



Organ Transplantation in Saudi Arabia: Psychological Evaluation and Sharia-Legal Framework

Hajed A. Alotaibi^{1*}, Motaz T. Alotaibi²

¹Majmaah University, Al Majmaah, 11952, Kingdom of Saudi Arabia

²Imam Mohammad Ibn Saud Islamic University (IMSIU), Kingdom of Saudi Arabia

DOI: doi.org/10.66325/nusantaralaw.v5i1.329

*Corresponding Author: h.alotaibi@mu.edu.sa

| Received: 03-01-2026 | Revised: 27-04-2026 | Accepted: 11-06-2026 | Published On: 19-06-2026

Abstract: The case of organ donation and transplantation in Saudi Arabia presents complex ethical issues concerning the protection of donors, patient welfare, and societal trust within an Islamic ethical system that emphasises the right to life, non-maleficence, and *amanah*. The Saudi Centre of Organ Transplantation (SCOT) coordinates governance in this area, while clinical evidence indicates that psychosocial factors—including coercion risk, mental health status, and family dynamics—significantly influence donor and recipient outcomes. This paper employs a doctrinal–normative–evidence synthesis drawing on official Saudi donor policies, Islamic jurisprudential foundations of necessity, harm prevention, and consent protection, as well as existing clinical literature on psychosocial considerations in both living and deceased donor contexts. The findings support a Saudi-proportional model of protective safeguarding, in which organ donation is deemed morally defensible when it is freely given, medically safe, and minimises harm through structured psychosocial screening, independent donor advocacy, and systematic follow-up. This Sharia–legal–psychological continuum strengthens vulnerability assessment, enhances donor protection, improves patient welfare, facilitates culturally sensitive family engagement without undermining donor autonomy, and aligns data governance with Saudi Arabia's digital transformation agenda. Other Muslim-majority jurisdictions may adopt this framework to develop comparable models that integrate Islamic ethics with contemporary transplantation regulatory standards. Academically, this paper contributes by proposing the first operationalised "proportional safeguarding" model that systematically integrates *maqāṣid al-sharī'ah* reasoning, Saudi transplant governance, and clinical psychosocial evidence into an auditable and practice-ready framework, thereby advancing the field beyond abstract permissibility rulings toward institutionally implementable donor protection standards.

Keywords: Islamic Law; Organ Transplantation; Psychological Evaluation; Saudi Arabia; Sharia Framework.

Copyright (c) 2026 Hajed A. Alotaibi et. al.



This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License

Introduction

Although organ donation and transplantation have become lifesaving medical procedures, they present ethical challenges, involving irreversible body interventions, asymmetric information, and, for some, significant social pressures. Living donation involves a non-therapeutic procedure performed by a healthy individual on behalf of another.¹ In contrast, in deceased donation, the consent of the donor co-occurs with family bereavement, concepts of death, and institutional trust. Voluntariness, valid consent, fair allocation, and prevention of exploitation and trafficking are the conditions necessary to ensure the legitimacy of donation in all cases.²

Three intermingling layers form the basic framework of the ethics of transplantation in Saudi Arabia. First, in Sharia-based moral reasoning, it is important to preserve human life (*hifz al-nafs*), refrain from causing harm (*la darar*), honour dignity and trust (*amanah*), and avoid using necessity as an excuse to cause unnecessary harm or injustice. A reference point for normative understanding of contemporary biomedical disputes is the International Islamic Fiqh Academy (IIFA), which has published a widely cited resolution on organ transplantation and its conditions.³ Secondly, Saudi Arabia (SLT) has a governing body for transplants called SCOT that publishes policies, procedures, and conditions for living donors as well as deceased donors and transplantation.⁴ Third, clinical studies reveal that psychosocial dynamics are not tangential, as they affect aspects of a patient's well-being, satisfaction, regret, and adherence to

¹ Hadi Purnomo, Widhi Handoko, and Murad Altwaiqat, “Reframing Medical Malpractice Resolution: Restorative Justice between Indonesian Criminal Law and Iṣlāḥ in Contemporary Islamic Law,” *MILRev: Metro Islamic Law Review* 5, no. 1 (March 2026): 299–327, <https://doi.org/10.32332/milrev.v5i1.13100>.

² Sixty-Third World Health Assembly, World Health Organization, “WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation,” *Cell and Tissue Banking* 11, no. 4 (November 2010): 413–19, <https://doi.org/10.1007/s10561-010-9226-0>; Ahmad Irfan et al., “Ridhaa in Islamic Marriage Law: Reconstructing Consent under Psychological Coercion,” *Al-Istinbath: Jurnal Hukum Islam* 11, no. 1 (May 2026): 272–293, <https://doi.org/10.29240/jhi.v11i1.16345>.

³ “A Human Receiving the Organs of Another Human, Dead or Alive (Organ Transplantation),” *International Islamic Fiqh Academy*, n.d., accessed May 29, 2026, <https://iifa-aifi.org/en/32287.html>; Achmad Mulyadi et al., “Dynamics of Implementing the New MABIMS Criteria on the Hijri Calendar (Takwīm Hijri) By the Indonesian and Malaysian Governments,” *Al-Adalah* 22, no. 2 (December 2025): 381–408, <https://doi.org/10.24042/adalah.v22.28543>.

⁴ Saudi Center for Organ Transplantation (SCOT), *Directory and Procedures for Organ Donation and Transplantation in the Kingdom of Saudi Arabia* (Riyadh: SCOT, 2025), <https://www.scot.gov.sa>.

transplant and program follow-up, which, in turn, has a material impact on the outcomes of the transplant program itself and on public trust.⁵

Despite the growing convergence among legal regulations, Islamic jurisprudence, and clinical practice in organ transplantation, transplant ethics is often still approached through separate disciplinary "silos." Legal frameworks tend to focus on regulatory compliance; discussions of Sharia emphasise religious permissibility; and clinical psychology focuses on psychosocial assessment and patient welfare. This fragmented approach may generate inconsistencies in practice, such as sophisticated medical screening procedures without robust mechanisms to detect coercion, extensive religious deliberations on permissibility without clear operational safeguards against undue influence, or comprehensive national policies lacking standardised psychosocial protocols to guide healthcare professionals. Addressing this gap, the present study proposes an integrated synthesis that brings together these distinct yet interrelated perspectives through a secondary-data approach capable of producing practical and publishable scholarly outcomes.

The study aims to develop a Saudi Arabia–tailored integrated Sharia–legal–psychological framework for organ donation and transplantation evaluation based exclusively on secondary sources. Its principal contribution is the formulation of a "proportional safeguarding" model derived from ethical principles and translated into operational procedures. The model incorporates five key components: structured psychosocial assessment domains, safeguards for evaluating coercion risk and voluntariness, a capacity-sensitive consent pathway for high-stakes decisions, systematic documentation and disclosure of varying levels of risk, and evidence-informed follow-up recommendations for both donors and recipients. To achieve this objective, the study is guided by four interrelated research questions. First, which psychosocial domains and safeguards are most consistently recommended in the evaluation of living donors and

⁵ K. K. Clemens et al., "Psychosocial Health of Living Kidney Donors: A Systematic Review," *American Journal of Transplantation: Official Journal of the American Society of Transplantation and the American Society of Transplant Surgeons* 6, no. 12 (December 2006): 2965–2977, <https://doi.org/10.1111/j.1600-6143.2006.01567.x>; M. A. Dew et al., "Guidelines for the Psychosocial Evaluation of Living Unrelated Kidney Donors in the United States," *American Journal of Transplantation: Official Journal of the American Society of Transplantation and the American Society of Transplant Surgeons* 7, no. 5 (May 2007): 1047–1054, <https://doi.org/10.1111/j.1600-6143.2007.01751.x>; Nathalie Duerinckx et al., "Predonation Psychosocial Evaluation of Living Kidney and Liver Donor Candidates: A Systematic Literature Review," *Transplant International: Official Journal of the European Society for Organ Transplantation* 27, no. 1 (January 2014): 2–18, <https://doi.org/10.1111/tri.12154>; L. Wirken et al., "The Course and Predictors of Health-Related Quality of Life in Living Kidney Donors: A Systematic Review and Meta-Analysis," *American Journal of Transplantation* 15, no. 12 (December 2015): 3041–3054, <https://doi.org/10.1111/ajt.13453>.

recipients? Second, what are the defining features of Saudi transplant governance concerning donor eligibility, voluntariness, and harm prevention? Third, how do Sharia principles—particularly *maqāṣid al-sharīʿah*, harm prevention (*darʿ al-mafāṣid*), and necessity (*ḍarūrah*)—support the notion of conditional permissibility and proportional safeguards? Fourth, what operational framework can be implemented within Saudi transplant programs without requiring primary data collection? Collectively, these questions guide the synthesis of Islamic legal reasoning, Saudi regulatory structures, and clinical psychosocial evidence to develop a coherent, context-sensitive, and practically applicable safeguarding model for organ transplantation.

