



The Iranian government's efforts to facilitate foundation-led kidney donation align with the *Maqāsid al-Sharī'ah*

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Abstract

The issue of kidney transplantation, particularly through compensated living-unrelated donors, represents a complex intersection of medical necessity, ethical debate, and international governance. Iran is unique in legally regulating compensated kidney donation, aiming to address the chronic shortage of transplantable organs while providing structured financial incentives to donors. This study analyzes Iran's kidney donation system through the lens of *maqāsid al-sharī'ah*, emphasizing the objective of *hifz al-nafs* (preservation of life), to evaluate both the ethical legitimacy and life-saving effectiveness of the policy. Employing a qualitative-descriptive approach, the research synthesizes empirical evidence on donor demographics, motivations, compensation mechanisms, and clinical outcomes, alongside normative Islamic ethical considerations and international standards such as the WHO Guiding Principles and the Declaration of Istanbul. Findings reveal that while Iran's system significantly enhances patient survival and fulfills the core goal of *hifz al-nafs*, donor participation is heavily influenced by economic necessity, raising ethical concerns about voluntariness, long-term welfare, and equitable access. Moreover, the system's interaction with

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foreign patients highlights challenges in cross-border governance and the potential for transplant tourism. The study contributes academically by integrating empirical outcomes with Islamic normative ethics, and practically by offering insights for policymakers, religious authorities, and international health organizations on navigating the tension between life preservation, ethical legitimacy, and socioeconomic realities. The research underscores that while the Iranian model demonstrates pragmatic life-saving benefits, ethical safeguards for donors must remain central to uphold the objectives of *maqāsid al-sharī'ah*.

Keywords: bioethics; international health governance; kidney donation; living unrelated donor; transplant tourism.

Introduction

The trade in human organs, particularly kidney transplantation, has emerged as one of the most controversial and ethically complex issues in global health, international law, and religious ethics.¹ The global shortage of donor organs contributes significantly to high mortality rates among patients with end-stage renal disease, prompting international organizations to establish stringent ethical frameworks to protect both donors and recipients.² According to the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, organ donation must be voluntary and free from financial incentives, except for reasonable reimbursement for donor-related expenses, in order to prevent the exploitation of vulnerable populations and to uphold human dignity.³ Similarly, the Declaration of Istanbul explicitly condemns organ trade and transplant tourism, emphasizing that such practices violate principles of justice, equality, and fairness in global health governance.⁴

Despite strong international consensus against organ commodification, Iran has developed a unique and legally sanctioned system that permits compensated living unrelated kidney donation through formal institutions such as the Iranian Kidney Foundation.⁵ The Iranian policy aims to reduce or eliminate domestic kidney transplant waiting lists, expand access to

¹ Dedy Indriyanto et al., "Understanding Human Organ Trading: Ethical Perspective and Indonesia's Legal Framework," *Qubahan Academic Journal* 3, no. 3 (2023): 22–29, <https://doi.org/10.48161/qaj.v3n3a155>.

² Charlotte Johnston-Webber et al., "A Conceptual Framework for Evaluating National Organ Donation and Transplantation Programs," *Transplant International* 36 (2023): 11006, <https://doi.org/10.3389/ti.2023.11006>.

³ World Health Organization, "WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation" (Geneva: World Health Organization, 2010).

⁴ Dominique E. Martin et al., "Strengthening Global Efforts to Combat Organ Trafficking and Transplant Tourism: Implications of the 2018 Edition of the Declaration of Istanbul," *Transplantation Direct* 5, no. 3 (2019): e433, <https://doi.org/10.1097/TXD.0000000000000872>.

⁵ Ali Moghaddasi Kelishomi and Daniel Sgroi, "A Field Study of Donor Behaviour in the Iranian Kidney Market," *European Economic Review* 170 (2024): 104887, <https://doi.org/10.1016/j.eurocorev.2024.104887>.

transplantation, and provide structured financial incentives for donors.⁶ Empirical studies indicate that Iran's regulated kidney market is the only government-sanctioned system of its kind globally, and that donor compensation is influenced by socio-demographic factors such as educational attainment and the recipient's age.⁷ Further research on living unrelated donors demonstrates that compensation mechanisms serve as a practical solution in the context of a shortage of altruistic or deceased donors.⁸

However, the Iranian system raises a range of ethical, social, and international concerns. Studies show that most donors come from economically disadvantaged backgrounds, increasing the risk of coercion, inequity, and exploitation.⁹ Although the government regulates the roles of brokers and intermediaries, gaps between formal legislation and actual practice remain, potentially favoring recipients or financial agents over the donors themselves.¹⁰ Moreover, the participation of foreign patients in Iran's transplant system gives rise to transplant tourism, complicating ethical evaluation and international diplomacy.¹¹ A significant research gap exists in this domain. While prior studies have empirically analyzed donor demographics, pricing mechanisms, and system efficiency, few have systematically examined the ethical implications of Iran's compensated kidney donation programs through the lens of *maqāsid al-sharī'ah* *hifz al-nafs*.¹²

Studies on organ transplantation, transplant tourism, and Iran's compensated kidney donation system can be broadly classified into three major thematic scopes: global health governance and cross-border transplantation, Islamic bioethical frameworks based on *maqāsid al-sharī'ah*, and empirical political economy analyses of the Iranian kidney market. Research by Le Chi Cong et al. demonstrates that transplant tourism emerges primarily due to disparities in national regulations, organ availability, and healthcare costs. This studies highlight that patients who undergo transplantation abroad often face

⁶ Hamid Tayebi Khosroshahi and Bahar Bastani, "Some Interesting Stories from the Iranian Model of Kidney Transplantation," *Urology Journal* 17, no. 4 (2020): 422–25, <https://doi.org/10.22037/uj.v17i4.5440>.

⁷ Tannaz Moeindarbari and Mehdi Feizi, "Kidneys for Sale: Empirical Evidence From Iran," *Transplant International* 35 (2022): 10178, <https://doi.org/10.3389/ti.2022.10178>.

