqvi, Dr Aamir Jafarey, Mr Shakeel Masud(PBA), APNS, Mr Jabbar Khattak(CPNE), PFUJ, Mr Zulfiqar Shah, Mr Mehdi Raza, Ms Naureen Shams, Mr Mubashir Zaidi, Mr Zafar Khoro, Mr Sharjeel Baloch, Mr Shahzeb Jillani, Mr Shahzeb Khanzada.

Soon after passing the legislation the powerful commercial lobby started a campaign against the law implying that it was restrictive and patients were dying due to shortage of organs. A well orchestrated move was made to bring amendments in the Ordinance in the National Assembly to permit unrelated donors to be paid by the recipients and to allow transplant of foreigners. A select committee of the National Assembly rejected these amendments in January 2009 and the Ordinance became a law and part of the Constitution of Pakistan. The failure did not deter the commercial lobby and they moved the Federal Shariat Court. The Federal Shariat Court is an affiliate bench of the Supreme Court of Pakistan which ensures that all laws in Pakistan are in accordance with the Islamic laws. The Society of Transplant Physicians and Surgeons of Pakistan, representing those who were involved in commercial transplants, moved a petition in the Shariat Court that certain provisions of the "Transplantation of Human Organs and Tissue Ordinance 2007" were against Islamic Laws. The petitioners pleaded that the law was restrictive and discriminatory as only close blood relatives were allowed to donate Further they pleaded that the law is discriminatory as it forbids transplant of Muslims from other countries.

The Federal Government supporting the legislation was represented by the Administrator of Human Organ Transplant Authority. The government was assisted by SIUT, Transplantation Society of Pakistan, Pakistan Nephrology Society and Pakistan Association of Urological Surgeons as well as members of Human Right groups. The Shariat Court after holding eight hearings in three cities of Pakistan dismissed the petition. The Court declared that "sale or purchase of human organs and transplant of foreigners who did not have legitimate family donors is against the spirit of Islamic Laws".

In March 2010 the President of Pakistan signed the bill for organ transplantation and it became the part of the constitution of Pakistan. The bill made history as it was passed unanimously by the two houses of legislature, the National Assembly and the Senate. In Pakistan transplantation is now accepted on a successful mode of therapy. In 2010, Amendment 18 of the Pakistan constitution, many services and regulatory functions were shifted from federal to provincial jurisdiction. This included health services, such as those offered by the federal HOTA. Due to continuing concerns about commercial practices related to organs, in august 2012 the Chief Justice ordered that provincial HOTAs be instituted in Sindh, Punjab, Balochistan and Khyber Pakhtunkhwa. All four committees had been constituted via an Act of Parliament or Ordinance. The way forward is the establishment of a deceased donor programme. Society has to be motivated to donate so that the country can achieve self sufficiency in organs. This will end exploitation of the poor for organs. Secondly the whole nation has to pool resources to initiate transplantation for cornea and for patient dying of liver, heart, pancreas, lung and kidney failure. This first conference is the first step toward achieving this goal.

Dr. Mirza Naqi Zafar

General Secretary

Transplantation Society of Pakistan

Donation of organ or tissue by a living person has been limited to only genetically related members and spouses. This will ensure that only genuine family donors will be allowed to donate to the nearest and dearest ones. In case there is no family donor then a non blood relative can donate only if Evaluation Committee allows after satisfying that such a donation is voluntary and no compensation is involved for organ donation. This is a very important step to prevent organ sale and trade.

This legislation is the initiation of deceased (cadaver) donor programme in the country.

Once this law has become operational it will not only help patients with kidney failure but also the patients with heart, liver, lung, pancreas and other organs who total upto 50,000 per year.

The Evaluation Committee has been made comprehensive to evaluate each transplant either living or deceased. For deceased donor a team constituting neurosurgeon, neurophysician and intensivist will certify the brain death and they will not have any relation to the transplant team to make sure that there is no conflict of interest. Moreover two notables from civil society are to be nominated which will ensure transparency and prevent exploitation of the poor.

The law specifically states that foreigners cannot travel for the sole purpose of transplantation, also called transplant tourism, by giving huge amount of upto \$40,000 to the transplant team in private sector. This activity has been banned.

The law stipulates The law stipulates creation of a Government Fund with collaboration of NGOs and philanthropists which will help poor and indigent patients for the treatment after transplantation. This will ensure the success of transplantation on the long term basis because expensive immunosuppressive drugs are often stopped by poor recipients due to its costs.

The law has created a Monitoring Authority, a federal body with very senior members from across the medical fraternity who will oversee the transplant activity across the country. One of the important functions is the framing of rules and eligibility for certification of transplant centres and professionals. This Authority will also inspect centres from time to time to see their performance and outcome.

Each transplant done in the country is proposed to be entered into a database for scrutiny as regards the donor status as well as outcome of the transplant and its success. It will also enroll the potential donors who are willing to donate after death. In the future once this law become operational it will be helpful in allocating the organs to the best candidate for transplantation on the basis of tissue matching.

In the legislation, the punishment for any contravention of the law has been enhanced so as to act as a deterrent. The maximum punishment of ten years imprisonment with a fine of Rs. 10 lacs has been included for major criminal activities in relation to the legislation.

PROVINCIAL ASSEMBLY OF SINDH
NOTIFICATION

KARACHI, THE 20TH FEBRUARY, 2013

No. PAS/ Legis-B-13/2013 The following Bill is hereby published for general information as required by Rule 83 of the Rules of Procedure of the Provincial Assembly of Sindh.

THE SINDH TRANSPLANTATION OF HUMAN ORGANS
AND TISSUES BILL, 2013
SINDH BILL NO. 13 OF 2013

A
BILL

to provide for regulation removal, storage and transplantation of human organs and tissues for therapeutic purposes.

WHEREAS it is expedient to provide for the regulation, removal, storage and transplantation of human organs and tissues for therapeutic purposes and for matters connected therewith or ancillary thereto;

Preamble

It is hereby enacted as follows:-

1. (1) This Act may be called the Sindh Transplantation of Human Organs and Tissues Act, 2013.
(2) It extends to the whole of Province of Sindh.
(3) It shall come into force at once.

Short title extent and commencement.

2. In this Act, unless there is anything repugnant in the subject or context:-
 - (a) "brain dead" means irreversible loss of brain and brain stem functions simultaneously;
 - (b) "death" means an irreversible cessation of the entire function of brainstem;
 - (c) "donor" means a person who donates any part of his body, organ, tissue or cell;
 - (d) "Evaluation Committee" means a Committee appointed under section 5;
 - (e) "Government" means the Government of Sindh;
 - (f) "human organ" means any part of a human body, organ or tissue;
 - (g) "Monitoring Authority" means an authority constituted under section 8 to monitor the process of transplantation of Human organs or tissues and matters relating thereto;
 - (h) "payment" means payment in money or money's worth but does not include any payment for defraying or reimbursing,-
 - (i) the cost of removing, transporting or preserving the human organ to be supplied; or
 - (ii) any expenses or loss of earnings incurred by a person so far as reasonably and directly attributable to his supplying any organ from his body;
 - (i) "prescribed" means prescribed by rules made under this Act;
 - (j) "recognized institution" means a medical institution or hospital for practice of operative surgery in transplantation of human organs or tissues to be recognized by the Monitoring Authority;
 - (k) "recognized transplant surgeon or physician" means Surgeon or Physician possessing appropriate qualifications, experience, and trained in the relevant field, to investigate, examine and carry out transplantation surgery of human organs or tissues; and
 - (l) "transplantation" means the grafting of any human organ or tissue of any living or deceased person to some other living person for therapeutic purposes.

Definitions.

3. (1) Notwithstanding anything contained in any other law for the time being in force, a living donor who is not less than eighteen years of age, may during his lifetime voluntarily donate any organ or tissue of his body to any other living person genetically and legally related, who is a close blood relative and the donation of organ or part or tissue by such person for therapeutic purpose shall be regulated in the manner as may be prescribed. In the case of regenerative tissue, i.e. stem cells, there is no restriction of age between siblings.

Donation of organ or tissue by a living person.

Explanation:- For the purpose of this section, the expression "close blood relative" means parent, son, daughter, sister, brother and includes spouse:
Provided that transplantation shall be voluntary, genuinely motivated and without any duress or coercion.

- (2) In case of non availability of a donor as explained under sub-section (1), the Evaluation Committee may allow donation by a non-close blood relative, after satisfying itself that such donation is voluntary.

4. (1) Any person may before his death, in writing duly signed and verified by the respective Evaluation Committee, donate any of his organ or tissue for transplantation. Where no such declaration was made but the person has been declared brain dead, either of the surviving spouse or parent or adult child of such person may authorize the removal of any organ for transplantation in any medical institution or hospital duly recognized by the Monitoring Authority. The cases of unclaimed brain dead hospitalized patients shall be presented to an Evaluation Committee for transplantation after an intense search for their relatives within twenty four hours.
(2) On the death of a donor referred to in sub-section (1), any close relative of the deceased shall inform the Evaluation Committee about the deceased and cause the removal of the human organ or tissue in accordance with the authorization.

Donation of human organs or tissues after death.

- (3) A donation under this section may be executed in such form and manner as may be prescribed and may be revoked at any time during the lifetime of the donor in the presence of two witnesses.
5. (1) As soon as may be after the commencement of this Act Government may, by notification in the Official Gazette, appoint as many Evaluation Committees as may be necessary which shall consist of a surgical specialist, a medical specialist, a transplant specialist, a nephrologist, and a neuro-physician and an intensivist where available and two local notables having a good record of social service. The Evaluation Committee shall be established for every recognized medical institution and hospital where at least twenty-five transplants are being carried out annually.
- (2) The Evaluation Committee shall-
- (a) ensure that no organ or tissue is retrieved from non-related living donors without the prior approval of the Evaluation Committee;
- (b) determine brain death of a person;
- (c) determine propriety of removal of a human organ from any living person using brain death protocol to be formulated; and
- (d) determine fitness or otherwise for transplantation of a human organ into any other body.
6. (1) The transplantation of human organ or tissue or removal of any part of human organ for the purpose of transplantation shall only be carried out by the recognized professionals who shall, before the removal of any human organ from the body of the deceased, ensure that written certification has been obtained from the Evaluation Committee that death has occurred.
- (2) For the purpose of sub-section (1) a person shall be deemed to be medically and legally dead at the time when in the opinion of the Evaluation Committee, based upon acceptable medical standard there is-
- (a) an absence of natural respiratory and cardiac functions and attempt at resuscitation are not successful in restoring those functions; or
- (b) an irreversible and permanent cessation of all brainstem functions and future attempt of resuscitation or continued supportive maintenance would not be successful in restoring such natural functions.
- (3) On the commencement of this Act Government shall on the recommendation of the Monitoring Authority, by notification in the official Gazette, publish the list of medical institutions and hospitals as recognized medical institutions and hospitals for act of operative surgery in transplantation of human organs and tissues. Government may revise the list from time to time.
- (4) No hospital or medical institution shall carry out transplantation of human organs and tissues unless it is recognized as provided in sub-section (3).
7. (1) No transplantation of a human organ and tissue from a donor other than defined in sub section (1) of section 3 shall be carried out without prior permission of the appropriate Evaluation Committee and only at such medical institutions and hospitals which have been notified under sub section (3) of section (6), provided that such donation by Pakistan citizen shall not be permissible to citizens of other countries.
- (2) No human organ or tissue shall be removed from the body of a living person except for the purposes of section 3 and no transplantation team of a recognized medical institution or hospital shall undertake the removal or transplantation of any human organ or tissue from a living donor unless they have explained the effects, complications and hazards connected with the removal of organ or tissue for transplantation to the donor and its outcome in the recipient respectively in such manner as may be prescribed.
8. (1) Government shall, by notification in the official Gazette, constitute a Monitoring Authority consisting of the following namely:-
- | | |
|--------------------------------------------------------------------------------|----------------------------------------------|
| (i) Minister for Health | <i>Chairman</i> |
| (ii) Secretary Health Department | <i>Member and Secretary of the Authority</i> |
| (iii) Police Surgeon | <i>Member</i> |
| (iv) Nominee of, Transplantation Society of Sindh | <i>Member</i> |
| (v) Nominee of, Ophthalmological Society of Sindh | <i>Member</i> |
| (vi) Nominee of, Pakistan Medical Association of Sindh | <i>Member</i> |
| (vii) Nominee of, Society of Gastroenterology of Sindh | <i>Member</i> |
| (viii) Surgical Transplant Specialist | <i>Member</i> |
| (ix) Any other outstanding Medical Specialist whom the Government may nominate | <i>Member</i> |
- (2) The Authority so constituted shall-
- (a) monitor transplantation and enforce prescribed standards for recognized medical institutions and hospitals;
- (b) Investigate and hold inquiry into the allegations of breach of any provision of this Act;
- (c) inspect recognized medical institutions and hospitals for examination of quality of transplantation, follow up medical care of donor and recipient and any other matter ancillary thereto and also periodically inspect institutions wishing to be recognized;
- (d) cause establishment of a Provincial Registry and regional networks for evaluating quality and outcome of transplant centers and cause enhancement and promotion of transplantation; and

Evaluation Committee.

