

# Organ and Tissue Donation and Transplantation

## **A perspective of South African Baptists from the Baptist Northern Association and its implications for preaching**

by

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## Summary

South Africans are in dire need of organs and tissues for transplantation. The impact is felt by many, irrespective of colour, creed or religion. No known studies have been conducted amongst Baptists in South Africa to determine their point of view on the subject. My own personal experience as both a Baptist pastor and now as procurement operations manager of a bone tissue centre, has shown that most people are ignorant and uninformed about bone tissue donation and also, to a lesser degree about organ donation.

This study seeks to ascertain what a representative group of Baptist delegates who attended the annual Northern Baptist Association Assembly in June 2005 think about organ and tissue donation.

Their views were obtained by means of an empirical study. The results are interpreted to determine if they are in favour of or against organ and tissue donation. It is important to note their beliefs regarding the Scriptural position on donation and whether Christians could be encouraged from the Word to become organ and tissue donors or not.

Donation of organs and tissue benefits not only the recipient or patient, but also affects the donor family, or next-of-kin. The study aims to determine if the respondents felt that organ and tissue donation holds pastoral benefits to the donor families and recipients.

Baptists and other Christian denominations have a responsibility to preach God's Word and to apply it to real-world situations. Death and donation of organs and tissue is a reality that our people face, often unprepared and less than properly informed. I trust that the findings of this study will be of assistance to pastors and teachers whose desire it is to inform and educate their congregations about the selfless gift of organ and tissue donation.

## Key Terms

1. Bone tissue
2. Organs
3. Consent
4. Biblical
5. Death
6. Cadaveric
7. Opting-in
8. Next of kin
9. Cultural objections
10. Baptist Union

## Chapter 1

### 1. Introduction

#### 1.1 Problem statement

Vast progress has been made in the area of transplantation in recent years and the 20<sup>th</sup> century has seen the development and successful application of many new techniques, most dramatized by their life-saving potential (Atkinson 1995:861). With transplantation techniques improving, the need for more tissue and organs for transplantation is ever increasing. Critical to the supply of vital tissue and organs for transplantation is the donor and the next of kin. In South Africa, the law provides for an opting-in system, which means that people have the right to choose whether they want to donate their organs and/or tissues. The practice by the organ and tissue transplant institutions are that, in case of a deceased donor, the nearest next-of-kin will be contacted for consent, regardless of whether the deceased indicated donation.

An integral part of my responsibilities as a bone tissue procurement manager is to see to it that the next-of-kin of potential donors is contacted to request permission for bone tissue donation. Time is of critical importance and the family has to give the consent preferably within 48 hours of death. I have noted that the majority of people contacted were completely unaware of the fact that bone tissue can be donated and transplanted. It was also noted that most Christians contacted in this way were uninformed about the subject. Some indicated that they wished their churches could inform them about whether it is right or wrong for a Christian to donate one's bones and organs. I wanted to know what the Baptist perspective was on organ and bone tissue donation and found, after numerous inquiries that no research on the subject has yet been done in South Africa at any time. I consulted with the Baptist Union archivist and she confirmed that no records of any discussion, resolution or publication on organ or bone tissue transplantation could be found in the Baptist archives. This confirmed my experience and suspicion. Only a very small minority has ever heard of bone tissue transplantation. They have heard of organ donation, but not of bone tissue transplantation. Baptist have also never seriously considered and formulated a biblical response to the issue.



South Africans are by and large spiritual people, many of them Christians who belong to some form of church where, in most cases, preaching and teaching is part of the service and ministry offered. From discussions with various church pastors and leaders and doing literature searches it was found that hardly any, if any, preaching and teaching has ever been done on the subject. When visiting some of the organ and tissue procurement institutions' websites, one would find references to various denominations and faiths and their view on organ and tissue transplantation. These references are unfortunately not South African references and the opinions and feelings of denominations and religions whose demographics, cultures and history differ vastly from that of South Africans, are reflected. For any valid reference to be made to any religion's or Christian denomination's view on the matter, it is necessary to research that denomination or religion's views in its context, in this case it being South Africa. It may be that Baptists of the Northern Province of South Africa have exactly the same view on organ and tissue donation as their brothers in the Southern parts of the United States, or they may feel completely different. Only proper research will tell.

The South African public is in dire need of tissue and organs for transplantation and the church appears to be silent on the matter.

After serving as a Baptist pastor for ten years I commence my study into these matters by researching the opinion of my own denomination, the Baptist Union of South Africa.

## **1.2 Research questions**

Is it true that Baptists are uninformed regarding tissue and organ donation? Or are they more informed about the one and less informed about the other? Is there a difference between black Baptists and white Baptists in terms of willingness to donate? Do Baptists support the idea of organ and tissue donation and do they have biblical grounds for or against donation? Do Baptists feel differently regarding bone tissue donation and organ donation?

In essence this study will investigate the following questions:

- What is the opinion of Baptist Union of South Africa (particularly in the Northern Association) regarding bone tissue donation? Are they in favour, against or unsure?
- What factors shape their opinion? Are they biblical, cultural or denominational factors?
- Is there a need amongst Baptists in South Africa for formulating an official Baptist view on organ and bone tissue donation?
- What are the implications of organ and tissue donation for preaching in Baptist churches?

### **1.3 Goals of the study**

The empirical-theological research embarked upon in this study aims to determine what and how South African Baptists think regarding the issue of organ and bone tissue donation, especially in the Baptist Northern Association. In the light of this, the study will focus on the following objectives:

- To conduct a literature study of all relevant available research material on South African Baptists and organ and bone tissue donation.
- To conduct an empirical study to determine the opinion of Baptists of the Baptist Northern Association regarding organ and tissue donation.
- To develop an adjusted theory of praxis with special reference to its implications for preaching.

### **1.4 Methodology**

#### **1.4.1 Literature study**

Preliminary research shows that no books or articles have been written on the subject from a Baptist perspective in South Africa. Some research evaluating the cultural factors influencing organ donation amongst the Zulu culture has been done. There is

substantial information and material available that has been written abroad and this study will consider as much of this literature as possible throughout this research paper.

### **1.4.2 Practical-theological**

Practical theology deals with God's activity through the ministry of human beings (Heitink 1999:8). Therefore, the gathering and organizing of information must not be an end in itself but rather a means to an end. The desired end is to be more effective as God's servants, especially in bringing about an understanding in the hearts and minds of teacher and learner, or preacher and hearer.

Initial indications are that no research has been done in South Africa to establish the viewpoints of the various Christian denominations on organ and tissue donation. It has been confirmed that no such research has ever been undertaken to establish the viewpoint of South African Baptists.

### **1.4.3 Empirical-theological**

It is for this reason that a second aspect to the methodology must be included. The literary study must be supplemented and supported by research methods, which lead to changes in action. The empirical-analytical method is described as "*a systematic development of the experiential processes which every person is undergoing at every waking moment (and perhaps even in his sleep) and which are implicit in the interactions of the human being with his environment*" (Van der Venn 1993:112).

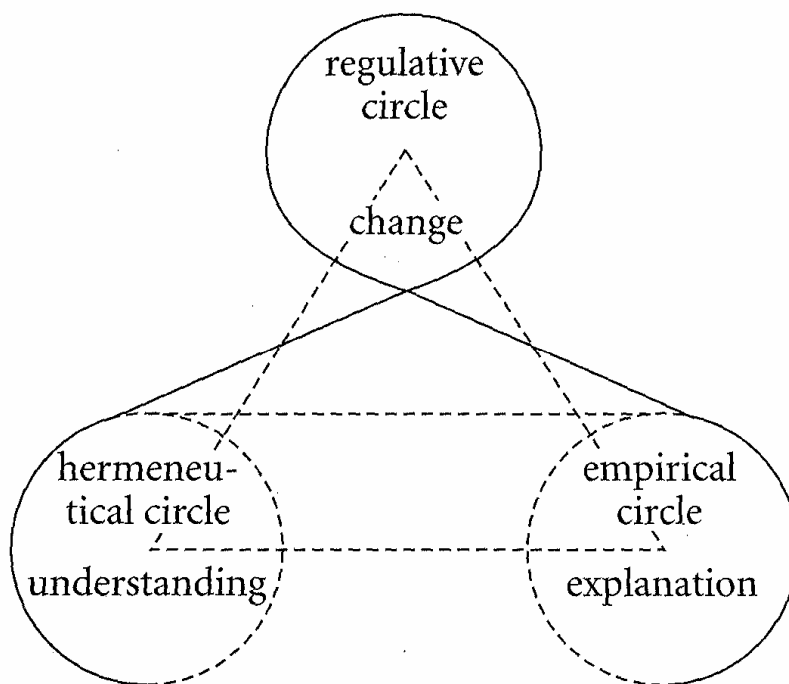
The following five empirical-theological phases as described by Van der Venn (1993:114-156) will be applied:

1. Development of the theological problem and goal (here the problem and goal are developed and examined to ensure that they are indeed theological problem and theological goal).
2. Induction (refers to the observation of the current reality and includes theological and theoretical literature studies and overviews of relevant empirical research literature).

3. Deduction (refers to hypothesis and deductions as result of induction). This process includes the composition of, as well as, the try-out of the questionnaire).
4. Testing (using the quantitative method of processing physical data that are measurable, countable and comparable). This phase includes the process of data collection, preparation of the data set and the empirical-theological data analysis.
5. Theological evaluation (the results of the tests are related back to the original problem questions and goals). This phase includes theological interpretation and theological reflection which results in a renewed hermeneutic-theological reflection.

In this methodology of practical theology one may also refer to three concepts; understanding, explanation and change (Heitink 1999:163).

These concepts are represented by Hermeneutic, empirical and strategic perspectives respectively. Each perspective forms part of a triangular relationship that interconnects assisting the researcher in the task of arriving at meaningful conclusions. The process can be illustrated by means of the diagram shown in the figure below:



**Figure 1**

#### 1.4.4 Empirical-quantitative

The word *empiricism* derives from the Greek *empeira* which means “experience” and connects the “who does what” primarily with the “where and when” (Heitink).

In order to establish the “who does what”, the empirical approach will be applied via a research questionnaire to establish the beliefs and practices of a representative group of respondents from the Baptist Northern Association.

#### 1.5 Development of the study

This study will be conducted from the premise of unconditional faith in the triune God as revealed in the Bible.

...it is faith in God which comprises the theological nature of empirical-theological research. Faith in God is the direct object, while God in and through faith comprises the indirect object and hence the ultimate aim of empirical-theological, and ultimately, any kind of theological research whatsoever.

(Van der Venn 1993:119)

Faith in God is the ultimate goal of empirical-theological research. The implication is that “the researcher’s own participation in the hermeneutic-communicative praxis serves as an important source, inspiration and orientation of the discovery, structuring and testing of the phenomena which he perceives in empirical reality” (Van der Venn 1993:120). In developing this study, the inerrancy, authority and sufficiency of the Bible is assumed as fact. In the words of John Stott:

Thank God for the Bible! God has not left us to grope our way in the darkness; he has given us a light to show us the path. He has not abandoned us to flounder in heavy seas; Scripture is a rock on which we may stand. Our resolve should be to study it, believe it and obey it.

(1992:170)

Medical science has made enormous leaps of advance in the last century. Organ and tissue transplants were not on the list of things to do for medical practitioners in biblical times. However, as with many other challenges of modern times, the mind of God is to be sought on the matter although the word *transplant* does not appear in the concordance. The church has been left with the challenge to “Preach the Word; be prepared in season and out of season” (2 Timothy 4:2). On a life and death issue like organ and tissue transplantation that effects thousands of South Africans every year the church needs to know how to counsel and preach on the issue to its members. The church is left with a challenge.

It is also safe to say that the great religious and philosophical leaders of history could scarcely have imagined the enterprise of moving organs from one body to another. It is thus difficult to determine what the great historical religious and cultural traditions might have thought about such a project.

(Veatch 2000:1)

In the light of the above, the research will be developed in the following manner:

### **1.5.1 Chapter 2 - Orientation**

Van der Venn, quoting Popper says “According to Popper (1983;1986), scientific theories in the area of empirical research must satisfy four fundamental requirements”. These four are “free from logical inconsistency, independent, sufficient and necessary” (1993:129).

Van der Venn goes on to say:

The first is that the individual statements, as well as the relationships between them, must be logically consistent. This requirement, which is self-evident, means that apparent contradictions must be eliminated by a clear conceptualization of the terms.

(1993:128)

Chapter 2 will seek to clarify the various rational theoretical definitions, terminology and other aspects particular and relevant to organ and tissue transplantation.

All scientific research is based on the convictions that the universe is an intelligible, even meaningful system; that there is a fundamental correspondence between the mind of the investigator and the data being investigated; and that this data is rationality.... It is therefore no accident that the pioneers of the scientific revolution were Christians. They believed that the rational God had stamped his rationality both upon the world and upon them. In this way all scientists, whether they know it or not, are 'thinking God's thoughts after him,' as the seventeenth-century German astronomer Johannes Kepler puts it.

(Stott 2000:115)

### **1.5.2 Chapter 3 - Relevant theological theory**

This chapter will consider in brief the relevant theological theory which interacts with the praxis of organ and tissue donation. Here a theological framework or a paradigm (Heitink 1999:155) will be established which shall provide the motivation for any action that may be described or recommended.

Practical theology also recognizes the interaction between theory and praxis. These concepts are defined from a theological perspective and directed towards the praxis of mediation, as the specific practical-theological focus, but without isolating this action from society as a whole.

(Heitink 1999:151)

### **1.5.3 Chapter 4 - An adjusted theory of praxis**

This chapter will scrutinize the empirical data collected from the research questionnaire by means of a one-way frequency analysis. The results will be evaluated and interpreted followed by practical recommendations aimed at the newly acquired theory being put into practice.

## 1.6 Previous research

A comprehensive search of all previous and current studies on the views or opinions of any South African Christian denomination yielded no results. A comprehensive search of the Baptist Union of South Africa archives was also fruitless as confirmed in writing by the chief Baptist Union archivist, Mrs Val Nowlan, on 27 February 2005: “Nothing was found in the Baptist Union archives on the subject.” She has since continued her search without any success. A masters research dissertation that was written by Busisiwe Rosemary Bhengu on organ donation and transplantation within the Zulu culture (1995) produced some interesting findings which warrants some closer inspection.

### 1.6.1 Organ donation and transplantation within the Zulu culture

Bhengu writes:

The shortage of organs for transplantation cannot only be limited to ineffective harvesting techniques or ignorance of people, cultural norms that direct attitudes and social factors also play a major role, namely - cultural factors from the diverse traditions, beliefs, values, norms and preferences in a pluralistic country like South Africa ...

(B.R. Bhengu 1995:4)

From her study she found that “the majority of the respondents (34 out of 47) were in favour of the idea of organ transplantation” (1995:63) but 6 of the 9 traditional healers were against organ donation (1995:65).

She concluded from her study that “Zulu speaking respondents indicated a lack of knowledge about organ donation...Some of them literary verbalised the need for more information on the subject. Despite the lack of knowledge, they show some positive attitude towards organ donation and transplantation which may mean that, with more knowledge they might be more positive” (1995:83).



Bhengu's statement confirms the need that organ procurement and transplantation is not a pure medical science and that it needs to incorporate a more holistic approach to procurement. She included in her list of cultural and other factors that influence organ donation and transplantation "religious factors due to religion playing a role in influencing values and beliefs of people about health issues and death" (1995:5).

This gives further impetus to the need to research the views and beliefs of the various religions and more specifically, Christian denominations in South Africa in their various cultural contexts.

#### **1.6.1.1 Limitations and omissions**

Bhengu has treaded new ground and much more research in this area is required. However, some aspects of her research need further comment.

#### **1.6.1.2 Cultural focus limitations**

Bhengu focuses her study on a specific cultural group, namely the Zulu speaking people in the Kwazulu-Natal region, rather than on a religious group. Although she makes some valuable conclusions, that may help to understand the cultural factors that influence donation from a Zulu perspective, one cannot assume that all Zulu speaking people from Kwazulu Natal hold the same view. Her total number of respondents of only 47 is very small considering the total Zulu population of over 8 million at the time (statistics South Africa). Baptist Zulu speaking people from Kwazulu Natal who have been well disciplined in the Scriptures may have quite different views on a number of aspects that Bhengu covered. Whilst there is no denying the value of a cultural specific study, the need exists to further research the views of religious and even more specifically, denominational groups.

#### **1.6.1.3 Excludes bone tissue donation**

Transplantation incorporates more than organs and as such, the research of Bhengu is of limited value. The fact that bone tissue is a transplanted tissue in South Africa and that thousands of patients are treated every year underlines the need to understand the

various cultural and religious grouping's views, fears, beliefs and practices surrounding bone tissue donation and transplantation. The fact that bone tissue is omitted from the study may be indicative of the enormous level of ignorance amongst not only the South African public, but also the medical fraternity regarding bone tissue transplantation. To her defence it must be said that bone tissue donation was far less common ten years ago than it is today.

### **1.6.2 Cultural norms and religious views**

John Gilmann wrote an article in 1999 entitled *Religious perspectives on organ donation*. He comments that his experience has shown that most religious groups endorse transplantation and no religious group unanimously opposes donation (1999:20). However, opposition to donation does come and it usually comes when the emotional, spiritual issues and cultural views are ignored (Chapmann, Deierhoi, Wight 1997).

Gilmann notes, very importantly:

...not only are religious views to be acknowledged, but also cultural norms are to be ascertained, for the human body and body parts convey social meaning and are loaded with cultural symbolism. Deeply ingrained cultural values and beliefs may initially outweigh the favourable stance or organ donation of the religious group to which the family belongs. Some cultural groups that traditionally would not readily support or are sceptical about donation and transplantation include American Indians, Africans/Blacks, Cambodians, Chinese, Gypsies, Hmong, Japanese, Koreans, Vietnamese, and West Indians. Many church-affiliated members are unaware of what their faith group permits, or in some instances, may even have erroneous assumptions about this. At the appropriate time it is helpful to have ... clarification about the faith group's beliefs.

(Gilmann 1999:21-22)

### 1.6.3 Official Baptist resolution

Organ and tissue donation institutions and centres have recognized over the years that it helps prospective donors and donor families tremendously if their particular religion or denomination has an official statement available on the issue. Robert Lewis observes in his document entitled *Theological Issues Surrounding Cadaver Organ Donation*:

There are no Christian denominations which prohibit organ donation (including the Jehovah's Witnesses which state that it is a matter for individuals to decide), and many of them have issued official statements supporting organ donation.

(<http://people.bu.edu/wwildman/WeirdWildWeb/courses>)

The University of Pretoria's National Tissue Bank gives the view of Baptists on its website as:

Donation is supported as an act of charity and the church leaves the decision to donate up to the individual.

([www.tissuebank.co.za](http://www.tissuebank.co.za))

This viewpoint is not an official one as there is no record of any decision or discussion at official Baptist Union level on the subject as confirmed by the Baptist Union archivist on 12 April 2005. The only known *official* statement made by Baptists and quoted by numerous organ and tissue procurement agencies in the United States is that of the Southern Baptist Convention.

In 1988, the Southern Baptist Convention in the United States of America adopted a resolution encouraging organ donations. Robert Lewis quotes the resolution:

- Whereas, Organ procurement for transplantation falls far short of demand; and
- Whereas, Organ transplant technology has transformed many lives from certain death to vibrant productivity; and

- Whereas, A Gallup Poll reported in the New York Times May 3, 1987, that 82% of respondents would donate adult relatives' organs in appropriate situations, but only 20% had completed a donor card; and
- Whereas, Complete resurrection of the body does not depend on bodily wholeness at death; and
- Whereas, the values of a godless society promote self-sufficiency to such a degree that
- people are indifferent to the needs of others, as seen in resistance to organ donations; and
- Whereas, Organ donation for research or transplantation is a matter of personal conscience.
- Therefore, be it RESOLVED, That we, the messengers of the Southern Baptist Convention meeting in San Antonio, Texas, June 14-16, 1988, encourages physicians to request organ donation in appropriate circumstances; and
- be it further RESOLVED, That we recognize the validity of living wills and organ donor cards, along with the right of next of kin to make decisions regarding organ donation; and
- Be it finally Resolved, That nothing in the resolution be construed to condone euthanasia, infanticide, or harvesting of fetal tissue for the procurement of organs.
- Resolution No. 15. Adopted 1988.