Method

This study employs a qualitative library research approach, using an integrative review design, to synthesise doctrinal, normative, and clinical evidence on organ transplantation in Saudi Arabia. Rather than relying on primary data collection, the study utilises secondary sources, including transplant governance policies, regulatory documents, Sharia legal resolutions, clinical practice guidelines, systematic reviews, and scholarly literature. Data were collected through documentation techniques by systematically identifying, selecting, and reviewing authoritative sources relevant to organ donation eligibility, psychosocial evaluation, donor protection, informed consent, institutional accountability, and ethical governance. The study examines in particular the regulatory frameworks established by the Saudi Centre for Organ Transplantation (SCOT), personal data governance regulations, and contemporary Islamic jurisprudential discussions on organ transplantation.

Data analysis was conducted through a thematic and integrative approach. First, doctrinal and policy analyses were used to identify legal and institutional requirements governing transplantation practices. Second, normative analysis was undertaken by integrating Sharia principles, including *maqāṣid al-sharīʿah*, the prevention of harm (*lā ḍarar wa lā ḍirār; al-ḍarar yuzāl*), and the doctrine of necessity (*Al-ḍarūrāt tubīḥ al-maḥzūrāt*), to evaluate the ethical legitimacy of psychosocial assessment and donor protection mechanisms. Third, evidence synthesis was applied to clinical guidelines and systematic reviews addressing psychosocial screening and transplant outcomes. The validity of the findings was strengthened through data triangulation across regulatory, jurisprudential, and clinical sources, enabling the development of a comprehensive operational framework that aligns legal compliance, Sharia ethical principles, and evidence-based clinical practices in organ transplantation governance.

Result and Discussion

Saudi Transplant Governance: Practical Implications for Psychosocial Evaluation

Saudi transplant governance is based on general conditions related to living donation and on a broad program governance for organ donation and transplantation published by SCOT. Saudi transplant governance is anchored in published policies and procedures from SCOT, such as the general condition addressing living donation and the broader program governance condition addressing organ donation and transplantation.⁶ Psychological evaluation-based issues that are more significant in reviewing governance are three-fold, namely: (a) eligibility and suitability, (b) harm prevention orientation, and (c) accountability with procedures.

Several key principles of living donation policies are that the donor be an adult who is mentally and physically healthy and that donation not occur in ways that would cause unacceptable harm to either the donor or the recipient.⁷ This is not just a medical issue. The concept of good mental health in transplant ethics suggests four practical requirements: the ability to make large-scale decisions, voluntariness that is not forced or swayed, mental health stability to appreciate danger and endure stressors, and reduced morbidity following donation through support and coping strategies.⁸ These requirements complement international guidance on psychosocial evaluation and align with the Saudi rationale for establishing the screening process as a standard option rather than an add-on (Table 1).

Table 1. Saudi Transplant Governance Provisions and Their Psychosocial Practice Implications

SCOT governance element	Core requirement	Psychosocial implication	Practice standard
Donor eligibility	Adult; mentally and physically healthy;	Mental health status and decision-making capacity	Mandatory screening

⁶ “General Conditions for Organ Donation and Transplantation Cases | Saudi Center for Organ Transplantation,” accessed May 29, 2026, <https://www.scot.gov.sa/en/conditions-organ-donation-and-transplantation>; Saudi Center for Organ Transplantation (SCOT), *Directory and Procedures for Organ Donation and Transplantation in the Kingdom of Saudi Arabia*.

⁷ “General Conditions for Organ Donation and Transplantation Cases | Saudi Center for Organ Transplantation.”

⁸ Sul-toni Fikri and Reza Maulana Hikam, “Power Engineering under the Guise of Nutrition: A Critical Analysis of Badan Gizi Nasional Formation,” *Trunojoyo Law Review* 7, no. 2 (August 2025): 253–86, <https://doi.org/10.21107/tlr.v7i2.29925>; Endro Haksara et al., “Reconstruction of Legal Protection for Nurses in the Provision of Hospital Nursing Care Based on Restorative Justice,” *Nusantara: Journal of Law Studies* 4, no. 2 (December 2025): 157–175, <https://doi.org/10.5281/zenodo.18357611>.

	donation must not cause unacceptable harm	must be formally assessed, not assumed	
Voluntariness	Donation must be freely given without coercion or exploitation	Structured coercion-risk assessment; private donor interview without family or recipient present	Independent evaluation
Harm prevention	The effect on donor and/or recipient must not be unacceptably detrimental	Harm includes psychosocial anxiety, regret, conflict, and psychiatric deterioration	Broad harm scope
Program accountability	Institutional oversight and procedural compliance	Documentation of evaluation steps; audit-ready coercion-risk mitigation records	Governance audit
Data governance (PDPL)	Lawful basis; data minimisation; purpose limitation; access controls	Psychosocial notes require role-based access, retention rules, and no informal sharing of donor data	

Source: SCOT policies synthesised with international psychosocial evaluation guidance

SCOT's conditions and procedures state that the effect on the donor and/or recipient should not be detrimental or unacceptable.⁹ The concept of "harm" is far broader and includes, in addition to physical harm, psychosocial harm, which is foreseeable, including anxiety about donation, extreme regret, family fracture, or psychiatric deterioration.¹⁰ Most evidence suggests stable or positive psychosocial outcomes; a sizeable minority of evidence can be described as experiences of distress, anxiety, depression, family relational strain, or negative meaning-making, particularly for cases with poor recipient outcomes and when the donor felt pressured.¹¹ Therefore, harm prevention depends on establishing protocols rather than trusting and rolling up our sleeves to the elbows when it comes to family assurances.

Transplant programs are trustworthy programs. As public trust wanes, interested parties may become less willing to donate, and the risk of exploitation can increase. Governance scholarship is frequently focused on measurable

⁹ "General Conditions for Organ Donation and Transplantation Cases | Saudi Center for Organ Transplantation."

¹⁰ Purnomo, Handoko, and Altwaiqat, "Reframing Medical Malpractice Resolution."

¹¹ Clemens et al., "Psychosocial Health of Living Kidney Donors"; Duerinckx et al., "Predonation Psychosocial Evaluation of Living Kidney and Liver Donor Candidates"; Wirken et al., "The Course and Predictors of Health-Related Quality of Life in Living Kidney Donors."

integrity, accountability, and transparency in a Sharia-aligned context.¹² The research on Sharia governance indices focuses on the banking sector. Still, the models are transferable: operating measures must be in place to audit trust in a way that minimises discretion-based differences.¹³ Some analogous governance indicators for transplantation might include: documented independent donor evaluation; completion rate for coercion-risk screening follow-up; post-donation follow-up completion rate; or documented quality checks for informed consent (e.g., teach-back).¹⁴

Sharia Synthesis

It is often assumed that sharia analysis in biomedical ethics must arrive at one of two verdicts, either a verdict of "permissible" or "impermissible. This framing could be too direct and transparently ethical in the context of transplantation, where the ethical value of the act depends largely on the conditions, purpose, and foreseeable effects. A more operational question by which a clinically useful framework can be framed is, under what conditions is gifting ethically defensible, and what is needed to maintain the conditions? This is the significance of the resolution of the International Islamic Fiqh Academy (IIFA), which permits transplantation under certain conditions to save human life, while ensuring that no injustice, exploitation, or avoidable harm occurs.¹⁵

Two methodological clarifications are important in a publishable Sharia-clinical synthesis. The reason is that this Sharia analysis is not about issuing fatwas (Judicial rulings); it is actually about normative integration. It draws on the time-tested principles of Sharia and transforms them into ready-to-use policy safeguards, rather than attempting to answer every contested question. Second, if both emphasise human welfare and dignity, then Sharia reasoning is considered convergent with clinical ethics; therefore, wherever Sharia emphasises the concepts of *amānah*, *satr*, and prevention of harm, clinical ethics emphasises fiduciary integrity, *satr* (no harm), and protection of vulnerable donors.¹⁶ Rather

¹² Fikri and Hikam, "Power Engineering under the Guise of Nutrition."

¹³ Hajed A. Alotaibi, "Compound Index of Sharia Governance and Its Impact on Banks Performance," *Journal of Positive School Psychology* 6, no. 2 (March 2022): 3229–40; Iffaty Nasyiah, "Urgency of Fatwa on Domestic Psychological Violence in Indonesia as an Effort to Protect Women's Rights," *De Jure: Jurnal Hukum Dan Syariah* 16, no. 1 (June 2024): 118–140, <https://doi.org/10.18860/j-fsh.v16i1.26403>.

¹⁴ Fikri and Hikam, "Power Engineering under the Guise of Nutrition."