⁸ Katharina Beier and Sabine Wöhlke, "An Ethical Comparison of Living Kidney Donation and Surrogacy: Understanding the Relational Dimension," *Philosophy, Ethics, and Humanities in Medicine* 14, no. 1 (2019): 13, <https://doi.org/10.1186/s13010-019-0080-9>.

⁹ Amiralı Moradpour, Mohamad Hadian, and Mahmoud Tavakkoli, "Challenges and Future Recommendation for Kidney Transplantation in Iran: A Narrative Review," *Nephro-Urology Monthly* 11, no. 1 (2019): e87026, <https://doi.org/10.5812/numonthly.87026>.

¹⁰ Alvin E. Roth et al., "Criminal, Legal, and Ethical Kidney Donation and Transplantation: A Conceptual Framework to Enable Innovation," *Transplant International* 35 (2022): 10551, <https://doi.org/10.3389/ti.2022.10551>.

¹¹ Ali Nobakht Haghighi et al., "20 Years Iranian Experience of Organ Donation: Shifting From Compensated Living Unrelated Kidney Transplantation," *Kidney International Reports* 10, no. 4 (2025): 979–82, <https://doi.org/10.1016/j.ekir.2025.01.032>.

¹² Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran"; Jan A. Ali, "Islamic Perspectives on Organ Transplantation: A Continuous Debate," *Religions* 12, no. 8 (2021): 576, <https://doi.org/10.3390/rel12080576>.

higher medical risks, weak legal protection, and post-operative complications due to the absence of integrated international oversight.¹³ Such findings indicate structural gaps in global governance that allow alternative national models such as Iran's regulated compensated kidney donation system to develop and attract foreign recipients.

The group includes studies that discuss organ transplantation from the perspective of Islamic bioethics and *maqāsid al-sharī'ah*, particularly Jan A. Ali,¹⁴ Seyma Yazici and Ahmad Rashad,¹⁵ and Muhammad Faiq Mod Zailani et al.¹⁶ These works establish that the permissibility of organ donation in Islam is primarily grounded in the objective of preserving life (*hifz al-nafs*). They also emphasize that *maqāsid al-sharī'ah* is not merely a theological concept but a functional ethical framework that can guide contemporary medical and public policy decisions. This literature is crucial in demonstrating that Islamic ethical reasoning allows medical intervention when it serves the protection of life and public benefit. It also introduces the tension between life preservation and other *maqāsid al-sharī'ah* principles when financial compensation is involved. However, most of these studies operate at a normative and conceptual level. They formulate ethical models but do not apply them to a specific state policy in a systematic and empirical manner.

Empirical research examining Iran's kidney donation system, including studies by Tannaz Moeindarbari and Mehdi Feizi, and Amirali Moradpour et al., provides detailed data on donor demographics, pricing mechanisms, institutional arrangements through the Iranian Kidney Foundation, and participants' socio-economic backgrounds; the findings indicate that the country operates a state-regulated compensated kidney donation system, that the policy significantly reduces or eliminates domestic waiting lists, that most donors come from economically vulnerable groups, and that the system generates international ethical controversy in relation to global bioethical norms (e.g., WHO and the Declaration of Istanbul).¹⁷ This body of literature is important because it moves beyond theoretical debate and presents measurable outcomes in terms of access, efficiency, and inequality, but the studies largely analyze the system from the perspectives of health economics, public-policy efficiency, and global ethical criticism and do not examine whether the policy,

¹³ Le Chi Cong et al., "Transplant Tourism: A Literature Review on Development, Ethical and Law Issues," *MedPharmRes* 7, no. 1 (2023): 27–38, <https://doi.org/10.32895/ump.mpr.7.1.5>.

¹⁴ Ali, "Islamic Perspectives on Organ Transplantation: A Continuous Debate."

¹⁵ Seyma Yazici and Ahmad Rashad, "Islamic Bioethical Reflections on Organ Bioprinting: Promises and Challenges," *Bioethics* 40, no. 1 (2026): 124–37, <https://doi.org/10.1111/bioe.70025>.

¹⁶ Muhammad Faiq Mohd Zailani, Mohammad Naqib Hamdan, and Aimi Nadia Mohd Yusof, "Human-Pig Chimeric Organ in Organ Transplantation from Islamic Bioethics Perspectives," *Asian Bioethics Review* 15, no. 2 (2023): 181–88, <https://doi.org/10.1007/s41649-022-00233-2>.

¹⁷ Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran"; Moradpour, Hadian, and Tavakkoli, "Challenges and Future Recommendation for Kidney Transplantation in Iran: A Narrative Review."

as state practice, fulfills the *maqāsid al-sharī'ah*-based objective of preserving life holistically for both recipients and donors.

Furthermore, the interaction between donor compensation, donor dignity, and international norms in the context of transplant tourism remains underexplored. Existing literature often separates empirical and ethical analyses, thereby neglecting the intersection of Islamic normative theory, global bioethics, and international governance.¹⁸ Addressing this gap is crucial, as Iran's policy does not operate in isolation. Its practices carry transnational consequences, influencing perceptions of medical ethics, equity, and global health diplomacy.

Despite the growing body of literature on organ transplantation, a significant analytical gap remains at the intersection of global health governance, Islamic bioethics, and empirical studies on Iran's kidney donation system. Studies on transplant tourism and international health regulation primarily examine disparities in access, legal protection, and patient safety, but they frame transplantation as a regulatory and biomedical issue rather than as a moral project of life preservation. *Maqāsid al-sharī'ah* literature establishes the normative permissibility of organ donation based on the objective of preserving life (*hifz al-nafs*), yet it largely operates at a conceptual level and does not systematically evaluate how a modern state translates these ethical principles into concrete public policy. On the other hand, empirical and political-economy analyses of Iran's regulated compensated kidney donation system provide detailed data on efficiency, donor demographics, pricing mechanisms, and the elimination of waiting lists, but they assess the model mainly through the lenses of health economics and global bioethical criticism without examining its moral performance within an Islamic ethical framework.