(<http://people.bu.edu/wwildman/WeirdWildWeb/courses>)

## Chapter 2

### 2. Orientation

#### 2.1 Terminology

For clarification, it is necessary to distinguish between the different concepts referred to in this study.

##### 2.1.1 Donation

A distinction needs to be made between the acts of donation and transplantation.

It has been recognized for years that there are two basic alternatives for organ procurement: donation and salvaging. Under salvaging schemes... cadaver organs would be routinely 'salvaged' – that is, taken without any formal consent when they are needed as a social resource. The dead body would simply be presumed to be the property of the state when the body could serve a useful purpose. The other alternative relies on donation. The assumption is that an individual has rights over and against the state, including the right to bodily integrity. Under this approach, the deceased retains some right over the control over how his or her body is treated, even after death. The relatives acquire a limited right to make certain decisions about disposition (within the framework of the deceased's own wishes).

(Veatch 2000:12-13)

Donation refers to the voluntary giving part of the process. It is possible for a living person to *donate* a kidney to another person in need of one. A person may indicate to his family verbally and/or in writing that he/she wishes to be an organ and/or tissue donor. Alternatively his/her family may decide to donate the organs and/or tissue for donation after the person has died.

South African law states:

- (1) (a) A person who is competent to make a will may
- (i) in the will;
  - (ii) in a document signed by him or her and at least two competent witnesses; or
  - (iii) in an oral statement made in the presence of at least two competent witnesses, donate his or her body or any specified tissue thereof to be used after his or her death,

In the absence of a donation under subsection (1)(a) or of a contrary direction given by a person whilst alive, the spouse, partner, major child, parent, guardian, major brother or major sister of that person, in the specific order mentioned, may, after that person's death, donate the body or any specific tissue of that person to an institution or a person contemplated in section 63.

(National Health Act No. 61, 2003)

In South Africa most bone tissue donations are the results of the decisions of the next-of-kin of the deceased to donate (statistics supplied by Centre for Tissue Engineering).

### **2.1.2 Transplantation**

Transplantation indicates the procedure of delivering the organs and or tissue delivered to the patient.

Transplantation is now a highly successful procedure, which is considered routine surgical practice for people with serious kidney, liver, heart or lung disease. Over the past 45 years, surgeons have made great strides in their ability to implant organs in people who are seriously ill. At least 21 different organs such as hearts, livers and kidneys and tissues such as corneas and bone marrow can now be successfully transplanted into patients who can then expect to survive for years or even decades. It is the treatment of choice for many diseases, but all too often a suitable organ is not available to meet the ever-increasing demand for transplantation.

([www.odf.org.za](http://www.odf.org.za))

### 2.1.3 Brain death

Throughout the centuries it was relatively simple to determine if someone was dead or not.

If a person fell unconscious, someone would feel for the pulse, determine whether there was breathing, and look at the pupils. If there was no pulse or breath and the pupils were fixed, death was assumed to have occurred. These were called the heart-lung criteria.

(Wilson 1990: 283)

Medicine has developed in recent years techniques to prevent the rapid death that was inevitable when a person became comatose. It is quite common to find that a person appears to be dead even though his/her heart continues to beat and the vital organs function well enough to keep most of the cells in the body alive.

“Although they have some appearances of being alive, they are insensate and do not carry on those intellectual functions that characterize life” (Wilson 1990:283).

With the advent of transplant surgery, first with kidney and later with liver transplantation, the need for definite criteria to determine brain death increased because intact and viable organs were necessary if transplantation were to be successful. People were beginning to become suspicious and skeptical about the possibility that the need to get life-saving organs might in certain circles reduce the care that should be given to a person in order to secure a possible organ donor.

Helmund Thielicke says that this scepticism made it necessary to offer a binding definition of the criteria for declaring a person dead and mentions two main reasons:

Firstly, organs that can be used in transplants (kidneys, hearts, and soon perhaps lungs and livers) perish very quickly once circulation of the blood ceases. For this reason it might be demanded that organs should be taken from those who will certainly die and are already in an irreversible process of dying. But this demand triggers a question that transcends a purely biological approach to the issue ..., namely, whether and how far an unconscious organism, whose breathing and circulation are being kept going only by artificial means, really comes

under the taboo of a 'human' quality, or whether it has in fact lost this quality, so that the surviving part of the organism has only the significance of a material object. To decide this question we need to differentiate between biological life and human life. The fact that medical conferences that discuss such issues seek the advice from other faculties – lawyers, philosophers, and theologians – shows in an impressively symbolical way that this side of the problem of death cannot be solved by a medicine that is scientifically oriented, but that a picture of humanity that is drawn from other sources must supply the needed criteria.

Second, it is clear that by reason of its very achievements modern medicine has raised problems in determining death did not exist before. The classical criteria – cessation of the heart-beat, etc. – no longer apply today, or no longer do so in every case. For an arrested heart can sometimes be restarted nowadays by massage and resuscitation. Furthermore, even in those who have gone into an irreversible coma the cardio-respiratory functions can be sustained artificially... The organs that are thus kept alive can then form a bank for intended transplants. Here again the question of the quality of the remaining organism arises. Do we have here a real person who is to be protected as such, or do we simply have a living store of organisms that might bring help and rescue to others who are still genuinely alive?

(Thielicke 1983:36-37)

These suspicions were taken seriously and as a result:

... a study was conducted in 1968 at the Harvard Medical School to establish criteria for brain death. A subsequent cooperative study conducted in several institutions has further refined these criteria. They are:

- unreceptivity and unresponsivity,
- no spontaneous or stimulated movements of breathing,
- no reflexes,



- a flat electroencephalogram in absence of drug intoxication and hypothermia (the flat electroencephalogram indicates the absence of brain metabolic activity).

When a patient meets these criteria for 24 hours, or when there is obvious no hope, such as in traumatic lesions of the brain that are irremediable, brain death has occurred. When it is determined that brain death has occurred, it is permissible to discontinue life support systems and to harvest organs for transplant.

(Wilson 1990:283)

*Brain stem death* will also result in a person being declared brain dead.

When the brain stem has lost all function the cerebral cortex becomes inactive and the patient loses the capacity to breathe and the heart stops from lack of oxygen. If mechanical ventilation is established, however, the heart and other organs (except the brain) can continue for many days. If the brain damage is temporary (eg, from drugs or hypothermia) the patient may recover, but if the brain stem is irreversibly out of action then the patient can be declared brain dead.

(Boyd 1997:27)

It is important to note that strict protocols exist before a patient is declared brain dead. A team of medical doctors (who are not allowed to be part of the transplant team) performs a series of bedside tests before declaring a person brain dead. “The time of death for legal purposes is when brain death is confirmed and not later when the heart stops after disconnecting ventilation” (Boyd 1997:28).

#### **2.1.4 Cadaveric Donor**

The word cadaver (Latin for to fall, to die) refers to the lifeless body of a human person after the circulation of blood and breathing has stopped permanently (Busutill 1997).

This donor has indicated before death the wish to be a donor and/or the next-of-kin gave consent for donation.

### **2.1.5 Transplanted organs**

A number of organs are transplanted successfully in South Africa today, namely: the heart, the kidneys, the lungs, the pancreas, the liver, and the bowel. Organs are procured from both cadaveric and heart-beating donors.

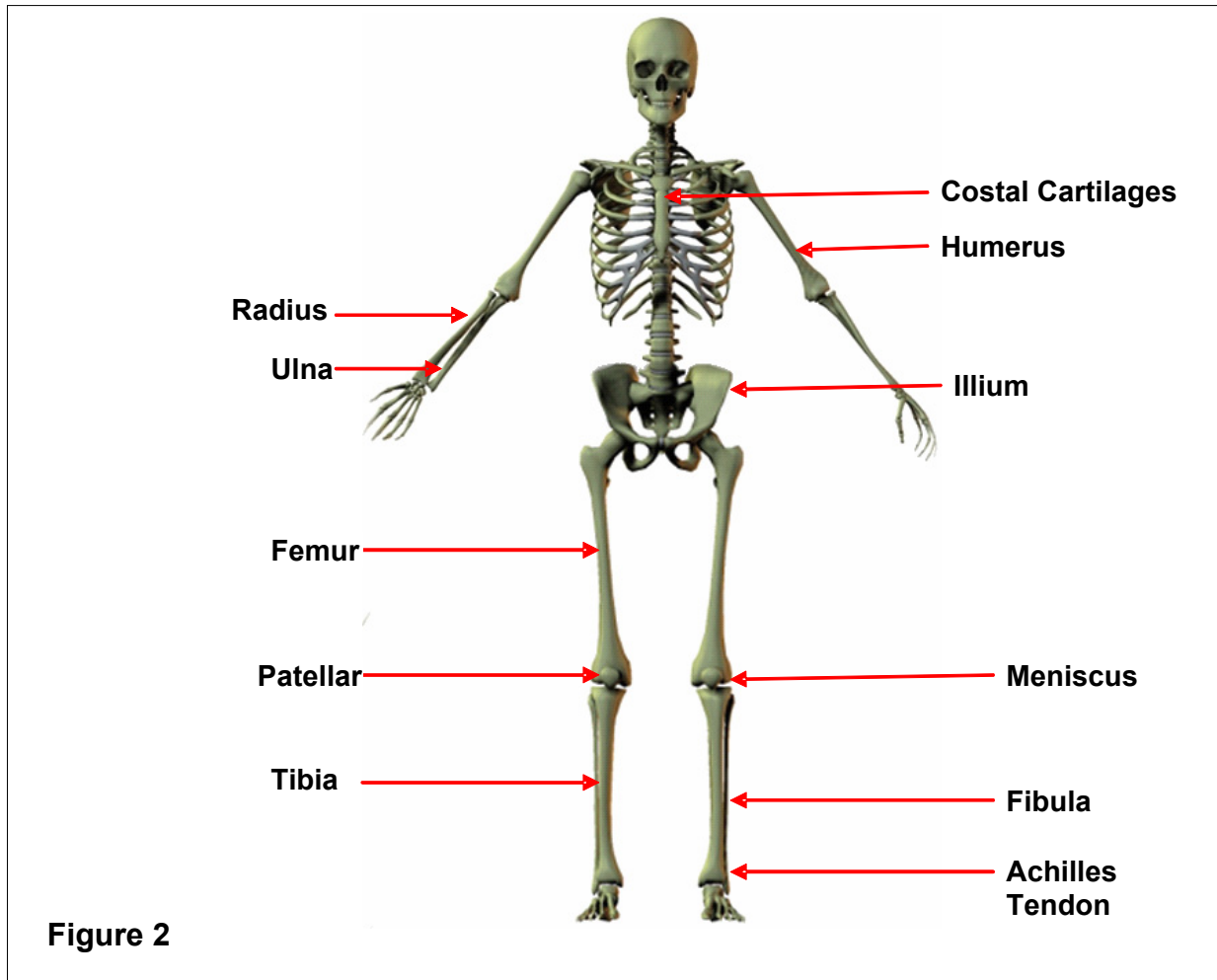
### **2.1.6 Bone Tissue**

This term refers to the skeletal bones and related soft tissue that are retrieved for transplantation. The majority of transplanted bone tissue is derived from cadaveric donors.

Bone may be lost from the skeleton due to developmental defects, injury, tumours or infection whilst the articular cartilage is lost following trauma, osteoarthritis rheumatoid arthritis producing inefficient painful joints which immobilise and eventually cripple the individual. Approximately 30% of individuals over 40 years of age have degenerative changes in joints which at present are only inadequately managed by a combination of medical and surgical treatments.

(Aston & Bentley 1982:208)

Below is a sketch indicating the most commonly removed bone tissue for transplantation in South Africa. It is standard practice of most bone procurement agencies worldwide to reconstruct the body after the long bones have been removed by means of inserting prostheses.



### 2.1.7 Tissue

In addition to the above-mentioned organs and bone tissue, other tissues are also successfully retrieved and transplanted, namely corneas, heart valves, skin and uteri. These tissues are primarily retrieved from cadaveric donors. Tissue can refer to bone tissue and/or other tissues as mentioned.

### 2.1.8 Autograft

The transplantation from and to the same person is an autograft. The medical definition: "...a tissue or an organ transferred by grafting into a new position in the body of the same individual" (Dirckx 2001:91).

"The disadvantages of autografts are that two separate operative procedures are required on the same patient with higher risk of infection and a longer operating time, and the patients may have insufficient bone for the purposes of the bone graft procedure" (Aston & Bentley 1982:210).

### 2.1.9 Allograft

The transplantation of tissue or an organ from one person to another donor is termed an allograft. The medical definition: "...a graft transplanted between genetically nonidentical individuals of the same species" (Dirckx 2001:33). By definition, this form of transplantation requires *donors* who are willing and suitable and as a result a constant shortage of organs and tissues is the order of the day.

### 2.1.10 Xenograft

When tissue or organs are transplanted from one species to another species, it is termed a xenograft. The medical definition: "...a graft transferred from an animal of one species to one of another species" (Dirckx 2001:1072). The lack of viable donors has led researchers to find alternative methods. The South African organ donor foundation reports: "The shortage of donors has led some surgeons to consider using animals as donors ([www.odf.org.za](http://www.odf.org.za)).

Although early attempts at xenotransplantation date back as far as 1905, new understanding of the immune system, and subsequent new drugs, created a scientific climate favourable for several attempts in the 1960s and 1970s. The most famous xenotransplant occurred on October 26, 1984, in a tiny infant that became known simply as Baby Fae...With the transplanted heart of a baboon, she made medical history as the first newborn recipient of a cross-species heart transplant. However, just twenty

short days later, Baby Fae died...Between 1963 and 1984, twenty-eight clinical procedures involving solid organs from animal donors were performed in the United States and South Africa. However, the results were less than optimal...Patients who accept donor organs from animals face a lifetime of expensive medication in order to stave off rejection.

(Harrub: [www.apologeticspress.org](http://www.apologeticspress.org))

Xenotransplantation may have to be considered if the demand for organs and tissues for transplants continues to rise without an corresponding rise in the supply of donations. At present it does not seem to be a common reported means of treatment in South Africa.

## 2.2 History of transplantation

The earliest attempts at plastic surgery have had a direct link with the earliest history of transplantation.

The modern era [of transplantation] appear to have started with the classic work of the Bologna surgeon Gaspare Tagliacozzi (1545-1599), *De Curtorum Chirurgia per Insitionem (1597)* – (The Surgery of Mutilation of Grafting). In it he described what was later to be called the forearm flap, attaching a skin flap from the forearm to the nose, severing its original connections some weeks later.

(Hamilton 1982:1)

Berger performed the first successful skin autograft in 1822 ([www.dnaz.org/timeline](http://www.dnaz.org/timeline)). This paved the way to thousands of patients around the world receiving lifesaving organ transplants and many other forms of treatment without which the patients would no doubt have a poorer quality of life or a slimmer chance of living longer, healthier lives.

The first fresh skin allograft was performed by the Swiss surgeon Jacques Louis Reverdin (Hamilton 1982:5). Frenchman, G. Pillier de Quengsy is reported to be the first to consider corneal transplants as a treatment for blindness about 200 years ago

and Zirm successfully carried out a full thickness corneal graft one hundred years ago in December 1905 (Coster 1982:177).

William MacEwen in Scotland is credited with the first clinical bone autograft in 1878. It was not until the early 1900s that bone grafting became established as a clinical technique (Bentley & Aston 1982:210).

Today, successful transplants can be made of the kidneys, heart, liver, lungs, corneas, bone, intestine and skin. One of South Africa's most famous sons, Dr Christian Barnard performed the world's first successful heart transplant in 1967 in the Groote Schuur Hospital in Cape Town. In 2002, at the very same hospital as the first heart transplant of Dr Barnard, 99 transplants of various organs were performed ([www.organdonor.org.za](http://www.organdonor.org.za)).

### **2.2.1 Current status**

The Organ Donors Foundations' website gives an indication of the number of organs and tissues (excluding bone tissue) transplanted in the year 2004.

- There were over 1,047 organ transplants.
- There was a 27% drop in the number of transplants undertaken in 2004, as compared to 2003.
- There were 28 heart, 5 lung, 8 kidney/pancreas, 8 liver and 252 kidney transplants.
- Groote Schuur Hospital, which was where the first heart transplant took place in 1967, undertook 3 heart transplants in 2004.
- 29% of kidney donors were related to the recipient.
- 744 people had their sight restored through a cornea transplant.

([www.odf.org.za](http://www.odf.org.za))

No national registry of bone tissue donors is kept but statistics supplied by the Centre for Tissue Engineering indicated a figure of between 300-400 donors during 2004. Considering that one donor can potentially assist with the treatment of up to one

hundred patients it effectively means that as many as thirty to forty thousand treatments were made available to patients during the year 2004.

Unfortunately, many more patients need transplants than what is currently available in South Africa. Corneas, hearts, livers, lungs, skin, kidneys and bone tissue remain in short supply. “Every day more critically ill patients are added to the waiting list. Unfortunately, this is happening faster than organs become available. As a result many patients die each year who could have lived had they had a transplant” ([www.odf.org.za](http://www.odf.org.za)).

Knoepffler writes the following:

Every year thousands of patients die in need of an organ. They die against their will. One reason for their death lies in a practice called "opting-in". After brain death organs are removed for transplantation only if the person involved has agreed or the relatives agree presuming that this person would have agreed. This practice is followed by governments in countries like Germany, the United Kingdom, Canada and the United States.

([www.unescobkk.org/eubios](http://www.unescobkk.org/eubios))

South Africa has adopted an “opting-in” approach to donation of tissue. This technique means that after brain death organs are removed for transplantation only if the person involved has agreed or the next-of-kin agree presuming that this person would have agreed to donation. The opposite practice is the “opting-out” approach where, after the person is declared brain-dead, the organs and tissue are removed for transplantation unless the former person had voiced his/her objection or the next-of-kin objects at the time of the person’s death. But according the Knoepffler, many life-saving organs are lost because of family refusal. In France, a country with the opting-out solution, approximately 50% of possible organs are lost because of family refusal ([www2.unescobkk.org/eubios](http://www2.unescobkk.org/eubios)).

## 2.3 Baptist Union of South Africa

### 2.3.1 Early History

In October 1819 the first Baptist Settlers arrived in South Africa and settled at Salem, near Grahamstown. “When English Baptists first appeared on the South African scene at the beginning of the nineteenth century, they already formed part of the Free Church movement in the British Isles. They were included among Wesleyans, Congregationalists and Presbyterians...” (Johnson 1977:31).

Baptists were, throughout their history in Southern Africa, noted for their theological conservatism (Johnson 1977:31). It was clear that Baptists represented a variety of thought in theological persuasion but they did identify themselves with the common heritage of true believers and disciples of Christ (Johnson 1977:31).

Within this context of Christian conviction they sought to interpret and establish the New Testament faith and order. For this reason they consistently stressed the underlying and basic prescription for saving faith on the one hand, and equally emphasized the command to perpetuate the evangelization of the world. Thus they stressed the Lordship of Christ as Sovereign Head of the Church, the authority of Scripture for faith and conduct, the local Church as a fellowship of believers and as a vehicle for the propagation of the Gospel. This was epitomized in the Declaration of Principle when the Baptist Union was formed.

(Johnson 1977:31)

The Baptist Union was formed at the first Baptist Assembly in Grahamstown on 11 July 1877. When the Baptist Union was inaugurated later in 1882, there was a general acceptance of the Scriptural authority as the basis of understanding of the nature of the Gospel and an understanding of true religion (Johnson 1977:35).