Transplantation to be carried out by the team of transplant surgeons and physicians, etc.

Effects etc., to the donor and the recipient.

Monitoring Authority.

- (e) due to shortage of available human organs for transplantation to meet lifesaving patient needs; the Monitoring Authority will explore and support the international collaboration of xeno transplantation in future, after considering all ethical and safety risks and also continue to examine and collect global data on the practice, safety, quality, efficacy and epidemiology of stem cell as well as non-human organ transplantation.
- (3) The Monitoring Authority shall appoint an Administrator, preferably from the medical profession, and also appoint such other officers as may be required, on terms and conditions, to be determined by it, to carry out the day-to-day business of the Authority, for which Government shall provide it reasonable annual grant.
- (4) Government in consultation with the Monitoring Authority shall establish a fund consisting of grants by Government and contributions by NGOs, philanthropists and other individuals for the transplantation or indigent patients including post transplant care and medicines.
- (5) The pool of voluntary donors and registry of potential recipients shall be established and regulated as may be prescribed.
9. No donor and no person empowered to give authority for removal of any human organ shall authorize the removal of any human organ for any purpose other than the therapeutic purposes.
10. (1) Whoever renders his services to or at any recognized medical institution or hospital and who for the purposes of transplantation, conducts, associates with or helps in any manner, in the removal of any human organ without authority, shall be punished with imprisonment for a term which may extend to ten years and with fine which may extend to one million rupees.
- (2) Where any person convicted under sub-section (1) is a registered medical Practitioner, his name shall also be reported to the Pakistan Medical and Dental Council for appropriate action including removal of his name from the register of Council for a period of three years for the first offence and permanently for subsequent offence.
11. *Whoever-*
- (a) makes or receives any payment for the supply of, or for an offer to supply, any human organ;
- (b) seeks to find a person willing to supply for payment of any human organ;
- (c) offers to supply any human organ for payment; or
- (d) initiates or negotiates any arrangement involving the making of any payment for the supply of, or for an offer to supply any human organ,--
- (i) takes part in the management or control of a body of persons, whether a society, firm, or company, whose activities consist of or include the initiation or negotiation of any arrangement referred to in clause (d); or
- (ii) publishes or distributes or causes to be published or distributed any advertisement,--
- (a) inviting persons to supply for payment of any human organ;
- (b) offering to supply any human organ for payment; or
- (c) indicating that the advertiser is willing to initiate or negotiate any arrangement referred to in clause (d), shall be punished with imprisonment for a term which may extend to ten years and with fine which may extend to one million rupees.
12. Whoever contravenes any provision of this Act or any rule made, or any condition of the registration granted, thereunder for which no punishment is separately provided in this Act, shall be punished with imprisonment for a term which may extend to three years or with fine which may extend to three hundred thousand rupees or with both.
13. Where any offence, punishable under this Act has been committed by a company, its Chief Executive or Director or any other person who, at the time the offence was committed was Incharge of, and was responsible to, the company for the conduct of business of the company, as well as the company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly: Provided that a company shall be liable to pay fine only: Provided further that nothing contained in this sub-section shall render any such person liable to any punishment, if he proves that the offence was committed without his knowledge or that he had exercised all due diligence to prevent the commission of such offence.
- Explanation.-**for the purposes of this section,-
- (a) "company" means any body corporate and includes a firm or other association of individuals; and
- (b) "director", in relation to a firm, means its partner in the firm.
- Transplantation to be carried out by the team of transplant surgeons and physicians, etc.**
- Prohibition of removal or transplantation of human organs for any purpose other than therapeutic purpose.**
- Punishment for removal of human organ without authority.**
- Punishment for commercial dealings in human organ.**
- Punishment for contravention of any other provision of this Act.**
- Offences by companies.**

- | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 14. | <p>(1) No Court inferior to that of the Magistrate of First Class empowered under section 30 of the Code of Criminal Procedure, 1898 (Act V of 1898) shall try an offence punishable under this Act.</p> <p>(2) No court shall take cognizance of an offence under this Act except on a complaint in writing made by:-</p> <p>(a) the Monitoring Authority or its Secretary; or</p> <p>(b) an aggrieved person who has given notice of not less than fifteen days, in such manner as may be prescribed, to the Monitoring Authority, of the alleged offence and of his intention to lodge a complaint.</p> <p>(3) Notwithstanding anything in the Code of Criminal Procedure, 1898 (Act V of 1898) the offences punishable under this Act shall be non-bailable.</p> | Cognizance offences. |
| 15. | Neither the grant of any facilities of any authority for removal of any human organ from the body of the donor deceased or alive in accordance with the provisions of this Act nor removal of any human organ or tissue from the body of a deceased person with due care in pursuance of such authority shall be deemed to be an offence punishable under section 297 of the Pakistan Penal Code (Act XLV of 1860). | Savings |
| 16. | <p>(1) No suit, prosecution or other legal proceedings shall lie against any person for anything which is done in good faith or intended to be done in pursuance of the provisions of this Act or rules made there under.</p> <p>(2) No suit or other legal proceedings shall lie against Government for any damage caused or likely to be caused for anything which is done with due care in good faith or intended to be done in pursuance of the provisions of this Act.</p> | Protection of actions taken in good faith. |
| 17. | Government, may by notification in the official Gazette, make rules for carrying out the purposes of this Act. | Power to make rules |
| 18. | If any difficulty arises in giving effect to any provision of this Act, Government may make such order as it considers necessary or expedient for the purpose of removing the difficulty. | Removal of difficulties |

STATEMENT OF OBJECTS AND REASONS

In view of the Eighteenth Amendment in the Constitution of the Islamic Republic of Pakistan, 1973, the subject of Transplantation of Human Organs and Tissues has been devolved to the Provinces. Therefore, it is expedient to enact a law on the subject.

The Bill seeks to achieve the above object.

MEMBER-IN-CHARGE
G.M. UMAR FAROOQ
 ACTING SECRETARY
 PROVINCIAL ASSEMBLY OF SINDH

Organ Trafficking in Pakistan before the Transplantation Law

NEWSLINE

May 2003

Life on the Line

Twenty-two-year-old Sumaira is one of several young village girls across the country who has had to reconcile herself to living with just one functioning kidney.

By Muzamil Anwar

Twenty-two-year-old Sumaira is one of several young village girls across the country who has had to reconcile herself to living with just one functioning kidney. Not because she was born with a genetic handicap, nor because her kidney has been damaged by an unhealthy lifestyle, but because she has chosen to sell this vital organ to raise money to pay off her family's debts.

Sumaira's kidney was found to be a perfect match for a 32-year-old Danish man, Thor Anderson, a property developer from London. Anderson maintains he has no regrets: "You can look at it as exploitation, but donors who may be starving in Pakistan can survive for a very long time on the money, and the patients get their lives back. It works both ways."

<http://www.guardian.co.uk/pakistan/Story/0,2763,1409415,00.html>



Guardian Unlimited Online Website



Transplant tourists flock to Pakistan, where poverty and lack of regulation fuel trade in human organs

Declan Walsh
Thursday February 10, 2005
The Guardian



Last Updated: Monday, 13 December 2004, 17:13 GMT

Robbed by unscrupulous middlemen hundreds of others have also been driven by grinding poverty into selling their kidneys.

Adib Rizvi, one of SULT's founders, said at a symposium last year that the urea had become the principal supplier of kidneys to most of Asia.

Sargodha, otherwise famous for housing the headquarters of the Pakistan Air Force, has in recent years emerged as a hotbed of the kidney trade.

In mid-2003, a Punjab government inquiry estimated that nearly 2,500 people from Sargodha had sold their kidneys through the 1990s to clinics from around the world.

Last year in the UK, a 22-year-old property developer marketed a kidney online as the cheapest way of paying for living debts when he bought a kidney from an impoverished 20-year-old girl for about \$5,000.



INNER WARES

Talk about an organic link between India, Pakistan. 'Kidney tourism' is big business there and many Indians profit from the lack of law, abundant supply.

Kidney donors are easy to come by in Pakistan and more and more Indians are going to Lahore and Rawalpindi to have their transplants done. Not only are donors cheaply available of human organs illegal. No wonder then that 'kidney tourism' has become a big racket in Pakistan and it is known in medical circles as Asia's and perhaps the world's largest kidney bazaar.

OUTLOOK



KIDNEY BAZAAR OF PAKISTAN
Here's why Indians go shopping for kidneys across the border

There is no law banning sale of human organs in Pakistan

Donors are easy to find. The quake has made many poor take this route.

Unlike India, no citizens are recruited from health authorities

Kidneys come cheap, even for as low as under Rs 1 lakh

Hospitals in Lahore and Rawalpindi offer package fees from \$ 10,000 upwards, including cost of kidney



Vendors recovered from captivity

ORGAN TRAFFIC



The Hippocratic Curse

Business is brisk for Pakistani hospitals doing kidney transplants

Though a doctor by training, C. M. Chaddha is not a hospital doctor. He is a businessman.

Now a player in Pakistan's organ market, Chaddha's capital is in the private sector.

Many patients are "taken off" at the Pakistan Hospital.

C. M. Chaddha

He went for \$10,000 package (kidney's and post-surgery) from Lahore Hospital to Lahore.

OUTLOOK 28 November 2004



Pakistan's lucrative kidney trade

CNN Islamabad Bureau Chief Ash-har Quraishi

Wednesday, August 11, 2004, 1:12 AM EDT (08:12 GMT)

SULTANPURA, Pakistan

(CNN) — Four years ago Mohammad Ashraf, desperate for money, sold one of his kidneys to repay a debt.

The pay-off was 104,000 rupees, which translates to just about \$1,800.

Kidney donors say they gave up their organs for a better life, but found that this



In Sargodha, Ashraf's home, he found that this

From Australia

----- Original Message -----

From: "Jeremy Chapman"
<Jeremy_Chapman@wsahs.nsw.gov.au>
To: "Francis Delmonico"
<Francis_Delmonico@neob.org>; <arizvi@siut.org>
Sent: Monday, May 05, 2008 11:48 AM
Subject: Australian planning to go to Pakistan

Dear Adib

I would be grateful if you would have a look at this newspaper article. In it you will clearly see the name and details of a man planning to go to "Aadil Hospital" in Pakistan to buy an organ. His name is Mr Ibrahim El-Sheikh. I would be grateful if you would pass this to the same authorities that stated that they would enforce the regulations banning this trade in Pakistan. It seems to me that the simplest steps for the Authorities to take would be to prevent the Pakistan embassy in Australia from issuing him a visa. I warned the newspaper before they printed this detail that there might be repercussions from making these details public. If the Authorities fail to take action and the transplant proceeds the claims will be demonstrated to be hollow promises, but I am optimistic that there will be action.

Jeremy

Dr Jeremy Chapman
President, The Transplantation Society
Clinical Professor, University of Sydney,
Director Acute Interventional Medicine, Chairman ABMDR,
Westmead Hospital, Westmead NSW 2145
Australia.

From Kuwait

----- Original Message -----

From: Dr Mustafa Al-Mousawi
To: Adib Rizvi
Cc: francis delmonico
Sent: Sunday, March 16, 2008 2:35 PM
Subject: Kuwaiti patients bxd in Pakistan

Dear Adib

Yesterday we received a Kuwaiti patient transplanted in Lahore, Pakistan. The operation was performed at 3 am and he was told to go back to Kuwait four days after his transplant. He came with retention of urine and with a stent in his bladder, not ureter. He had a short report signed by Dr M A Bhatia and Dr Shafi Hayat (urologist-Tel: 0323-4022877). The patient says the hospital was like a large house and gave me the telephone number of a Dr Ahmad (+92-3222317348 and +92-3005121266). I called him asking about the reason for operating at 3 am and sending the patient back so soon. He explained that the situation is more difficult after the law but admitted that they are still doing transplants for foreigners and that he has two more Kuwaiti patients currently waiting for transplant.

It seems obvious that many centers will continue this malpractice despite the law and this will undermine our efforts to ban LURD transplantation in Kuwait and other neighboring countries.