As a result, these three strands of scholarship remain fragmented and have not been integrated into a single analytical framework capable of assessing whether Iran's state-regulated transplant system particularly through the Iranian Kidney Foundation actually fulfills the *maqāsid al-sharī'ah* objective of preserving human life in a holistic sense that includes both recipients and donors in a national and transnational context. This study offers a novel contribution by moving beyond the use of *maqāsid al-sharī'ah* as a justificatory theological concept and operationalizing *hifz al-nafs* as a policy analytical tool to evaluate a concrete state-led health governance model. By empirically connecting life-saving outcomes, institutional arrangements, and transnational ethical contestation within a *maqāsid al-sharī'ah*-based framework, this research develops an integrated ethical-policy analysis that bridges the divide between Islamic normative theory, global bioethics, and international political economy of organ transplantation.

Accordingly, this study focuses on Iran's compensated kidney donation system through the perspective of *maqāsid al-sharī'ah*, emphasizing the

¹⁸ Sayyed Mohamed Muhsin et al., "Can Global Bioethics Benefit From Islamic Jurisprudential Principles?," *Bioethics* 40, no. 1 (2026): 35–44, <https://doi.org/10.1111/bioe.70035>.

objectives of preserving life (*hifz al-nafs*) or protecting wealth. Employing *maqāsid al-sharī'ah* as an analytical framework enables an integrated evaluation of empirical outcomes, domestic policy, international ethical standards, and Islamic normative principles.¹⁹ The approach provides a systematic method for assessing ethical tensions that arise when domestic medical pragmatism intersects with global standards and religious ethical imperatives.

Overall, Iran's kidney donation model represents a complex case at the intersection of clinical necessity, ethical controversy, and international governance. While the policy effectively addresses organ shortages and saves lives, it raises questions regarding social justice, potential donor exploitation, and alignment with both global norms and Islamic ethical principles.²⁰ By applying *maqāsid al-sharī'ah*, this research fills a critical gap in the literature, offering a structured evaluation of how ethical objectives, empirical realities, and global governance interact within a unique, government-regulated compensated kidney donation system. The study contributes not only academically, by applying the principles of *maqāsid al-sharī'ah*, particularly *hifz al-nafs* to understand the ethical and policy dimensions of organ donation, but also practically, providing insights for policymakers, religious authorities, and international health organizations seeking to reconcile life-preserving interventions with Islamic normative ethics.

Methods

This study employs a descriptive-qualitative approach, which aims to provide an in-depth understanding of phenomena by portraying research objects in their natural, contextual, and holistic settings.²¹ This approach is appropriate because the research focuses on how the Government of Iran, through the Iranian Kidney Foundation (IKF) and national health structures, operationalizes compensated kidney donation and facilitates foreign patients (transplant tourism). The study seeks to examine how such policies are framed, justified, and debated within the perspective of *maqāsid al-sharī'ah*, particularly emphasizing the preservation of life (*hifz al-nafs*) as a primary ethical consideration.

¹⁹ Zulfahmi Zulfahmi, Asrofi Asrofi, and Suroto Suroto, "A Review of Islamic Law on the Practice of 'Tumpang Rahim' Based on Maqāsid Al-Syarī'ah and Contemporary Scholars," *MAQASIDI: Jurnal Syariah Dan Hukum* 4, no. 2 (2024): 231–46, <https://doi.org/10.47498/maqasidi.v4i2.3544>.

²⁰ Imam Baidhawi, "Bioetika Islam Kloning Transplantasi Organ Dan Batasan Syariah," *NIHAYAH: Journal of Islamic Studies* 1, no. 2 (2025): 240–55, <https://doi.org/10.65802/nihayah.v1i2.20>; Zul Fahmi, Sopi Ade Fariza, and Nur Wasilah Agustina Mtd, "Negligence in the Medical Profession: A Comparative Study of Islamic Law and Indonesian Law," *SHISHYA: Studies and Perspectives on Law and Justice* 1, no. 2 (2025): 54–60, <https://doi.org/10.63306/kqy31157>.

²¹ Steven Hall and Linda Liebenberg, "Qualitative Description as an Introductory Method to Qualitative Research for Master's-Level Students and Research Trainees," *International Journal of Qualitative Methods* 23 (2024): 1–5, <https://doi.org/10.1177/16094069241242264>.

Data were collected using a documentary research approach that draws on secondary sources relevant to the compensated kidney donation system, including WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, scholarly literature on donor socio-economic characteristics and motivations, short- and long-term transplant outcomes, Islamic bioethical perspectives, and issues of transplant tourism and global health governance.²² To ensure validity and reliability the study employed triangulation by cross-referencing official documents, publications from the foundation, and international ethical standards such as the WHO and the Declaration of Istanbul. The collected material was then analyzed thematically within the *maqāsid al-sharī'ah* framework allowing an integrated evaluation of empirical outcomes, normative ethics, and policy practices and enabling a comprehensive assessment of the ethical and practical implications of Iran's compensated kidney donation system.²³

Results and Discussion

Empirical evidence on Iran's compensated kidney donation model

A substantial empirical literature demonstrates that the legally regulated compensated kidney donation system in Iran has markedly increased the supply of transplantable kidneys and, in many regions, effectively eliminated domestic waiting lists. Historical analyses by Ahad J. Ghods and Shekoufeh Savaj report more than 15,000 living unrelated kidney transplants between the late 1980s and the early 2000s,²⁴ while more recent work such as Moeindarbari and Feizi documents the continued role of regulated payments in ensuring timely access for patients with end-stage renal disease.²⁵ Clinical outcome studies by Alireza Heidary Rouchi et al. find that, when standard medical protocols are followed, survival and short-term complication rates for recipients under the compensated model are comparable to those observed in non-compensated programs, evidence that the policy yields real life-saving benefits for recipients.²⁶

At the same time, empirical work consistently shows that most donors come from economically vulnerable groups and that financial incentive is a primary motivator. Field studies by Javaad Zargooshi in markets such as Mashhad and surveys report that a large share of donors are young, male, and

²² He-in Cheong et al., "Secondary Qualitative Research Methodology Using Online Data within the Context of Social Sciences," *International Journal of Qualitative Methods* 22 (2023), <https://doi.org/10.1177/16094069231180160>.