### 2.3.2 1924 Statement of Belief

After the First World War, the effect of biblical scepticism thrived and Baptists were more and more called to defend their faith and beliefs. In response, South African Baptists looked to the Union for guidance in the formulation of Biblical truth, which resulted in the formulation of the “Statement of Faith” in September 1924 in Durban. This document was subsequently incorporated in the constitutions of most Baptist Churches in membership with the Baptist Union and is included in the annual Baptist Handbook.

The 1924 Baptist statement of belief is the basis of Baptist belief from which the South African Baptist praxis developed over the years.

- We believe in the Scriptures of the Old and New Testaments in the original writing as fully inspired of God and accept them as the supreme and final authority for faith and life.
- We believe in one God, eternally existing in three persons – Father, Son and Holy Spirit.
- We believe that Jesus Christ was begotten by the Holy Ghost born of the Virgin Mary, and is true God and true man.
- We believe that God created man in His own image: that man sinned and thereby incurred the penalty of death, physical and spiritual; that all human beings inherit a sinful nature which issues (in the case of those who reach moral responsibility) in actual transgression involving personal guilt.
- We believe that the Lord Jesus Christ died for our sins, a substitutionary sacrifice, according to the Scriptures, and that all who believe in Him are justified on the ground of His shed blood.
- We believe in the bodily resurrection of the Lord Jesus, His ascension into heaven, and His present life as our High Priest and Advocate.
- We believe in the personal return of the Lord Jesus Christ.
- We believe that all who receive the Lord Jesus Christ by faith are born again of the Holy Spirit and thereby become children of God.

- We believe in the resurrection both of the just and the unjust, the eternal blessedness of the redeemed and the eternal banishment of those who have rejected the offer of salvation.
- We believe that the one true Church is the whole company of those who have been redeemed by Jesus Christ and regenerated by the Holy Spirit; that the local Church on earth should take its character from this conception of the Church spiritual, and therefore that the new birth and personal confession of Christ are essentials of Church membership.
- We believe that the Lord Jesus Christ appointed two ordinances – Baptism and the Lord’s Supper – to be observed as acts of obedience and as perpetual witnesses to the cardinal facts of the Christian faith; that Baptist is the immersion of the believer in water as a confession of identification with Christ in burial and resurrection, and that the Lord’s Supper is the partaking of bread and wine as symbolical of the Saviour’s broken body and shed blood, in remembrance of His sacrificial death till He come.

(South African Baptist Handbook 2004:449-450)

In spite of this clear statement of faith, the Baptist Union of South Africa has a very broad theological constituency. This is due to the Baptists’ understanding of “the right of private interpretation (of), and obedience to, the Scriptures” (Hudson-Reed 1983:356).

A crisis brought this diversity to a head when at the 1997 East London Assembly the assembly voted against a proposal to adopt a strict definition on the sufficiency of Scripture. The next annual Assembly, however, saw the assembly unanimously agreeing to accept the Scriptures as the Word of God (*The South African Baptist Handbook*, 1998-1999 p 413). This very important step took the Baptist Union back to what Hudson-Reed had said in 1983:

Differences of opinion strongly held and maintained among us have not been able to break the bond of loyalty to the Scriptures as the Word of God...We have always thought of ourselves as people of the Book. All

Christians hold to the authority of the Bible, but Baptists have a peculiar view on the supremacy of that authority.

(Hudson-Reed 1983:357)

### 2.3.3 Current actuality

The Baptist Union has grown to 493 churches and 49415 members at the end of 2003 (South African Baptist Handbook 2004: 381-382).

The Baptist Union met for its 126<sup>th</sup> Assembly in Kimberley in 2004 and during this meeting the Baptist Union President, Dr Gerhard Venter, challenged the churches to recommit themselves to the following Biblical principles as he expounded Romans 1:1-17.

- Our commitment to Jesus as Lord (v 1-7)
- Our commitment to one another (v 11)
- Our commitment to the world (vv 9, 14-17)

(South African Baptist Handbook 2004: 227)

Absent from this outline is a commitment to the preaching the Word of God. This, I would assume, is included in the reference to a commitment to Jesus as Lord whose Word remains key in knowing *how* He wants to rule as Lord over His Church. The Baptist Union of Southern Africa appears to remain committed to the 1924 Statement of Faith and this latest official call indicates a desire and indeed commitment to do what Jesus wants, namely to honour Him, to love each other, and to reach out to the world.

According to Charles de Kiewit (recently researched preaching to a post-modern affected audience within the South African Baptist context) “Baptists have been committed to the preaching of these Scriptures and particularly committed to evangelistic gospel ministry”. However, he comments that “the strong confidence and emphasis on preaching the gospel is declining” (de Kiewit 2005:5).

Although it can be argued that the commitment to the preaching of the scriptures is declining, preaching probably still remains the primary and most authoritative means of

communicating God's word to the congregation in the average Baptist church. It is debatable whether God's Word is always accurately and faithfully proclaimed and this study is not aimed at researching it.

## Chapter 3

### 3. Relevant theological theory

In this chapter, various concepts relevant to organ and tissue donation will be studied from a biblical perspective. Organ and tissue donation was completely unheard of in biblical times and is a medical development of the modern era. The Bible does, however, speak on issues related to organ and tissue donation, for example the resurrection, bones and organs, desecration of the body and more. This chapter will briefly turn to some of these passages to see if they give guidance on organ and tissue donation and whether the preacher can say with authority: “*Thus sayeth the Lord*” when it comes to some of the issues raised by organ and tissue donation.

#### 3.1 The Bible and human bones

The word bones (Hebrew *ešem*) is used quite commonly in the Old Testament and the Greek word *osteon* appears five times in the New Testament. As the basic and most durable part of the human body, the bones are used to describe the deepest feelings, affections and affiliations (Banwell1982:146). Examples are:

“Let me hear joy and gladness; let the bones you have crushed rejoice” (Psalm 51:8).

“Pleasant words are a honeycomb, sweet to the soul and healing to the bones” (Proverbs 16:24).

The decent burial of the bones, or corpse, is regarded as an important matter in the Old Testament. From Genesis 50:25 and Ezekiel 39:15 it is clear that it was important to give the bones of the deceased a proper burial. “And Joseph made the sons of Israel swear an oath and said, ‘God will surely come to your aid, and then you must carry my bones up from this place’” (Genesis 50:25). Reference to this instruction of Joseph is also given in Hebrews 11:22. The book of Ezekiel records another instance where the importance of proper burial of bones is evident.

For seven months the house of Israel will be burying them in order to cleanse the land. All the people of the land will bury them, and the day I am glorified will be a memorable day for them, declares the Sovereign LORD. 'Men will be regularly employed to cleanse the land. Some will go throughout the land and, in addition to them, others will bury those that remain on the ground. Hamonah will be there. And so they will cleanse the land.

(Ezekiel 39:12-16)

The Old Testament contains further passages which indicate that improper contact with human bones caused defilement.

Anyone out in the open who touches someone who has been killed with a sword or someone who has died a natural death, or anyone who touches a human bone or a grave, will be unclean for seven days. 'For the unclean person, put some ashes from the burned purification offering into a jar and pour fresh water over them. Then a man who is ceremonially clean is to take some hyssop, dip it in the water and sprinkle the tent and all the furnishings and the people who were there. He must also sprinkle anyone who has touched a human bone or a grave or someone who has been killed or someone who has died a natural death.'

(Numbers 19:16-18)

To burn men's bones on altars was a most effective way of deconsecrating the altars:

The king asked, "What is that tombstone I see?" The men of the city said, "It marks the tomb of the man of God who came from Judah and pronounced against the altar of Bethel the very things you have done to it." "Leave it alone," he said. "Don't let anyone disturb his bones." So they spared his bones and those of the prophet who had come from Samaria. Just as he had done at Bethel, Josiah removed and defiled all the shrines at the high places that the kings of Israel had built in the towns of Samaria that had provoked the LORD to anger. Josiah

slaughtered all the priests of those high places on the altars and burned human bones on them. Then he went back to Jerusalem.

(2 Kings 23:17-20)

The burning of bones to ashes is pronounced by God as the book of Amos records: “This is what the LORD says: ‘For three sins of Moab, even for four, I will not turn back my wrath. Because he burned, as if to lime, the bones of Edom’s king,” (Amos 2:1).

One Old Testament passage records the scattering of bones to indicate the utter defeat of an enemy. “There they were, overwhelmed with dread, where there was nothing to dread. *God scattered the bones* of those who attacked you; you put them to shame, for God despised them (Psalm 53:5).

The New Testament has only four recorded instances where the word *bones* or *bone* appear.

The first record in the New Testament is where Jesus speaks to the Pharisees and compares them to tombs that are beautiful on the outside but full of dead bones. “Woe to you, teachers of the law and Pharisees, you hypocrites! You are like whitewashed tombs, which look beautiful on the outside but on the inside are full of *dead men’s bones* and everything unclean” (Matthew 23:27).

The second record of *bones* in the New Testament is where Jesus speaks after his resurrection. “Look at my hands and my feet. It is I myself! Touch me and see; a ghost does not have flesh and *bones*, as you see I have” (Luke 24:36).

The third record is found in the Gospel according of John.

But when they came to Jesus and found that he was already dead, they did not break his legs. Instead, one of the soldiers pierced Jesus’ side with a spear, ‘Not one of his *bones* will be broken...’

(John 19:33-36)

The last record is the reference to Joseph's bones: "By faith Joseph, when his end was near, spoke about the exodus of the Israelites from Egypt and gave instructions about his *bones*" (Hebrews 11:22).

## 3.2 The Bible and human organs

### 3.2.1 The heart

The references to the physical organ as such are few and not specific. (Banwell,1982). In Hebrew it is *lēb* or *lēbāb*. In Greek it is *kardia*. The term is used to indicate the centre of things. The clearest reference to the actual organ appears to be in 1 Samuel 25:37 "Then in the morning, when Nabal was sober, his wife told him all these things, and his *heart* failed him and he became like a stone" (1 Samuel 25:37).

It was essentially the whole man, with all his attributes, physical, intellectual and psychological, of which the Hebrew thought and spoke, and the heart was 'heart' in its biblical usage (Banwell,1982).

Banwell also states that "there is no suggestion in the Bible that the brain is the centre of consciousness, thought or will. It is the heart which is so regarded..." (Banwell, 1982)

However, there is nothing in the Bible to suggest that the heart of the dead has to be treated in a specific manner, or that the spirit of the dead continues to live on in the organ. The Bible is clear that the heart, the spring of all desires, must be guarded in *this* live (Proverbs 4:23).

### 3.2.2 Kidneys, bowels, stomach

These internal organs were held to be the centre of the personality and will, without clear distinction between them (Banwell, 1982). Kidneys are translated *heart* in Job 19:27 "I myself will see him with my own eyes—I, and not another. How my *heart* yearns within me!".



In Psalm 73:21 the word kidneys (Hebrew *kēlayōt*) is also translated *heart*. “When my *heart* was grieved and my spirit embittered,”.

In the Greek New Testament the Greek word *nephros* (literally kidneys) occurs once but is translated “mind” in Revelation 2:23.

The word bowel (Hebrew *mē’îm*; Greek *splanchna*) is translated *body* in 2 Samuel 7:12, *breast* in Psalm 22:14, *heart* in Job 30:27, *soul* in Isaiah 16:11, *stomach* in Ezekiel 3:3 and *womb* in Psalm 71:6. The only place where *bowels* clearly is meant to convey *intestines* is in 2 Samuel 20:10 and Acts 1:18.

Amasa was not on his guard against the dagger in Joab’s hand, and Joab plunged it into his belly, and his *intestines* spilled out on the ground. Without being stabbed again, Amasa died.

(2 Samuel 20:10)

With the reward he got for his wickedness, Judas bought a field; there he fell headlong, his body burst open and all his *intestines* spilled out.

(Acts 1:18)

It is clear that the Hebrews had no clear idea of physiology of the internal organs and that the usage of the physiological terms more often than not were used figuratively, referring to the seat of the will and various emotions.

### 3.3 Implications

The Bible does seem to indicate that care has to be taken of how the human bones are to be handled and not handled. There is nothing to indicate, however, that it would be wrong for the bones to be transplanted. From the texts one could argue that human bones are to be regarded as more than just *physical remains*. It seems that God does have certain requirements of how man is to treat, or rather, not to treat the bones of the dead.

### **3.4 Burial and funeral rites**

#### **3.4.1 Burials and tomb types**

The manner of burial of the people of the Bible varied widely throughout the centuries and a variety of tomb types and burial practices have been identified (Craffert 1999:1).

According to Craffert, archaeological and textual evidence allows for the identification of at least the following types of burials and tombs: burials in natural caves, shallow graves in the ground, single-chambered shaft tombs, and multi-chambered rock-hewn tombs (1999:1).

#### **3.4.2 Burial in the Bible**

When someone died too far from the family tomb it sometimes became necessary to bury the body individually (Kitchen 1988). Deborah was buried near Bethel (Genesis 35:8) and Rachel was buried on the road to Ephrath (Genesis 35:19-20).

The embalming of Jacob and Joseph and the use of a coffin for Joseph in Egyptian fashion was exceptional (Gn. 50:2-3, 26). Mummification required removal of the viscera for separate preservation, and desiccation of the body by packing in salt (not brine); thereafter the body was packed with impregnated linen and entirely wrapped in linen. Embalming and mourning usually took 70 days, but the period for embalming could be shorter, as for Jacob.

(Kitchen 1988:151)

Rapid burial is a major feature in biblical traditions, including those of enemies. "If a man guilty of a capital offense is put to death and his body is hung on a tree, you must not leave his body on the tree overnight. Be sure to bury him that same day, because anyone who is hung on a tree is under God's curse. You must not desecrate the land the LORD your God is giving you as an inheritance" (Deuteronomy 21:22-23).

Burials often took place on the day of death or very soon afterwards and great care was taken in the care of the body.

Having died the eyes of the deceased were closed as were all orifices. The body was often placed upon sand or salt. All these acts were performed in order to slow the decomposition of the flesh which usually starts quickly in warm climate. The body was then washed and anointed with oils and spices. In the case of ossilegium where, after several months, the bones were collected for depositing in the ossuary, the bones were again anointed with wine, oil and herbs.

(Craffert 1999:27)

The proper burial of the dead was considered very important in the Old Testament and it was considered a great misfortune when a proper burial could not be granted (1 Kings 13:22; Jeremiah 16:6).

### **3.4.3 Cremation**

Cremation was not a common Hebrew practice. Death followed by burial (preferably in the family tomb) is the usual biblical pattern. The burning of bodies and bones was a shameful abuse as recorded in Amos 2:1: “This is what the LORD says: ‘For three sins of Moab, even for four, I will not turn back my wrath. Because he burned, as if to lime, the bones of Edom’s king.’”

There are instances where cremation is mentioned, as with Saul. “They took down the bodies of Saul and his sons from the wall of Beth Shan and went to Jabesh, where they burned them. Then they took their bones and buried them under a tamarisk tree at Jabesh, and they fasted seven days” (1 Samuel 31:12-13). It is important to note that the bones were obviously not burned to ashes as they were buried later. Another reference to cremation is found in Amos 6 verse 10: “And if a relative who is to burn the bodies comes to carry them out of the house and asks anyone still hiding there, “Is anyone with you?” and he says, “No,” then he will say, “Hush! We must not mention the name of the LORD.”

“Interment or proper burial was important to ancient Israelites while cremation was restricted to criminals and possibly to enemies (see Gn 38:24) because it smacked of heathen practices” (Craffert 1999:7).

Note also the comments of Rowell: “In accordance with Jewish practice, and Christian reverence for the body, Christians buried their dead. Cremation was associated with roman pagan practice (Rowell 1997:19).

### **3.5 Ancestor Worship**

Most primitive pagan peoples believe in the existence of spirits, good and evil, and many consider that among these are the spirits of the dead. The desire to provide for the comfort of the benevolent, and to placate the ill-will of the malevolent, among these, often leads to a ‘cult of the dead’, where such services as fitting burial and provision of food and drink are performed to achieve these ends. The overt worship of the dead in the sense of adoration or even deification is, however, comparatively rare; the best-known example is that of Confucian China. It is more appropriate therefore to speak of a ‘cult of the dead’ than of ‘ancestor worship’, since there is no question of the latter’s being found in the Bible.

(Mitchell 1988:35)

The ancient Near East’s belief in the after-life led to cult practices connected with the dead. Craffert identifies four rites used in cultures where it is believed that some aspect of the human personality persists after death, namely, caring for and feeding of the dead, veneration of the dead, worship of the dead and fourthly, necromancy or consultation of the dead (1999:24).

The Israelites were continually drifting away from the right path and adopting the religious practises of their neighbours. Among these practices were associations with the cult of the dead. Deuteronomy 26:14 suggest that it was necessary to prohibit offerings to the dead “I have not eaten any of the sacred portion while I was in mourning, nor have I removed any of it while I was unclean, nor have I offered any of it to the dead. I have obeyed the LORD my God; I have done everything you commanded me“.

The practice of necromancy (divination) is clearly condemned:

Let no one be found among you who sacrifices his son or daughter in the fire, who practices divination or sorcery, interprets omens, engages in witchcraft, or casts spells, or who is a medium or spiritist or who consults the dead. Anyone who does these things is detestable to the LORD, and because of these detestable practices the LORD your God will drive out those nations before you.

(Deuteronomy 8:10-12)

It is thus clear that neither ancestor worship nor a cult of the dead played any part in the true religion of the Bible and is clearly condemned by God.

### **3.6 Defining death**

“Death is one facet of eschatology that almost all theologians and all believers and indeed all person in general recognize. From one point of view death is the most natural of things: “it is appointed for men to die once” (Hebrews 9:27). It is also the most unnatural of things. The Bible calls it the penalty for sin in Romans 6:23 and it understood from the Bible that death is both a separation from God, (spiritual death) and a cessation or ending of physical life (physical death).

#### **3.6.1 Physical death**

Death is unavoidable and the physical decay and the ultimate dissolution of our human bodies, as we know it, is inescapable.

It is the consensus of experts that human death is preprogrammed and that the length of human life rests on a genetic foreordination (apart, of course, from external influences). The American gerontologist Leonard Hayflick (Oakland Medical Centre, California) was the first to show that human cells can divide and renew themselves only about fifty times. Even though the cells of an embryo can be frozen for several years after the twentieth division, they will still divide only another thirty times, the

frozen period making no difference. At all stages of this process of division the cells loyally follow the information supplied by the DNS of the genes and chromosomes. They thus produce exact and effective copies of themselves until their power or renewal is exhausted. The inner clock has run down. The organism has reached the boundary of death.

(Thielicke 1983:34)

The Bible speaks of death as the result of sin. God said to Adam, “for when you eat of it you will surely die” (Genesis 2:17). Later in Romans 5 verse 12 Paul writes “therefore, just as sin entered the world through one man, and death through sin, and in this way death came to all men, because all sinned”. However, Adam did not die physically on the day that he disobeyed God. In Romans chapters 5 and 6 Paul contrasts the death that came about through Adam’s sin with the new eternal life that Christ brings men. The possession of eternal life does not cancel out physical death, for all born-Christians since antiquity has died as do Christians die today. It is thus safe to say that death which is the result of sin is more than bodily death.

It seems better to understand death as something that involves the whole man. Man does not die as a body. He dies as a man, in the totality of his being. He dies as a spiritual and physical being. And the Bible does not put a sharp line of demarcation between the two aspects. Physical death, then, is a fit symbol of, and expression of, and unity with, the deeper death that sin inevitably brings.

(Morris 1988:273)

A definition for death is derived from Thielicke where he credits his medical colleagues, especially a Professor A Gütgemann. “Death takes place when the irreversible loss of all mental and intellectual functions of the human brain is definitively established, along with the loss of all involuntary mechanisms such as spontaneous breathing, blood pressure, body temperature, and the movement of the heart” (Thielicke 1983:37).