¹⁵ "A Human Receiving the Organs of Another Human, Dead or Alive (Organ Transplantation)"; Muhammad Shohibul Itmam et al., "Legal Politics of Mining Spatial Planning in Sumenep District: Maqāṣid Syaṛ'ah Overview," *Ijtihad: Jurnal Wacana Hukum Islam Dan Kemanusiaan* 25, no. 1 (June 2025): 1–27, <https://doi.org/10.18326/ijtihad.v25i1.1-27>.

¹⁶ Amrullah Hayatudin and Muhammad Tegar Syaekhudin, "The Concept of Sadd Al-Dzāri'ah from the Perspective of Asy-Syāṭibī and Al-Qarāfī Towards Minimum Marriage Age

than providing a wingnut's philosophy, the output is an operational set of rules that ensures donor protection is auditable and morally sound.

Preservation of life (*ḥifẓ al-nafs*) offers a strong moral justification to make transplantation easier if it saves life or restores an essential function in the context of *maqāṣid al-sharī'ah*. However, *maqāṣid* calculation is not a one-objective calculation. However, it is a formalised system of ethics that also includes respect for dignity and bodily integrity, protection from injustice, and the avoidance of preventable harm, particularly when vulnerable people are at stake. In writing on Islamic goal frameworks, it has already elaborated on how to implement *maqāṣid* within tangible, measurable objectives and safeguard frameworks, rather than treating them as a rhetorical device. In the writing on Islamic goal frameworks, it is elaborated on how to 'operationalise' *maqāṣid* in relation to frameworks of objectives and measurable safeguards: we do not have to use the *maqāṣid* as a 'rhetorical device'.¹⁷ Transferring *maqāṣid* to the context of organ donation results in an impartial attitude: Provision of a lifesaving benefit without consent when, and in the absence of, an impediment to consent and a purpose of reducing harm. Transplantation can be viewed as a medical intervention of high value, in line with the religious principle *ḥifẓ al-nafs*, which particularly aims to prevent death or a grave disability.¹⁸ No say on the exploitation and trafficking trade as injustice and harm are not in line with *maqāṣid*-based welfare.¹⁹ The moral component will be lost even if the recipient gains from the donation, if the donation is commercial and/or forced.²⁰ Respect for the donor's dignity through privacy safeguards, procedures, and role definitions.²¹ Humiliation, blame, and social punishment for not donating are effects on dignity in addition to physical injury. Least harm and proportionality: even legitimate measures have to be adopted to

Policy in Indonesia,” *Ayy-Syari'ah: Jurnal Hukum Islam* 27, no. 2 (December 2025): 193–210, <https://doi.org/10.15575/as.v27i2.44813>.

¹⁷ Hajed A. Alotaibi, “Identifying Islamic Objectives’ Frameworks for Ecology System in Saudi Arabia,” *Islamic Quarterly* 65, no. 4 (2021): 471–494.

¹⁸ “A Human Receiving the Organs of Another Human, Dead or Alive (Organ Transplantation).”

¹⁹ Itmam et al., “Legal Politics of Mining Spatial Planning in Sumenep District.”

²⁰ “The Declaration of Istanbul on Organ Trafficking and Transplant Tourism (2018 Edition),” *Transplantation* 103, no. 2 (February 2019): 218–219, <https://doi.org/10.1097/TP.0000000000002540>; Sixty-Third World Health Assembly, World Health Organization, “WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation.”

²¹ Titik Triwulan Tutik et al., “Reconstructing Eco-Maqāṣid al-Sharī'ah for CSR Policy and Radioactive Waste Management: An SDGs-Based Study in Banten and West Java,” *Al-Manahij: Jurnal Kajian Hukum Islam*, May 5, 2026, 115–132, <https://doi.org/10.24090/mnh.v20i1.15916>.

<https://doi.org/10.66325/nusantaralaw.v5i1.329>

the extent that is necessary and least harmful.²² This applies not only to information disclosure but also to invasive interventions and exposure to psychosocial risks within the concept of minimum necessity. The support given by a framework of *maqāṣid* in practice is not "transplant at all costs," but one "transplant under safeguards that will ensure life and dignity. This allows Saudi programs to claim much stronger donor protections, not as cumbersome restrictions but as a principle of harmlessness itself.

Two maxims are at the heart of it: No harm and no reciprocating harm (*lā ḍarar wa lā ḍirār*): Donation should be avoided if the donor might incur disproportionate risk, such as risks that are avoidable and preventable, and that are social or otherwise. Surgical morbidity is not the only thing that can be harmful today in the context of the transplant. It involves forced donation, foreseeable psychiatric destabilisation, family dysfunction, or alternative social consequences which could have been avoided with screening and safe pathways for refusal. *Al-ḍarūrāt* are exceptions for the sake of things deemed necessary, and the limits of necessity are ensured by *tubīḥ al-mahzūrāt* (necessity is limited): transplantation is allowed based on necessity for the sake of life, but nothing more; exceptions are within these bounds.²³ It involves selecting the least harmful feasible alternative and restricting an ethical "exception" to the absolute minimum requirement.

These sayings have practical application. They support the enforcement of protective measures, including psychosocial screening, independent evaluation, documentation, and safeguarding, with withdrawal routes. A program without these protections might harm without ever being used for its intended lifesaving aim.²⁴ This conflicts with the moral balance of Sharia, as it is morally intolerable to abstain from preventing harm, which is part of the proper way of living under Sharia. Conversely, a particular system may not detect coercion, in which case it sustains injustice and breaches the moral framework of permissibility, even if the benefactor would make it better without causing harm.²⁵

A Saudified synthesis may therefore firmly assert that screening is not merely a clinical preference for risk management; it is a safeguard, in keeping with the Sharia, that must not be obstructed to prevent donation from falling outside ethical bounds.²⁶ Now, screening is used as the "operating mechanism" by which

²² Tutik et al.

²³ Andri Winjaya Laksana et al., "Rehabilitative Sentencing for Narcotics Addicts within the Framework of National Law and Maqasid Syari'ah," *El-Mashlahab* 16, no. 1 (May 2026): 1–22, <https://doi.org/10.23971/el-mashlahah.v15i2.10409>.

²⁴ Fikri and Hikam, "Power Engineering under the Guise of Nutrition."

²⁵ "A Human Receiving the Organs of Another Human, Dead or Alive (Organ Transplantation)."

²⁶ Itmam et al., "Legal Politics of Mining Spatial Planning in Sumenep District."

the system adds security without taking away dignity or allowing exploitation of the recipient. *Amānah* is the ethical obligation to be trustworthy and faithful in the stewardship of Sharia ethics.²⁷ In living donation, the transplant program has a fiduciary duty to the donor: it must ensure that the donor's donation is truly voluntary, well-informed, and non-coerced.²⁸ Voluntariness is thus not just legal; it is moral. Money, which is "consented" but morally coerced, that is, refusing it would bring shame, blame, or punishment, does not have the moral meaning of consent.

In operation, there are at least four safeguards for *amānah* logic. First, donors need a safe, private evaluation space to speak freely without family or recipient presence. Second, a valid withdrawal protection process must ensure that withdrawals are free from humiliation and retaliation, which is clinically in accord with best practice and ethically maintains human dignity. Third, the non-auditability of reasons for refusal must be guaranteed, as the recipient and their extended family should not be able to audit the donor's reasons for refusal, since in contexts of high social pressure, reason disclosure may be used to coerce. Fourth, documentation and transparency are equally essential, as *amānah* demands accountability, with steps taken to ensure voluntariness is documented and both donors and institutions are protected. This aligns with the main theme of proportionality, where the goal is not to eliminate family involvement but to ensure it complements welfare rather than replacing autonomy.

The modern scholarship in Saudi and Sunni Islamic ethics talks about permissibility subject to the threats of life and death, focusing attention on dangers to life. However, it warns of dangers to itself, such as death, exploitation, trafficking, and other immoral conduct in relation to death in the name of Islam. The present discourse on the school of Saudi ethics emphasises conditional permissibility in the context of threats to life. It warns against the dangers of life, along with the dangers to self, including the dangers of death, exploitation, trafficking, the killing of the innocent, and other immoral acts associated with death in the name of Islam.²⁹ The IIFA resolution also includes transplantation among allowable measures designed to avoid injustice and safeguard the dignity of human beings.³⁰

²⁷ Ubaidillah et al., "Reconstruction of Maqāṣid Al-Syarī'ah Fī Hifẓ al-Māl in Responding to Doom Spending Among Generation Z and the Implications for Family Economic Resilience," *Al-Muamalat* 13, no. 1 (March 2026): 76–101, <https://doi.org/10.15575/am.v13i1.53964>.

²⁸ Irfan et al., "Ridhaa in Islamic Marriage Law."