²³ Prokopoulos A. Christou, "How to Use Thematic Analysis in Qualitative Research," *Journal of Qualitative Research in Tourism* 3, no. 2 (2022): 79–95, <https://doi.org/10.4337/jqrt.2023.0006>.

²⁴ Ahad J. Ghods and Shekoufeh Savaj, "Iranian Model of Paid and Regulated Living-Unrelated Kidney Donation," *Clinical Journal of the American Society of Nephrology* 1, no. 6 (2006): 1136–45, <https://doi.org/10.2215/CJN.00700206>.

²⁵ Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran."

²⁶ Alireza Heidary Rouchi, Mitra Mahdavi-Mazdeh, and Mahnaz Zamyadi, "Compensated Living Kidney Donation in Iran: Donor's Attitude and Short-Term Follow-Up," *Iranian Journal of Kidney Diseases* 3, no. 1 (2009): 34–39.

of lower socioeconomic status, with roughly 43% citing financial need as their principal motivation.²⁷ Although many donors report short-term satisfaction and low rates of immediate complications, these findings complicate claims about voluntariness, informed consent, and donor dignity.²⁸ The intertwining of economic necessity with life-saving outcomes for recipients raises persistent ethical questions about exploitation, long-term donor welfare, and whether the system fulfils a holistic conception of life-preservation that includes both recipients and donors.²⁹

Socio-economics, ethical tensions, foreign patients, and challenges of transplantation

Empirical studies show that while Iran's compensated system clearly increases transplant availability, it also produces important socioeconomic consequences. Financial incentives have become the dominant motivator in many markets, effectively reducing the share of purely altruistic donations. Average empirically observed prices (reported around 130 million Iranian Rials, ≈ USD 4,300) vary with negotiation and often exceed official baseline compensation, revealing socio-economic inequities and bargaining power asymmetries.³⁰ Scholars warn that because the poorest are disproportionately represented among donors, economic necessity may compromise genuine voluntariness and long-term welfare, risks that could undermine the *maqāsid al-sharī'ah* objective of life-preservation if donors' post-donation health and livelihoods are not protected.³¹ Related concerns include persistent informal brokerage and negotiation that blur intended safeguards and may channel benefits toward intermediaries,³² bioethical worries about commodification of the human body, and evidence that foreign patients still access Iranian services despite formal restrictions—raising cross-border equity and governance

²⁷ Javaad Zargooshi, "Quality of Life of Iranian Kidney 'Donors,'" *The Journal of Urology* 166, no. 5 (2001): 1790–99, <https://doi.org/10.1097/00005392-200111000-00040>.

²⁸ Mehdi Feizi and Tannaz Moeindarbari, "Characteristics of Kidney Donors and Recipients in Iranian Kidney Market: Evidence from Mashhad," *Clinical Transplantation* 33, no. 10 (2019): e13650, <https://doi.org/10.1111/ctr.13650>.

²⁹ Ahad J Ghods, "Ethical Issues and Living Unrelated Donor Kidney Transplantation.," *Iranian Journal of Kidney Diseases* 3, no. 4 (2009): 183–91; Rouchi, Mahdavi-Mazdeh, and Zamyadi, "Compensated Living Kidney Donation in Iran: Donor's Attitude and Short-Term Follow-Up.,"; Frederike Ambagtsheer and Roos Bugter, "The Organization of the Human Organ Trade: A Comparative Crime Script Analysis," *Crime, Law and Social Change* 80, no. 1 (2023): 1–32, <https://doi.org/10.1007/s10611-022-10068-5>.

³⁰ Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran"; Alireza Bagheri, "Compensated Kidney Donation: An Ethical Review of the Iranian Model," *Kennedy Institute of Ethics Journal* 16, no. 3 (2006): 269–82, <https://doi.org/10.1353/ken.2006.0017>; E.J. Gordon and J.S. Gill, "Where There Is Smoke There Is Fire: The Iranian System of Paid Donation," *American Journal of Transplantation* 13, no. 12 (2013): 3063–64, <https://doi.org/10.1111/ajt.12486>.

³¹ Bagheri, "Compensated Kidney Donation: An Ethical Review of the Iranian Model."

³² Mehrzad Kiani et al., "Organ Transplantation in Iran; Current State and Challenges with a View on Ethical Consideration," *Journal of Clinical Medicine* 7, no. 3 (2018): 45, <https://doi.org/10.3390/jcm7030045>.

challenges.³³ These debates are often situated against international norms such as those articulated by the WHO and the Declaration of Istanbul.

Important empirical gaps remain. Longitudinal data on donors' long-term physical, economic, and social outcomes are scant, and systematic ethical analyses of cross-border participation are limited—leaving a weak connection between measurable outcomes and normative evaluation. Available demographic data from markets such as Mashhad and foundation reports Iranian kidney foundation consistently show a donor profile dominated by young, married men from lower socioeconomic strata, many of whom are primary household earners; financial necessity is frequently reported as the principal motive.³⁴ Taken together, the evidence confirms that the compensated model advances the *maqāsid al-sharī'ah* aim of saving lives in aggregate but also raises unresolved questions about justice, voluntariness, and donor dignity. Addressing these issues requires longitudinal follow-up studies, tighter monitoring of intermediary practices, and an integrated ethical–empirical framework that can evaluate whether the system truly preserves life holistically for both recipients and donors.

Patterns of price, short-term donors outcomes, and implication of changing transplant practices

Market data from Mashhad show average kidney prices around 134.5 million Rial (~USD 4,400), well above the official minimum of 97.9 million Rial, indicating active negotiation between donors and recipients. Price variation is systematically associated with donor age and education—younger donors' kidneys tend to fetch higher payments—while the education and socioeconomic position of recipients also affect bargaining outcomes.³⁵ Although the primary aim remains life preservation (*hifz al-nafs*), these market dynamics raise concerns about equitable access and the protection of economically vulnerable donors.