It appears from references that protestant theologians and groups favor a brain-oriented definition of death, whether they are more conservative like Paul Ramsey or liberal like Joseph Fletcher (Veatch 2000:3).

### **3.7 The Resurrection**

One religious doctrine that potentially poses a problem for Christians in terms of organ and tissue donation is that of the bodily resurrection.

The resurrection in bodily form is a vivid hope for the oppressed and the near-constant source of solace for those who have been separated from loved ones. This is an otherworldly spiritualism that takes the Biblical vision of a new heavenly life quite literally. To such believers the thought of a resurrection without some of their vital organs must be quite horrifying, and such an image has undoubtedly produced some resistance to organ donation.

(Veatch 2000:7)

Veatch rightly comments on this observation “this turns out, however, to be a fear only for the theologically unsophisticated Fundamentalist” (2000:7). The Bible has as one of its foundational doctrines the bodily resurrection of the Christ and a future bodily resurrection from the dead of all believers. Although many scholars today deny outright the possibility of a physical resurrection the Bible is quite clear about it:

But if it is preached that Christ has been raised from the dead, how can some of you say that there is no resurrection of the dead? If there is no resurrection of the dead, then not even Christ has been raised. And if Christ has not been raised, our preaching is useless and so is your faith. More than that, we are then found to be false witnesses about God, for we have testified about God that he raised Christ from the dead. But he did not raise him if in fact the dead are not raised. For if the dead are not raised, then Christ has not been raised either. And if Christ has not been raised, your faith is futile; you are still in your sins. Then those

also who have fallen asleep in Christ are lost. If only for this life we have hope in Christ, we are to be pitied more than all men.

But Christ has indeed been raised from the dead, the firstfruits of those who have fallen asleep. For since death came through a man, the resurrection of the dead comes also through a man.

(1 Corinthians 15:12-21)

Of the nature of the resurrection body Scripture says little:

But someone may ask, "How are the dead raised? With what kind of body will they come?" How foolish! What you sow does not come to life unless it dies. When you sow, you do not plant the body that will be, but just a seed, perhaps of wheat or of something else. But God gives it a body as he has determined, and to each kind of seed he gives its own body. All flesh is not the same: Men have one kind of flesh, animals have another, birds another and fish another. There are also heavenly bodies and there are earthly bodies; but the splendor of the heavenly bodies is one kind, and the splendor of the earthly bodies is another. The sun has one kind of splendor, the moon another and the stars another; and star differs from star in splendor. So will it be with the resurrection of the dead. The body that is sown is perishable, it is raised imperishable; it is sown in dishonor, it is raised in glory; it is sown in weakness, it is raised in power; it is sown a natural body, it is raised a spiritual body.

(1 Corinthians 15:35-44)

Paul speaks of it as 'a spiritual body' in 1 Corinthians 15:44. He differentiates it from the 'physical body' which we now have. The spiritual body has the qualities of incorruptibility, glory, and power according to 1 Corinthians 15:42. In Mark 12:25 Jesus teaches that there will be no marriage after the resurrection, and thus no sexual function. Morris suggests:

Perhaps we can gain some help by thinking of the resurrection body of Christ, for John tells us that 'we shall be like him' (1 Jn. 3:2), and Paul



that ‘our lowly body’ is to be ‘like his glorious body’ (Phil. 3:21). Our Lord’s risen body appears to have been in some sense like the natural body and in some sense different. Thus on some occasions he was recognized immediately (Mt. 28:9; Jn. 20:19f.), but on others he was not (notably the walk to Emmaus, Lk. 24:16; *cf.* Jn. 21). He appeared suddenly in the midst of the disciples, who were gathered with the doors shut (Jn. 20:19), while contrariwise he disappeared from the sight of the two at Emmaus (Lk. 24:31). He spoke of having ‘flesh and bones’ (Lk. 24:39). On occasion he ate food (Lk. 24:41-43), though He cannot hold that physical food is a necessity for life beyond death (*cf.* 1 Cor. 6:13). It would seem that the risen Lord could conform to the limitations of this physical life or not as he chose, and this may indicate that when we rise we shall have a similar power.

(Morris 1988:1022)

### 3.7.1 Doctrinal implications of the resurrection

The Christological significance of the resurrection in terms of organ and tissue donation is considerable. One of the most prevalent misunderstandings among Christians is the idea that the entire body needs to be present and preserved in some way for the resurrection. This makes many Christians reluctant to donate because they believe that the resurrection requires the whole body. The reality is that the resurrection is going to be far more a powerful and glorious event than they can imagine. This has to be otherwise where would it leave the countless of millions of people who died more than a hundred years ago? Little more than dust is left of them by now. God told Adam:

“By the sweat of your brow you will eat your food *until you return to the ground, since from it you were taken; for dust you are and to dust you will return*”(Genesis 3:19).

Paul, in writing to the Corinthians, provide some vital insights regarding the difference between the physical body at death and the spiritual body at the resurrection in 1 Corinthians 15:35-49. He uses the analogy of the difference between the seed and the product of that seed to illustrate the difference between the earthly body and the resurrected body. The resurrection is not going to simply be a “reoccupation” of the

earthly body and Christians should not fear or reject organ donation merely because they wish to keep the body intact for the resurrection.

### 3.8 Love your neighbour

An argument used to support and encourage organ and tissue donation is the love and compassion such an act demonstrates towards others. The Word of God exhorts us to *love our neighbours*. Galatians 5:14 “The entire law is summed up in a single command: “Love your neighbor as yourself.” The command first found in Leviticus 19:18 was quoted by Jesus (Matthew 5:43), Paul (Romans 13:9), and James (James 2:8). John summed up the command when he wrote: “Beloved, if God so loves us, we ought also to love one another” (1 John 4:11). This was a reference to the way Jesus Christ gave up His body as a sacrifice.

The life of Jesus was filled with examples of his unconditional love for others. He spoke of caring for the thirsty, hungry, naked, sick, and the imprisoned (Matthew 25:35-46). He said in Matthew 25:40: “I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.’ Nothing probably conveys more clearly the practical terms the kindness and love that Christ intends his people to demonstrate than the parable of the Good Samaritan (Luke 10:25-37).

The Samaritan neighbor bandaged wounds, poured oil, and transported the injured man to a place so that he could recover. Medical history records that anointing with oil, bandaging wounds, and transporting a person to a place where he or she could rest, **represented the very best care available in that day**. Given a similar situation today, would we not use the best medical technology available to prolong the life of those in need? And do we not have the technology and ability today to successfully transplant organs? Success rates for properly matched kidney and heart transplants are well into the upper 80% range.

(Harrub: [www.apologeticspress.org](http://www.apologeticspress.org))

## Chapter 4

### 4. An adjusted theory of praxis

The current theory and praxis of Baptists in South Africa have to be established in terms of organ and tissue donation. This will be done by means of a questionnaire to survey the various categories of representatives of the Baptist Northern Association at their annual general meeting in Polokwane, 11 June, 2005.

The goal of this chapter will be to present the first adjusted viewpoint of South African Baptists in South Africa, and the first of any South African Christian denomination, on organ and tissue donation.

#### 4.1 Method of Survey

A questionnaire was compiled under the heading 'Organ and Tissue Donation: A perspective of South African Baptist Union pastors and members from the Baptist Northern Association'. Various questions were developed to determine the beliefs and feelings of the attendees regarding the organ and tissue donation. The completed questionnaire is attached as annexure A.

The respondents for the survey included:

- adherents (those who regularly attend their church),
- members (those who have officially applied and who have been accepted as members of a Baptist Church),
- deacons (those who have been elected by their church to serve as deacons at their church),
- elders/pastors (officially called and/or appointed – have primary responsibilities of leading and teaching in churches).

The total number of churches from the Baptist Northern Association represented at the meeting is 40. The questionnaire was distributed at the meeting and fifteen minutes were set aside for the completion of the questionnaire. It took some respondents up to

thirty minutes to complete all the questions and all the questionnaires were returned before the end of the first morning session of business. No explanation or description of organ or bone tissue donation or any of its related concepts was given. The questionnaires were unmarked at all times as to the identity of the respondents and therefore anonymous. Seventy one questionnaires were handed in upon completion of the morning business session before the morning tea break. Of the 71 questionnaires returned 4 were discarded due to contradicting and incompatible answers like being both male and female and having both consented and not consented to organ donation. The returned questionnaires were captured for analysis.

## 4.2 One-way frequency analysis

The first phase of analysis consisted of a one-way analysis of all the variables contained in the questionnaire. The results are reflected by means of pie-charts presented in tables and ordered in sub-categories.

### 4.2.1 Biographical details

The youngest respondent was 28 years of age and the eldest was 67 years old. Of the 67 respondents 25% were between the age of 28 and 35, 30% were between the age of 36 and 45, 32% were between the age of 46 and 60 and 13% were older than 60 years.

#### 4.2.1.1 Gender composition (V3)

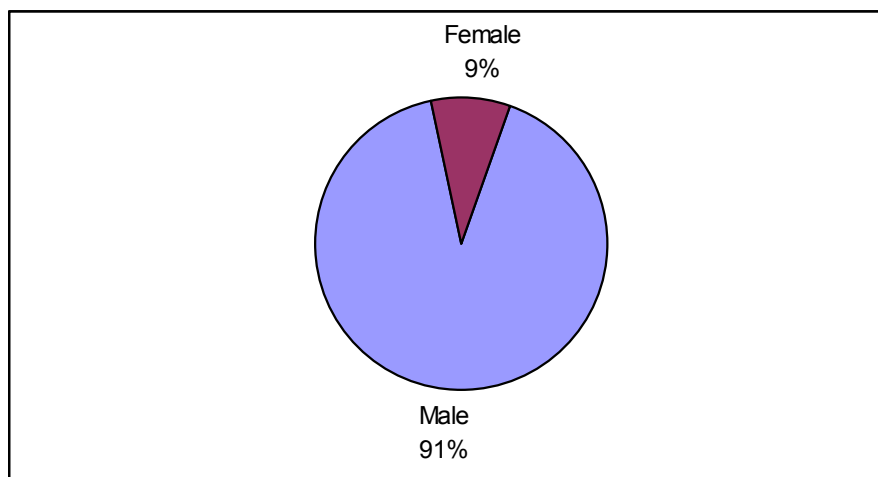


Table 4.2.1.1

There was a strong male presence with 91% male and 9% female respondents (V3).

#### 4.2.1.2 Racial composition (V4)

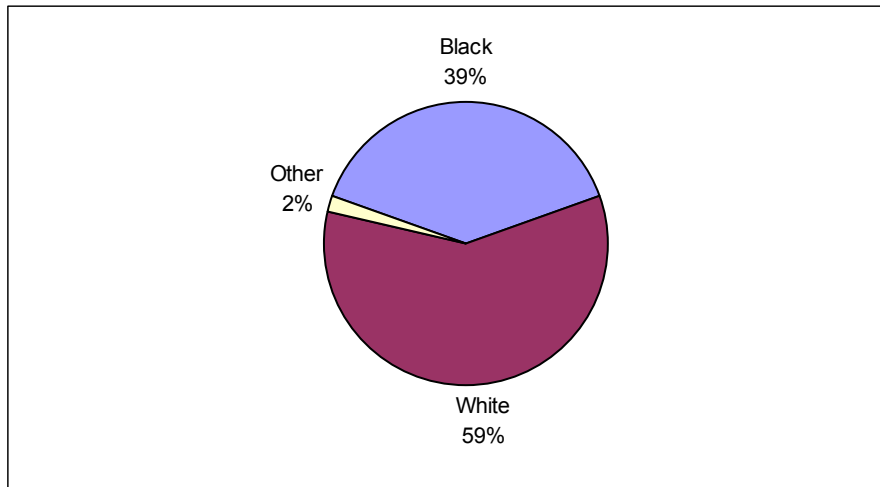


Table 4.2.1.2

Those surveyed were 39% percent black and 59% white. There were no Coloured or Indian representatives amongst the respondents (V4).

#### 4.2.1.3 Pastors and elders representation (V5)

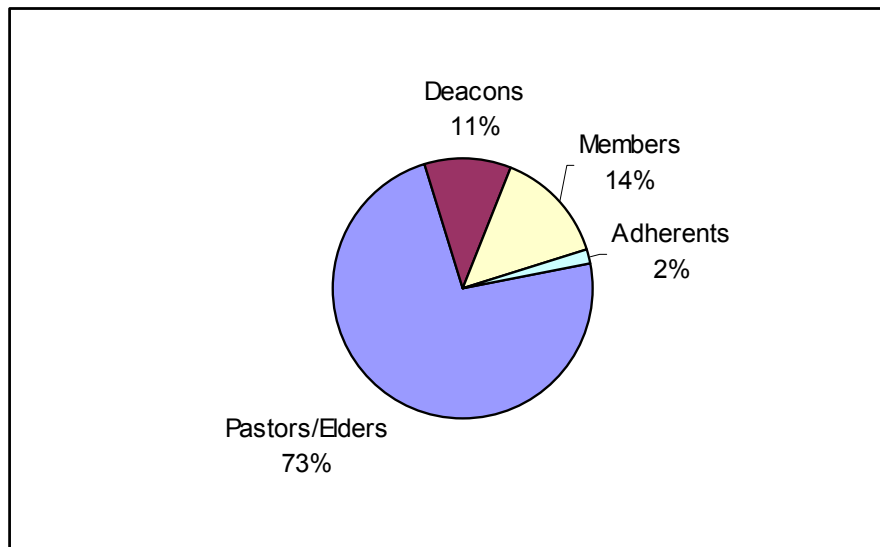


Table 4.2.1.3

The survey revealed that 73% of the respondents were pastors and elders of Baptist Churches, 11% were deacons, 14% were members with one respondent being an adherent (V5).

#### 4.2.1.4 Education levels (V6)

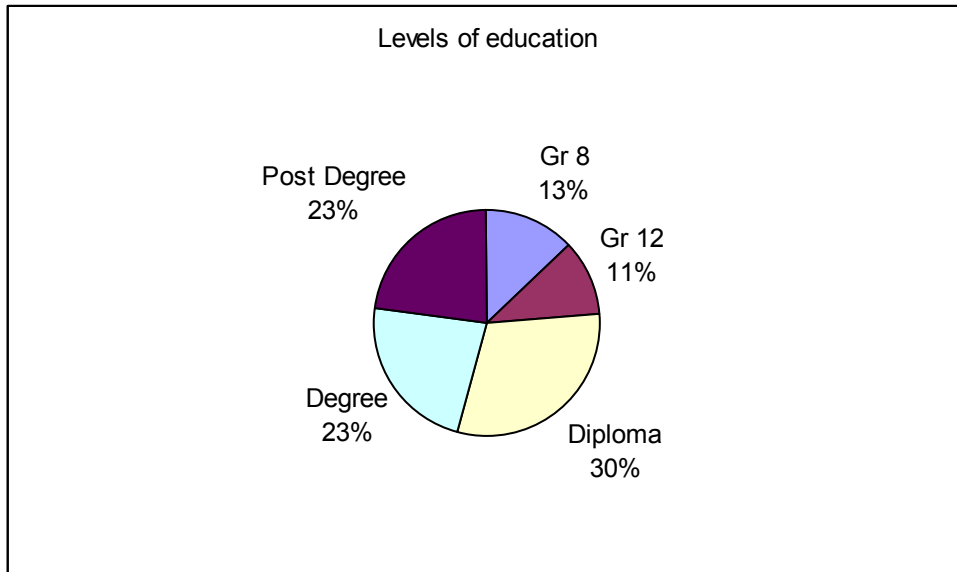


Table 4.2.1.4

Thirteen percent of the respondents had a only a grade eight qualification, eleven percent had grade 12, 30% had a diploma or equivalent and 23% had a degree or equivalent qualification. The survey revealed that 23% of all the respondents had a post-degree qualification (V6).

#### 4.2.2 Donation awareness

##### 4.2.2.1 Organ donation awareness (V8)

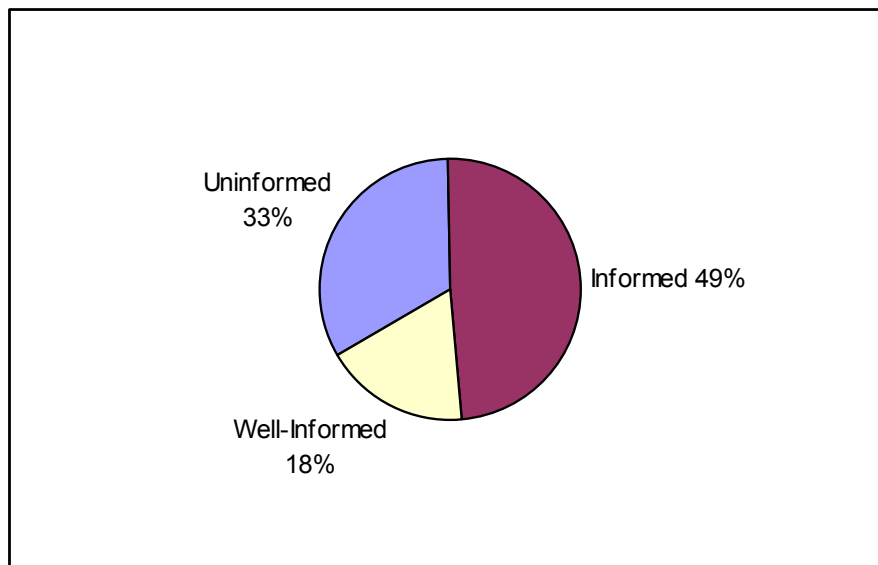


Table 4.2.2.1

The respondents were asked to indicate how informed they are regarding the concept of organ donation. Thirty three percent indicated they are uninformed, 49% indicated they are informed and 18% indicated they are well informed (V8).

#### 4.2.2.2 Bone tissue donation awareness (V9)

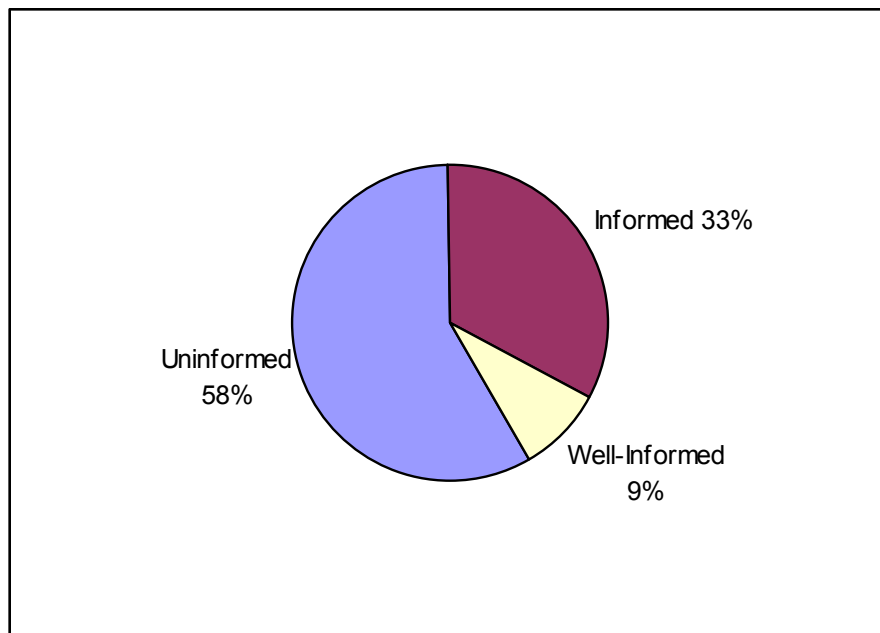


Table 4.2.2.2

The respondents were then asked to rate how informed they are regarding bone tissue donation and 58% indicated they are uninformed, 33% indicated they are informed and 9% rated themselves as well informed (V9).

