Kidney donation to a sick relative is a unique incomparable gift. A donor of tissue (be it blood, bone marrow or kidney) is the only hospital attendant who does so not for a personal purpose but for the welfare of someone else. In our unit, we insist that a kidney donor is completely willing, that his/her motives for donation are love, care and concern for the ill relative, and that there is no pressure put to bear on him/her, be it direct or indirect, financial, social or in any other respect. The donor should have the capacity to make a fully thought-out decision for donation. In this paper, we describe our experience in selecting willing donors and recognizing non-willing donors, even when they do not admit it. We interviewed over 450 donors and carried out 217 live related transplants. There were no posttransplantation regrets of donation either by us or by the donors. We have developed an approach and method through which we have come to recognize willing and unwilling donors from their outlook, their mannerisms and their response to set questions. Many clues can be obtained to unwillingness on the part of the potential donor, from his/her attitude to nurses and his/her degree of contentment of motivation during investigation and other procedures. Particular care is given to donors with mental, physical, financial or psychological handicaps and to donors to spouses. It is our policy to help an unwilling donor by providing an excuse for not donating, sometimes even without his knowledge that we did so. We have come to recognize a ‘prototype’ of a willing donor and that of an unwilling donor. These ‘prototypes’ are described.
Since we started kidney transplantation in 1979, we have always insisted that a kidney donor should be related by blood to the recipient (two exceptions being spouse to spouse donation and relationship through breast feeding*), should be able to make an independent well thought-out decision (not influenced by financial, familial or social pressures either directly or indirectly) and should be motivated by care and love for his sick relative.

We have investigated 450 donors and carried out 217 live related transplants. Unwillingness accounted for only 10% of non-acceptance of donors. We have come to recognize an unwilling donor even when he/she does not openly admit it. This recognition is based on observing the potential donor's attitudes (especially towards nurses and members of his family) mannerisms, response to set questions, and punctuality in turning up for appointments.

With the two exceptions mentioned above, we make sure that the donor and recipient are blood relatives. We may doubt blood relationship if there is no tissue typing matching, by the differing appearances of donor and recipient or their different accents (it is quite easy to recognize accents of various countries of the Arab world or indeed between different parts of Saudi Arabia). If we are still in doubt, we interview the donor and recipient separately looking for discrepancies in their answers regarding family details. We only resorted once to asking for official identification to clarify the situation. Throughout, our approach has always been one of compassion and understanding, and not one of interrogation or accusation.

Commercialism in organ donation and the ethics of donation has become a very widely debated and discussed issue. We will not discuss details here except to say that official and medical opinion in Saudi Arabia is solidly against commercialism of any sort in relation to organ transplantation. In fact, we are against all form of living non-related organ donation. We feel that the motivation for this is generally either financial (in many cases undeclared) or confused psychological reasons; only very occasionally are such prospective donors motivated by pure humane reasons. The ethical and moral objections to this type of donation have been discussed in full at international conferences organized to address this issue.

We feel that the so called 'altruistic donation' or 'rewarded gift' can easily open the way to misuse.

From the Islamic point of view, commercial donation of organs is completely prohibited. Live related and cadaveric donations, on the other hand, are permitted and encouraged in Islam.

Within the context of Saudi Arabia, living non-related donations, if allowed, would lead to an enormous drop in the number of live related donations as well as cadaveric donations (which although modest is quite encouraging compared with other Arab and Moslem countries).

It is essential that a donor be able to make a proper independent decision uninfluenced by any sort of pressure. We therefore make sure that the donor is over 18 years of age and take into account any handicaps that the donor may have (mental, physical, financial, psychological) when we assess willingness. We are particularly interested in the opinion of the spouse of the donor lest donation affect the stability of the marriage. If the donor is the spouse of the recipient, then we make sure that the motivation was not pressure by the patient's relatives.

Whilst assessing the donor, we have to be aware of all possible indirect pressures such as financial dependence, the desire of the donor to marry into the family of the recipient, being the youngest in the family and being the least achieving in the family. All these factors could form indirect pressure on the donor.