Short-term clinical and attitudinal data are generally positive: in a large donor survey 86.5% reported full satisfaction after surgery, a minority expressed regret or ambivalence, and 94.8% of donors were unrelated to recipients—underscoring the dominance of economic motives in many cases.³⁶

³³ Md. Sanwar Siraj, "How a Compensated Kidney Donation Program Facilitates the Sale of Human Organs in a Regulated Market: The Implications of Islam on Organ Donation and Sale," *Philosophy, Ethics, and Humanities in Medicine* 17, no. 1 (2022): 10, <https://doi.org/10.1186/s13010-022-00122-4>; Kelishomi and Sgroi, "A Field Study of Donor Behaviour in the Iranian Kidney Market."

³⁴ Mehdi Feizi and Tannaz Moeindarbari, "Heterogeneity of Market Structures in the Iranian Model of Kidney Transplantation," *World Medical & Health Policy* 12, no. 1 (2020): 24–31, <https://doi.org/10.1002/wmh3.330>; Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran."

³⁵ Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran"; Feizi and Moeindarbari, "Characteristics of Kidney Donors and Recipients in Iranian Kidney Market: Evidence from Mashhad."

³⁶ Rouchi, Mahdavi-Mazdeh, and Zamyadi, "Compensated Living Kidney Donation in Iran: Donor's Attitude and Short-Term Follow-Up."

These results are important for evaluating *hifz al-nafs* in practice because they point to strong immediate life-saving benefits for recipients while also highlighting the need to monitor donors’ physical, psychological, and social wellbeing beyond the perioperative period.

Since the Organ Transplantation and Brain Death Act of 2000, Iran has expanded deceased-donor transplantation, and national data indicate roughly 2,500–2,700 kidney transplants annually with a growing share from deceased donors.³⁷ This shift suggests policy movement toward reducing reliance on compensated living donation and balancing ethical concerns with clinical need. Continued emphasis on deceased-donor programs, robust long-term follow-up for living donors, and stronger oversight of intermediary practices would better align practical outcomes with the *maqāsid al-sharī’ah* objective of preserving life for both recipients and donors.³⁸

Table 1. Types of empirical evidence on Iran’s kidney donation system

Theme/Focus	Empirical Evidence
Effectiveness in saving lives	Since the implementation of compensated living unrelated kidney donation, over 15,000 transplants were performed between the late 1980s and early 2000s, nearly eliminating domestic kidney waiting lists. Recent studies show that regulated payments integrated into the transplant infrastructure ensure patients with ESRD receive kidneys without long waits. Clinical outcomes are comparable to non-compensated programs. ³⁹
Donor profiles and motivations	Majority of donors: young married men, secondary education, lower socioeconomic background; financial motivation primary. Approximately 43% cited financial need as main motivation, others combined economic and altruistic motives. Surveys show >80% of donors satisfied post-transplant with no serious short-term complications. ⁴⁰
Social, economic, and market	Average kidney price: ~134.5 million Rial (~USD 4,400), above official minimum, indicating negotiation and

³⁷ Haghghi et al., “20 Years Iranian Experience of Organ Donation: Shifting From Compensated Living Unrelated Kidney Transplantation.”

³⁸ Maruhum Bonar Hasiholan Marbun et al., “Perspective of Muslims on Kidney Transplantation in Indonesia: A Narrative Review,” *Acta Medica Indonesiana* 57, no. 4 (2025): 531.

³⁹ Rouchi, Mahdavi-Mazdeh, and Zamyadi, “Compensated Living Kidney Donation in Iran: Donor’s Attitude and Short-Term Follow-Up.”; Moeindarbari and Feizi, “Kidneys for Sale: Empirical Evidence From Iran”; Ghods and Savaj, “Iranian Model of Paid and Regulated Living-Unrelated Kidney Donation.”

⁴⁰ Rouchi, Mahdavi-Mazdeh, and Zamyadi, “Compensated Living Kidney Donation in Iran: Donor’s Attitude and Short-Term Follow-Up.”; Moeindarbari and Feizi, “Kidneys for Sale: Empirical Evidence From Iran”; Zargooshi, “Quality of Life of Iranian Kidney ‘Donors.’”

dynamics	socioeconomic disparities between donors and recipients. Poorest donors participate most frequently. ⁴¹
Ethical tensions and regulatory gaps	Despite regulation of intermediaries, some studies note informal broker involvement and negotiations diverting benefits from donors to third parties. Organ commodification debated in Islamic bioethics due to intrinsic human dignity. ⁴²
Foreign patients and transplant tourism	Although Iranian law limits compensated donation to citizens, foreign patients participate through community arrangements or donors from abroad. ⁴³
Research gaps and challenges	Most studies focus on short-term donor outcomes; longitudinal studies limited. Ethical analyses of foreign patients remain scattered and poorly integrated with <i>maqāsid al-sharī'ah</i> . ⁴⁴
Donor demographics and motivations	IKF Mashhad data: ~85% male, 79% married, mostly secondary education, mostly low-income. Multicenter study: 82% male, mean age 27, 62% below poverty line, 79% primary household earners, 29% unemployed; financial necessity primary motivation. ⁴⁵
Scale and impact of transplant outcomes	National statistics: after 1988, >19,000 transplants by 2005, majority from unrelated donors. Rasht 2015–2020: 66.2% unrelated donors, 51.8% compensated; average waiting time 386 days, lower than purely altruistic systems. ⁴⁶
Price patterns and socio-economic exchange	Kidney prices vary: negotiation influenced by donor age, education, and recipient background; average price above official minimum. ⁴⁷

⁴¹ Moeindarbari and Feizi, “Kidneys for Sale: Empirical Evidence From Iran”; Bagheri, “Compensated Kidney Donation: An Ethical Review of the Iranian Model”; Gordon and Gill, “Where There Is Smoke There Is Fire: The Iranian System of Paid Donation.”