I know that you cannot work as policeman but I would be grateful if you can look into this matter.

Best regards
Mustafa

Dr Mustafa Al-Mousawi,
MB.BS(Lon), LRCP, MRCS(Lon), FRCS(Glasg)
President, Middle East Society for Organ
Transplantation (MESOT)

From India

Prof S. Adibul Hasan Rizvi
Sindh Institute of Urology & Transplantation (SIUT),
Dow University of Health Sciences,
Karachi 74200 Pakistan

Dear Adib,

Mr Ramesh Kohli, 39-years male had his transplant done at Adil Hospital in May. He was discharged from there on the 16th of May 2008 and arrived at Chandigarh on the same night. I saw him on 17th of May. The donor was shown as Manjeet Kaur who had accompanied him. In the discharge slip which they gave him the donor details were totally missing. He also told me that he had paid US\$ 27000. I have been trying to contact him but have been unsuccessful.

Best wishes,

Kirpal S Chugh, MD, FRCP, FACP, FAMS, FICP
Emeritus Professor of Nephrology (PGIMER)
National Kidney Clinic & Research Centre,
601, Sector 18-B, Chandigarh 160 018 [India]
Ph. (Off) 91-172-2762000 (Res) 91-172-2541600
Telefax 91-172-2762700
Email: chughks_chd@dataone.in;
chughks@gmail.com

From Holland

From: Mike Bos
Sent: Feb 11, 2009 8:49 AM
To: famoz@mindspring.com
Subject: Re: Quick update - Re: Pakistan connection
- RE: Transplantation in China

Dear Farhat,

Just a follow-up to all the e-mail exchange concerning illegal transplants in Pakistan/China/Singapore. From one of my Dutch colleagues, a nephrologist in University Medical Centre in Groningen (north part of Holland) I heard that one of his patients had obtained a kidney through paid donation in Aadil Hospital in Lahore as recently as September 2008. I was under the impression that by that time the new Ordinance was already in force and that hospitals were strictly supervised in order to stop and prevent these activities. The patient was a Dutch citizen without any Pakistani or Asian ethnic background. He had arranged his transplant through Internet directly with the Aadil hospital. Can you comment on this?

I hope that you are doing well, in spite of all turmoil in your part of the world.
best regards,

Mike Bos

Michael A Bos
Health Council of the Netherlands,
Eurotransplant Ethics Committee,
and Dutch Transplant Foundation,
The Hague, Netherlands

From Oman

----- Original Message -----

From: "Nabil Mohsin"
<nabimoh@omantel.net.om>
To: "sult" <info@siut.org>
Sent: Friday, May 30, 2008 2:37 PM
Attach: SCAN0044.JPG; SCAN0041.JPG;
SCAN0042.JPG; SCAN0043.JPG
Subject: Re: Message from Dr. Adib Rizvi

Dear Sayyed Adib

There also some bad news: patients are coming again from Pakistan. I am enclosing 3 scanned reports for patients we got since last year.

Best regards

Dr Nabil Mohsin
Senior Consultant and Head of Nephrology
Royal Hospital
Muscat

From UAE

From: Muna Nasir AIRukhaimi
<mnAIRukhaimi@dohms.gov.ae>
To: Francis Delmonico
<Francis_Delmonico@neob.org>;
GDanovitch@mednet.ucla.edu;
dmosawi@yahoo.com
Sent: Monday, 2 February, 2009 12:22:40
Subject: TRANSPLANT TOURISM
Dear Ali,

Attached you will find 2 medical reports - one is our local patient from UAE who received her transplant from Wadi El-Neel, Egypt and the second one a newly transplant Palestinian patient who received his transplant from Pakistan. The 2nd patient also informed us that at the same time of his transplantation, there was one patient from Turkey, 1 from Kosovo, 1 from Saudi Arabia and 1 from Bulgaria who also received this illegal kidney transplant.

Best Regards,

Mona

Mona Nasir AIRukhaimi, FRCP, FRCP (Edin)
Consultant Physician & Nephrologist
Head of Medical Department & Renal Unit
Professor of Medicine
Dubai Hospital, Dubai Health Authority

In Pakistan, Illegal Kidney Trade Flourishes As Victims Await Justice



By Our District Correspondent

Sajjad Niazi: Unlocking kidney shops

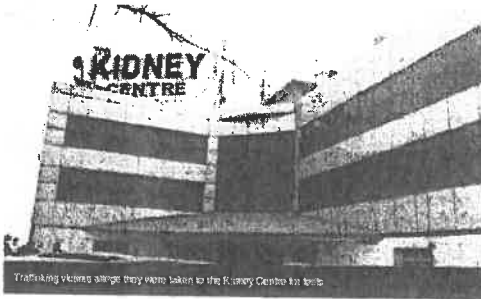
The District Law Enforcement Officer (LEO) Sajjad Niazi is working to unlock the illegal kidney trade in the district. He is a man of action, and he is determined to bring justice to the victims of this trade.



The LEO is working to identify the victims and bring them to justice. He is also working to identify the people involved in the trade and bring them to justice.

Pakistani police rescue 24 from organ trafficking gang

By Rishi Bhattacharya, BBC News, New Delhi, India



Trafficking victims allege they were taken to the Kidney Centre for tests.

We will remove your kidney, and you will receive 300,000 rupees (~2,300).

Three held for illegal kidney transplant

LAHORE: Muslim Town police Saturday arrested three persons, including a doctor involved in illegal kidney transplant.

Reportedly, Rehmat Ali of Okara was having an illegal kidney transplant. On his tip-off, police raided the unit and arrested Dr Khadid Mahmood, patient Rehmat and one unidentified person.

Rehmat Ali was later shifted to Sheikh Zayed Hospital. A case has been registered against the accused on the complaint of Director Human Organs Transplant Authority Imran Ahmad.

SHOT AT: Some unidentified persons shot at and injured a man near Mint Gate in Baghbanpura police limits on Saturday. Rescue-1122 shifted the injured to Services Hospital. Police said the accused persons had fled the scene.

Wednesday 15, February 2017
Page no: 18
Islamabad edition

CJ takes notice of kidney removal

ISLAMABAD: Chief Justice of the Supreme Court Justice Mian Saqib Nisar has taken suo motu notice of removal of a kidney from a labourer hailing from Sheikhupura.

Mohammad Irfan lodged a complaint with the Loi Bher police claiming that two people first drugged him and then removed his one of the kidneys. Police have registered a case under Human Organ Tissue Act.

Health Status and Renal Function Evaluation of Kidney Vendors: A Report from Pakistan

S. A. A. Naqvi, S. A. H. Rizvi, M. N. Zafar, E. Ahmed, B. Ali, K. Mehmood, M. J. Awan, B. Mubarak and F. Mazhar

Departments of Urology, Pathology, Nephrology, Radiology, Sindh Institute of Urology and Transplantation, Karachi, Pakistan Ahmed Poly Clinic, Sargodha, Pakistan Department of Medical and Social Welfare, Sindh Institute of Urology and Transplantation, Karachi, Pakistan
Corresponding author: S. A. Anwar Naqvi, info@siut.org, anaqvi@siut.org

Unrelated kidney transplants have lead to commerce and kidney vending in Pakistan. This study on 104 vendors reports demographics, history, physical and systemic examination, ultrasound findings, renal and liver function and GFR by Cockcroft-Gault. Results were compared with 184 age, sex and nephrectomy duration matched living-related donors controls. Comparison of vendors versus controls showed mean age of 30.55 ± 8.1 versus 30.65 ± 7.85 (p = 0.91) years, M:F of 4.5:1 versus 4.2:1 and nephrectomy period of 33.89 ± 30 versus 32.01 ± 29.71 (p = 0.60) months respectively. Of the vendors 67% were bonded laborers earning 100 \$/month. History of vendors revealed jaundice in 8%, stone disease in 2% and

urinary tract symptoms in 4.8%. Postnephrectomy findings between vendors versus donors showed BMI of 21.02 ± 2.8 versus 23.02 ± 4.2 (p = 0.0001), hypertension in 17% versus 9.2% (p = 0.04), serum creatinine (mg/dL) of 1.17 ± 0.21 versus 1.02 ± 0.27 (p = 0.0001), GFR (mL/min) of 70.94 ± 14.2 versus 95.4 ± 20.44 (p = 0.0001), urine protein/creatinine of 0.150 ± 0.109 versus 0.10 ± 0.10 (p = 0.0001), hepatitis C positivity in 27% versus 1.0% (p = 0.0001) and hepatitis B positive 5.7% versus 0.5% (p = 0.04), respectively. In conclusion, vendors had compromised renal function suggesting inferior selection and high risk for developing chronic kidney disease in long term.

ORIGINAL ARTICLE

Transplant International ISSN 0934-0874

Commercial transplants in local Pakistanis from vended kidneys: a socio-economic and outcome study

Syed Adibul Hasan Rizvi, Syed Ali Anwar Naqvi, Mirza Naqi Zafar, Farida Mazhar, Rana Muzaffar, Rubina Naqvi, Fazal Akhtar and Ejaz Ahmed

Sindh Institute of Urology and Transplantation (SIUT), Civil Hospital, Karachi, Pakistan

Keywords
outcome, recipients, vended kidneys, transplants.

Correspondence

Professor and Director Dr Syed Adibul Hasan Rizvi, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi 74200, Pakistan.
Tel.: +9221 9215752, 9215718, 2730351; fax: +9221 9215469, 9215362;
e-mail: info@siut.org; arizvi@siut.org

Received: 26 October 2008
Revision requested: 16 November 2008
Accepted: 29 December 2008

doi:10.1111/j.1432-2277.2009.00836.x

Summary Donor shortage and absence of transplant law lead to unrelated commercial transplants in Pakistan. We report the socio-economic and outcome parameters of 126 local recipients of unrelated kidney vendor transplants presenting to our institute between 1997 and 2007. Their outcome was compared with 180 recipients of living-related donor transplants matched for age, gender and transplant duration as controls. Age of commercial recipients was 35.63 ± 11.57 years with an M:F ratio of 2.4:1. Majority (92%) were transplanted in northern Pakistan paying US\$7271 ± 2198. All were educated with 50% being graduates or above and rich earning a monthly salary of US\$517 ± 518 with 44% earning >US\$500. Comparison of commercial recipients with controls showed high comorbidities 35 (28%) vs. 14 (8%) (P = 0.0001) with diabetes, hepatitis-C and cardiovascular diseases. Donor age was 29.97 ± 6.16 vs. 32.63 ± 9.3 years (P = 0.035). Biologic agents induction in 101 (80%) vs. 14 (8%) (P = 0.0001), acute rejections in 42 (33%) vs. 31 (17%) (P = 0.005), 1-year creatinine 1.84 ± 1.28 vs. 1.27 ± 0.4 mg/dl (P = 0.0001), surgical complications 28 (22%) vs. 14 (8%) (P = 0.001), tuberculosis 14 (11%) vs. 6 (6%) (P = 0.007), acute hepatitis 20 (16%) vs. 3 (2%) (P = 0.0001), cytomegalovirus 33 (26%) vs. 21 (11%) (P = 0.001) and recurrent urinary tract infection 35 (28%) vs. 30 (16%) (P = 0.034). Overall 1- and 5-year graft survival was 86% and 45% vs. 94% and 80%, respectively (P = 0.00001). Total deaths were 34 (27%) vs. 12 (6.0%) (P = 0.001). In conclusion, recipients of the vended kidneys are poor candidates, educated, rich and often self-selecting. Their outcome is poor, which will leave them poorer still and back to dialysis if not death.

Indian Journal of Medical Ethics vol XI no 3 July-September 2014 [157]

Pakistan's experience with kidney transplantation and trade: a call for international solidarity

Farhat Moazam*, Aamir Jafarey**

*Professor and Chairperson **Associate Professor, Centre of Biomedical Ethics and Culture, Sindh Institute of Urology and Transplantation, Karachi, Pakistan. Author for correspondence: Farhat moazam e-mail: famoz@mindspring.com

Abstract

Pakistan has taken a long and tortuous road towards curbing the trade in organs within its borders. Yet, despite the phenomenal gains, several challenges remain in this area. For example, robust and sustainable deceased donor programmes must be established to meet the needs of a country which has a high prevalence of kidney disease and failure. Further, it is necessary to offer an alternative source of organs for transplantation to desperate patients who resort to buying these from the "market". Cultural factors and religious beliefs about the sanctity and inviolability of the corpse, as well as the lack of public and professional education regarding the procurement

of organs from the deceased, pose considerable barriers that must be surmounted. We believe it is equally important that transplant professionals and the governments of affluent countries consider measures to discourage, if not prevent, their citizens from travelling to impoverished countries such as Pakistan to buy organs. Without a commitment, ethical and legal, to international solidarity in this matter, the goals that are already difficult for developing countries to achieve, ie, establishing deceased donor programmes and bringing an end to organ trafficking, will be even harder to achieve. "Why should I give takleef (harm/trouble) to my family if I can buy a kidney?" (Patient awaiting kidney transplant)

Brain Death

Death is life's greatest truth which is accepted across all religions, cultures and traditions. It is a widely held belief that death occurs when the heart stops beating.