²⁹ Mohammed Albar, "Organ Transplantation: A Sunni Islamic Perspective," *Saudi Journal of Kidney Diseases and Transplantation* 23, no. 4 (August 2012): 817, <https://doi.org/10.4103/1319-2442.98169>.

³⁰ "A Human Receiving the Organs of Another Human, Dead or Alive (Organ Transplantation)."

For a Saudi-made framework, the intention is not to reopen all theological debates but rather to operationalise agreed-upon safeguards in a manner that can be adopted within the governance frameworks and clinical contexts of the Saudi region. This means turning Sharia principles into actionable rules that clinicians can apply, including voluntariness screening and protected withdrawal, detection of coercion-risk, capacity-sensitive consent processes, prohibition of financial incentives or exploitation, separate duties and advocacy roles, and ethics and documentation discipline used as generic terms for ethical responsibility. To sum up, the greatest path to publication and clinical usefulness of a Sharia contribution is certainly not an abstract permissibility verdict. It is an ethical framework built in a structured way, and donation/transplantation itself is not to be seen as an action beyond what is allowed. Rather, it is allowed to happen for a reason: the program itself has built up the necessary safeguards of life, dignity, and justice (Table 2).³¹

Table 2. Sharia Principles and Their Operational Safeguards
In Organ Transplantation

Sharia principle	Arabic maxim/source	Ethical meaning in transplantation	Operational safeguard
Preservation of life	<i>Hijz al-nafs (maqāṣid)</i>	Transplantation is morally justified when it prevents death or grave disability.	Transplantation is permissible under conditions; a lifesaving purpose must be established before proceeding.
No harm, no reciprocating harm	<i>Lā ḍarar wa lā ḍirar</i>	Donation is impermissible if it exposes the donor to disproportionate, avoidable harm, physical or psychosocial.	Structured psychosocial screening; coercion-risk detection; safe refusal pathway; psychiatric pre-assessment
Necessity is bounded	<i>Al-ḍarūrāt tubīh al-mahzūrāt</i>	Ethical exceptions (e.g., body intervention) extend only as far as the necessity demands; no excess.	The least-harm principle applies to all intervention and disclosure decisions; proportionality is required.
Trusteeship and fidelity	<i>Amānah</i>	Transplant programs have a fiduciary duty to donors; consent	Private donor interview; protected withdrawal pathway;

³¹ Albar, “Organ Transplantation”; Alotaibi, “Identifying Islamic Objectives’ Frameworks for Ecology System in Saudi Arabia”; “A Human Receiving the Organs of Another Human, Dead or Alive (Organ Transplantation).”

		obtained through social coercion is morally invalid.	non-disclosure of refusal reasons to recipient family
Dignity and privacy	<i>Hijz al-'ird / satr</i>	Humiliation, blame, or reputational harm from refusal violates dignity as much as physical injury.	Confidential evaluation records; PDPL-compliant data handling; role-based access to psychosocial notes
Conditional permissibility	<i>IIFA resolution on transplantation</i>	Transplantation is allowed to save life, not as an absolute entitlement; conditions must be actively met.	Safeguard documentation; independent donor advocacy; ethics committee oversight for high-risk cases

Source: author's interpretation

Clinical Psychology Evidence: What Psychosocial Evaluation Must Accomplish

Psychosocial evaluation during living donation is not just about "screening out psychiatric illness." It has several purposes: to check for voluntary consent; to assess capacity; to alert to psychosocial risks; to prepare donors and families for anticipated stressors; and to facilitate access to psychosocial support and Follow-up.³² The most frequently identified domains by the guidelines and reviews are summarised below. One aim of psychosocial evaluation is to identify apparent coercion and to understand why there might be a subtler form of undue influence.³³ Donor experience reviews reveal that the themes of "family expectation," "family obligation," and "relationship pressure" are common in particular donation contexts, such as family-based donation.³⁴ The risk of coercion is increased if there is a conflictual or dominant donor-recipient relationship, if funds are dependent, if there are dynamics of family honour, if

³² Dew et al., "Guidelines for the Psychosocial Evaluation of Living Unrelated Kidney Donors in the United States"; Kidney Disease: Improving Global Outcomes (KDIGO) Living Kidney Donor Work Group, "KDIGO Clinical Practice Guideline on the Evaluation and Care of Living Kidney Donors," *Transplantation* 101, no. Suppl. 8S (2017): S1–109.

³³ Meisy Fajarani et al., "Judicial Strategies in Addressing Domestic Violence: Gender-Responsive Legal Analysis from the Religious Court of Malang Regency, Indonesia," *Justicia Islamica* 23, no. 2 (May 2026): 477–504, <https://doi.org/10.21154/justicia.v23i2.11804>.

³⁴ Allison Tong et al., "The Motivations and Experiences of Living Kidney Donors: A Thematic Synthesis," *American Journal of Kidney Diseases* 60, no. 1 (July 2012): 15–26, <https://doi.org/10.1053/j.ajkd.2011.11.043>; Fajarani et al., "Judicial Strategies in Addressing Domestic Violence."

the donor feels that refusal will lead to abandonment, shame, or stigma, or if the donor feels emotionally desperate to be rescued or mended. The Guidelines call for evaluation to include a simple, protected mechanism for refusal of donation without condemnation and a professional, unrelated to the recipient, advocacy to assess the donor agency.³⁵

A complex process of risk information and unforeseen uncertainty makes donation more than a signature on a form; informed consent must extend beyond that. Believing the answer, even when donors are hospitalised with confidence, may lead them to fear the worst when feeling time-constrained and/or to underestimate potential future outcomes (e.g., health insurance costs, employment problems, caregivers' responsibilities).³⁶ In cases of reservations or outside the context of a relationship with anxiety, cognitive ability assessment and structured explanation and confirmation of knowledge are recommended, for example, through teaching back.³⁷

Systematic review evidence indicates that for the majority of donors, psychosocial health remains unchanged or improves, with a subset reporting depression, anxiety, stress, or diminished quality of life, with a focus on complications and adverse recipient outcomes.³⁸ The most frequent predonation risk factors include mild alcohol abuse, delusions, hallucinations, or other symptoms of a severe mental disorder that did not receive treatment, severe relational conflict, insufficient social support, impractical hopes for relational change, previous trauma that might resurface through medical strain, and financial instability as a threat of indirect coercion. Duerinckx et al. note the lack of uniformity in social assessment issues across activities and the need to ensure consistent content and process to alleviate inconsistencies between programs.³⁹

Qualitative syntheses demonstrate a tendency for donors to renegotiate their identity and relationships following donation, and that donor experiences range

³⁵ Dew et al., "Guidelines for the Psychosocial Evaluation of Living Unrelated Kidney Donors in the United States"; Kidney Disease: Improving Global Outcomes (KDIGO) Living Kidney Donor Work Group, "KDIGO Clinical Practice Guideline on the Evaluation and Care of Living Kidney Donors."

³⁶ Haksara et al., "Reconstruction of Legal Protection for Nurses in the Provision of Hospital Nursing Care Based on Restorative Justice."

³⁷ Kidney Disease: Improving Global Outcomes (KDIGO) Living Kidney Donor Work Group, "KDIGO Clinical Practice Guideline on the Evaluation and Care of Living Kidney Donors."

³⁸ Clemens et al., "Psychosocial Health of Living Kidney Donors"; Wirken et al., "The Course and Predictors of Health-Related Quality of Life in Living Kidney Donors."

³⁹ Duerinckx et al., "Predonation Psychosocial Evaluation of Living Kidney and Liver Donor Candidates."

from pride and growth to vulnerability, guilt, and regret.⁴⁰ Some donors feel abandoned by the system after surgery, and others have expectations of gratitude that are not met and/or family issues that are not addressed.⁴¹ The outcomes highlight the importance of screening individuals before they become donors and providing follow-up after they become donors, which accounts for the psychosocial aspects of post-donation care.

Psychological factors in deceased donation comprise the family's grief, trust in the health care system, and understanding of the process for determining death. The guidance on ethical systems strongly suggests a focus on public trust, which is jeopardised by perceived secrecy, poor communication, and conflicts of interest.⁴² Family communications and open procedures should be guided by a Saudi framework and be seen as a moral obligation, as they are key to willingness to donate and contribute to long-term legitimacy.⁴³

The Integrated "Proportional Safeguarding" Framework (Saudi-Tailored)

This section explains how the synthesis can serve as an operational model for transplant programs, hospital ethics committees, and clinical psychologists involved in donor/recipient evaluation. Proportional safeguarding refers to safeguards that are necessary, minimal, and audit-ready, creating no barrier to access to lifesaving care whilst maintaining voluntariness and welfare.⁴⁴ It is based on four pillars. The first is protecting the volunteer from coercion, ensuring that donors can donate safely and privately. The second is confirmation of capacity and comprehension, requiring a high threshold of consent that is both understood and appreciated. The third is harm minimisation, which involves identifying and minimising potential social risks before and after donation. The

⁴⁰ Clemens et al., "Psychosocial Health of Living Kidney Donors"; Fajarani et al., "Judicial Strategies in Addressing Domestic Violence."