#### 4.2.2.3 Knowledge of transplantable tissue – bone tissue (V14)

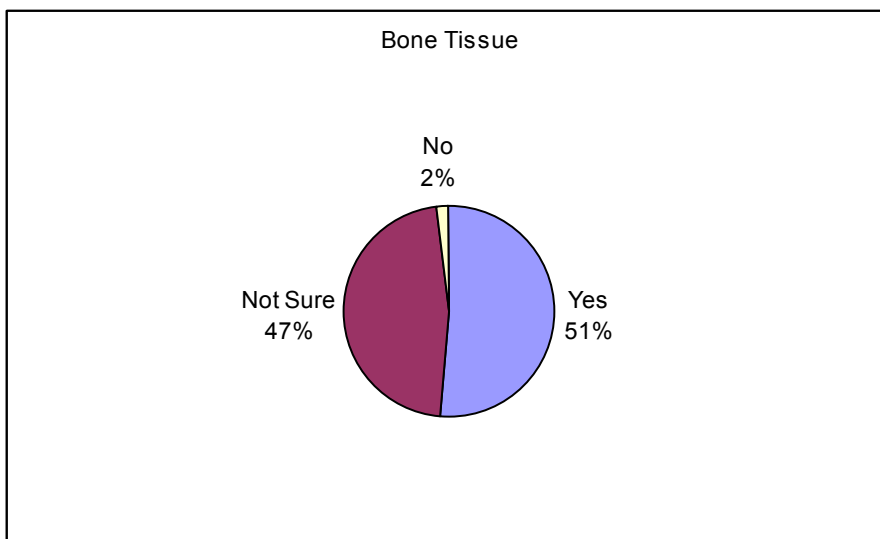


Table 4.2.2.3

Respondents were asked whether they thought bone tissue was successfully transplanted in South Africa. 51% said yes, 2% said no and 47% were not sure (V14).

#### 4.2.2.4 Knowledge of transplantable tissue – corneas (V15)

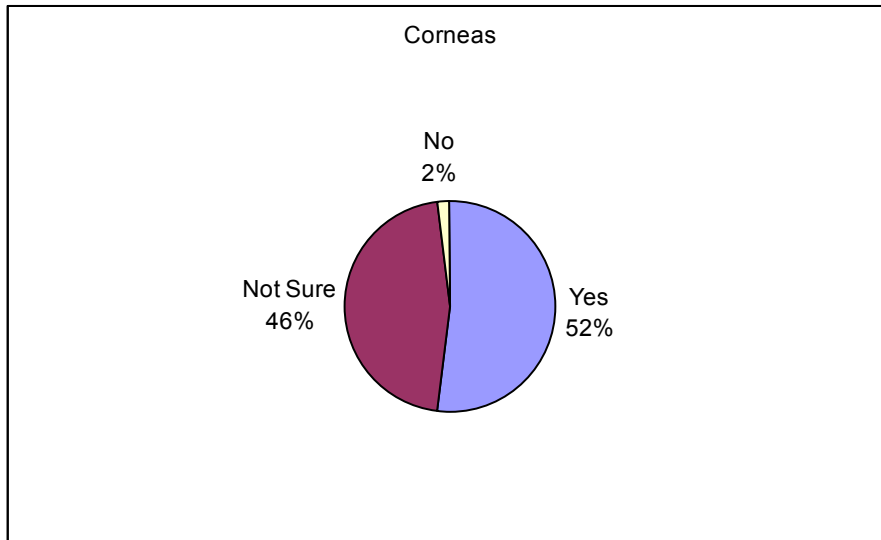


Table 4.2.2.4

Respondents were asked whether they thought corneas were successfully transplanted in South Africa and 52% said yes, 2% no and 46% were unsure (V15).

#### 4.2.2.5 Knowledge of transplantable tissue – skin (V16)

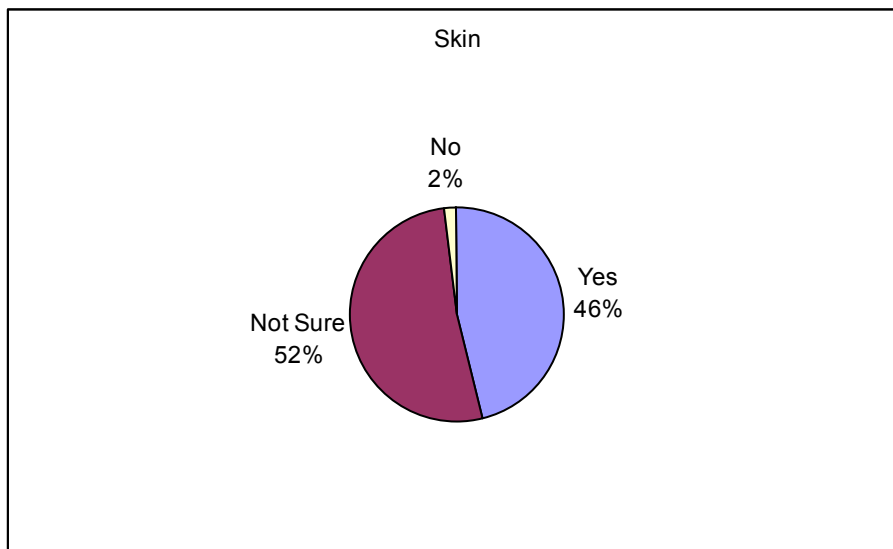


Table 4.2.2.5

Respondents were asked if they thought skin was successfully transplanted in South Africa. 46% answered yes, 2% no and 52% not sure (V16).



#### 4.2.2.6 Knowledge of transplantable tissue – heart valves (V17)

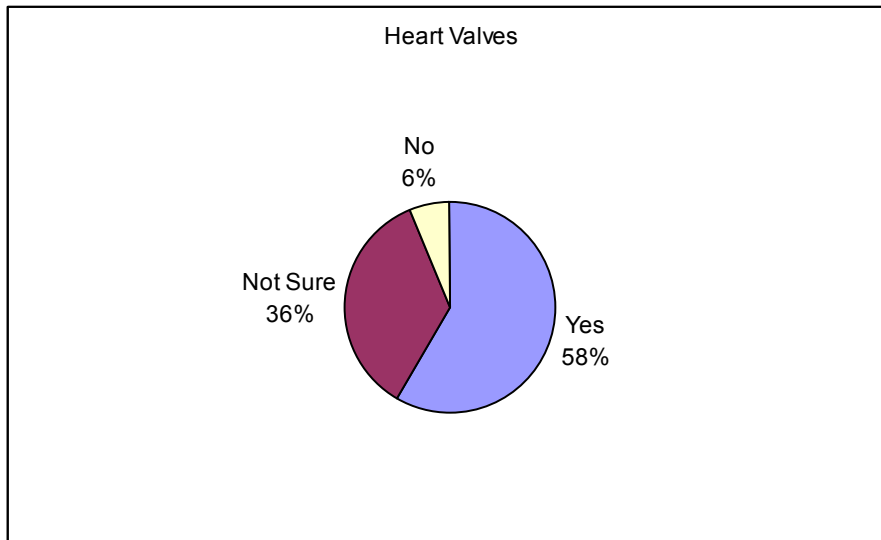


Table 4.2.2.6

Respondents were asked whether they thought heart valves are successfully transplanted in South Africa. 58% said yes, 6% no and 36% were not sure (V17).

#### 4.2.3 Opinion of God's view on donation

##### 4.2.3.1 Bible Knowledge (V7)

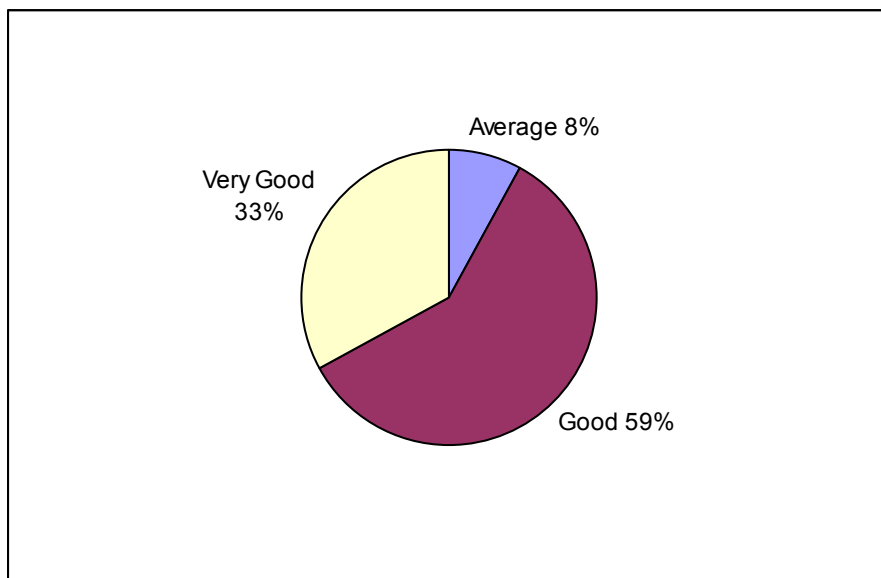


Table 4.2.3.1

Respondents were asked to rate themselves on their knowledge of the Bible. Eight percent rated themselves as having an average knowledge, 59% rated themselves good and 33% rated themselves as very good (V7).

#### 4.2.3.2 The Bible's position (V18)

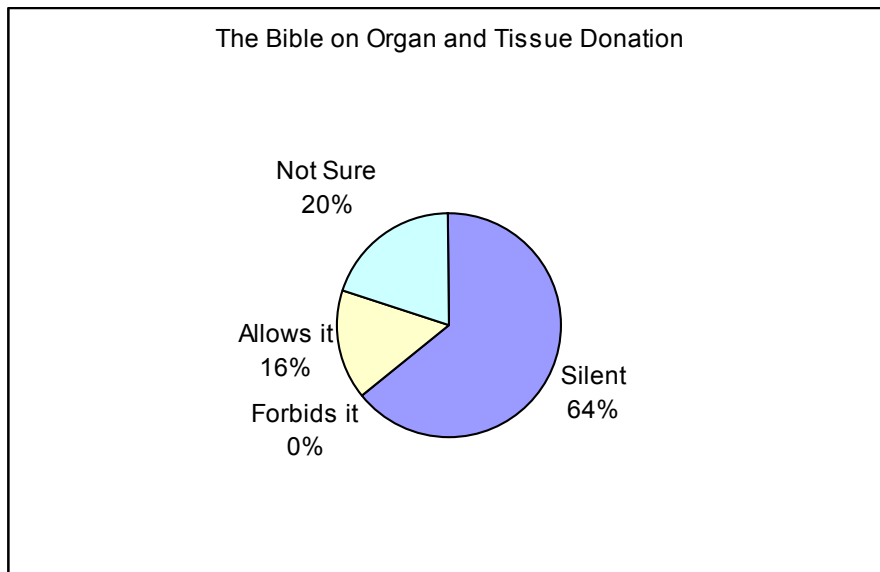


Table 4.2.3.2

Respondents were asked what they thought the Bible's position is on organ and tissue donation. 64% said that they think the Bible is silent on it, 16% said the Bible allows it, 20% were not sure and no respondent said the Bible forbids it (V18).

#### 4.2.3.3 Organ and Tissue Donation and God's plans (V54)

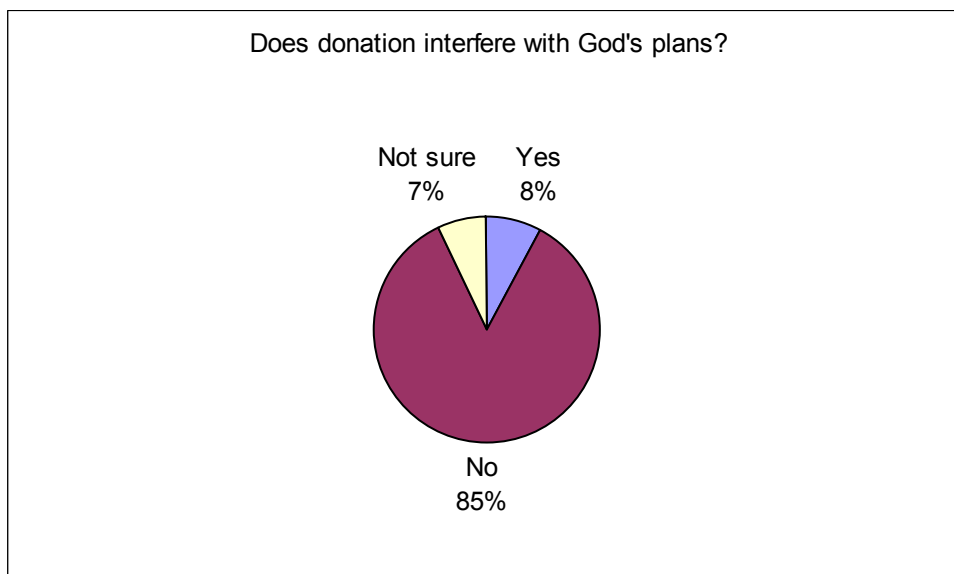


Table 4.2.3.3

Respondents were asked if, in their view, organ and tissue transplantation imply interference with God's plans for man, such as miraculous healing for example. 8% said yes, 85% said no and 7% were unsure if it does or not (V54).

#### 4.2.3.4 God's view of organ and tissue donation (V21)

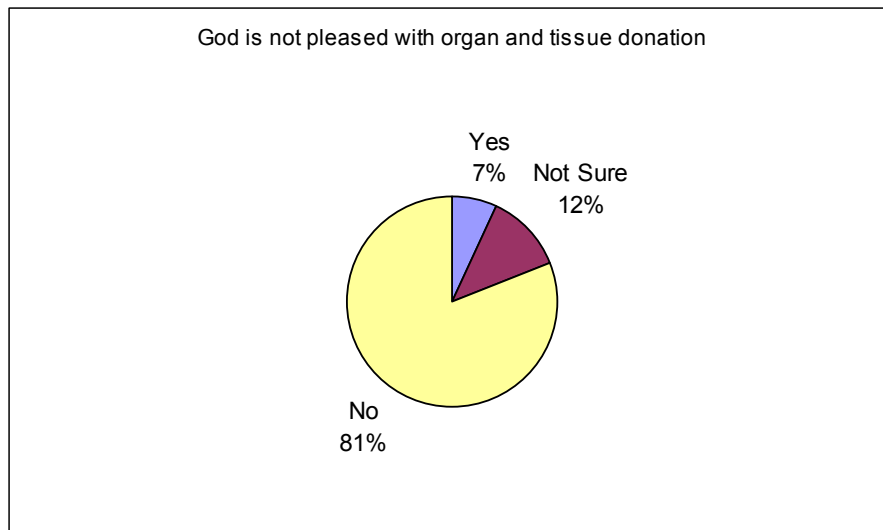


Table 4.2.3.4

Respondents were asked whether they believed that God is not pleased when people's organs and tissue are removed to help others. 7% said yes, 12 were not sure and 81% said no (V21).

#### 4.2.3.5 Donation as a practical means of demonstrating Christian love (V47)

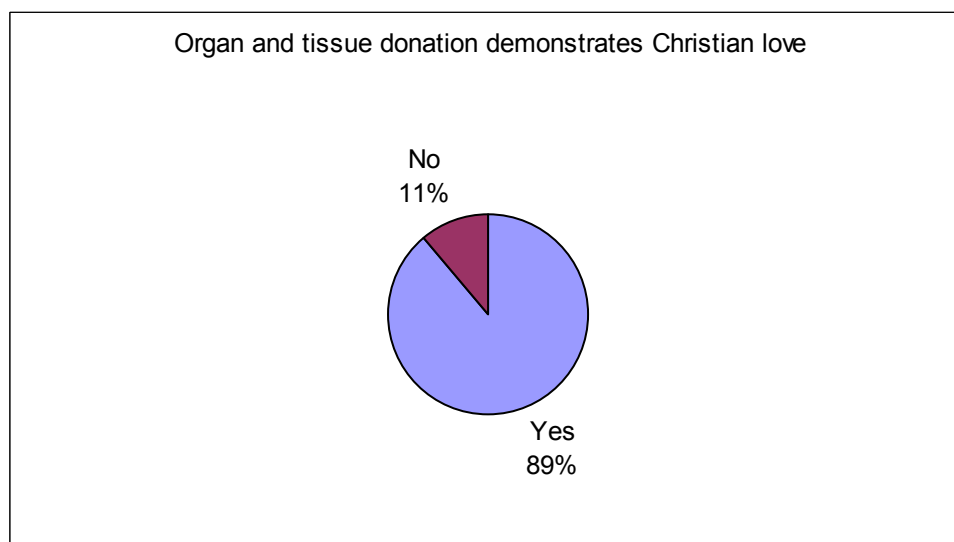


Table 4.2.3.5

Respondents were asked if organ and tissue donation was a practical means of demonstrating genuine Christian love. Eighty nine percent said yes and 11% said no (V47).

#### 4.2.3.6 God's concern with the earthly remains of man (V22)

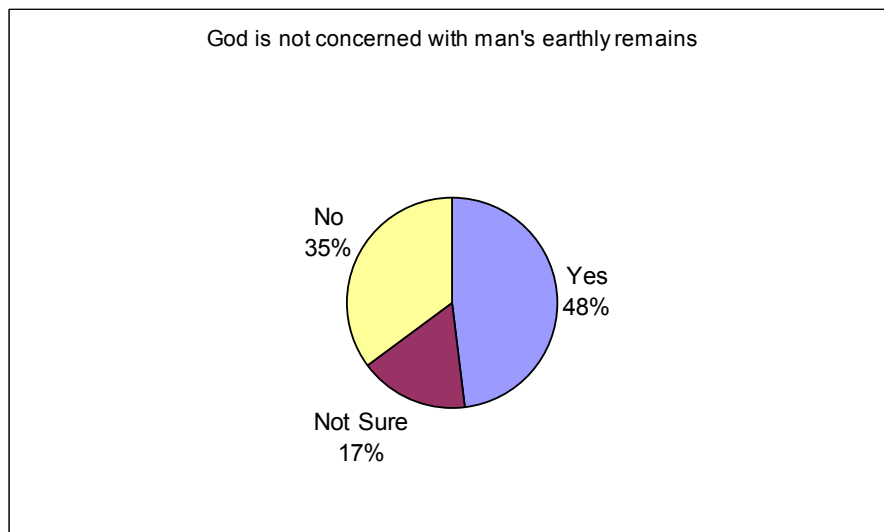


Table 4.2.3.6

Respondents were asked whether they believed that God is not concerned with the earthly remains of man after he is dead. 48% said yes, God is not concerned; 35% answered no, God is concerned and 17% were not sure (V22).

#### 4.2.3.7 Organ donation and the dignity of the deceased body (V19)

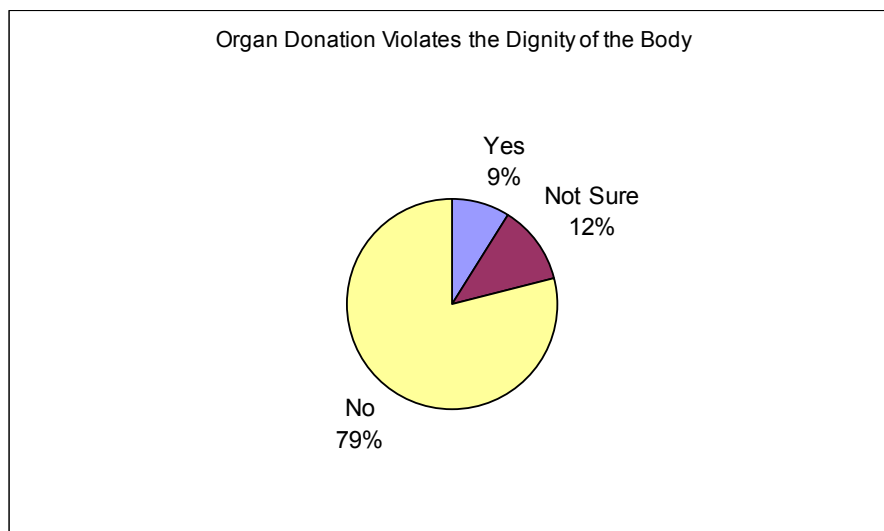


Table 4.2.3.7

Respondents were asked for their point of view regarding whether organ donation violates the dignity of the body of the deceased. Nine percent said yes, 12% were not sure and 79% said no (V19).