So then what is Brain Death? "Brain Death" or "Death by neurological criteria" is the complete cessation of all functions of the brain.

It is commonly caused by severe injury to the brain in the form of a catastrophic stroke, brain hemorrhage or a road traffic accident in which brain is severely injured. These patients then go on the ventilator which provides them with artificial respiration and that's where the diagnosis of brain death comes. Although such individuals show apparent signs of being alive, in reality they are (biologically) dead, though this reality is masked by the intervention of medical technology [1].

It is also important to know that not every patient on ventilator is brain dead, as this is a diagnosis made by specialists based on well-defined criteria, and once this diagnosis is established the patient reaches a point of no return meaning that it is not reversible in any case.

This is a particularly difficult time for the family, the diagnosis can come as a shock especially if the family has no prior understanding of brain death, and therefore awareness of brain death is important for the general public to make informed decisions at the right time.

"While ignorance is bliss, knowledge is power"

1. <http://jme.bmj.com/content/early/2017/08/28/medethics-2016-103867>

About Organ Donation

Don't let myths and rumors stand in the way of saving lives.

Myth	Doctors won't try to save your life if they know you are a donor.
Fact	The medical staff trying to save lives is completely different from the transplant team. The question of organ donation will arise only after all efforts to save your life have been exhausted.
Myth	People can still recover from brain death.
Fact	People can recover from comas, but not brain death. Coma and brain death are not the same. Brain death is final.
Myth	I am too old to donate organs.
Fact	People of all ages can donate organs and tissue. Physical condition, not age, is the important factor in determining if organs can be used.
Myth	Organ donation will disfigure me and delay my funeral.
Fact	The organs are removed in a sterile operation undertaken by skilled surgeons. The donor is treated with the utmost respect and dignity. When the procedure is finished, the wound is closed, just as in any other operation. The entire process is done quickly to preserve the organs and will therefore not delay a funeral.
Myth	Organ donation is against my religion.
Fact	All major religions support organ donation as a selfless, charitable act.

Aim: CVP 6-10 mmHg, Heart Rate <120 bpm, MAP 60-80 mmHg

Clinical Concern	Possible Etiology	Management Strategies
Hypertension MAP >110mmHg	Mostly associated with herniation and is self-terminating	Short acting beta blocker (Esmolol 0.05-0.1 mg/kg/min) (Labetalol 10-20 mg IV stat) Vasodilator
Hypotension MAP <60mmHg	Hypovolaemia 1. Due to inadequate cardiac pre-load i.e. blood loss, polyuria (diabetes insipidus DI), diuretics, hyperglycaemia or through therapeutic dehydration to ICP. 2. Due to low afterload. Vasoplegia caused by absent central vasomotor control and decreased vascular resistance and after re-warming.	Volume Replacement Aim for CVP 6-10mmHg and assess fluid balance Note: Avoid Hyperchloremia, Hyponatremia and starch based colloids Blood transfusion Keep Hb >7 g/dl (Hemodynamically STABLE donor) Keep Hb >9 g/dl (Hemodynamically UNSTABLE donor) Vasopressors If Noradrenaline (NA) is required more than 0.2 mcg/kg/min then add vasopressin at rate of 1-2.4 Units/h to reduce NA requirements.
Arrhythmias	Supraventricular and Ventricular Tachycardia. Bradycardia	Maintain normal serum electrolytes i.e., K ⁺ , Mg ⁺ Ca ²⁺ , optimize fluid status Arrhythmia management Use amiodarone as anti-arrhythmic agent Cardioversion when indicated Adrenaline, Isoprenaline or pacing. Note: Mostly resistant to atropine or glycopyrrolate.

Aim: pH 7.35-7.45, pCO₂ 35-45mmHg, pO₂>80mmHg, Sat. >95%

Clinical Concern	Possible Etiology	Management Strategies
Hypoxaemia	<ul style="list-style-type: none"> De-recruitment of lungs due to absent cough or respiratory drive Orthostatic pneumonia and sputum retention Neurogenic pulmonary edema Aspiration Acute lung injury Trauma 	<p>Optimise mechanical ventilation TV= 6-8 ml/kg (ideal body weight) PEEP 5-10 cm H₂O Plateau PIP < 30cm H₂O Normocapnia = pCO₂ 35-45, normal pH FiO₂ = lowest possible to maintain PaO₂>100mmHg and SaO₂>95%</p> <p>Lung recruitment Early and continued physiotherapy on 4 hourly basis, suctioning and re-positioning to promote alveolar recruitment.</p> <p>Optimization of fluid management Aim for a negative fluid balance if cardiovascular stability allows</p> <p>General Management</p> <ul style="list-style-type: none"> 6 hourly ABG or as indicated Head end elevation > 30 degrees CXR if PaO₂ starts to decrease Add broad spectrum antibiotics if clinically indicated.

1. Hand Hygiene	5. Drug chart- Review all drugs and stop the following:
2. Bronchial toilet - secure patent airway, minimize infection and to facilitate lung donation	<ul style="list-style-type: none"> Anticonvulsants Analgesics Sedatives Laxatives Gastrointestinal Motility Agents Anti-Nausea Antihypertensive Mannitol Diuretics
3. Eye care - to avoid exposure keratitis and facilitate corneal donation	
4. Nutrition - Enteral nutrition should be continued	

Aim: For normal range for all shown below:
 Temp 97-99°F; Electrolytes (Ca, Mg, PO₄, K, Na); Blood sugar 90-180 mg/dl; urine output 0.5-1 ml/kg/h

Clinical Concern	Possible Etiology	Management Strategies
Hypothermia May cause an increased risk of arrhythmias, coagulopathy and a delay in confirming brain death	Hypothalamic / pituitary malfunction	Ensure temperature is maintained > 97°F Early use of warming blankets, fluid warmers for large fluid volumes & humidification devices.
Hyperthermia	Mostly infectious cause	Antipyretics Cooling blankets (if needed) Review by infectious disease specialist
Diabetes Insipidus (DI)	Lack of ADH hormone secretion from the posterior pituitary gland. Results in polyuria, hypernatremia and hypovolaemia. Deficiency of ADH can lead to a systemic vasodilation induced by the loss of sympathetic activity.	If urine output >3 ml/kg for 2 consecutive hours, associated with a rising plasma sodium, start either Vasopressin infusion or DDAVP Send urine and plasma electrolytes and osmolality Note: DO NOT delay treatment while awaiting results
	Common in brain dead donors (seen in >60%).	Vasopressin Infusion: Max. dose 2.4 units/h Desmopressin (DDAVP) 2-4 micrograms every 2-6hrs Fluid Replacement: Use low sodium concentration IV fluids. Maintenance fluid: 5% dextrose Resuscitation fluid: 0.45% saline or Hartman's.
Hypernatremia (Na>155mol/L) Risk of adverse effect on the outcome in liver recipients	As a consequence of DI or intracranial hypertension management.	Refrain from sodium containing IV solutions Diagnosis and management of DI
Hyperglycaemia	May be pre-existing IDDM, NIDDM or as a consequence of high volumes of 5% dextrose solution.	Insulin: Target plasma glucose 80- 180 mg/dl
Hormonal Therapy	Loss of the hypothalamic/ pituitary axis can impact on the haemodynamic stability in the brain dead donor.	Hormonal replacement therapy is advised in <ul style="list-style-type: none"> Haemodynamically unstable patients (MAP <60mmHg with CVP>12 mmHg and max. required dose of noradrenaline infusion 0.2 mcg/kg/min) Cardiac dysfunction (LVEF < 45% or major LV wall motion abnormality) Agents that can be used : <ul style="list-style-type: none"> T3 Infusion (4 mcg/hr) Methylprednisolone (15 mg/kg)

Monitoring Cardiovascular Echocardiogram BP (invasive) CVP Respiratory Saturations General Urine output (m) Temperature EEG CXR Bloods: FBC Coagulation Liver function Electrolytes Urea & Creatinine ABG	Cultures Blood Urine Sputum (from ETT) ECHO PA catheter and PICO Bronchoscopy Coronary angiography Renal or hepatic ultrasound	Once Once Once Review functionality and structure of heart As per unit protocol After consultation with transplant team After consultation with transplant team After consultation with transplant team
Continuous Continuous Hourly Hourly Baseline (then as per requirement) Baseline (then as per requirement) Daily Daily 6 hourly 6 hourly 6 hourly Baseline (then as per requirement)		

deceased organ donation

It means your approval, so that your organs can be donated for transplantation after your death.

No: Organs of only those people who meet accidental death, or death occurs while patient is on a ventilator in an intensive care unit, can be donated for transplantation.

Kidneys, liver, heart, lungs, pancreas, and corneas can be donated for transplantation.

A brain death diagnosis is made by doctors who are not related to organ transplantation so that there is no conflict of interest. Usually this diagnosis is made by neurologists and anesthetists who are looking after patients in the intensive care units.

All religions of the world regard organ donation as a noble gesture. Organ transplantation from deceased donors is being practiced in most Islamic countries including Saudi Arabia, Iran, Turkey and Lebanon.

ٹ ایک فرد انتقال کر جاتا ہے

150,0 افراد اعضاء کے ناکارہ ہونے کی وجہ سے ہلاک
40,0 ، جگر کی خرابی کے 70,000 اور دل کے
اعضاء کی عدم فراہمی ہے۔ گردے کے مریضوں کی کچھ تعداد کو زندہ
ماء جو زندہ افراد عطیہ نہیں کر سکتے جس میں دل، جگر، پیپھر،
سوائے بعد از مرگ عطیہ شدہ اعضاء سے ہی کیا جاسکتا ہے۔

وماغی موت کا تعین کون کرتا ہے؟

وماغی موت کا تعین وہ ڈاکٹر کرتے ہیں جن کا ٹرانسپلانٹ سے بالکل تعلق نہیں
ہوتا ہے۔ یہ عام طور پر ماہر دماغی امراض (neurologist) اور بے ہوش
کرنے والے ڈاکٹر (anaesthetist) ہوتے ہیں۔

اعضاء کے عطیات کے بارے میں ہمارا دین کیا کہتا ہے؟

تمام مذاہب اعضاء کے عطیہ کو ایک احسن اور فلاحی عمل سمجھتے ہیں۔ قرآن شریف
کہتا ہے "جس نے ایک انسان کی جان بچائی گویا اس نے کل انسانیت کی جان
بچائی۔" بعد از مرگ اعضاء کی پیوندکاری کا کام بیشتر اسلامی ممالک میں کیا جا رہا
ہے جن میں سعودی عرب، ترکی، ایران اور لبنان وغیرہ شامل ہیں۔

Please keep the donor card on your person at all times preferably in your wallet.

Please inform your near and dear ones of your intention to donate your organs.