⁴¹ Nasyiah, "Urgency of Fatwa on Domestic Psychological Violence in Indonesia as an Effort to Protect Women's Rights."

⁴² Nurmalah Nurmalah et al., "The Criminalization of Civil Disputes: A Legal Analysis of the Application of Criminal Charges in Cases Involving State Finances," *Jurnal Hukum* 41, no. 4 (November 2025): 861–879, <https://doi.org/10.26532/jh.v41i4.48749>; Sixty-Third World Health Assembly, World Health Organization, "WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation"; "The Declaration of Istanbul on Organ Trafficking and Transplant Tourism (2018 Edition)."

⁴³ Huzaimah Al-Anshori et al., "Clarifying Heirs' Rights in Indonesian Waqf Law: Toward Stronger Governance and Conflict Prevention," *Nurani: Jurnal Kajian Syari'ah Dan Masyarakat* 25, no. 2 (December 2025): 529–553, <https://doi.org/10.19109/nurani.v25i2.30356>.

⁴⁴ Noorhaidi Hasan et al., "Adaptive Discretion in Child Marriage Prevention: Street-Level Bureaucracy in Indonesia's Islamic Marriage Administration," *Journal of Islamic Law* 7, no. 1 (February 2026): 142–167, <https://doi.org/10.24260/jil.v7i1.5265>.

fourth is accountability through governance indicators and documentation, which ensure institutional integrity and public trust.

Based on Dew et al., Duerinckx et al., and KDIGO, a Saudi minimum psychosocial domain set should include (Table 3): the evaluation system encompasses four related areas.⁴⁵ In terms of voluntariness and coercion-risk measure, the process involves obtaining a motivation story, the narration by the donor, analysis of relationships concerning hierarchy, conflict, and dependence, detection of financial pressure indicators, including debt, dependence, and promised compensation, refusal permission test, a personal interview in the absence of the recipient or family, and a confidential withdrawal pathway through proper medical unsuitability clarification. Regarding capacity and comprehension checks, the assessment will eliminate the appreciation of the process, possible complications, options, and implications to the donor, their cultural sensitivity to uncertainty and future consequences, their reasons why they choose the donation option, and the consistency in their decision with time, as well as the record of critical risks using the teach-back techniques. About psychiatric and psychosocial stability, the assessment will consider current mental health symptoms and history, prevalence and relapse potential of substance use disorder, history and anticipated triggers of trauma, coping style, resilience factors, and support systems, and the possibility of expectations being elevated and then disappointed in the future following donation. Lastly, the evaluation will also take into account social support, the post-donation plan, the caregiver, the workforce, the post-surgery recovery plan, and preparation for follow-up adherence.

Table 3. Saudi Minimum Psychosocial Domain Set for Living Donor Evaluation

Evaluation Domain	Core Elements	Assessment	Risk Indicators Requiring Mitigation	Sharia Alignment
1. Voluntariness and coercion risk High priority	<ul style="list-style-type: none"> Donor motivation narrative (unprompted) Relationship hierarchy and dependency analysis 		Fear of consequences if refusing; financial dependence; shame language; inconsistent narrative; reluctance to speak privately	<i>Amānah</i> (fiduciary duty); <i>lā ḍarar</i> (harm prevention); dignity protection

⁴⁵ Dew et al., “Guidelines for the Psychosocial Evaluation of Living Unrelated Kidney Donors in the United States”; Duerinckx et al., “Predonation Psychosocial Evaluation of Living Kidney and Liver Donor Candidates”; Kidney Disease: Improving Global Outcomes (KDIGO) Living Kidney Donor Work Group, “KDIGO Clinical Practice Guideline on the Evaluation and Care of Living Kidney Donors.”

	<ul style="list-style-type: none"> • Financial pressure indicators • Private interview without family or recipient • Refusal permission test • Confidential withdrawal pathway 		
2. Capacity and comprehension Mandatory	<ul style="list-style-type: none"> • Understanding of procedure, risks, and alternatives • Appreciation of future consequences • Consistency of decision over time • Cultural sensitivity to uncertainty • Teach-back confirmation of critical risks 	Time pressure; cognitive impairment; over-confidence; underestimation of long-term risk	Valid consent requirement; necessity is bounded by informed decision
3. Psychiatric and psychosocial stability Mandatory	<ul style="list-style-type: none"> • Current mental health symptoms and history • Substance use disorder prevalence and relapse risk • Trauma history and anticipated medical triggers • Coping style and resilience factors • Social support availability 	Untreated severe mental disorder; active substance misuse; severe relational conflict; insufficient support	Hifz al-nafs (self-preservation); proportional harm minimisation

		<ul style="list-style-type: none"> • Unrealistic post-donation expectations
4. Social support and post-donation plan Standard	<ul style="list-style-type: none"> • Caregiver and workforce arrangement • Post-surgery recovery logistics • Follow-up adherence preparation • Family communication plan (donor-controlled) 	<p>Absence of practical support, financial instability as indirect coercion, and inadequate follow-up plan</p> <p>Harm prevention extending to post-donation welfare; <i>amānah</i> in program stewardship</p>

Source: Dew et al. (2007), Duerinckx et al. (2014), KDIGO (2017), and integrated Sharia-governance constraints

Programs should make concrete the role-separation principle: minimise delicate factors and coercion by having at least one professional (or a committee function) to represent donor welfare alone, and structurally independent of recipient urgency factors. This is in keeping with the ethical rules and emphasises non-exploitation, which may be presented in Sharia as *amānah*, or body trust, rendered to a weak person. Healthcare decisions in Saudi Arabia are heavily reliant on family involvement.⁴⁶ In most instances, it is clinically useful: a family member can assist the donor in comprehending complex health and wellness information, provide practical support after the healing process, and reduce stress through emotional support. Meanwhile, family engagement can imperceptibly or expressly coopt consent into compliance, particularly when giving consent to donate is presented as a moral imperative, a sign of allegiance, or a test of familial integrity.⁴⁷ Thus, the engagement of families should be considered dual-use: both a protective resource and a coercive mechanism. Ethically, the former comes first; the latter does not come second: to involve the family, not to take over for the donor.⁴⁸

This model identifies two types of family involvement: First, Supportive involvement, participation is supportive and promotes the donor's well-being and independence. It includes supporting the donor in clarifying questions with clinical professionals, translating and interpreting medical information for

⁴⁶ Mulyadi et al., "Dynamics of Implementing the New MABIMS Criteria on the Hijri Calendar (Takwīm Hijri) By the Indonesian and Malaysian Governments."

⁴⁷ Al-Anshori et al., "Clarifying Heirs' Rights in Indonesian Waqf Law."

⁴⁸ Al-Anshori et al.

everyday life, and arranging logistics such as work leave, childcare, and transport. It also encompasses emotional support by calming anxiety, normalising experiences, and helping the donor think through fears without rushing, as well as implementing adherence support and follow-up services, and maintaining the donor's privacy integrity by conducting consent seminars only with the donor's permission. Supportive involvement is also ethical, as it minimises harm and enhances informed decision-making.⁴⁹ It also has the potential to enhance post-donation outcomes by promoting adherence, reducing stress, and fostering practical stability, all of which have been identified as pertinent to donor well-being in transplant psychosocial supports.⁵⁰

Second, Directive involvement compromises the voluntary aspect of the action and renders the action socially sanctioned.⁵¹ It includes pressure through persuasion after hesitation or explicit demands, shaming through statements such as suggesting that love obligates donation or that refusal will result in blame, correct use and misuse of moral or religious language to eliminate choice rather than promote reflection, relational risks such as withdrawal of affection, exclusion, threat of divorce, loss of inheritance, or public exposure, financial leverage through promises of financial support or reduced financial obligations, and treating refusal as dishonour or betrayal.

Directive involvement is ethically unviable because it is an infringement of the principle of consent integrity and is likely to increase the risks of psychosocial harm. Notably, when directed pressure is present, even though the donor's verbal response may be "yes", and they seem relaxed. Social research on volunteering has also identified the interplay between perceived obligation and relationship pressure, on the one hand, and helping or altruistic motivation, on the other, in the context of transplanting.⁵² Refusal in close-knit communities can have a high social cost, as donors may fear feeling unfaithful or unethical, family conflict escalation, damage to their reputation, particularly in the case of women or younger donors, and long-term relational punishment.⁵³ This dynamic reflects the

⁴⁹ Amin Mujahid bin Hurbi et al., "Reevaluation of Judges' Conditions for Disabilities: A Comparative Study of Islamic Jurisprudence and the Convention on the Persons with Disabilities," *JURIS (Jurnal Ilmiah Syariah)* 25, no. 1 (April 2026): 115–129, <https://doi.org/10.31958/juris.v25i1.15992>.