We have come to spot early clues of unwillingness on the part of the donor. Such a donor is usually unhappy, demanding, complaining, usually hostile to the nurses, poor at attending appointments and reminds us frequently that he is not well or that there are other relatives who can donate their kidneys. Interestingly enough, when large numbers of donors come forward for the same recipient, it usually indicates lack of willingness rather than the opposite. A very willing donor usually stops other relatives from coming forward so that he remains the sole donor.

The donor is usually admitted for 3 days following the completion of the out-patient investigations. We take the opportunity during this period to check again his willingness. The observations of the nurses are very useful here including the assessment of his contentment or hostility. He is also interviewed by both of us without anyone else being present, to allow him the freedom to express his views and feelings. Careful direct questions that may reveal unwillingness are: 'Do you have any pain over the kidneys?'; 'Why do other members of the family not donate their kidney?'; 'What does your spouse think of the

*Relationship through breast feeding is an Islamic belief that if a woman breast feeds a baby, not her own, more than a defined number of times, then he is considered her son and she is his mother and all their respective relatives are accordingly related.

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donation?' ‘How do you think the donation will affect your future life?’ The answers to these questions and the way they are given very often indicate unwillingness or otherwise. One can also gain insight into the appropriateness and properness of the motivation of the donor by asking ‘Why do you want to give your kidney to your relative?’ Such answers as: ‘Because I can’t bear seeing him suffering’; ‘Because he is my relative’; ‘Because I love him/her’ are more indicative of willingness than ‘Because there is nobody else to give him’; ‘Because he is the source of our support’; ‘Because I feel guilty about being disobedient to him in the past’.

If we feel, after all, that the donor is not willing, we will him out by telling the family that he is not medically suitable. Quite often, the donor himself may not be told that we think he is not willing so that he himself continues to keep his self respect by feeling that the refusal was due to medical reasons.

Among 143 Saudi donors, the relationship between the donors to recipients were 12 spouses (six husbands and six wives), 38 offspring (29 sons and nine daughters), 77 sibs (55 brothers and 22 sisters), 16 parents (eight mothers and eight fathers). One can see, therefore, that there are as many donor husbands as there are donor wives and we can see two other interesting observations related to our society — one is that menfolk in the family are more likely to donate than womenfolk and the other is that sibs and offspring are more likely to donate than parents. This is unlike observations in Western literature where parents rather than offspring are the most likely donors.7

The reason for this is rooted in Islamic teaching which stresses the importance of looking after kin (the Prophet of Islam, Peace be upon him, said ‘The person who severs the bond of kinship will not enter Paradise’) and stresses particularly looking after the female kinship (the Prophet said ‘If one has three daughters or three sisters, whom he treats with kindness, he will enter Paradise’). Islam elevates parents very highly and orders children to be obedient to their parents ‘Thy Lord hath decreed that ye worship none but him, and that ye be kind to parents. Whether one or both of them attain old age in thy life, say not to them a word of contempt, nor repel them, but address them in terms of honour. And, out of kindness, lower to them the wing of humility, and say ‘My Lord! bestow on them thy mercy even as they cherished me in childhood’.

Our overall observations of donors lead us to recognize a willing donor easily, almost at first sight. A prototype of such a donor is usually that he/she is calm and contented, usually attends all his appointments, is usually polite and patient and friendly. It is he who usually follows up the results and enquiries about dates and appointments and you find him sitting with his (recipient) relative all the time prior to the operation. His first question after the operation is to enquire about his recipient relative.

It is worth remembering that kidney (or other organ or tissue) donors may be the only true normal ‘patient’ — the only ‘patients’ who go through difficult investigations and painful operations for the benefit of others with no benefit to themselves except possibly, the joy of helping their relatives. It has been a pleasure and a privilege for us to have been involved with such patients and we have learnt much about the inspiring side of human nature from them.

References
8 The Holy Qur’an, Chapter XVII, verses 23 and 24.