#### 4.2.3.8 Bone tissue donation and the dignity of the deceased body (V20)

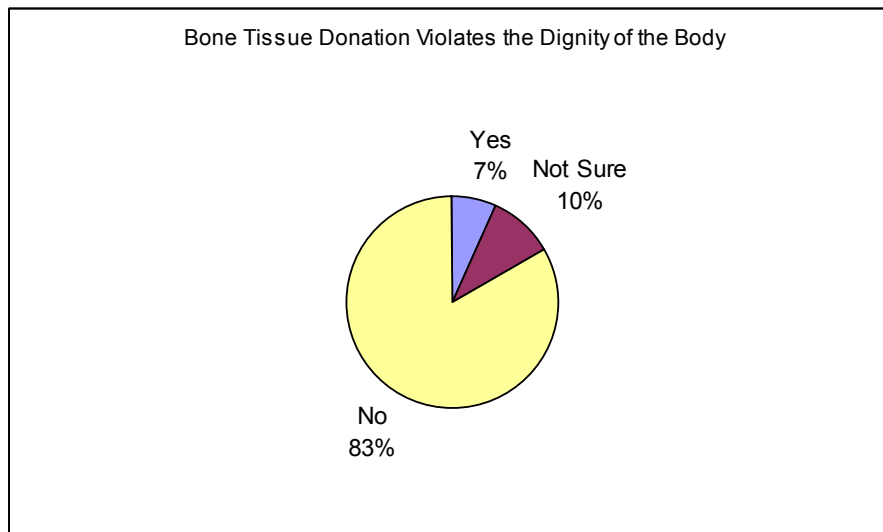


Table 4.2.3.8

The respondents were asked for their point of view regarding whether bone tissue donation violated the dignity of the deceased body. 7% said yes, 10% were not sure and 83% said no (V20).

#### 4.2.4 Personal feelings about donation

##### 4.2.4.1 Decision to donate is one of personal conscience (V57)

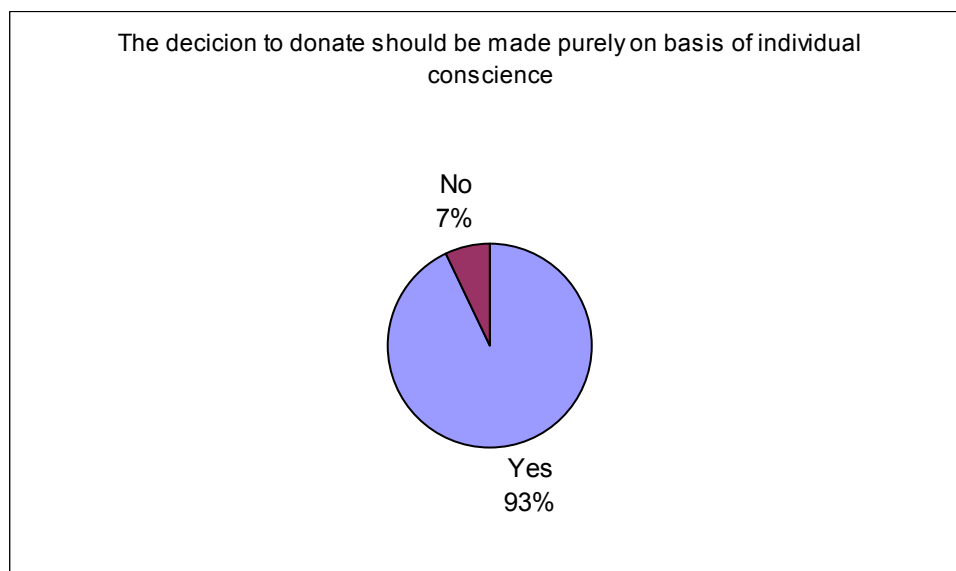


Table 4.2.4.1

The respondents were asked if the decision to donate organs and tissue should be made purely based on one's own conscience. 93% said yes and 7% said no (V57).

#### 4.2.4.2 Feelings about donating your organs (V23)

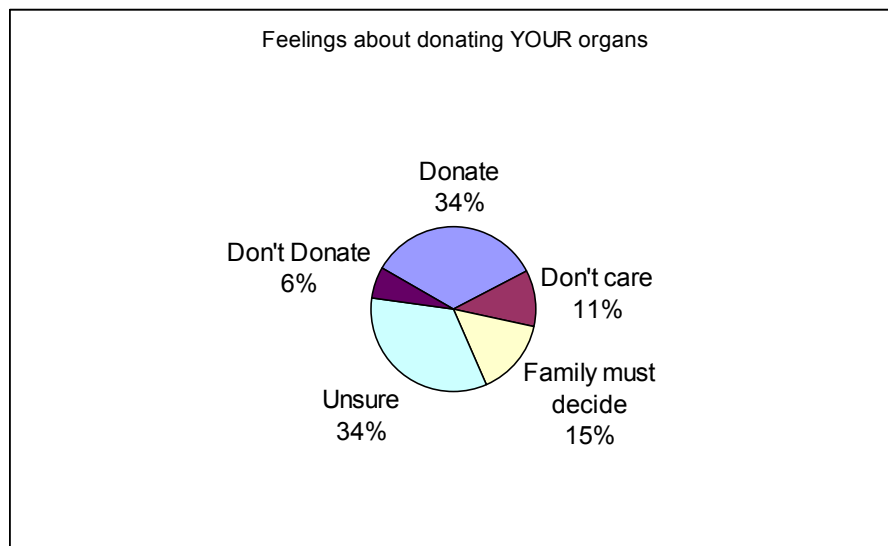


Table 4.2.4.2

Respondents were asked how they feel about donating their own organs. 34% said they want to donate it, 11% said they don't care what happened to it, 15% their family should decide, 34% were unsure and 6% said they don't want to be an organ donor (V23).

#### 4.2.4.3 Feelings about donating your bone tissue (V24)

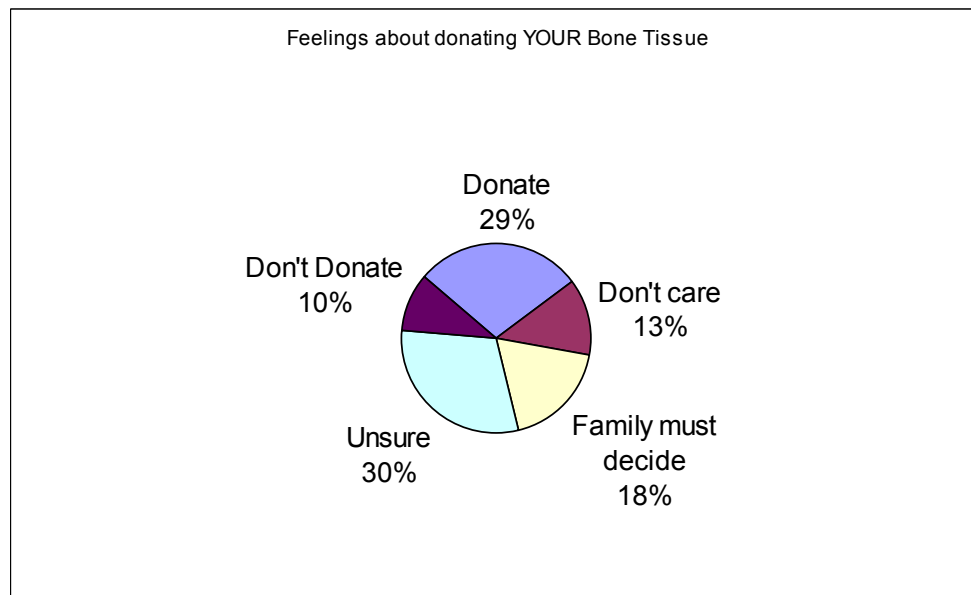


Table 4.2.4.3

Respondents were asked how they felt about donating their own bone tissue. 29% they want their tissue donated, 13% said they don't care what happens to it, 18% said their family must decide, 30% were unsure (V24).

#### 4.2.4.4 Donation of tissue of a loved one (V25)

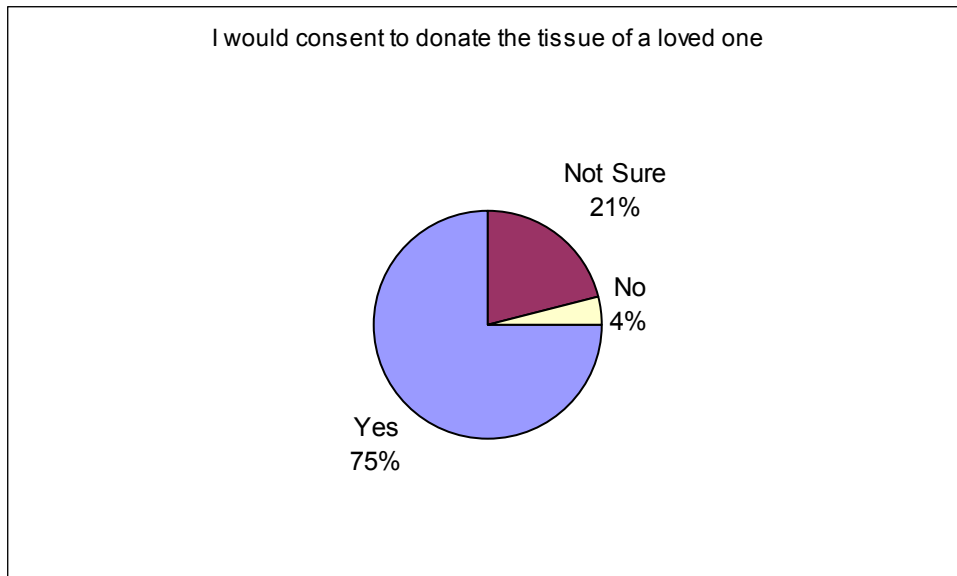


Table 4.2.4.4

Respondents were asked if they would consent to the donation of tissue of a loved one and 21% were not sure, 4% said no and 75% said yes (V25).

#### 4.2.4.5 Donation of organs of a loved one (V26)

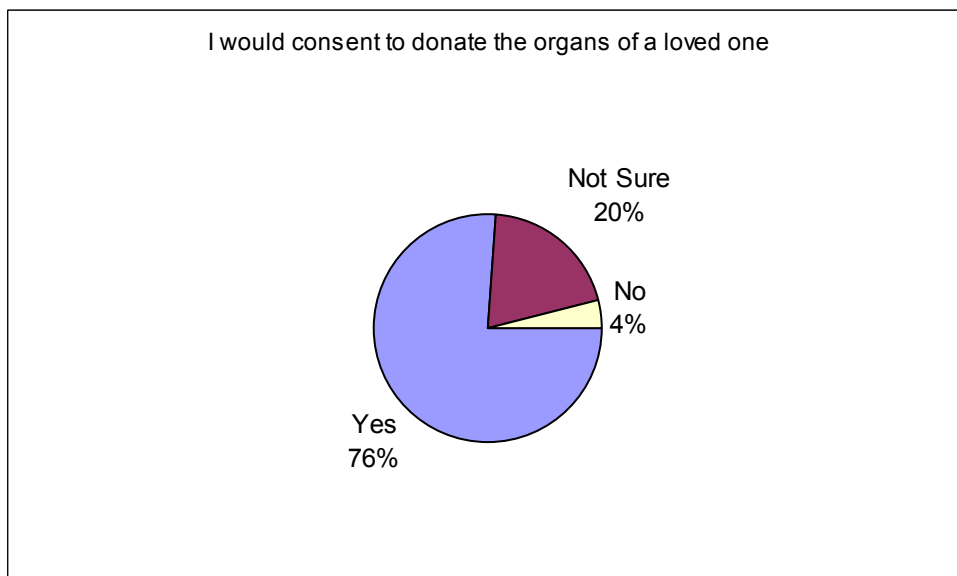


Table 4.2.4.5

Respondents were asked if they would give consent to the donation of organs of a loved one and 20% said they were not sure, 4% said no and 76% said yes (V26).

#### 4.2.4.6 Receiving a donated organ (V39)

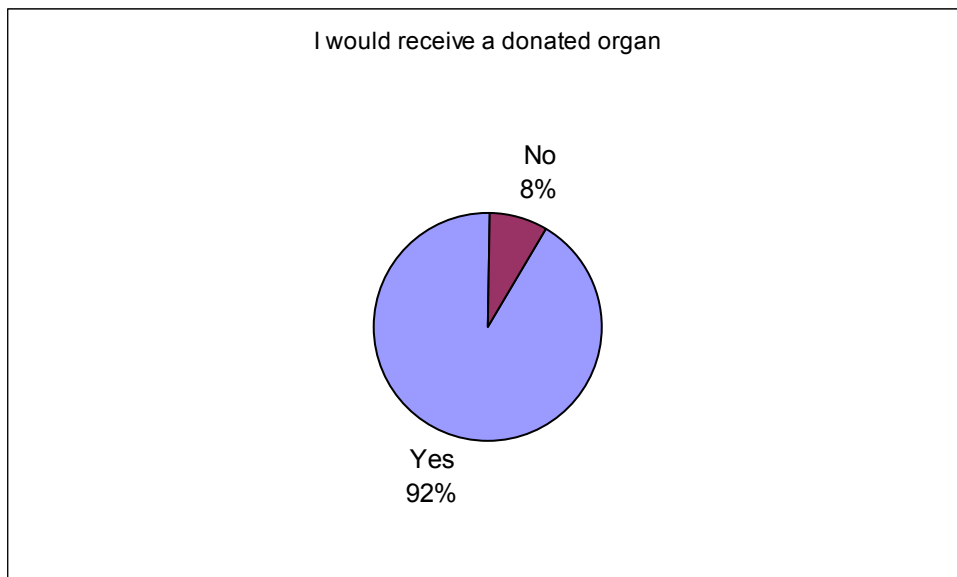


Table 4.2.4.6

Respondents were asked if they would receive a donated organ if they needed it and 8% said no and 92% said yes (V39).

#### 4.2.4.7 Paying for organs to save own life (V40)

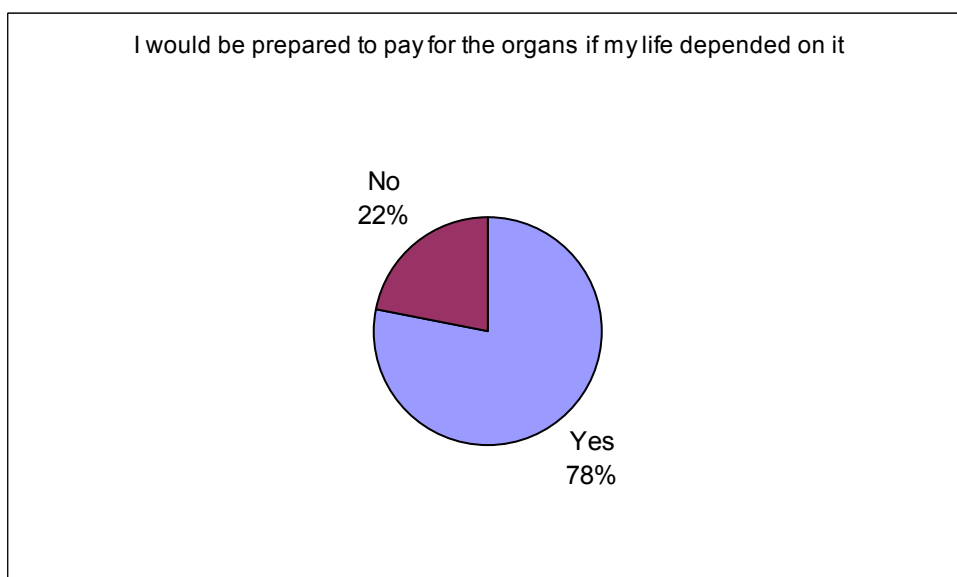


Table 4.2.4.7

Respondents were asked if they would be prepared to pay for the organs if their own lives depended on it. 22% said they would not be prepared to pay and 78% said yes, they would be prepared to pay for the organs to save their own lives (V40).



#### 4.2.4.8 Receiving donated bone tissue (V41)

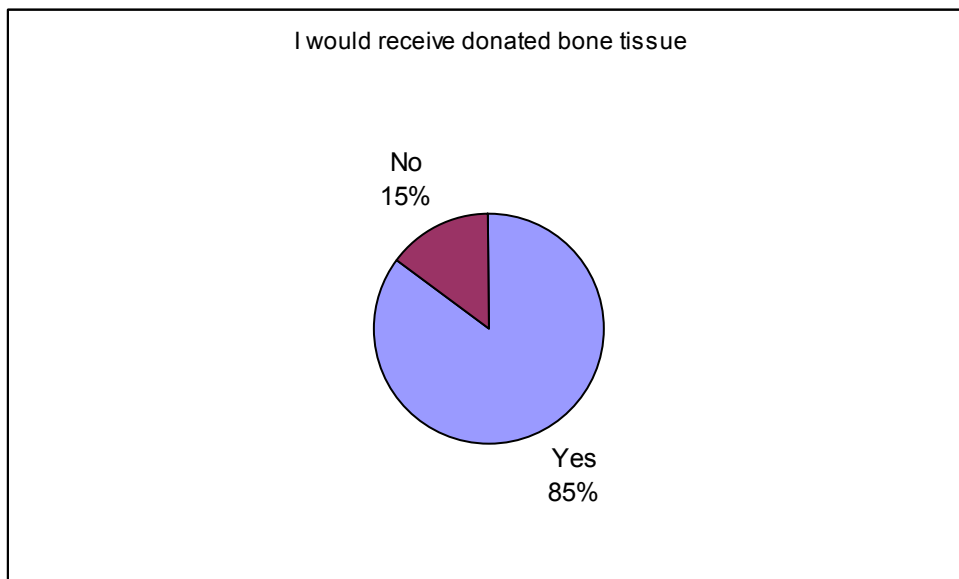


Table 4.2.4.8

Respondents were asked if they would receive donated bone tissue if they needed it and 15% said no and 85% said yes (V41).

#### 4.2.4.9 Paying for bone tissue to save own life (V42)

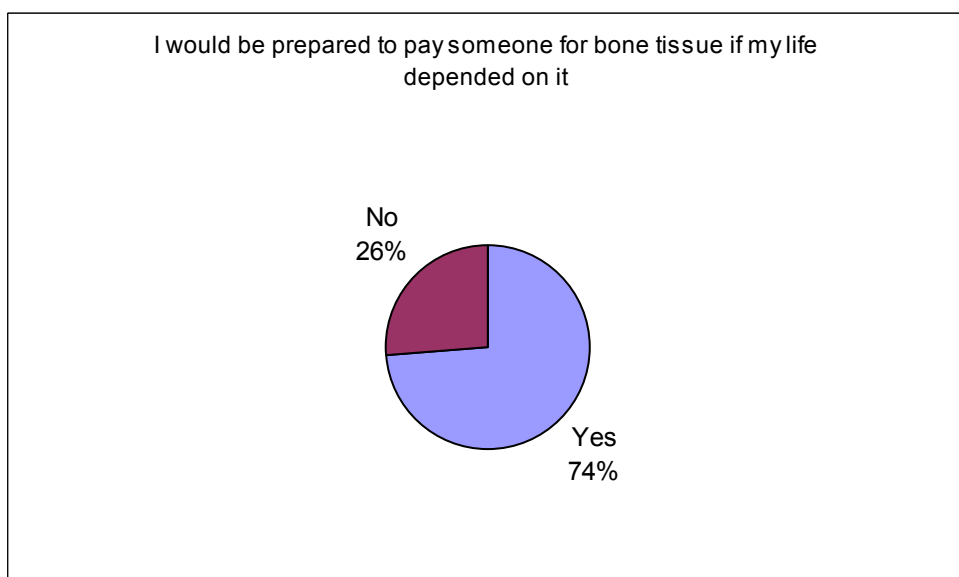


Table 4.2.4.9

Respondents were asked if they would be prepared to pay someone for bone tissue if their lives depended on it. 26% said no and 74% said yes (V42).