⁵⁰ Dew et al., "Guidelines for the Psychosocial Evaluation of Living Unrelated Kidney Donors in the United States"; Kidney Disease: Improving Global Outcomes (KDIGO) Living Kidney Donor Work Group, "KDIGO Clinical Practice Guideline on the Evaluation and Care of Living Kidney Donors."

⁵¹ Nasyiah, "Urgency of Fatwa on Domestic Psychological Violence in Indonesia as an Effort to Protect Women's Rights."

⁵² Tong et al., "The Motivations and Experiences of Living Kidney Donors."

⁵³ Fajarani et al., "Judicial Strategies in Addressing Domestic Violence."

rational fear that donors will endorse donations or opt to donate in response to ensuing costs and effects rather than by free choice. The absence of family consent in the consent process constitutes another important moral issue for Saudi transplant programs, aside from the legal form, which is a mere formality.

Operational rule: Family involvement may be used when it is helpful to the donor's understanding and well-being, the donor's own evaluation does not change, and the protected pathway of refusal does not. There are five practice implications of this rule. First, a private donor interview is mandatory without family or recipient present, as the psychosocial evaluation should involve one or more protected sessions during which the donor can speak freely,⁵⁴ which are the major ways to detect subtle pressure and evaluate voluntariness, ambiguity, and the threat of repercussions.⁵⁵ Second, donor-controlled therapies: only with donor approval may the family be engaged in education and planning, and the family should be counselled that this approval can be withdrawn, lest family involvement comes to be institutionalised. Third, the teach-back should be donor-based and not family-based, in which case the clinician has to talk straight to the donor and inquire about the critical regimen obligations and options together with follow-up needs, since the family response as a replacement of the donor response should give the clinic a red flag as a form of autonomy substitution. Fourth, a safeguarded refusal process has to be clear and plausible, and programs have to make it very clear that a donor can exit at any moment and that a notation of medical inadvisability can be made where necessary in order to prevent privacy problems and decrease the threat of family retaliation, not as a lie but as a security precaution towards autonomy in situations where non-compliance can trigger conflict. Fifth, screening and mitigation steps that involve coercion should be documented, such that in cases where indicators of coercion risk are present, such as fear of consequences, financial dependence, use of shame language, inconsistent narrative, and unwillingness to speak privately the program should record the risk, consult with the transplant team or ethics lead, and provide a mitigation strategy which might include additional private sessions, involvement of an independent donor advocate, or a cooling off period.

To operationalise this section, evaluators may utilise structured prompts to screen for the risk of coercion within a Saudi-tailored protocol in a practical manner. They involve enquiring to the donor what they believe may be the case in their family in the event of their non-donation, whether they have any one to

⁵⁴ Haksara et al., "Reconstruction of Legal Protection for Nurses in the Provision of Hospital Nursing Care Based on Restorative Justice."

⁵⁵ Dew et al., "Guidelines for the Psychosocial Evaluation of Living Unrelated Kidney Donors in the United States"; Kidney Disease: Improving Global Outcomes (KDIGO) Living Kidney Donor Work Group, "KDIGO Clinical Practice Guideline on the Evaluation and Care of Living Kidney Donors."

disappoint, whether they are promised anything or would they lose something by saying no, whether they are comfortable telling their family of their decision or would they like the program to tell them in a manner that would not compromise their privacy and whether they would feel guilty if the outcome of the recipient is not as expected. These hints are clinically useful in that they go beyond merely asking the donor whether he is being forced to donate, which he often denies, to the more realistic question of what would happen if he were not.

Per se, family solidarity and altruism have high value in the Sharia perspective, while coercion and harm do not. The ethical significance of an action lies primarily in the donor's sincerity and freedom of choice.⁵⁶ In addition, harm prevention (*lā ḍarar*) helps to ensure protection from mental harm, injustice, or exploitation due to family pressure.⁵⁷ Sharia reasoning aspires to contribute to a framework in which family involvement is desired but not reduced to a mechanism of obligation or social enforcement. In practice, this means the donor is shielded from being reduced to a means of obligation or social control, and family involvement is welcomed as support. In implementation-ready terms, the family is to be kept involved in terms of education, planning, and recovery, but on donor terms. An independent assessment and a plausible, well-defended disapproval route should exist. The rejection protection must be viewed as protection of the donors' dignity and the integrity of the system, rather than as opposition to family values. The screening and mitigation procedures for coercion risk should be documented in the audit-ready governance.⁵⁸

Documentation is not bureaucracy but rather donor protection and program accountability.⁵⁹ A minimal template should document the voluntariness assessment steps, including a private interview and coercion screening, capacity and teach-back confirmation, identified risks and a mitigation plan, an explanation of the donor withdrawal pathway, and a post-donation follow-up plan. This accountability logic parallels Sharia governance principles, as trust requires measurable stewardship rather than mere good intentions.⁶⁰ The results

⁵⁶ Irfan et al., "Ridhaa in Islamic Marriage Law."

⁵⁷ Laksana et al., "Rehabilitative Sentencing for Narcotics Addicts within the Framework of National Law and Maqasid Syari'ah."

⁵⁸ Dew et al., "Guidelines for the Psychosocial Evaluation of Living Unrelated Kidney Donors in the United States"; Kidney Disease: Improving Global Outcomes (KDIGO) Living Kidney Donor Work Group, "KDIGO Clinical Practice Guideline on the Evaluation and Care of Living Kidney Donors"; Tong et al., "The Motivations and Experiences of Living Kidney Donors."

⁵⁹ Fikri and Hikam, "Power Engineering under the Guise of Nutrition"; Nurmalah et al., "The Criminalization of Civil Disputes."

⁶⁰ Alotaibi, "Compound Index of Sharia Governance and Its Impact on Banks Performance."

of psychosocial evaluations are very sensitive. However, Saudi principles of PDPL, lawful basis, minimisation, purpose limitation, and access controls may be understood as an extension of *amānah*,⁶¹ entrusted information should not be on private devices.⁶² Where transplant programs use digital platforms, safeguards should include role-based access to psychosocial notes, clear retention rules, and restrictions on informal messaging of donor details. Methodologically, this paper's synthesis strategy is analogous to earlier Sharia–Saudi legal–clinical synthesis of confidentiality ethics, which enabled the integration of normative ethics, decisions grounded in binding governance rules, and clinical evidence into an operational model.⁶³

Discussion: Practical Implications and Policy Recommendations

Adult eligibility/suitability/harm avoidance are also among the points that Saudi transplant governance already focuses on.⁶⁴ The merit of this paper lies in the translation of these conditions into "auditable" psychologically and ethically worthwhile practice. Differences in psychosocial protocols pose a risk in themselves: if protocols vary across centres, allegations of coercion or unfairness would be more difficult to dismiss, and donor protection relies on individual clinician judgment, which must be effective.⁶⁵ Standardisation (not standardisation, not enforceability) enhances fairness and trust.

The Declaration of Istanbul⁶⁶, which emphasises the prohibition of organ trafficking/exploitation, as well as the principles of self-sufficiency and voluntary

⁶¹ Ubaidillah et al., "Reconstruction of Maqāṣid Al-Syarī'ah Fī Ḥifẓ al-Māl in Responding to Doom Spending Among Generation Z and the Implications for Family Economic Resilience."

⁶² Saudi Data and AI Authority (SDAIA), *Personal Data Protection Law* (Riyadh: SDAIA, 2023), <https://sdaia.gov.sa>; Saudi Data and AI Authority (SDAIA), *Implementing Regulation of the Personal Data Protection Law* (Riyadh: SDAIA, 2023), <https://sdaia.gov.sa/en>.

⁶³ Hajed A. Alotaibi and Motaz T. Alotaibi, *Therapeutic Confidentiality And The Limits Of Disclosure In Saudi Arabia An Integrated Sharia–Saudi Legal–Clinical Framework*, 12, no. 1 (2026).

⁶⁴ "General Conditions for Organ Donation and Transplantation Cases | Saudi Center for Organ Transplantation"; Saudi Center for Organ Transplantation (SCOT), *Directory and Procedures for Organ Donation and Transplantation in the Kingdom of Saudi Arabia*.

⁶⁵ M. Sulthon, "Integration of Islamic Sharia in National Legal System," *Jurnal Ilmiah Mizani: Wacana Hukum, Ekonomi Dan Keagamaan* 7, no. 2 (March 2024): 116–33, <https://doi.org/10.29300/mzn.v7i2.2587>; Duerinckx et al., "Predonation Psychosocial Evaluation of Living Kidney and Liver Donor Candidates."