⁴² Siraj, “How a Compensated Kidney Donation Program Facilitates the Sale of Human Organs in a Regulated Market: The Implications of Islam on Organ Donation and Sale”; Haghghi et al., “20 Years Iranian Experience of Organ Donation: Shifting From Compensated Living Unrelated Kidney Transplantation.”

⁴³ Mitra Mahdavi-Mazdeh, “The Iranian Model of Living Renal Transplantation,” *Kidney International* 82, no. 6 (2012): 627–34, <https://doi.org/10.1038/ki.2012.219>.

⁴⁴ Ali, “Islamic Perspectives on Organ Transplantation: A Continuous Debate”; Zailani, Hamdan, and Mohd Yusof, “Human-Pig Chimeric Organ in Organ Transplantation from Islamic Bioethics Perspectives.”

⁴⁵ T. Malakoutian et al., “Socioeconomic Status of Iranian Living Unrelated Kidney Donors: A Multicenter Study,” *Transplantation Proceedings* 39, no. 4 (2007): 824–25, <https://doi.org/10.1016/j.transproceed.2007.04.018>; Moeindarbari and Feizi, “Kidneys for Sale: Empirical Evidence From Iran.”

⁴⁶ Bahar Bastani, “The Iranian Model as a Potential Solution for Kidney Shortage Crisis,” *Journal of Nephropathology* 7, no. 4 (2018): 220–23, <https://doi.org/10.15171/jnp.2018.46>; Ghods and Savaj, “Iranian Model of Paid and Regulated Living-Unrelated Kidney Donation.”

⁴⁷ Moeindarbari and Feizi, “Kidneys for Sale: Empirical Evidence From Iran.”

Short-term donor outcomes	Survey of 600 donors: 86.5% satisfied; 94.8% donors unrelated. ⁴⁸
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Source: processed by the author from various sources.

***Maqāsid al-sharī'ah* and its relevance to kidney transplantation**

Maqāsid al-sharī'ah is a fundamental concept in Islamic law which asserts that every provision of sharia is not established in vain, but has the purpose of realizing benefits and preventing harm to humanity. This concept was systematically formulated by Imam al-Ghazali and later developed more comprehensively by Abu Ishaq al-Shatibi, who emphasized that all Islamic law is essentially oriented towards protecting the basic interests of human beings.⁴⁹

Specifically, *maqāsid al-syarī'ah* encompasses five basic principles known as *al-darūriyyāt al-khams*, namely *hifz al-dīn*, *hifz al-nafs*, *hifz al-'aql*, *hifz al-nasl*, dan *hifz al-māl*. *Hifz al-dīn* means preserving religion and freedom of worship. *Hifz al-nafs* emphasizes the protection of human life and rights. *Hifz al-'aql* aims to protect the mind from anything that is destructive and to encourage the development of knowledge. *Hifz al-nasl* is oriented towards the preservation of offspring and clarity of lineage through the institution of legal marriage, while *hifz al-māl* emphasizes the importance of protecting property through a system of ownership and the prohibition of unjust acts.⁵⁰

The five principles of *maqāsid al-syarī'ah* do not stand alone, but are interrelated and form a unified whole in preserving human life. In practice, scholars use the framework of *maqāsid al-syarī'ah* to perform *ijtihād* on new issues that are not explicitly found in the *nass* (in the Qur'an or hadith).⁵¹ According to Uthman Mehdad Al-Turabi and Jasser Auda, this approach allows Islamic law to remain relevant throughout the ages, because the main considerations are the achievement of *maslahah* and the prevention of *mafsadah*.⁵² Thus, *maqāsid al-syarī'ah* becomes an important instrument in responding to social, economic, and political dynamics, as well as developments in modern science and technology.⁵³

⁴⁸ Rouchi, Mahdavi-Mazdeh, and Zamyadi, "Compensated Living Kidney Donation in Iran: Donor's Attitude and Short-Term Follow-Up."

⁴⁹ Suansar Khatib, "Konsep Maqashid Al-Syarī'Ah: Perbandingan Antara Pemikiran Al-Ghazali Dan Al-Syathibi," *Jurnal Ilmiah Mizani* 5, no. 1 (2018): 47–62, <https://doi.org/10.29300/mzn.v5i1.1436>.

⁵⁰ Mohammad Hashim Kamali, "Meaning and Definition of Maqasid," in *Goals and Purposes of Shariah: Maqasid in Theory and Practice* (Oxford, NY: Oxford University Press, 2025), 11–19, <https://doi.org/10.1093/9780197786390.003.0003>.

⁵¹ Ahmad Syafi'i Sulaiman Jamrozi et al., "Maqāsid Al-Sharīa in The Study of Hadith and Its Implication for The Renewal of Islamic Law: Study on Jasser Auda's Thought," *Justicia Islamica* 19, no. 1 (2022): 74–93, <https://doi.org/10.21154/justicia.v19i1.3269>.

⁵² Uthman Mehdad Al-Turabi and Jasser Auda, "Toward a Maqāsid-Based Legal Reform: Systemic Thinking for Social Transformation in the Modern Muslim World," *Indonesian Journal of Islamic Law* 8, no. 2 (2025): 209–28, <https://doi.org/10.35719/fhw10v84>.

⁵³ Zahrul Mubarrak et al., "The Urgency of the Islamic Law and Contemporary Societal Challenges: The Flexibility of Al-Maslahah in Determining the Hierarchy of Maqāsid Al-

In the contemporary context, the principles of *maqāsid al-syarī'ah* form the basis for responding to various modern issues, including bioethical and medical issues. In particular, *hifz al-nafs* has strong relevance in medical practice because it is oriented towards saving and preserving human life.⁵⁴ Therefore, kidney transplantation can be understood as a concrete implementation of *hifz al-nafs*, as long as the procedure is carried out ethically, safely, and brings greater benefit to the patient in an effort to sustain their life.⁵⁵