For any queries contact SIUT. 021-111-429284 021-111-429284

● آپ Donor Card پُر کر دیجئے اور اس کو اپنے ساتھ رکھیئے۔

● برائے کرم، اپنے عزیزوں کو اپنی اس خواہش سے آگاہ کر دیجئے۔

● معلومات کے لیے SIUT سے رابطہ کیجیئے۔ 021-111-429284 021-111-429284

پاکستان میں ہر تیسرے منٹ پر اعضاء کی عدم دستیابی کے باعث

ایک اندازے کے مطابق ہر سال پاکستان میں تقریباً 100 ہو جاتے ہیں۔ اس میں گروہ ناکارہ ہونے والے 15,000 مریض شامل ہیں۔ زیادہ تر اموات کی وجہ

اقارب سے گردے کا عطیہ مل جاتا ہے۔ لیکن ایسے تمام اقارب قریبہ، لہجہ شامل ہیں اگر ناکارہ ہو جائیں تو اس کا علاج صرف

اعضاء کے عطیے سے متعلق سوالات اور جوابات

اعضاء کے عطیہ سے کیا مراد ہے؟

اس کا مطلب آپ کی طرف سے اس رضامندی کو واضح کرنا ہے کہ اپنی موت کے بعد آپ کے جسمانی اعضاء کو ٹرانسپلانٹ کی غرض سے استعمال کیا جاسکتا ہے۔

کون اعضاء کا عطیہ دیا جاسکتا ہے؟

گردے، دل، پیچھڑے، جگر، لہجہ اور قریہ (آنکھ کی جھلی) ٹرانسپلانٹیشن کی غرض سے استعمال ہو سکتے ہیں

کیا ہر انسان کے اعضاء انتقال کے بعد استعمال ہو سکتے ہیں؟

نہیں! اعضاء صرف ان افراد کے استعمال کئے جاسکتے ہیں جو حادثاتی موت شکار ہوئے ہوں اور انتقال کے وقت انتہائی نگہداشت کے وارڈ میں مصنوعی تنفس مہیا کرنے والی مشین پر ہوں۔ گھر اور آئی سی یو سے باہر انتقال کر والے افراد کے اعضاء نہیں لئے جاتے ماسوائے قریہ (آنکھ کی جھلی) کے۔

ڈونر کارڈ پُر کرنا کیوں ضروری ہے اور کیا ناگہانی صورت حال میں ایسے شخص کا علاج بھی اسی طریقے سے کیا جاتا ہے جیسے دوسرے مریضوں کا ہوتا ہے؟

ڈونر کارڈ کا اندراج دراصل بعد از مرگ اعضاء عطیہ کرنے کی رضامندی کا اظہار ہے۔ یہ کارڈ نہ صرف دوسروں کی حوصلہ افزائی کا باعث بنتا ہے بلکہ یہ ایک یادداشت ہے کہ یہ شخص بعد از مرگ اپنے اعضاء عطیہ کرنے کا ارادہ کر چکا ہے۔ عطیہ اعضاء کا اظہار وقتاً فوقتاً اپنے بیوی بچوں اور قریبی رشتے داروں سے ضرور کرتے رہنا چاہئے کیونکہ آخری اجازت نامہ خاندان ہی سے لیا جاتا ہے اور قانونی رشتہ داروں کے عطیہ اعضاء کے متعلق انکار کر دینے کی صورت میں اعضاء کے عطیہ کی وصیت کے باوجود اعضاء نہیں لئے جاتے۔

مزید برآں اگر کسی شخص نے پہلے اپنے اعضاء عطیہ کرنے کی وصیت کی ہو اور وہ اب اپنے اس فیصلے کو تبدیل کرنا چاہے تو وہ ایسا با آسانی اطلاع دے کر کر سکتا ہے۔ اعضاء کے حصول کے لئے کوئی زبردستی نہیں کی جاتی اور ایسے شخص کے علاج میں اور جان بچانے کے عمل میں کوئی کمی اور کوتاہی نہیں برتی جاتی کیونکہ مریض کے معالج انتخاب اور بھرپور انداز سے علاج کا فریضہ بجالاتے ہیں۔

مریض کے معالج اور ٹرانسپلانٹ ٹیم کے نمائندے دو الگ الگ ٹیمیں ہیں، جو ایک دوسرے کے کام میں مداخلت نہیں کرتیں عطیہ اعضاء کی وصیت کرنے والے سوا افراد میں سے کوئی ایک خوش نصیب ایسا ہوتا ہے جس کے اعضاء عطیہ کے طور پر حاصل کئے جاتے ہیں۔

Quarterly

"THE ACTIVITIES"

The Newsletter of

SHEIKH ZAYED ISLAMIC CENTER

UNIVERSITY OF KARACHI

Thirteenth Issue : June 2015

ORGAN TRANSPLANTATION
SEMINAR ON "ORGAN TRANSPLANTATION AND DONATION IN THE LIGHT OF QURAN AND SUNNAH"

On April 08, 2015 SZIC in collaboration with SIUT organized a Seminar on "Organ Transplantation and Donation in the Light of Quran and Sunnah". Many Pakistani and foreign Ulemas and Scholars presented their views and highlighted the importance of the given issue and explained the complexities which Shariah may pore in this accord. The seminar started with the Recitation of Holy Quran, followed by Naat Shareef. After which Director, Sheikh Zayed Islamic Centre Prof. Dr. Noor Ahmed Shahtaz delivered the welcome address in which he thanked the worthy guests and attendants. The seminar was presided over by Mufti Muneeb ur Rehman, Chairman of Moon Sighting Committee, Pakistan and the guest of Honor was Allama Muhammad Khan Sheerani, Chairman Council of Islamic Ideology. Other worthy guests speaker were Dr. Mufti Saleem, GC University Faisalabad. Mufti Ibrahim from Sukkur, Dr. Ikram ul Haq - Secretary CII, Allama Abul Khair Muammad Zubair - President Jamiat Ulema Pakistan, Allama Muhammad Siddiq Hazarvi - Former Member CII, Maulana Hammad Ludhianvi - Jamia Milia Faisalabad, Mufti Zameer Ahmed Sajid, Prof. Dr. Muhammad Zia ul Haq - DG Islamic Research Institute, Dr. Sajjad - AIU, Prof. Dr. Zahoor Ahmed

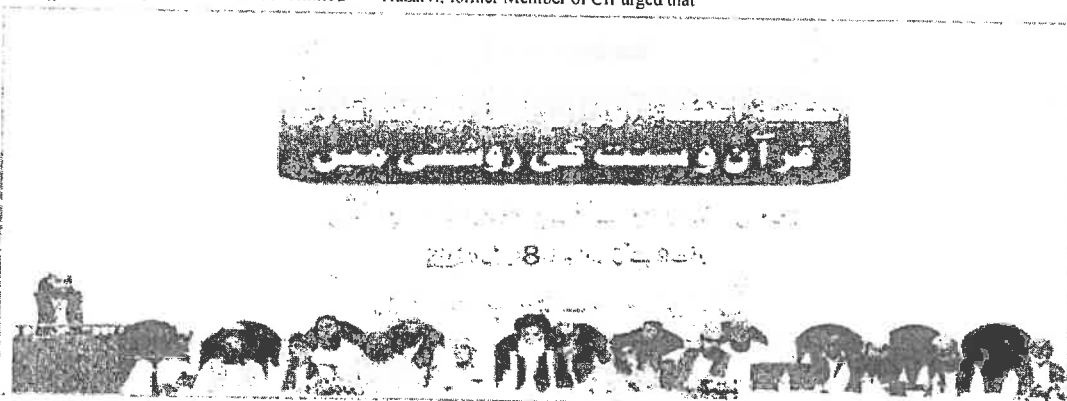
Azhar - Chairman Hijveri Chair, Punjab University and many other known Ulemas and Religious Scholars. He stated that if a sick and non curable person's life can be saved by organ transplant and he can be given a new life by this, then this is revival of humanity.

Two foreign Scholars and Organ Transplantation experts also spoke to the audience about Transplantation via skype Dr. Faisal Shaheen who is considered as a pioneer in organ transplantation from Saudi Arabia said that his centre not only transplant organs in Saudi Arabia but all the countries in the Middle East. Another Eastern Scholar Mustafa al Musawi, the head of the Transplantation Centre of the Kuwait, said that Kuwait started the Transplantation of Human Organs in 1979. He said "It is good that religious scholars of Pakistan are sitting together today to discuss this important issue".

Both Musawi and Shaheen agreed that Organ Transplantation is permitted in Islam to save one's life.

Dr. Mohsin Naqvi Ex-Dean SZABIST Harvard Graduate and Former Member CII said that Organ Transplantation is all about respect of humanity and nothing about degradation of humanity. Mufti M. Siddiq Hazarvi, former Member of CII urged that

the issue of Organ Transplantation should be settled by the esteemed and learned Islamic Scholar from all around the world, collectively mufti Ibrahim, member CII raised the point that Islam promotes ease therefore, when a needy patient is in the need of organ transplant, then Shariah doesn't refrain from it. Dr. Abul Khair Muhammad Zubair, President Jamiat Ulema Pakistan presented his point that empathy and sympathy were Sunnah of the Prophets and there is no greater kindness than to save some one life. Muhammad Khan Sherani, Chairman CII said that Islam allows organ transplantation even of Non Muslims too if it is to save a precious life. Mufti Muneeb ur Rehman concluded that according to Shariah it is lawful and right to donate an organ or its transplantation but if it has some legal issues and used for hideous purpose then it should be stopped legally, so that it may not be made into a trade or business. Other scholars like Moulana Hammad ur Rehman Ludhianvi, Syed Shehanshah Naqvi, Mufti Zameer Ahmed, Baqir Abbass Zaidi and other respectable Speakers also presented their view. At the end of the Seminar, Dr. Shahtaz thanked the Guests and the Speakers.



الشاطات

شیخ زاید اسلامک سینٹر، کراچی

(شماره: ۱۳..... تاریخ اخراج: جون ۱۹۵۴ء)

اعضاء کی پیوند کاری انسانیت کی خدمت اور پسندیدہ عمل ہے۔

سمیٹارسمان عطیہ اعضاء اور ان کو پیوند کاری

مسلم کا عضو غیر مسلم کو، اور غیر مسلم کا عضو مسلم کو عطیہ ہو سکتا ہے

[illegible]

جو کہ جائز ہے، اور اچھا معاملہ کہ عقل میں لوگوں سے ہے جو اس کا پیکر
کا کر کے بنا کر جاتے ہیں۔ منہ کیل سے کہ کتاب حضرت نے آفرید کر کے منہ میں داخل کر
چے تھے جو کہ اس کا اثر ہوا ہے، ان کے حکم سے وہ ہم کو ابھی سے داخل اہل اسلام ہے۔
منہ میں داخل ہو کر خون کا کر کے کیا کہتے تھے ان سے وہ ہاگ ہے، جس سے جس سے کہ
جسے اللہ رب تعالیٰ نے اپنے جڑوں سے داخل ہوا ہے اور اس کا ہوا ہے اسی سے کہ
جسے اللہ رب تعالیٰ نے اپنے جڑوں سے داخل ہوا ہے، اگر کوئی کہہ دے کہ اس سے کہ جس سے
سے وہ داخل ہوا ہے تو اس سے کہ جس سے کہ اس کا کہنا ہے کہ اس سے کہ جس سے کہ
اور صرف آفرید ہوا ہے اسے اللہ رب تعالیٰ نے اپنے جڑوں سے داخل ہوا ہے کہ جب وہ دنیا میں آئے ہوں
انسان اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
آیت میں ہے کہ ایک جانتا اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
مصلحت میں اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
اور یہ قاری مصداق کا پیکر ہے، کسی کی جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
ہوئے۔ خصوصاً کہ اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
کہ اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
چاہتے تھے اور اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
بشرام کہ اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
لوگوں کی زندگی میں جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
ہے اور ضرورت ہے کہ اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
اور اس میں جڑوں کو کہ اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
کہ جس سے کہ اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
کوئی کہہ دے کہ اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
انہوں (انہیں) کا کہ وہ اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس
کہ اس کا جان بچا کر جاری ضرورت ہے تو اللہ رب تعالیٰ نے اپنے جڑوں سے کہ ایک جانتا اس

یہاں قتل اور اچیلے لڑکا ڈاکو سے قتل کی شہ بہ بدست کی گئی ہے اور
اچیلے نفس کی حوصلہ افزائی کی گئی ہے چاہئے خاص نفس کی زندگی کو بچا، اس سے
مراوضہ پیش ہے کہ اس کو قتل سے بچایا جائے تاکہ میاں ملطہ اور ملطہ تفسرے
بدست کی چیزیں اور بھی چھین کر اس کا سہا بیہ پاکست سے بچا، مزاد ہے کہ "نئی کوئی
قتل ہو، اچھا اس کو بچایا ہے، قتل کی نگر، بے فکر، بے فکر ہوئے اور اچھا کو اس
پیشہ اور اس کے علاوہ کئی دیکھا بیہ ہیں۔ اس سب میں یہ بھی پیش ہے کہ
کچھ بھلا کر گر ملطہ ہوئے، یہ سب یاد رکھنا کہ اس کو قتل سے بچا، کوئی کارٹ
ملطہ ہوئے، یہ سب بھلا کر ملطہ ہوئے، یہ سب یاد رکھنا کہ اس کو قتل سے بچا، کوئی کارٹ
ملطہ ہوئے، یہ سب بھلا کر ملطہ ہوئے، یہ سب یاد رکھنا کہ اس کو قتل سے بچا، کوئی کارٹ

[illegible]