⁶⁶ Maher Ghazal and Mohamed Abd-Elmottlb Azab, "Sheikh Mahmoud Shukri Al-Alusi and His Stance on Contemporary Intellectual Currents: An Analytical Study in Light of the Intellectual Transformations of the Nineteenth Century," *Al-Biruni Journal of Humanities and Social Sciences*, September 23, 2025, 12, <https://doi.org/10.64440/BIRUNI/BIR004>.

donation in ethical systems, is consistent with WHO guidelines.⁶⁷ These goals are reflected through a Saudi psychosocial framework, which identifies motives for compensation, financial exploitation, or patterns of family pressure, which can be seen as "soft trafficking."⁶⁸ Programs can take proactive action, document the reasons for their actions, and protect donors from public exposure to scandal.⁶⁹

Trust in deceased donation is linked to honest, dignified communication and to effective processes for death determination and allocation.⁷⁰ However, if policies are strong, they can also be detrimental to public confidence if poorly communicated or perceived as self-serving from the institution's perspective. Programs need to include a family standardised communication programme, consent programs need to be done in a way that considers grief, and that clinical care for the dying patient is separated from procurement programmes. A good transplant program should consider psychosocial assessment a program function, incorporating handouts, posters, and multimedia on coercion-risk detection and culturally competent family dynamics; structured interventions for high-risk cases; repeated, regularly scheduled verification of the completeness of documentation; and standardised withdrawal pathway scripts to safeguard donor dignity.

Conclusion

A comprehensive and functional Sharia–legal–psychological framework is crucial for reinforcing the ethical aspects of organ donation and transplantation in Saudi Arabia and should assume that the four principles of voluntariness, capacity, harm avoidance, and accountability are interconnected. The model proposed for supporting "proportional safeguarding" structures psychosocial evaluation domains around the proposed conditions, establishes a clear pathway for refusal, provides independent donor advocacy, enacts documentation discipline, and implements mechanisms for data-governance safeguards grounded in PDPL principles. The framework, which combines the Sharia objectives and the protections of juristic rulings with Saudi transplant governance and clinical evidence, enhances the protection of the donor, the well-being of the recipient, and public trust without creating impenetrable hurdles to lifesaving interventions.

⁶⁷ Sixty-Third World Health Assembly, World Health Organization, "WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation"; "The Declaration of Istanbul on Organ Trafficking and Transplant Tourism (2018 Edition)."

⁶⁸ Tika Widiastuti et al., "Strategic Solutions for Women's Empowerment through Islamic Social Finance in Light of Maqāṣid Sharia: A Delphi-ANP Approach," *AL-IHKAM: Jurnal Hukum & Pranata Sosial* 20, no. 1 (May 2025): 28–62, <https://doi.org/10.19105/al-lhkam.v20i1.16831>.

⁶⁹ Widiastuti et al.

⁷⁰ Hasan et al., "Adaptive Discretion in Child Marriage Prevention."

Acknowledgements

The authors gratefully acknowledge the support of the Deanship of Scientific Research at Imam Mohammad Ibn Saud Islamic University (IMSIU), which funded this research. The author also expresses appreciation to the editorial team and anonymous reviewers for their constructive feedback, which strengthened the scholarly rigour of this work.

Author Contributions Statement

Hajed A. Alotaibi conceived and designed the study, developed the conceptual framework integrating psychological evaluation and Sharia-legal perspectives on organ transplantation in Saudi Arabia, conducted the literature review, interpreted the findings, and led the writing and revision of the manuscript. Motaz T. Alotaibi contributed to data collection and literature analysis, examined the regulatory and ethical dimensions of organ transplantation in the Saudi context, assisted in interpreting the findings, and critically reviewed and revised the manuscript for important intellectual content. Both authors contributed substantially to the development of the article, approved the final version of the manuscript, and agreed to be accountable for all aspects of the work.

Conflict of Interest Statement

The authors declare no conflict of interest. The funding body, the Deanship of Scientific Research at Imam Mohammad Ibn Saud Islamic University (IMSIU), had no role in the design of the study, the collection or interpretation of materials, the drafting of the manuscript, or the decision to submit the paper for publication.

AI Usage Statement

This paper is an original scholarly work produced entirely by the authors without the assistance of artificial intelligence writing or text-generation tools. All legal analysis, jurisprudential interpretation, theoretical argumentation, and written expression contained in this manuscript were developed and composed independently by the author. No AI-assisted drafting, paraphrasing, or content-generation software was used at any stage of the research or writing process.

Funding Statement

This work was supported and funded by the Deanship of Scientific Research at Imam Mohammad Ibn Saud Islamic University (IMSIU) (grant number IMSIU-DDRSP2601).

References

- Al-Anshori, Huzaimah, M. Syamsudin, Agus Triyanta, Ramadhita Ramadhita, Syabbul Bachri, and Hajed A. Alotaibi. "Clarifying Heirs' Rights in Indonesian Waqf Law: Toward Stronger Governance and Conflict Prevention." *Nurani: Jurnal Kajian Syari'ah Dan Masyarakat* 25, no. 2 (December 2025): 529–553. <https://doi.org/10.19109/nurani.v25i2.30356>.
- Albar, Mohammed. "Organ Transplantation: A Sunni Islamic Perspective." *Saudi Journal of Kidney Diseases and Transplantation* 23, no. 4 (August 2012): 817. <https://doi.org/10.4103/1319-2442.98169>.
- Alotaibi, Hajed A. "Compound Index of Sharia Governance and Its Impact on Banks Performance." *Journal of Positive School Psychology* 6, no. 2 (March 2022): 3229–3240.
- . "Identifying Islamic Objectives' Frameworks for Ecology System in Saudi Arabia." *Islamic Quarterly* 65, no. 4 (2021): 471–494.
- Alotaibi, Hajed A., and Motaz T. Alotaibi. *Therapeutic Confidentiality and The Limits Of Disclosure In Saudi Arabia An Integrated Sharia–Saudi Legal–Clinical Framework*. 12, no. 1 (2026).
- Clemens, K. K., H. Thiessen-Philbrook, C. R. Parikh, R. C. Yang, M. L. Karley, N. Boudville, G. V. Ramesh Prasad, A. X. Garg, and Donor Nephrectomy Outcomes Research (DONOR) Network. "Psychosocial Health of Living Kidney Donors: A Systematic Review." *American Journal of Transplantation: Official Journal of the American Society of Transplantation and the American Society of Transplant Surgeons* 6, no. 12 (December 2006): 2965–2977. <https://doi.org/10.1111/j.1600-6143.2006.01567.x>.
- Dew, M. A., C. L. Jacobs, S. G. Jowsey, R. Hanto, C. Miller, F. L. Delmonico, United Network for Organ Sharing (UNOS), American Society of Transplant Surgeons, and American Society of Transplantation. "Guidelines for the Psychosocial Evaluation of Living Unrelated Kidney Donors in the United States." *American Journal of Transplantation: Official Journal of the American Society of Transplantation and the American Society of Transplant Surgeons* 7, no. 5 (May 2007): 1047–1054. <https://doi.org/10.1111/j.1600-6143.2007.01751.x>.
- Duerinckx, Nathalie, Lotte Timmerman, Johan Van Gogh, Jan van Busschbach, Sohal Y. Ismail, Emma K. Massey, Fabienne Dobbels, and ELPAT Psychological Care for Living Donors and Recipients working group. "Predonation Psychosocial Evaluation of Living Kidney and Liver Donor Candidates: A Systematic Literature Review." *Transplant*

<https://doi.org/10.66325/nusantaralaw.v5i1.329>

International: Official Journal of the European Society for Organ Transplantation 27, no. 1 (January 2014): 2–18. <https://doi.org/10.1111/tri.12154>.

Fajarani, Meisy, Musleh Harry, Muhammad Jihadil Akbar, Nur Jannani, and Mikdar Rusdi. “Judicial Strategies in Addressing Domestic Violence: Gender-Responsive Legal Analysis from the Religious Court of Malang Regency, Indonesia.” *Justicia Islamica* 23, no. 2 (May 2026): 477–504. <https://doi.org/10.21154/justicia.v23i2.11804>.

Fikri, Sultoni, and Reza Maulana Hikam. “Power Engineering under the Guise of Nutrition: A Critical Analysis of Badan Gizi Nasional Formation.” *Trunojoyo Law Review* 7, no. 2 (August 2025): 253–286. <https://doi.org/10.21107/tr.v7i2.29925>.

“General Conditions for Organ Donation and Transplantation Cases | Saudi Center for Organ Transplantation.” Accessed May 29, 2026. <https://www.scot.gov.sa>.