#### 4.2.4.10 Lost a immediate family members to death (V69)

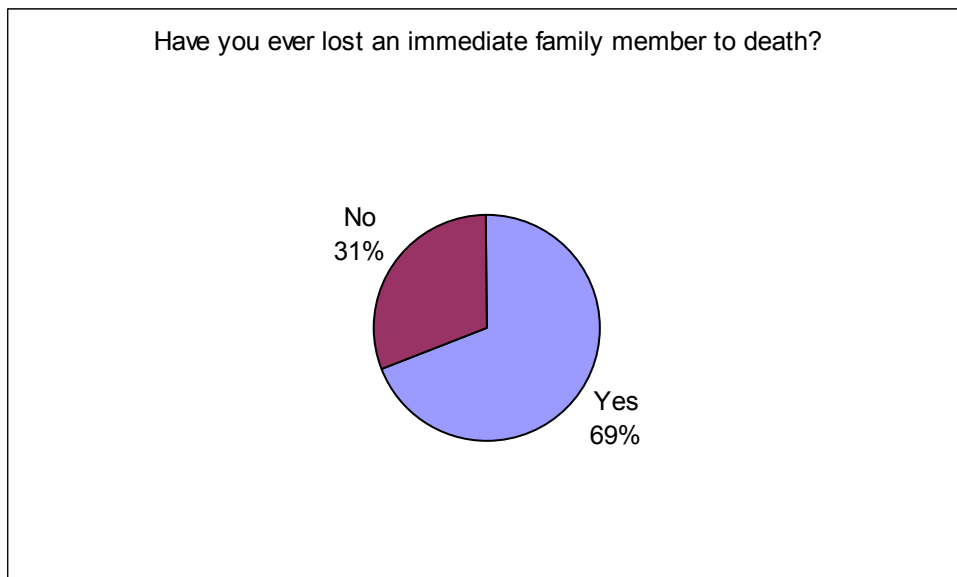


Table 4.2.4.10

The respondents were asked if they have ever lost an immediate family member to death. Sixty nine percent said yes and 31% said no (V69).

#### 4.2.5 Objections

##### 4.2.5.1 Cultural objections to organ donation (V10)

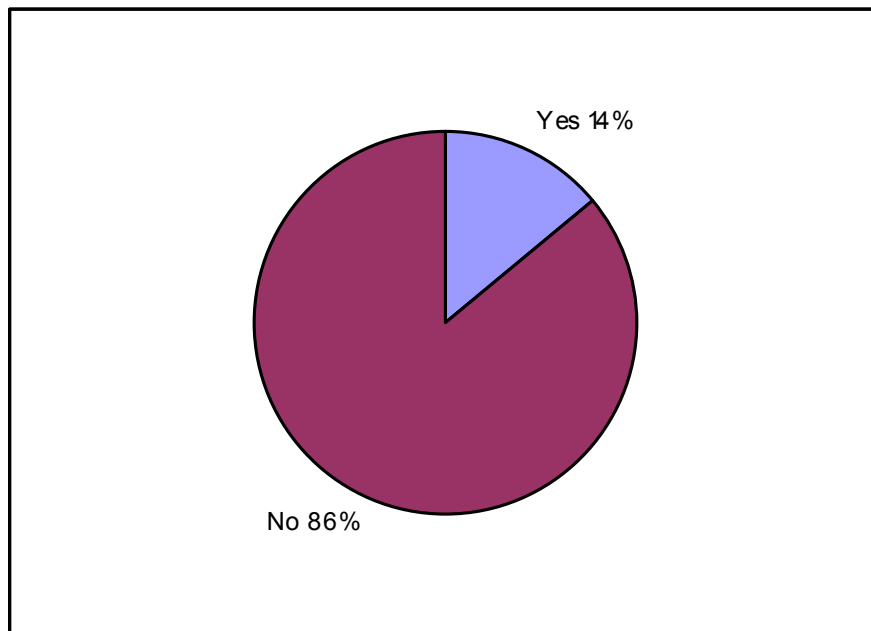


Table 4.2.5.1

Asked to indicate if their cultural background clashes with organ donation 14% indicated yes and 86% indicated no (V10).

#### 4.2.5.2 Baptist objections to organ donation (V11)

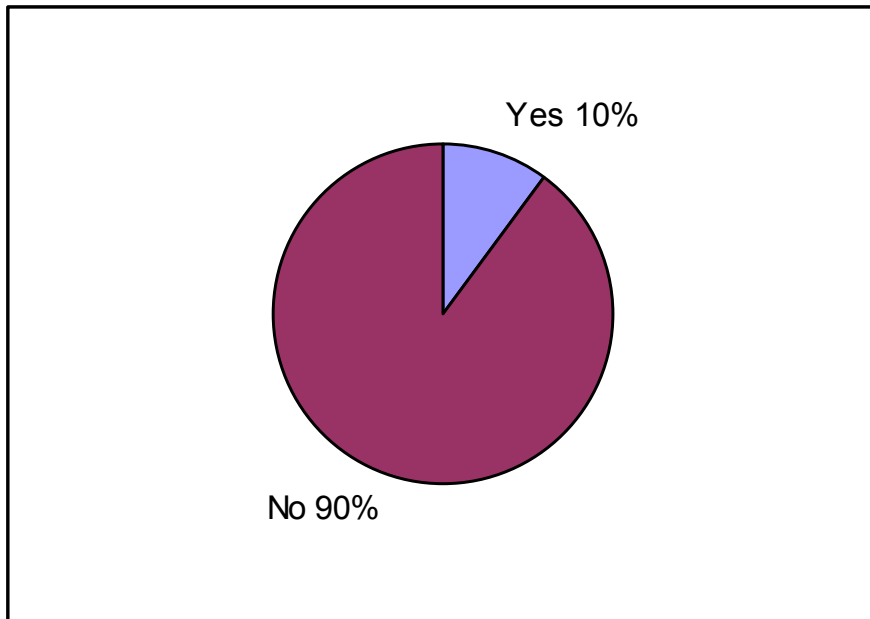


Table 4.2.5.2

When asked if their Baptist beliefs clashed with organ donation 10% said yes and 90% said no (V11).

#### 4.2.5.3 Cultural objections to bone tissue donation (V12)

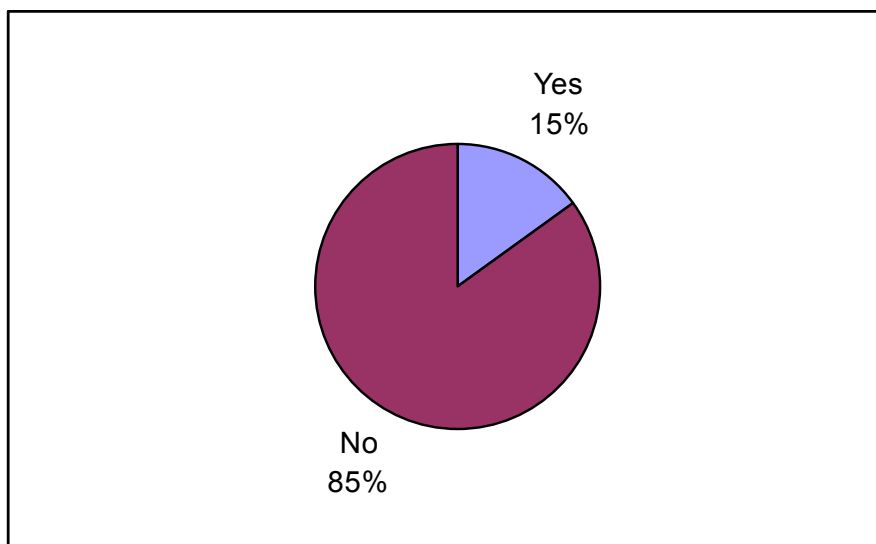


Table 4.2.5.3

Respondents were asked if, according to their point of view, their cultural background clashes with bone tissue donation. Fifteen percent responded with yes and 85% said no (V12).

#### 4.2.5.4 Baptist objections to bone tissue donations (V13)

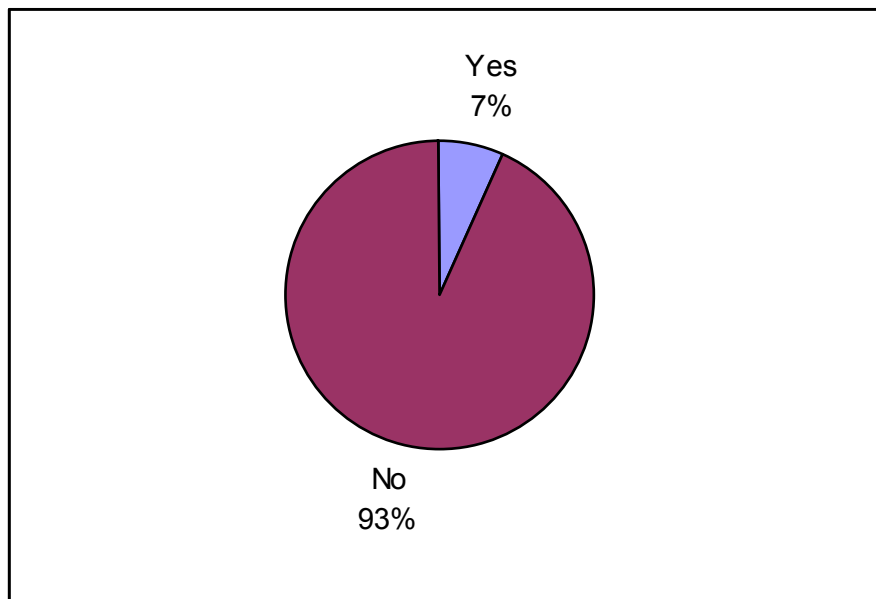


Table 4.2.5.4

Respondents were asked if, according to their point of view, their Baptist convictions clashes with bone tissue donation. Seven percent of them said that their Baptist convictions clashes with bone tissue donation and 93% indicated that it does not (V13).

#### 4.2.6 Spiritual significance of organs and tissue

##### 4.2.6.1 The spiritual life of bones after death (V48)

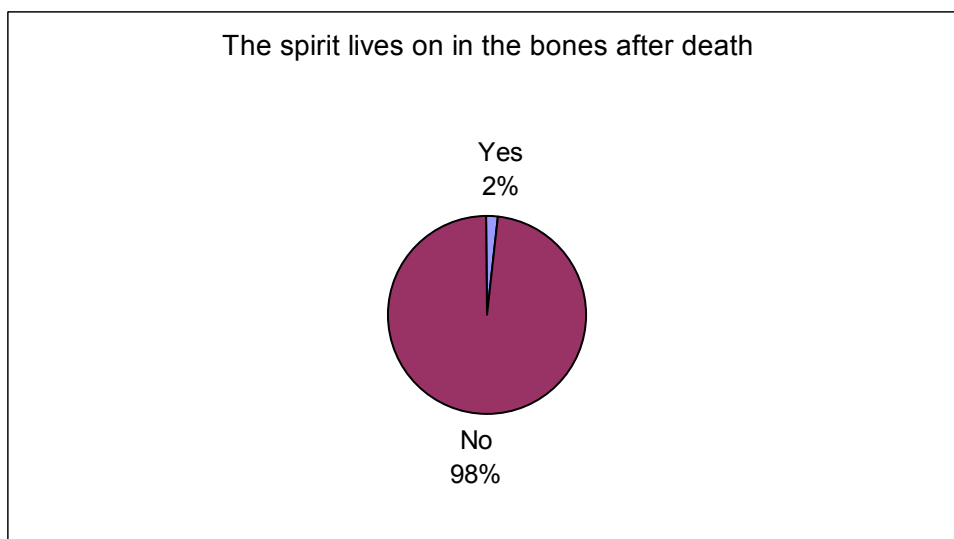


Table 4.2.6.1

Respondents were asked if the spirit of the deceased lives on in the bones of the person after his/her death and 2% said yes while 98% said no (V48).

#### 4.2.6.2 The spiritual life of organs after death (V49)

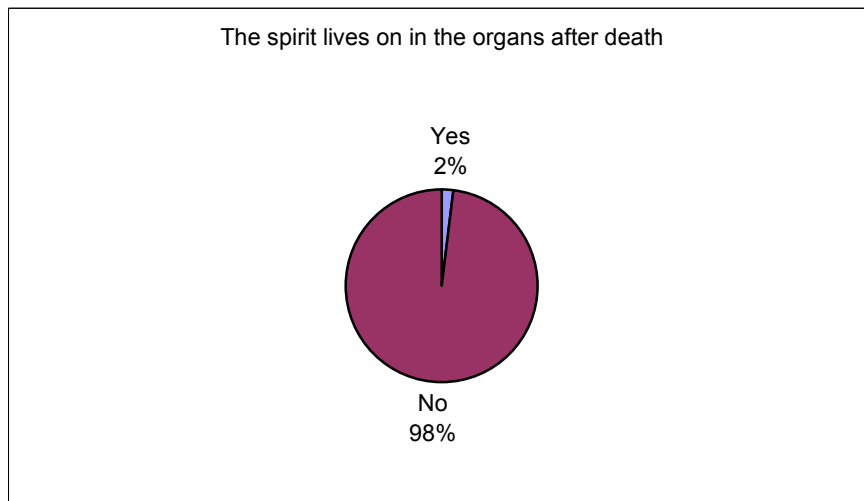


Table 4.2.6.2

The respondents were asked if the organs of the deceased lives on in the organs of the person after his/her death and 2% said yes while 985 said no (V49).

#### 4.2.6.3 The spiritual significance of bones after death (V50)

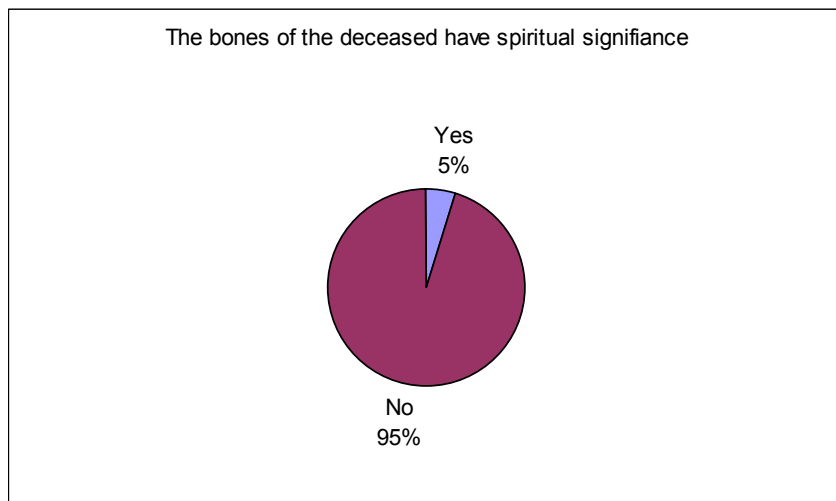


Table 4.2.6.3

The respondents were asked if the bones of the deceased have any spiritual significance and 5% said yes while 95% said no (V50).

#### 4.2.6.4 The spiritual significance of organs (V51)

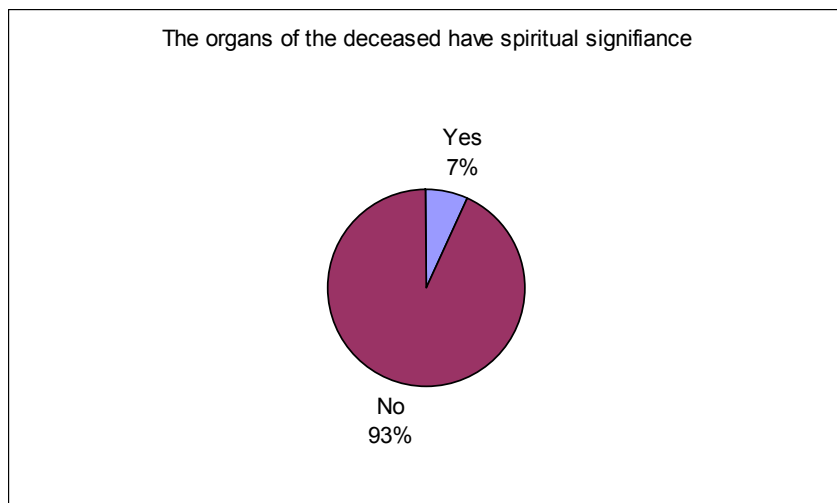
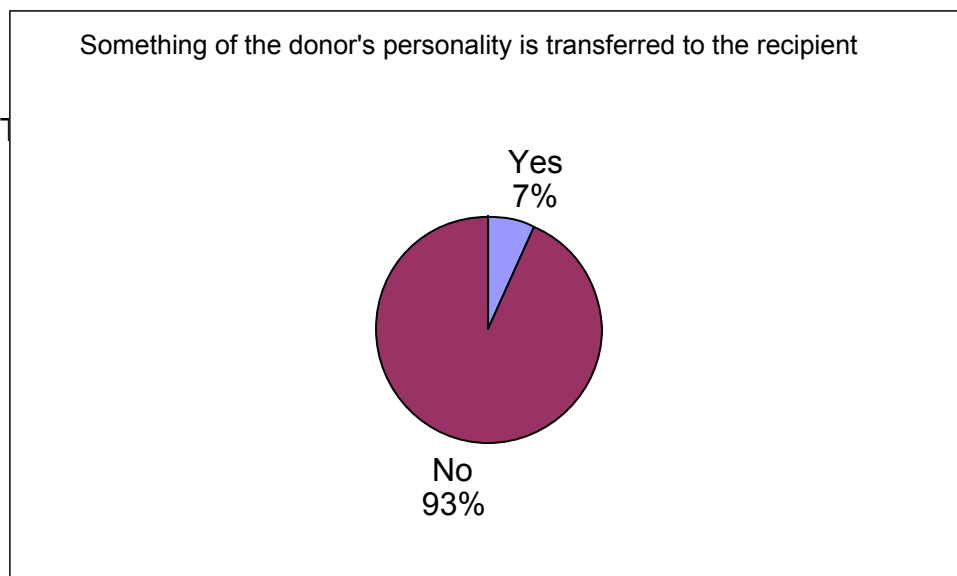


Table 4.2.6.4

The respondents were asked if the organs of the deceased have any spiritual significance and 7% said yes and 93% said no (V51).

#### 4.2.6.5 The transfer of personality to the recipient (V52)



Recipients were asked if something of the donor's personality is transferred into the recipients when transplanted and 7% said yes while 93% said no (V52).