ہوا کا ہوتا ہے جسے، سب اور زیادہ جگہ ملے تو اس وقت اس سے
چرچر کے کمال کا ہوتا ہے یعنی چرچے سے بڑھ کر ہوتا ہے چنانچہ بے گیسے اس سے
جسم کے بعض حصوں کو کھانسی چرچہ ہونے کی جاتی ہے، دوسرے بے گیسے اس پر چرچہ مل
انہی کی جسمیں میں آگ کھسکا کر گئے، جسے بے گیسے ہوتا ہے، اور اس کی انسان کی
جانگ سے سوائے سوائے سے مرنے والی سے استغناء کیا جاتا ہے۔ یہ بھی اعجاز ہے چرچہ ہونے کی ایک
صورت ہے لیکن یہ صورت ہے۔ کہ کتا اور انسان اور بعض انسان کے بدن میں بھی
[27] اور اعجاز سے استفادہ کر کے چرچہ ہونے کی کیا جائے۔

جو تھی صورت یہ ہے کہ کسی دوسرے انسان کے اعتضایا اجزاء لے کر کسی اور مردے میں منتقل کیے جائیں اور پھر نکراری کی جائے، یہ وہ صورت ہے جس میں علمائے عصر کا اختلاف

ابھنا کاھیکر ان دنوں کی ہونے لگا ہے۔ یہ فٹنڈر ایسا کام سیٹھ سید سہو اسٹوٹ آف اب
روایتی اپنے انڈسٹریسٹیشن کے تھانوں سے اب یہاں پر ہر روز دھڑک اٹھتا ایسا کام سیٹھ سید سہو
کا گئی ہے کہ انڈیورسٹریں ایک ایک نیا نیا کھولنے لگی ہیں جس میں اب درجہ اولہ کار کے لئے اس
کی اہمیت اور ضرورت اس حد تک بڑھ گئی ہے کہ انڈیورسٹری سے اس کے خیر خلیہ کی تہیہ کو
ملاقات سے جان کیا۔ اس سیمینار میں صدارت سے فیضیہ قیام (ایچ اے اے) میں
مرکز، دولت باغ کھلی (پاکستان) سے قربانی اب درجہ اولہ کار خصوصی سرخان شیری (ایڈیٹر
میں) نے خیر خلیہ کی کڑی سے تہیہ کے کا اتنا زکات اس کا سہم مقرر سفر قبول کیا۔

سہو۔

سیدہ سے خطاب کرتے ہوئے فیصل آباد جی سی یو سربراہی کے ڈاکٹر مفتی سلیم صاحب نے کہا:

اسلام، نہ صرف امت ہے جس کا مطلب یہ ہو کہ کھنکھاسی، سوز پڑی، کسی بھی قسم کی
 بھی حالت کے لیے کسی بھی سوال کے جواب کے لیے اسلام کی طرف دیکھنا دو اسام
 کے ساتھ پیش کرنے ہے۔ یہ سب ان کے لیے نہ صرف ان کی توفیق و نجات کا ہی کیا تو وہاں
 ایک صورت نظر کی کہ اس اظہار میں اس حرام چیز سے طلاق کا جزا قرار دیا گیا اور اللہ
 رب تعالیٰ سے فرمادیا کہ اگر اس میں کوئی غلطی ہو تو میں بھی غلطی کا وارث ہوں اور میں
 خیر کی کوشت راں دے گا۔ اس لیے اللہ رب تعالیٰ نے یہ حکم دیا کہ جو اس کا ذکر کرتے
 ہیں، جیسے اللہ تعالیٰ کا نام لے جائے، یا قرآن مجید کو جو کچھ سیکھ کر پڑھ کر اللہ تعالیٰ کے
 دلائل و اہل بیت سے کہے، یا اللہ تعالیٰ کا نام لے کر اس کی شہادت دے، اور شہادت کہہ کر
 ہو جائے ان میں سے کسی ایک کو بھی اظہار میں لے کر جیسا کہ سوال کرتے ہیں اس امر
 کا استعمال ان کی حرام صورت کہہ کر جائے تو قلم جائز ہے۔ اس پر کئی کتابیں لکھی گئی ہیں
 خود اظہار میں اس کی حرام کو کھانا کھانے کی بجائے یہی رتبہ اور اس کا موازنہ زیادہ
 اس سے کیا گیا۔

جب کوئی مسلمان طیب و پاکیزہ اسے کہو کہ تمہاری شفا اس میں ہے، اس کے علاوہ تمہارا کوئی اور علاج نہیں، تب اس کے لیے حرام جائز ہوگا۔ دم خیز جن المینح یا کونین مقام، اور اس کے علاوہ اس کا کوئی تباہی (alternate) اس کے پاس نہ ہو۔ وان قال غلط ہے۔

ایک نکتہ یاد رکھیے گا کہ خنزیر نجس العین ہے، اور اس نجس العین کو بھی انتہائی ضرورت کے وقت شریعت نے جائز قرار دیا۔ واللہ اعلم بالصواب۔

مفتی نعیم احمد ساجد، اسلام آباد

من قتل نفسا بغير عداوة أو إثم في الأرض، فكأنما قتل الناس جميعا، ومن أحياها فكأنما أحيا الناس جميعا۔ صدق الله العظيم، صدق رسولنا نبي الكرم۔

سورۃ مائدہ کی آیت نمبر 31 میں اللہ تبارک و تعالیٰ فرماتا ہے کہ جس نے کسی انسان کو جلا جھٹل کیا، تو گو کلاس نے تمام انسانوں کو قتل کیا، اور جس نے کسی کو قتل ہوئے سے پہلے تو گو کلاس نے تمام انسانوں کو بھجایا۔

Source	Date	Fatwa
Sheikh H. Makhlood (Grand Mufti, Egypt)	1952	Sanctioned corneal transplants
Sheikh Hureidi (Grand Mufti, Egypt)	1966	Sanctioned organ transplants
Islamic International Conference (Malaysia)	1969	Sanctioned organ transplants
Algiers Supreme Islamic Council	1972	Sanctioned organ transplants
Sheikh Khater (Grand Mufti, Egypt)	1973	Allowed Harvesting skin from unidentified corpses
Jordanian Supreme Council fro Fatwa	1977	Sanctioned organ transplants
Saudi Grand Ulema	1978	Sanctioned corneal transplants
Sheikh Gad Al-Haq (Grand Mufti, Egypt)	1979	Sanctioned live and cadaveric Donation
Kuwaiti Fatwa (Ministry of Endowment)	1980	Sanctioned organ transplants
Saudi Grand Ulema	1982	Sanctioned organ transplants
Ayatullah Khomeini (Iran)	1984	Sanctioned live and deceased donor transplants
Islamic World League Fatwa	1985	Sanctioned organ transplants
3rd Int. Conference of Islamic Jurists (OIC)	1986	Equated brain death with cardiac death
4th Int. Conference of Islamic Jurists (OIC)	1988	Sanctioned organ transplants and proscribed commercialism and organ trafficking
Ayatullah Khamanai (Iran)	2002	Sanctioned live and deceased donor transplants

Transplant Activity in Muslim countries

			Algeria
			Bangladesh
			Egypt
			Indonesia
			Iran
			Jordan
			Kuwait
			Lebanon
			Libya
			Malaysia
			Oman
			Pakistan
			S Arabia
			Syria
			Tunisia
			Turkey

Kidney	> 10,000	18%
Heart	> 250	100%
Pancreas	> 17	100%

Data from 16 Muslim countries

Global Observatory on Donation and Transplantation (GODT)

NATIONAL HEROES

They are
immortal

Their names are immortal in the hearts of the people of Pakistan
after they sacrificed their lives for the country



Mr. Naveed
(Karachi-1998)



Ms. Shamim Bano
(Karachi-2005)



Prof. Razzak Memon
(Karachi-2008)
















Mr. Imran Shah
(Islamabad-2010)
















Mr. Arsalan
(Lahore-2011)

(with permission of family)

www.facebook.com/MinistryOfEducationPakistan

List of participants Legal & Government Workshop

S.#	Name	Affiliation	Contact	Email
1.	Aamir Syed	SIUT	0321-2334383	majoraamir62@yahoo.com
2.	Adil Fayyaz	Legal Advisor, PHOTA	0321-4747472	
3.	Aijaz Ahmed Khanzada	Administrator HOTA Sindh Health Dept	0300-2315824	draijazkhanzada@yahoo.com
4.	Ali Sher Jakhrani	Director Law FIA	0321-9215434	jakhrani@yahoo.com
5.	Altaf Hussain	Director FIA Balochistan	0302-8429777	
6.	Amir Zaman Jomezai	Prosecution General Balochistan	0333-7851265	
7.	Arshad Nawaz	Acting Secretary (PMDC)	0333-8000977	arshadwazir2010@gmail.com
8.	Ashraf Zubair Siddiqui	DIG Balochistan Police	0300-8211345	ashrafzsiddiqui@gmail.com
9.	Asma Hamid	Additional AG Punjab	0345-8805888	asma.hamid2121@gmail.com
10.	Fazal Akhter	SIUT		
11.	Gauhar Sultan	SIUT	0345-2999646	gauhar.sultan66@gmail.com
12.	Gulzar Ali	SIUT	0322-4600165	
13.	H R Ahmad	SIUT / AKU	0300-2367975	
14.	Hameed Ullah Khan	Law	0304-2339943	
15.	Imran Ahmed	Director Legal / Punjab HOTA	0300-8495051	advocateimran.1@hotmail.com
16.	Jamil Ahmad Khan Mayo	Assistant Director FIA	0300-0400017	jakmayo@gmail.com
17.	M Khan Baber	GIMS	0333-3584409	
18.	M Naveed Umar Bhatti	Office of Prosecutor General Punjab	0300-4848920	naveedumar777@gmail.com
19.	M Tahir	DHO, Islamabad	0345-5058105	doctor-m-t61@gmail.com
20.	Majida Razvi			
21.	Manzoor Akhter	High Court (Advocate)	0300-2125292	
22.	Manzoor Hussain	SIUT	0333-8267863	hmanzoor2015@gmail.com
23.	Mirvais Niaz	Director FIA KP	0300-8363630	mirvais@icloud.com
24.	Mirza Naqi Zafar	SIUT	0332-2595775	naqizafar@siut.org
25.	Muhammad Khan Buriro	Assistant AG Sindh	0333-3168097	m_khan_buriro@hotmail.com
26.	Muhammad Nazir	PGMI / LGH, Lahore	0300-8457501	drnazeer_uro@hotmail.com
27.	Muhammad Raheem Awan	Sec Law & Justice Commission	0313-8550044	raheem@ljcp.gov.pk
28.	Muneer A Malik	Lawyer	0300-8245486	
29.	Murtaz Haider	Punjab HOTA	0321-8408765	haidermurtaza@hotmail.com
30.	Narjis Muzaffar	SIUT	0300-4223774	

31.	Nasrullah Khan	Joint Secretary Law & Justice Commission	0333-7802050	nasrullah@ljcp.gov.pk
32.	Nayyar Rizvi	Additional Attorney General	0322-2215555	nayyarrizvi567@gmail.com
33.	Nazral Hassan Jafri	SIUT		
34.	Rashid Bin Hamid	DUHS – OJHA	0331-2238588	rashid-bin-hamid@hotmail.com
35.	Rauf Qaisrani (PSP)	SSP/Coordination in KP Police	0333-9500473	baloch9607@gmail.com
36.	Saad Rashid Usmani	SIUT	0334-2235097	saadrashidusmani@gmail.com
37.	SaifulMurtaza	AIG Police	0300-5112956	saifulmurtaza@yahoo.com
38.	Saleem Akhtar	Additional Prosecutor	0310-2918686	
39.	Shakeel Durrani	FIA Islamabad	0321-8001216	durrane69@hotmail.com
40.	Shoaib Sultan	SIUT	0333-2148114	
41.	Syed Haider Nawaz	SIUT	0333-3107433	shnawaz20@gmail.com
42.	Syed Tipu Sultan	Chairman Sindh Healthcare Council	0300-8237633	stipusultan@gmail.com
43.	Tasadur Khan	DUHS	0314-2300005	khan-smc@yahoo.com
44.	Ubed Ullah Memon	Additional Director Dev, KMCH & SIUT	0321-3105565	ubed@msn.com
45.	Zaffar Hussain	SIUT	0300-8233935	
46.	Zar Muhammad	Advocate	0346-2943670	zarmadv@gmail.com