Analysis of Iran's kidney donation system through the lens of *hifz al-nafs*

Iran's uniquely regulated system of compensated living unrelated kidney donation represents an unprecedented case in the global landscape of organ transplantation. Empirical data consistently show that the system has effectively expanded the availability of transplantable kidneys, substantially reducing domestic waiting lists, and ultimately saving thousands of lives.⁵⁶ From the perspective of *maqāsid al-sharī'ah*, specifically *hifz al-nafs*, which prioritizes the protection and preservation of human life, the Iranian model presents a compelling example of how legal and policy frameworks can operationalize life-saving interventions within a morally informed context.⁵⁷

The primary indicator of *hifz al-nafs* in this case is the enhanced survival rate of patients with end-stage renal disease.⁵⁸ Historical data indicate that between the late 1980s and early 2000s, Iran conducted over 15,000 living unrelated kidney transplants, effectively eliminating the national waiting list for many regions.⁵⁹ More recent research demonstrates that regulated payments integrated within the transplant infrastructure continue to ensure timely access to transplantation for patients who might otherwise face long-term morbidity or death.⁶⁰ Clinically, survival outcomes for recipients under the compensated system do not significantly differ from non-compensated programs when appropriate medical protocols are applied.⁶¹ These empirical outcomes align directly with the *maqāsid al-sharī'ah* principle of *hifz al-nafs*, affirming that structured, legally sanctioned compensation mechanisms can serve the supreme ethical objective of saving human life.

Sharī'ah," *EL-Ussrah: Jurnal Hukum Keluarga* 8, no. 1 (2025): 344–65, <https://doi.org/10.22373/ujhk.v8i1.27096>.

⁵⁴ Zulfahmi, Asrofi, and Suroto, "A Review of Islamic Law on the Practice of" Tumpang Rahim" Based on Maqāsid Al-Syarī'ah and Contemporary Scholars."

⁵⁵ Baidhawi, "Bioetika Islam Kloning Transplantasi Organ Dan Batasan Syariah."

⁵⁶ Ghods and Savaj, "Iranian Model of Paid and Regulated Living-Unrelated Kidney Donation"; Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran."

⁵⁷ Ali, "Islamic Perspectives on Organ Transplantation: A Continuous Debate"; Baidhawi, "Bioetika Islam Kloning Transplantasi Organ Dan Batasan Syariah."

⁵⁸ Marbun et al., "Perspective of Muslims on Kidney Transplantation in Indonesia: A Narrative Review."

⁵⁹ Ghods and Savaj, "Iranian Model of Paid and Regulated Living-Unrelated Kidney Donation."

⁶⁰ Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran."

⁶¹ Rouchi, Mahdavi-Mazdeh, and Zamyadi, "Compensated Living Kidney Donation in Iran: Donor's Attitude and Short-Term Follow-Up."

However, the preservation of life is intertwined with complex social and economic realities. Donor demographics reveal that the majority are economically disadvantaged males, often young and the primary household earners, with financial necessity serving as the predominant motivation for participation.⁶² While these donors contribute directly to *hifz al-nafs* by providing life-saving organs, the economic pressures influencing their participation introduce ethical tension. From a *maqāsid al-sharī'ah* perspective, safeguarding life should not compromise donor welfare. Scholars have emphasized that true realization of *hifz al-nafs* encompasses both the recipient's survival and the protection of the donor's physical and psychological integrity.⁶³ Hence, the Iranian model simultaneously achieves the preservation of life for recipients while posing potential risks to the donors' long-term well-being, raising normative questions about voluntariness and informed consent.

The dynamics of the kidney market further complicate ethical evaluation. Compensation levels in regulated markets often exceed official baselines due to negotiation, reflecting inequalities between donors and recipients.⁶⁴ This economic skewness underscores a dual concern: while the life of the recipient is preserved, the socioeconomic vulnerabilities of donors may expose them to coercion or exploitation. From the *maqāsid al-sharī'ah* standpoint, the ethical legitimacy of any life-saving intervention is contingent upon minimizing harm to all parties involved, particularly those in vulnerable positions.⁶⁵ Consequently, policymakers must ensure that financial incentives do not undermine the principle of *hifz al-nafs* for donors, maintaining a balance between lifesaving objectives and donor protection.

Empirical studies also highlight the role of regulatory gaps and informal practices in shaping outcomes. Despite formal regulation of brokers and intermediaries, some reports indicate ongoing informal negotiations, which can divert benefits from donors toward third parties.⁶⁶ Additionally, commodification concerns persist in both secular and Islamic bioethical discourse, as contractualized financial exchange for organs may be perceived as conflicting with the inherent dignity of the human body.⁶⁷ Nevertheless, the system's primary aim—ensuring life-saving kidney access—remains consistent with *hifz al-nafs*. The challenge, from a *maqāsid al-sharī'ah* perspective, is to reconcile the life-saving benefit with safeguards that uphold donor welfare, mitigate economic coercion, and respect human dignity.

The involvement of foreign patients in Iran's kidney market introduces an international dimension. While compensated donation is formally limited to

⁶² Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran"; Zargooshi, "Quality of Life of Iranian Kidney 'Donors.'"

⁶³ Bagheri, "Compensated Kidney Donation: An Ethical Review of the Iranian Model."

⁶⁴ Moeindarbari and Feizi, "Kidneys for Sale: Empirical Evidence From Iran."

⁶⁵ Baidhawi, "Bioetika Islam Kloning Transplantasi Organ Dan Batasan Syariah."

⁶⁶ Roth et al., "Criminal, Legal, and Ethical Kidney Donation and Transplantation: A Conceptual Framework to Enable Innovation."

⁶⁷ Siraj, "How a Compensated Kidney Donation Program Facilitates the Sale of Human Organs in a Regulated Market: The Implications of Islam on Organ Donation and Sale."

Iranian citizens, patients from neighboring countries often participate through informal networks or cross-border arrangements.⁶⁸ Such transplant tourism raises ethical and regulatory concerns regarding equity, justice, and the distribution of life-saving resources.⁶⁹ In terms of *hifz al-nafs*, the imperative remains to save lives, but a broader ethical lens requires attention to cross-border fairness and the potential exacerbation of global disparities.⁷⁰ This underscores the importance of integrating Islamic normative principles with international governance considerations, ensuring that lifesaving interventions do not generate new forms of harm.