Ghazal, Maher, and Mohamed Abd-Elmotlb Azab. “Sheikh Mahmoud Shukri Al-Alusi and His Stance on Contemporary Intellectual Currents: An Analytical Study in Light of the Intellectual Transformations of the Nineteenth Century.” *Al-Biruni Journal of Humanities and Social Sciences*, September 23, 2025, 12. <https://doi.org/10.64440/BIRUNI/BIR004>.

Haksara, Endro, Shohibil Hilmi, Elyani, Jaka Kusanata, and Henning Glaser. “Reconstruction of Legal Protection for Nurses in the Provision of Hospital Nursing Care Based on Restorative Justice.” *Nusantara: Journal of Law Studies* 4, no. 2 (December 2025): 157–175. <https://doi.org/10.5281/zenodo.18357611>.

Hasan, Noorhaidi, Moh Mufid, Nina Mariani Noor, Halili Rais, and Zezen Zainul Ali. “Adaptive Discretion in Child Marriage Prevention: Street-Level Bureaucracy in Indonesia’s Islamic Marriage Administration.” *Journal of Islamic Law* 7, no. 1 (February 2026): 142–167. <https://doi.org/10.24260/jil.v7i1.5265>.

Hayatudin, Amrullah, and Muhammad Tegar Syaekhudin. “The Concept of Sadd Al-Dzāri‘Ah from the Perspective of Asy-Syātibī and Al-Qarāfi Towards Minimum Marriage Age Policy in Indonesia.” *Asy-Syari’ah: Jurnal Hukum Islam* 27, no. 2 (December 2025): 193–210. <https://doi.org/10.15575/as.v27i2.44813>.

Hurbi, Amin Mujahid bin, Ahmed bin Saleh bin Atiqillah Al-Refai, Andi Yaqub, and A. Zamakhsyari Baharuddin. “Reevaluation of Judges’ Conditions for Disabilities: A Comparative Study of Islamic Jurisprudence and the Convention on the Persons with Disabilities.” *JURIS (Jurnal Ilmiah*

<https://doi.org/10.66325/nusantaralaw.v5i1.329>

- Syariah* 25, no. 1 (April 2026): 115–129. <https://doi.org/10.31958/juris.v25i1.15992>.
- Irfan, Ahmad, Alfiandri, Abraham Zakky Zulhazmi, Akhmad Nizaruddin, and Faiz Husaini. “Ridhaa in Islamic Marriage Law: Reconstructing Consent under Psychological Coercion.” *Al-Istinbath: Jurnal Hukum Islam* 11, no. 1 (May 2026): 272–293. <https://doi.org/10.29240/jhi.v11i1.16345>.
- Itmam, Muhammad Shohibul, Sirajul Munir, Lukman Santoso, Taufikin, and Abdelmalek Aouich. “Legal Politics of Mining Spatial Planning in Sumenep District: Maqāṣid Syarī’ah Overview.” *Ijtihad: Jurnal Wacana Hukum Islam Dan Kemanusiaan* 25, no. 1 (June 2025): 1–27. <https://doi.org/10.18326/ijtihad.v25i1.1-27>.
- Kidney Disease: Improving Global Outcomes (KDIGO) Living Kidney Donor Work Group. “KDIGO Clinical Practice Guideline on the Evaluation and Care of Living Kidney Donors.” *Transplantation* 101, no. Suppl. 8S (2017): S1–109.
- Laksana, Andri Winjaya, Ida Musofiana, Alwan Hadiyanto, Ahmed Kheir Osman, and Ahmed Rabie Hassan. “Rehabilitative Sentencing for Narcotics Addicts within the Framework of National Law and Maqasid Syarī’ah.” *El-Mashlahah* 16, no. 1 (May 2026): 1–22. <https://doi.org/10.23971/el-mashlahah.v15i2.10409>.
- Mulyadi, Achmad, Siti Musawwamah Mamah, Hosen Hosen, and Mohd Saiful Anwar Saiful. “Dynamics of Implementing the New MABIMS Criteria on the Hijri Calendar (Takwīm Hijri) By the Indonesian and Malaysian Governments.” *Al’Adalah* 22, no. 2 (December 2025): 381–408. <https://doi.org/10.24042/adalah.v22i2.28543>.
- Nasyiah, Iffaty. “Urgency of Fatwa on Domestic Psychological Violence in Indonesia as an Effort to Protect Women’s Rights.” *De Jure: Jurnal Hukum Dan Syar’iah* 16, no. 1 (June 2024): 118–140. <https://doi.org/10.18860/j-fsh.v16i1.26403>.
- Nurmalah, Nurmalah, Hamzeh Abu Issa, Hendro Widodo, H. D. Djunaedi, and Andhika Yuli Rimbawan. “The Criminalization of Civil Disputes: A Legal Analysis of the Application of Criminal Charges in Cases Involving State Finances.” *Jurnal Hukum* 41, no. 4 (November 2025): 861–879. <https://doi.org/10.26532/jh.v41i4.48749>.
- Purnomo, Hadi, Widhi Handoko, and Murad Altwaiqat. “Reframing Medical Malpractice Resolution: Restorative Justice between Indonesian Criminal Law and Iṣlāḥ in Contemporary Islamic Law.” *MILRev: Metro Islamic Law*

- Review* 5, no. 1 (March 2026): 299–327. <https://doi.org/10.32332/milrev.v5i1.13100>.
- Saudi Center for Organ Transplantation (SCOT). *Directory and Procedures for Organ Donation and Transplantation in the Kingdom of Saudi Arabia*. Riyadh: SCOT, 2025. <https://www.scot.gov.sa>.
- Saudi Data and AI Authority (SDAIA). *Implementing Regulation of the Personal Data Protection Law*. Riyadh: SDAIA, 2023. <https://sdaia.gov.sa>.
- . *Personal Data Protection Law*. Riyadh: SDAIA, 2023. <https://sdaia.gov.sa>
- Sixty-Third World Health Assembly, World Health Organization. “WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation.” *Cell and Tissue Banking* 11, no. 4 (November 2010): 413–419. <https://doi.org/10.1007/s10561-010-9226-0>.
- Sulthon, M. “Integration of Islamic Sharia in National Legal System.” *Jurnal Ilmiah Mizani: Wacana Hukum, Ekonomi Dan Keagamaan* 7, no. 2 (March 2024): 116–133. <https://doi.org/10.29300/mzn.v7i2.2587>.
- “The Declaration of Istanbul on Organ Trafficking and Transplant Tourism (2018 Edition).” *Transplantation* 103, no. 2 (February 2019): 218–219. <https://doi.org/10.1097/TP.0000000000002540>.
- Tong, Allison, Jeremy R. Chapman, Germaine Wong, John Kanellis, Grace McCarthy, and Jonathan C. Craig. “The Motivations and Experiences of Living Kidney Donors: A Thematic Synthesis.” *American Journal of Kidney Diseases* 60, no. 1 (July 2012): 15–26. <https://doi.org/10.1053/j.ajkd.2011.11.043>.
- Tutik, Titik Triwulan, Kunawi Basyir, Mahtumridho Ghufroon Bin Simun, Jauharoti Alfin, and M. Suyudi. “Reconstructing Eco-Maqāṣid al-Sharī‘ah for CSR Policy and Radioactive Waste Management: An SDGs-Based Study in Banten and West Java.” *Al-Manabij: Jurnal Kajian Hukum Islam*, May 5, 2026, 115–132. <https://doi.org/10.24090/mnh.v20i1.15916>.
- Ubaidillah, Muhammad Yunus, Anita Mauliyanti, Asriadi, Bachrul Ulum, and Mahmood Kooria. “Reconstruction of Maqāṣid Al-Syarī‘ah Fī Ḥifẓ al-Māl in Responding to Doom Spending Among Generation Z and the Implications for Family Economic Resilience.” *Al-Muamalat* 13, no. 1 (March 2026): 76–101. <https://doi.org/10.15575/am.v13i1.53964>.
- Widiastuti, Tika, Imron Mawardi, Siti Zulaikha, Hüseyin Ergun, and Zainal Abidin. “Strategic Solutions for Women’s Empowerment through Islamic Social Finance in Light of Maqāṣid Sharia: A Delphi-ANP

Approach.” *AL-IHKAM: Jurnal Hukum & Pranata Sosial* 20, no. 1 (May 2025): 28–62. <https://doi.org/10.19105/al-lhkam.v20i1.16831>.

Wirken, L., H. Van Middendorp, C. W. Hooghof, M. M. Rovers, A. J. Hoitsma, L. B. Hilbrands, and A. W. M. Evers. “The Course and Predictors of Health-Related Quality of Life in Living Kidney Donors: A Systematic Review and Meta-Analysis.” *American Journal of Transplantation* 15, no. 12 (December 2015): 3041–3054. <https://doi.org/10.1111/ajt.13453>.