List of Participants of Professional & Deceased Organ Donation Workshop

Sr.#	Name	Affiliation	Contact	Email
47.	Riaz Hussain Laghari	SIUT, Karachi	0333-3570330	leghari@gmail.com
48.	Sadia Nishat	SIUT, Karachi	0300-2654549	sadianishat1@gmail.com
49.	Muhammad Rehan Mohsin	SIUT, Karachi	0333-3762380	rhnmohtsin@yahoo.com
50.	Nisar Anwar	Khyber Medical College, Peshawar	0300-8595551	drnisaranwar@yahoo.com
51.	Shaukat Ali Shah	Lahore	0300-4426754	shaukatshah6666@gmail.com
52.	Faisal Saud Dar	Shifa International Hospital, Islamabad	0300-8552056	info@shifa.com.pk
53.	Shahzad Ashraf	Shaikh Zayed Medical Complex, Lahore	0300-9414866	rshahzad53@yahoo.com
54.	Safdar Sial	Faisalabad Medical University, Faisalabad	0321-8669966	drsial@yahoo.com
55.	Badar-us-Saleheen	PK PA/HOTA Federal	0331-5091871	badarussaleheen@hotmail.com
56.	Sh. Hidayatullah Mando khail	Bolan Medical College, Quetta	0345-8099606	hidayatmandokhail6@gmail.com
57.	Akhter Jamal Khan	SIUT, Karachi	0333-2143795	info@siut.org
58.	Shahnaz Hamid Ibrahim	The Aga Khan University Hospital Karachi	0300-2119347	shahnaz.ibrahim@aku.edu
59.	Bikha Ram Devrajani	Liaquat University of Medical and Health Sciences (LUMHS), Jamshoro	0321-3143345	deurajani62@msn.com
60.	Nand Lal	Liaquat University of Medical and Health Sciences (LUMHS), Jamshoro	0333-3550311	lal_nand76@hotmail.com
61.	Javed Altaf	Liaquat University of Medical and Health Sciences (LUMHS), Jamshoro	0333-2888428	javed_altafdr@yahoo.com
62.	Waqar Ahmed	Shaikh Zayed Medical Complex,	0300-8484357	waqar3013@gmail.com

		Lahore		
63.	Murtaza Haider	Punjab HOTA	0300-4666205	haidermurtaza@hotmail.com
64.	Riaz Ahmed Raja	Liaquat University of Medical and Health Sciences (LUMHS), Jamshoro	0300-3039056	riazrajamemon@yahoo.com
65.	Altaf Hussain Hashmi	SIUT, Karachi	0300-8272091	altaf.hashmi@siut.org
66.	Muhammad Umar Shaikh	SIUT, Karachi	0301-2316080	umarshaikh47@gmail.com
67.	Muhammad Akhtar Waheed Khan	SIUT, Karachi	0331-2064557	drakhterwaheedkhan2010@yahoo.com
68.	Syed Fazal Akhtar	SIUT, Karachi	0300-8247855	fazalakhtar@hotmail.com
69.	Ghulam Mustafa	SIUT, Karachi	0344-3036088	gmkalhor23@yahoo.com
70.	Faisal Zaki	SIUT, Karachi	0315-3812599	faisalzaki808@gmail.com
71.	Raja Rizwan	The Kidney Center, Karachi	0333-2630767	drrrizwan@gmail.com
72.	Asif Aziz	SIUT, Karachi	0342-2583334	azizasif77@gmail.com
73.	Abheminyo	SIUT, Karachi	0333-2693467	abhaykarmani@gmail.com
74.	Rashid-ul-Amin	SIUT, Karachi	0311-1219321	syedamin@live.com
75.	Rana Muzaffar	SIUT, Karachi	0300-2230081	ranamuzaffar@gmail.com
76.	Khawar Abbas	SIUT, Karachi	0300-2612617	drkhawar_imuno@yahoo.com
77.	Fouzia Meer	SIUT, Karachi	0332-3714240	jiyazai20@gmail.com
78.	Shireen Pyar Ali	SIUT, Karachi	0337-3164706	dr.shireen.pyarali@gmail.com
79.	Adeel-ur-Rehman	SIUT, Karachi	0332-2318344	aurchman2000@yahoo.co.uk
80.	Dil Nawaz	SIUT, Karachi	0314-2881560	dilnawaz@gmail.com
81.	Naveed Ahmed Mahr	SIUT, Karachi	0300-3126650	navidmahardowite@gmail.com
82.	Pardeep Kumar	SIUT, Karachi	0332-2442620	drpardeepmaheshwari@gmail.com
83.	Hamid Mehmood	Ziauddin University, Karachi	0321-2191956	hamid.mehmood@ziauddinhospital.com
84.	Ahmed Uddin Soomro	Chandka Medical College, Larkana	0300-2580545	
85.	Shaheen Ahmed Mughal	Peoples University of Medical & Health Science. for Women Nawabshah, Shaheed Benazir abad	0315-3044138	Samughal58@yahoo.com

86.	Haq Nawaz	Bolan Medical College, Quetta	0300-3830478	haqnawaz38@gmail.com
87.	Amjad Ali	Bolan Medical College, Quetta	0333-7924149	dramjad_ali@hotmail.com
88.	Jamshed Rahim	Shaikh Zayed Hospital, Lahore	0300-9211153	jamshed.rahim@gmail.com
89.	Syed Raza H Rizvi	JPMC, Karachi	0333-3757246	srhr64@hotmail.com
90.	Saeed Akhter	PKLI, Lahore	0364-4504469	sakhter100@hotmail.com
91.	Syed Haider Mehdi	SIUT	0300-2769607	shaidermehdi@hotmail.com
92.	Ata Ur Rahman	IKD, Peshawar	0300-9006311	ataur55@hotmail.com
93.	Abdul Saboor Soomro	Ghulam Mohammad Mahar Medical College, Sukkur	0333-3053605	soomrosaboor2007@yahoo.com
94.	Muhammad Ali Sohail	PUMHS, Nawabshah	0300-3202051	talktouroman@yahoo.com
95.	Maqsood Ahmed	GMC Hospital, Sukkur	0333-7027717	drmaqsood70@yahoo.com
96.	Shahab Naqvi	Rawal Institute of Health Science	0345-5433525	shahab15@gmail.com
97.	Abdaal Wasim Khan	SIUT	0336-2004862	abdaal.khan08@gmail.com
98.	Farina Muhammad Hanif	SIUT	0300-2171785	farinahanif@hotmail.com
99.	Nishat Akber	SIUT	0321-2114947	nishatakbar@hotmail.com
100.	Muhammad Qamar Abbas	SIUT	0334-3730195	mqamarabbas2001@yahoo.com
101.	Syed Mudassir Laeeq	SIUT	0333-3009279	gamberkhi@hotmail.com
102.	Madiha Hashmi	AKU	0333-2165858	madiha.hashmi@aku.edu
103.	Faisal Noor	HOTA Islamabad	0345-5336676	faisal_noor@hotmail.com
104.	Maqsood Ahmed	GMC Hospital, Sukkur	0333-7027717	drmaqsood70@yahoo.com
105.	Nayer Mahmood	Shifa International Hospital, Islamabad	0333-5211380	syednmahmood@yahoo.com
106.	Saeed Akhter	PKLI		
107.	Arshad Mahmood	AFIU, Rawalpindi	0300-8562912	arshad.mahmood48@gmail.com
108.	Munawwar Khaliq	SIUT	0333-3128228	muhammad2000@gmail.com
109.	Muhammad Tahir	DHO, Islamabad	0345-5058105, 051-9260984	doctormt61@gmail.com
110.	Fayyaz Ahmed Malhi	SIUT	0321-2117007	malhidr@yahoo.com
111.	Mirza Ali Salehi	SIUT	0333-3170962	
112.	Salman Adil	AKU	0300-9249027	salman.adil@aku.edu
113.	Sadaf Zia	SIUT	0333-2344804	dr.sadaf.butt@gmail.com
114.	Faisal Khan	AKU	0345-2508118	mfaisal.khan@aku.edu

115.	Muhammad Sheharyar Ashraf	Ledy Reading Hospital	0333-9249244	drsheharyarashraf@gmail.com
116.	Murli Lal	SIUT, Karachi	0300-7007389	chhabrian@yahoo.com
117.	Muhammad Khan	GIMS	0333-3584409	mkhmbabbar@hotmail.com
118.	Zia uddin Kakepoto	SIUT	0300-2581821	ziauddinkakepoto@hotmail.com
119.	Riaz Hussain	SIUT	0333-3376385	riazkhan36@gmail.com
120.	Hanna Adeel	SIUT	0333-2164766	hsc_aj@hotmail.com
121.	Isra	SIUT	0315-2694977	isra.rao12345@gmail.com
122.	Awais Bashir	PUMHS Nawab Shah	0333-3695517	dr.awaisbashir@gmail.com

List of participants of Reaching Out to the People Workshop

S.#	Name	Affiliation	Contact	Email
123.	Naziha Syed Ali	DAWN	0300-8269944	naziha@gmail.com
124.	Heman Kumar Motwani	Advocate	0333-2183712	hemankumarmotwani124@gmail.com
125.	Prof K L Nagpal	Education	0333-3261637	ksnagpal@gmail.com
126.	Mehnaz Rashid	Doctor	0300-8459990	rashid.mehnaz@pacificpharmaceuticals.com
127.	Niranjan Rajani		0300-3419590	niranjan.rajani@gmail.com
128.	Ahsan Ali	Doctor	0321-237947	ahsan.rad@hotmail.com
129.	Asma Nasim	Doctor	0300-2318477	asmaadil@hotmail.com
130.	Fatema Jawad	Diabetologist	0334-3251961	fatemajawad@gmail.com
131.	Maliha Azmi	ID, SIUT	0301-2474840	maliha.azmi10@gmail.com
132.	Seema Hashmi			
133.	Roland deSouza	City of Karachi	0333-2377346	rvazz1@gmail.com
134.	Irshad Ali	SIUT	0333-7517542	irshad@yahoo.com
135.	Arshad Mahmood	AFIU, Rawalpindi	0300-8562912	arshad.mahmood48@gmail.com
136.	Nasir Hassan	SIUT	0300-2553717	nasirfcps@hotmail.com
137.	Zohra Yusuf	Human Rights Commission of Pakistan (HRCP)	0300-8299404	yusuf.zohra@gmail.com
138.	Sakina Riaz	Department of Social work	0333-2192388	syedasakinariaz@yahoo.com
139.	Shoaib Ahmed	GI Department, SIUT	0332-3313629	shoaib7589@gmail.com
140.	Rani	GI Department, SIUT	0331-3091344	ranii55tulsi@gmail.com
141.	Dur E Furqani	SIUT	0320-8580365	durrefurqani@gmail.com
142.	Afshan Ehsan	SIUT	0335-2034482	drafshanehsan@yahoo.com
143.	Mariyum Zahid	SIUT	0345-2432997	mariyum.zaheed@gmail.com
144.	Sanobar Ambreen	SIUT	0300-2110809	sanobera@hotmail.com
145.	Sabiha Anis	SIUT	0345-2208066	Sabiha_anis@hotmail.com
146.	Farzana Javed	SIUT	0313-2535229	farzanjaved52@yahoo.com
147.	Razi Ahmed	SIUT	0314-2068965	
148.	Saleem Kirmani	SIUT	0334-1334125	saleem7163@gmail.com
149.	Sanjy Kumar	SIUT	0312-3420068	
150.	Babar Zaman	SIUT	0333-3905889	zamanbabar@hotmail.com
151.	Asha Devi	SIUT	0332-7818987	ashadevi653@yahoo.com
152.	Huma Naqvi	SIUT	0300-3618124	naqvihuma@hotmail.com

153.	Victoria de Soza	Shehri : CBE	0334-3234894	rvazz1@gmail.com
154.	Fatima Ali Akbar	Kidney Recipient SIUT	0321-2104589	hasnainfatima@hotmail.com
155.	Aiysha Abid	SIUT	0345-5175331	aiyshaabid@gmail.com
156.	Anis Ul Hasan	SIUT	0300-2646122	anis.hasan78@gmail.com
157.	Fowz Ul Azim	Azeem Associates	0320-2276011	fowzulazim@gmail.com
158.	Diana Joseph	SIUT	0300-2143470	dianajacobineejoseph@gmail.com
159.	Muhammad Rashid Memon	MUET Jamshoro	0333-2667793	mrashid31@hotmail.com
160.	Virsa Pirzado	SIUT	0300-2830262	pirzadovirsa@gmail.com
161.	Mehwish Ishtiaq	Education	0332-2204869	mehwish_ishtiaqmi@gmail.com
162.	Usama Bin Shaheen	SIUT	0331-2118976	usamadina@gmail.com
163.	Tariq Siddiqui	Green Wlch University	0321-8757074	
164.	Tahira Tariq	Green Wlch University	0321-8757090	tt.tahiratariq@gmail.com