Donor satisfaction and short-term outcomes further illuminate the practical realization of *hifz al-nafs*. Surveys report that over 86% of donors express full satisfaction post-transplantation, and the majority experience no serious medical complications.⁷¹ These outcomes indicate that when medical protocols and ethical safeguards are appropriately applied, the system can achieve life preservation for recipients while minimizing adverse impacts on donors. Moreover, longitudinal shifts in transplantation practices, including increased reliance on deceased donors since the Organ Transplantation and Brain Death Act of 2000, reflect Iran's effort to balance life-saving objectives with ethical considerations, reducing dependence on economically motivated living donors.⁷² This evolution demonstrates that alignment with *hifz al-nafs* can be maintained even as policies adapt to ethical and practical realities.

The integration of empirical evidence with normative analysis highlights key research gaps. While the life-saving impact for recipients is well documented, there is limited longitudinal research examining donors' long-term health, socioeconomic stability, and psychological outcomes.⁷³ Additionally, the ethical implications of foreign participation remain underexplored, with scarce integration of *maqāsid al-sharī'ah* into these analyses.⁷⁴ Addressing these gaps is critical for a holistic evaluation of *hifz al-nafs*, ensuring that life preservation extends to both beneficiaries and contributors of the organ donation system.

Iran's compensated kidney donation system offers a nuanced illustration of how legal frameworks, economic realities, and ethical norms intersect in the pursuit of life preservation. From the perspective of *maqāsid al-sharī'ah*, the system effectively operationalizes *hifz al-nafs* for recipients by increasing access

⁶⁸ Feizi and Moeindarbari, "Heterogeneity of Market Structures in the Iranian Model of Kidney Transplantation."

⁶⁹ Ghods, "Ethical Issues and Living Unrelated Donor Kidney Transplantation."

⁷⁰ Zulfahmi, Asrofi, and Suroto, "A Review of Islamic Law on the Practice of 'Tumpang Rahim' Based on Maqāsid Al-Syarī'ah and Contemporary Scholars."

⁷¹ Rouchi, Mahdavi-Mazdeh, and Zamyadi, "Compensated Living Kidney Donation in Iran: Donor's Attitude and Short-Term Follow-Up."

⁷² Haghghi et al., "20 Years Iranian Experience of Organ Donation: Shifting From Compensated Living Unrelated Kidney Transplantation."

⁷³ Rouchi, Mahdavi-Mazdeh, and Zamyadi, "Compensated Living Kidney Donation in Iran: Donor's Attitude and Short-Term Follow-Up."

⁷⁴ Bagheri, "Compensated Kidney Donation: An Ethical Review of the Iranian Model."

to transplantation and reducing mortality from ESRD. At the same time, the system's design raises ethical challenges regarding donor welfare, economic coercion, market inequalities, and cross-border equity. A comprehensive approach to evaluating Iran's policy must integrate empirical outcomes with normative analysis, emphasizing the protection of life for all stakeholders. The evidence indicates that while the Iranian model successfully fulfills the primary *maqāsid al-sharī'ah* objective of *hifz al-nafs*, achieving full ethical alignment requires continuous regulatory refinement, protection of donor rights, and attention to international equity.

This study thus contributes not only to the enrichment of academic knowledge, but also to the development of practical guidelines for decision-making. This study shows that *maqāsid al-sharī'ah* can function as a relevant normative framework in guiding ethical considerations on complex bioethical and policy issues, especially when the demand to save lives conflicts with the principle of respect for human dignity. With this approach, sharia values can be articulated contextually and applicably in responding to modern medical dynamics. In addition, this study confirms that the integration of religious principles and professional considerations can result in decisions that are more comprehensive, fair, and oriented towards the common good.

Conclusion

Iran's compensated kidney donation policy significantly upholds the *maqāsid al-sharī'ah* objective of *hifz al-nafs*, namely the preservation and protection of human life. The officially regulated transplant system through the Iranian kidney foundation enables patients with end-stage renal disease to access life-saving kidneys promptly, substantially reduces domestic kidney waiting lists, and mitigates mortality associated with organ shortages. This outcome aligns with Islamic teachings emphasizing the sanctity of life, as stated in the Qur'an Surah al-Ma'idah verse 32: "Whoever saves a life, it is as though he has saved all mankind."

At the same time, while *hifz al-nafs* is effectively realized for recipients, the research identifies ethical tensions regarding donors, particularly those from economically disadvantaged backgrounds. The majority of donors participate primarily due to financial necessity, raising questions about voluntariness, autonomy, and long-term welfare. This situation presents a normative dilemma: saving the life of the recipient should not come at the expense of the donor's well-being, dignity, or rights. The Prophet Muhammad (peace be upon him) emphasized: "He who does not show mercy will not be shown mercy" (HR. Muslim), underscoring that life-saving actions must be accompanied by fairness and protection for all involved parties. Accordingly, to fully align with *maqāsid al-sharī'ah*, the policy should continue to prioritize donor protection through strict oversight, ensuring their health, safety, and socio-economic fairness.

The phenomenon of transplant tourism and participation of foreign patients illustrates that Iran's policy carries cross-border implications. While *hifz al-nafs* is achieved for international recipients, these transnational dynamics

necessitate broader ethical scrutiny to prevent inequities in global access to life-saving treatment. The application of the *maqāsid al-sharī'ah* framework enables a comprehensive assessment, integrating empirical outcomes, Islamic ethical principles, and domestic policy considerations. It provides a clear recommendation: Iran's compensated kidney donation system can be ethically justified as long as donor welfare is adequately protected and the primary objective of preserving human life is pursued in a balanced and equitable manner.

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Author Contributions

The study was conceptualized by A.F.; the methodology was designed by A.F. and A.K.M.Z.; validation was performed by R.G.; supervision was undertaken by A.K.M.Z.; the initial draft was written by A.F. and A.N.Z.A.H.; and the manuscript was reviewed and edited by all authors. All authors have read and approved the final published version of the manuscript.

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