List of participants of Role of Media in Public Education Workshop

S.#	Name	Affiliation	Contact	Email
165.	Rubina Naqvi	SIUT	0301-2489172	naqvirubina@yahoo.com
166.	Mehdi Raza	FM – 107	0300-8238280	mehdi107@gmail.com
167.	Mahnoor Elahi	SIUT	0335-2386867	mahnoorelahi83@gmail.com
168.	Salma Batool	SIUT		
169.	Fatima Zakir	Jang Group	0300-2774651	fatima.zakir@janggroup.com.pk
170.	Mubashir Zaidi	Dawn TV	0345-9749982	xadee@yahoo.com
171.	Anika Khan	CBEC, SIUT	0300-9287573	shekhanisualeha@gmail.com
172.	Bushra Shirazi	CBEC, SIUT	0300-9294840	bbushrashirazi@gmail.com
173.	Rafia Hiader	APP	0300-8290778	rafia_haider@hotmail.com
174.	Muqtada Mansoor	Daily Express	0300-2697483	muqtidakhan@gmail.com
175.	Jabbar Khattak	AwamiAwaz	0333-2334913	
176.	Aamer Mahmood	Vice President, CPNE	0300-9266116	aamermahmood007@yahoo.com
177.	Harris Hussain Qureshi	Assistant Professor, SIUT	0331-2515337	dr_hhq@live.com
178.	Kulsoom Z Ismail	Resident Surgery - OJHA	0321-2043533	kayze88@gmail.com
179.	Riaz Ahmed Shaikh	SZABIST	0333-3119592	riazshaikh06@yahoo.com
180.	Tauseef Ahmed Khan	KU	0300-2183246	tauceeph@gmail.com
181.	Murli Lal	SIUT	0300-7007383	chhabrian@yahoo.com
182.	Zaheer uddin	SIUT	0332-3445754	info.zaheer80@gmail.com
183.	Bux Ali	SIUT	0300-2196306	hameerali@hotmail.com
184.	Ghazi Salahuddin	Jang/GEO		ghazi.karachi@gmail.com
185.	Manssor Shah Khan	SIUT	0333-3200719	maaju_dr@yahoo.com
186.	Mirza Ali	SIUT	0333-3170962	
187.	Zafar Mairaj	Writer	0321-8288410	zafarmairaj@hotmail.com
188.	Kifayat Rodani	Writer	0333-2327232	kifayatrodani@yahoo.com
189.	Shahzeb Jillani	Dunya News	0333-777368	shahzebi@hotmail.com
190.	Sharjil Baloch	Film Maker	0333-3444870	shariil7@gmail.com
191.	Uzma Soomro	SIUT	0336-3848685	soomro_uzma@yahoo.com
192.	Irfan Aziz	FUUAST	0322-2789370	erfanaziz@gmail.com
193.	Usra Parvez	SIUT	0332-3389249	usra_parvez@hotmail.com
194.	Naveed Ahmed Mahar	SIUT	0300-3126650	navidmahardowite@gmail.com
195.	Muhammad Asif	SIUT	0331-3569433	dr.asifsiut@gmail.com
196.	Sohail Ahmad	SIUT		ahmadsohail5@yahoo.com

197.	Muhammad Ali Butt	Pakistan Broadcasters Association	0321-2378464	alibutt@pba.org.pk
198.	Zulfiqar Ali Shah	HOT FM 105 Radio Network	0300-8288878	zas@hotfm.com.pk
199.	Amer Jaffery	CBEC – SIUT		
200.	Noreen Shams	APNA FM Network	0334-2365438	noreen.shams@gmail.com
201.	Saeed Usman	FUUA	0321-8747317	usmani147@yahoo.com
202.	Anwar Naqvi	SIUT	0300-8260626	anaqvi@siut.org
203.	Waseem Mughal	Radio FM 107	0314-2338181	
204.	Jaffar Bilgrami	SIUT	0334-3959631	jbilgrami@gmail.com
205.	Idrees Bakhtiar	GEO/Jang		idrees.bakhtiar@gmail.com
206.	Nida Wahid	Patel Hospital	0300-2119203	wahidab@gmail.com
207.	Madiha Hashim	AKU	0333-2165858	madiha.hashmi@aku.edu
208.	Iqra Rafique	SIUT	0317-2172867	iqrasiut73@gmail.com
209.	Maria Ali Khan	SIUT	0336-8180192	meetmaria10@gmail.com
210.	Khizra Awan	SIUT	0316-2056985	khizraawan8@gmail.com
211.	Aiman Naeem	SIUT	0336-3353982	rimshanaeem@yahoo.com
212.	Asmera Javed	SIUT	0314-8132152	asmera.javed123@gmail.com

Proposals of Legal and Government Workshop

This Working Group has a consensus emerging from the discussions as follows:

1. That the most effective way to curb the commercialization and the sale of organs and tissues is for the state, civil society, medical practitioners and health care providers to proactively promote the donation of organs to be harvested from persons certified as brain dead in accordance with protocols that are internationally accepted and are credible to the family of the deceased donor and for that purpose urges that National and Provincial Registries be established at state expense to create a deceased donor data base and bank, a data base of potential recipients and to prescribe methods for the safe and efficient harvesting of such organs. At the same time a transparent system for their equitable allocation and transplantation needs to be put in place. Appropriate Rules can be made under the existing national and provincial legislation on transplantation of organs and tissues. The state should support the public hospitals in providing free of cost transplantation to all patients and provide lifelong care to donors and recipients and the capacity of all monitoring authorities should be exponentially enhanced.
2. The Working Group recommends that the state should institute mechanisms that enable all citizens desiring to join the deceased donor program to exercise the option of making a lifetime gift of such organs. Deceased donors and their families should be publicly recognized through the award of medals and certificates.
3. Recognizing that the state is duty bound to ameliorate poverty and exploitation that compels a person to agree to a sale of his or her organs and recommends victims should be encouraged to come forward as whistle blowers and the law enforcing agencies and prosecutors ought to establish guidelines on when to prosecute the donor whistle blower or to make him or her a witness against others charged with partaking in unlawful transplants or aiding, assisting or abetting such activity.
4. Law enforcing agencies and prosecutors have expressed their frustration at the provisions of Federal and Provincial laws on transplantation dealing with the cognizance of offences under the respective Federal and Provincial Acts. The Monitoring Authority must ensure that it acts with all deliberate speed while dealing with complaints brought to its knowledge from any source, particularly from the vigilance committees of various law enforcing agencies, and that suitable Rules be framed to prescribe the manner of filing complaints with the Monitoring authority and for their expeditious disposal. The Working Group recommends that transplant activities conducted at places other than establishments recognized under the Transplantation Acts and Rules be punished under the regular penal laws and for that purpose an additional section be added in the Pakistan Penal Code by an amendment made by Parliament in exercise of power under Article 142 of the Constitution as follows:

"374A- Punishment for commercial dealings in human organ and tissue / cells -Whoever,-

 - (a) makes or receives any payment for the supply of, or for an offer to supply, any human organs and tissue / cells.
 - (b) seeks to find a person willing to supply for payment of any human organ;
 - (c) offers to supply any human organ, tissue / cells for payment;
 - (d) initiates or negotiates any arrangement involving the making of any payment for the supply of, or for an offer to supply any human organ-

- (i) takes part in the management or control of a body of persons, whether a society, firm, or company, whose activities consist of or include the initiation or negotiation of any arrangement referred to in clause (d); or
- (ii) publishes or distributes or causes to be published or distributed any advertisement,-
 - (a) inviting persons to supply for payment of any human organ and tissue / cells;
 - (b) offering to supply any human organ and tissue / cells for payment; or
 - (c) indicating that the advertiser is willing to initiate or negotiate any arrangement referred to in clause (d),

Shall be punished with imprisonment for a term which may extend to 14 years and with fine which may extend to 10 million rupees.

An appropriate amendment be made in Schedule II to the Code of Criminal Procedure making such offence non-compoundable, non-bail-able and cognizable and to the schedule of the FIA act.

5. The monitoring authority while granting registration or renewal should reserve the right to review the amount charged by a registered establishment according to prescribed criteria and to audit the transplant data and accounts maintained by the establishment. At the time of grant of registration to an establishment and at the time of renewal thereof the monitoring authority must obtain the No-objection certificate of the relevant healthcare commission.
6. In case of brain death donors the respective police surgeons to provide guidelines of the procedures to be followed before removing organs of deceased donors in situations where medico legal cases are pending in such cases police surgeons be part of the procedures for brain death.
7. For the effective implementation of the transplant law the law enforcing agencies, hospitals and civil society organizations should establish vigilance committee who should take immediate action to promptly coordinate with secretary of the monitoring authority who should be required to dispose off complaints within 24 hours. All monitoring authority should establish round the clock call centers where violation can be reported.
8. Registration and recognition should be in respect of designated premises where organs and tissue / cells may be removed or transplanted and recognized establishment may only operate from the designated premises. A fresh registration shall be required where establishment opens, changes or adds to its place of operation.
9. All monitoring authorities should ensure that the evaluation committees of the recognized establishments enjoy credibility and periodically audit their decisions.

Proposals of Professional and Deceased Organ Donation

This Working Group has a consensus emerging from the discussions as follows:

- There should be a central body of HOTA governing all provincial branches
- Certified brain death is dead
- Brain death should be mandatory reported to DG health/ regional HOTA followed by federal HOTA
- Donation after circulatory death should be defined in law
- The members unanimously agreed to a standardized brain death criteria that should be followed in all hospitals
- A team comprising of at least 2 consultants certified for brain death diagnosis by a body (preferably neurology society) should declare a person brain death
 - Renewal of this brain death certification should be done two yearly
 - This group shall than train its staff members comprising of doctors (selected by head of institute) to certify brain death
- The term donor coordinator or social officer should be used instead of transplant coordinator appointed by HOTA. The coordinator should preferably a doctor, nurse or a medical social person
- Family counselor/ donor coordinators should have a proper training to approach a bereaved family. Also should have command on local languages and have proper communication skills
- Each hospital should generate a list of patients on maintenance dialysis and chronic liver failure based on standardized priority criteria
- A standardized protocol should be made for donor maintenance. This protocol can be generated in collaboration with anesthesia and critical care medicine society
- Training of transplant surgeon should be initiated
- HOTA should provide funds and promote deceased donor program

Proposals of Reaching out to the people workshop

This Working Group has a consensus emerging from the discussions as follows:

- School Based Campaigns
- Lectures and focused group discussion in schools/colleges
- Introduction of topic in curriculum
- Social visits of youth groups
- Integration of awareness activities through
- CSR (Corporate Social Responsibility)
- The government should introduce opt in, organ donation option in the driving license card and at the same time give information about deceased organ donation in local language
- Create a society/ club to hold regular public dialogue
- Hold public festivals
- Animated children movies
- Educate doctors about grief counseling at community level to discuss the concept with masses
- Contact smaller community heads to deliver focused message in small groups

Proposals of Role of Media in Public Education Workshop

This Working Group has a consensus emerging from the discussions as follows:

- Focus on winning over media leadership including owners, key anchors, and managers
- Harness the soft power of celebrities in raising awareness e.g. popular cricketers, social workers, singers
- Target morning shows (longer duration, targets a larger audience)
- Utilize religious programmes conducted by appropriate anchors
- Use PTV more as it has greater reach
- Prepare a list of FAQs for radio anchors to use in quiz and tie in with gifts
- Development of a unified plan for deceased organ donation that goes on various media including TV, radio, newspapers, digests, and social media
- Deliver emotional messages through TV dramas, films etc.
- Integrate organ transplantation themes in school curriculum at various levels, e.g. OUP
- Link advertisements with editorials, opinion pieces and Dawn blogs
- Use stories of recipients and donor families to highlight the human angle
- Make use of social media e.g. Facebook, Twitter
- PEMRA should ensure dedicated time specifically for organ transplantation during prime time

IN THE HON'BLE SUPREME COURT OF PAKISTAN

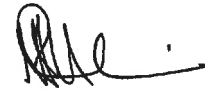
CMA NO. OF 2018
IN
S.M.C. NO. 11 OF 2016

SUO MOTO ACTION REGARDING
ILLEGAL TRANSPLANTATION OF HUMAN ORGANS

AFFIDAVIT OF THE FACTS

I, Dr. Muhammad Raheem Awan, Secretary Law and Justice Commission of Pakistan solemnly affirm that the facts stated in the report are true and correct to the best of my knowledge and belief.

Sworn at Islamabad on the 16th day of May 2018



DEPONENT