## 4.2.7 The body after death

### 4.2.7.1 Bodily wholeness as requirement for bodily resurrection (V53)

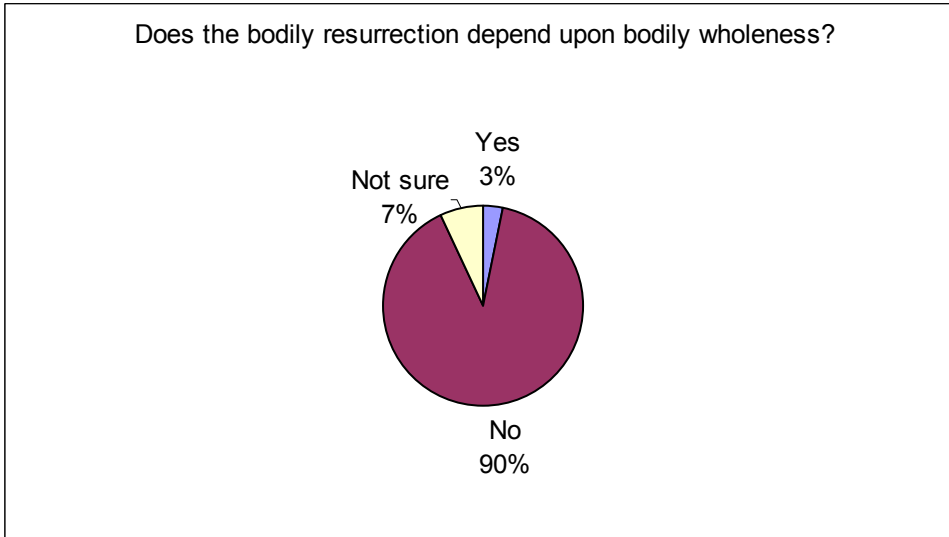


Table 4.2.7.1

Respondents were asked if they believed that the resurrection of the body depends upon bodily wholeness upon death, i.e. does the body have to be whole and complete for the body to be resurrected. Three percent said yes, 7% were unsure and 90% said no (V53).

### 4.2.7.2 Can the dead see their bodies? (V58)

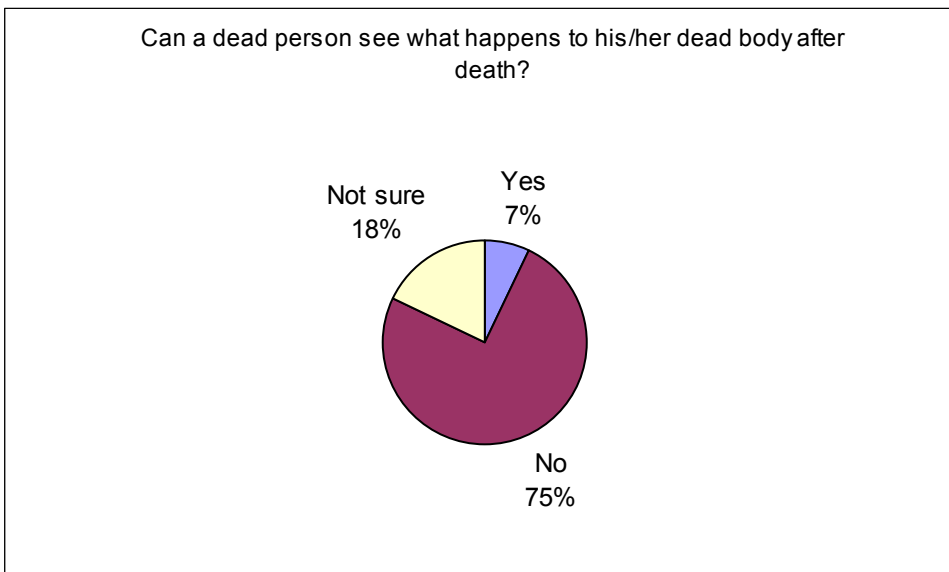


Table 4.2.7.2

Respondents were asked if they believed that a person who died can see what happens to his/her dead body after death and 7% said yes, 75% said no and 18% were unsure (V58).

#### 4.2.7.3 Personal preference - cremation or burial (V59)

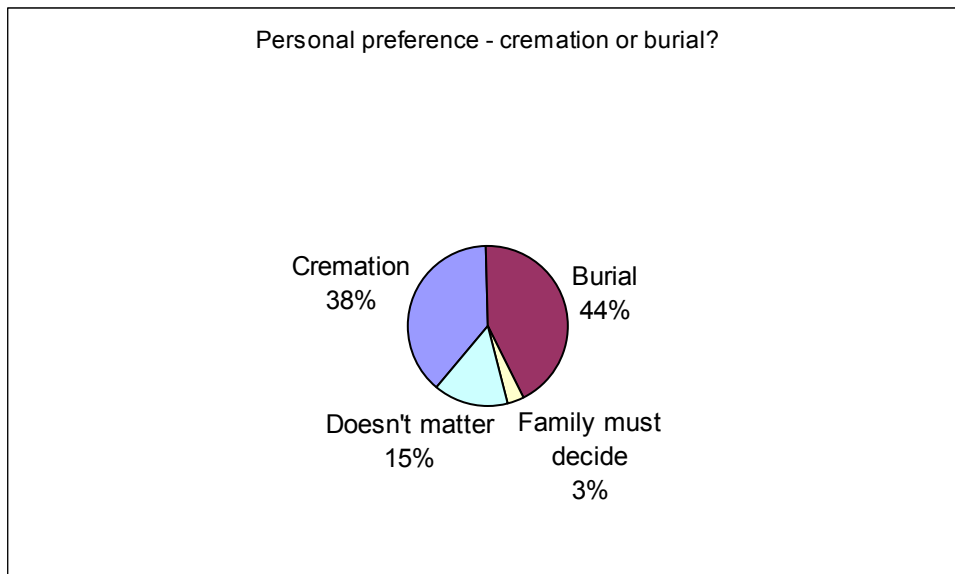


Table 4.2.7.3

The respondents were asked what should happen to their bodies when they die. Forty four percent said they want to be buried, 38% said they want to be cremated, 3% said their families must decide and 15% said it does not matter (V59).

#### 4.2.7.4 Should Christians be buried? (V60)

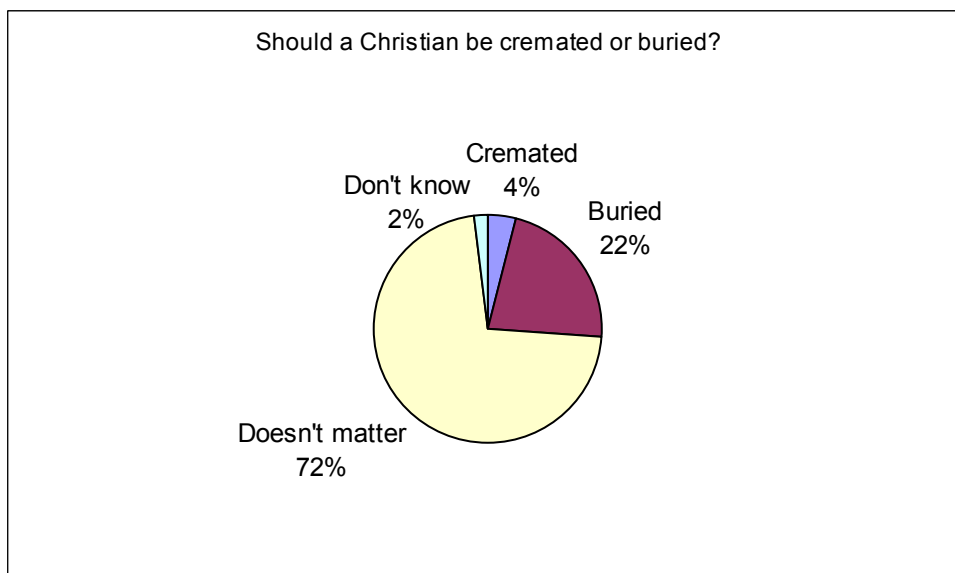


Table 4.2.7.4

The respondents were asked if Christians should be cremated or buried and 22% felt that Christians should be buried, 4% felt that Christian should be cremated, 72% felt that it doesn't matter and 2% did not know (V60).



## 4.2.8 The Baptist church and donation

### 4.2.8.1 The view of pastors and elders on organ and tissue donation (V45)

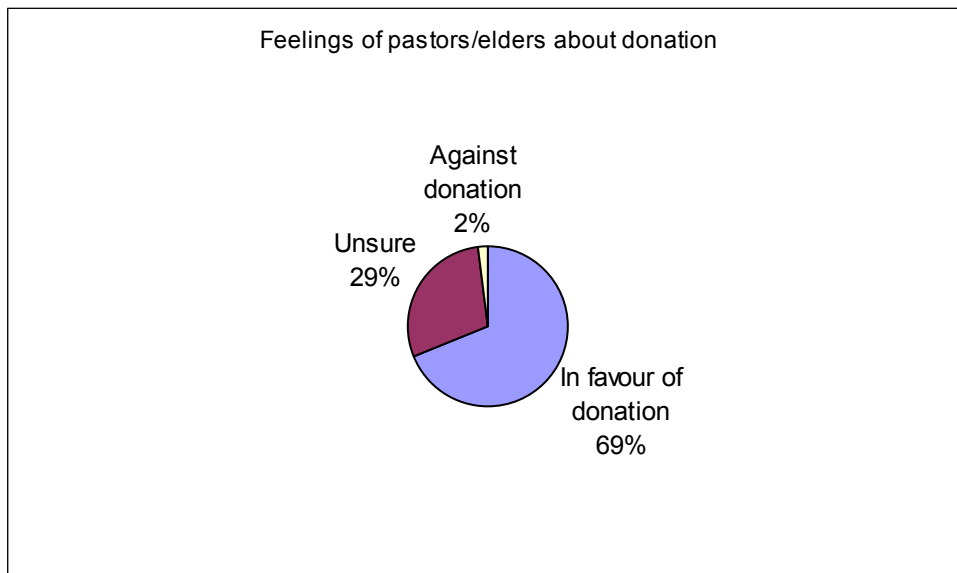


Table 4.2.8.1

The respondents were asked (if they were pastors or elders in their local churches), what their feelings were regarding organ and tissue donation was. Sixty nine percent said that they were in favour of organ and tissue donation and have no problem advising their congregations to donate. Twenty nine percent said they know very little about organ and tissue donation and do not know how to advise the people in their churches. Two percent were against donation and would not advise their people to donate (V45).

**4.2.8.2 Guidance requirements from non-pastors/elders on donation (V46)**

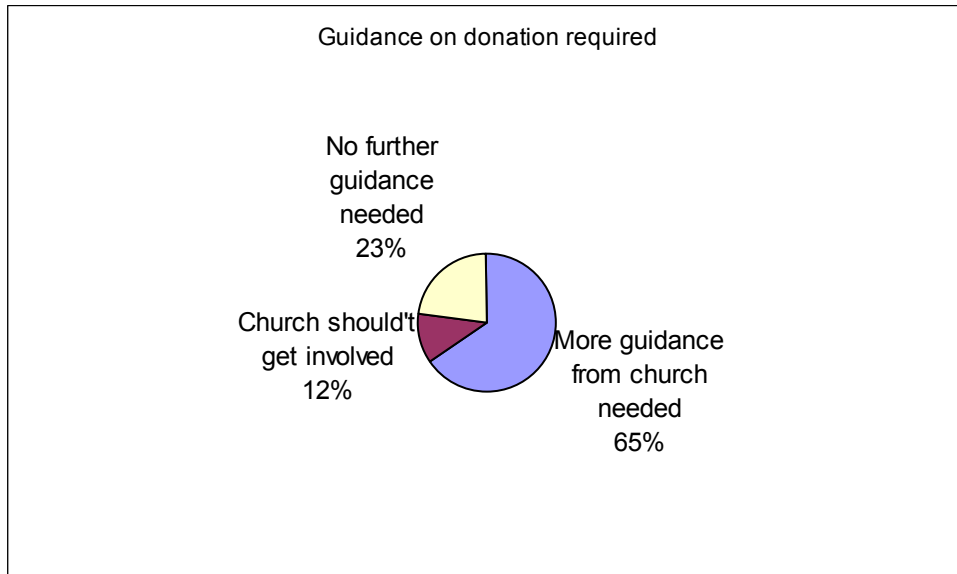


Table 4.2.8.2

Respondents that were not in the category pastors or elders were asked for their feelings regarding further guidance needs regarding organ and tissue donation. Sixty five percent said they would like to receive further guidance from their church, 23% said they require no further guidance and 12% felt that the church should not get involved in offering guidance pertaining to organ and tissue donation (V46).

**4.2.8.3 The need for a clear Baptist Union view on donation (V62)**

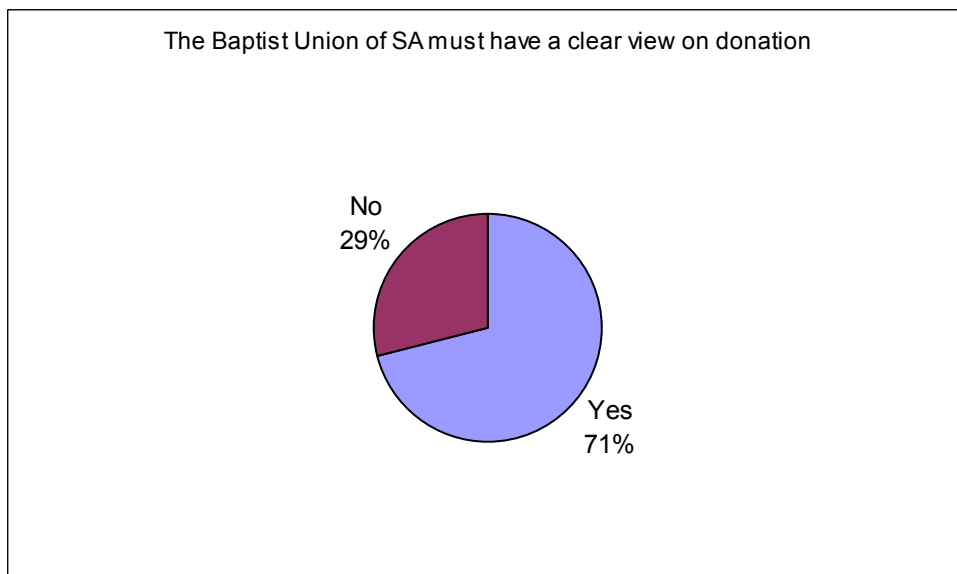


Table 4.2.8.3

The respondents were asked if the Baptist Union of South Africa should have a clear view on organ and tissue donation and 71% felt yes they should and 29% said no (V62).

#### 4.2.8.4 The need for the church to speak out on transplantation (V64)

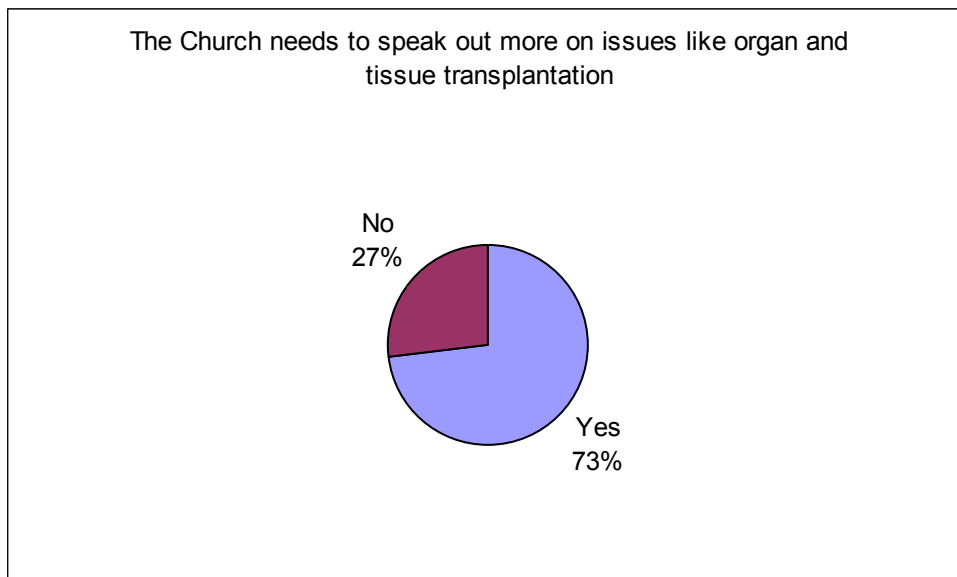


Table 4.2.8.4

The respondents were asked if the Church needs to speak out more on issues like organ and tissue transplantation, medical research, etc. Seventy three percent said yes and 27% said no (V64).

#### 4.2.8.5 The need for more information about tissue donation (V80)

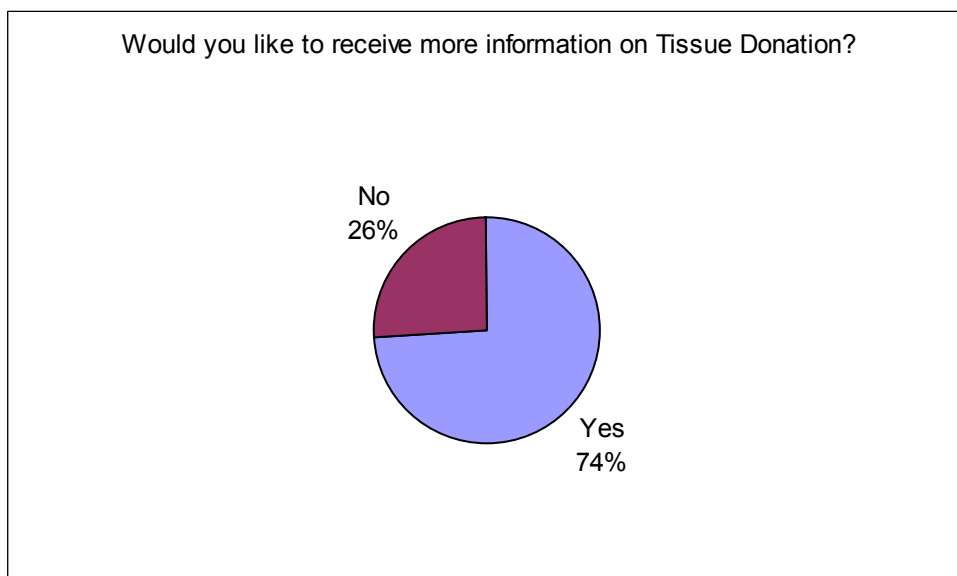


Table 4.2.8.5

Respondents were asked if they would like to receive more information on tissue donation and 74% said yes and 26% said no (V80).

## 4.2.9 The benefits of donation

### 4.2.9.1 Pastoral benefits to donor family and recipients (V66)

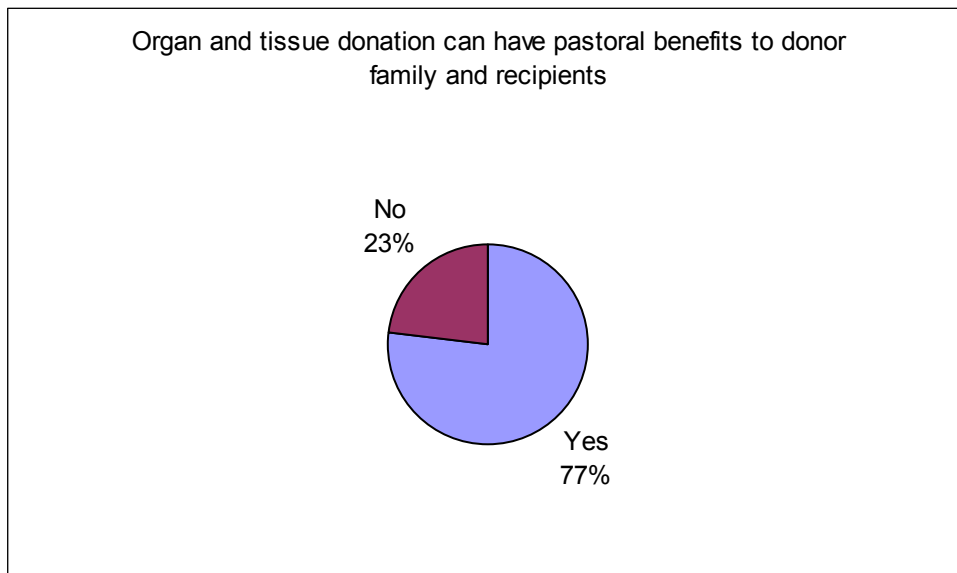


Table 4.2.9.1

Respondents were asked if they believed that organ and tissue transplantation can have pastoral benefits to both donor family and recipients and 77% said yes and 23% said no (V66).

### 4.2.9.2 Benefits to South African health care (V65)

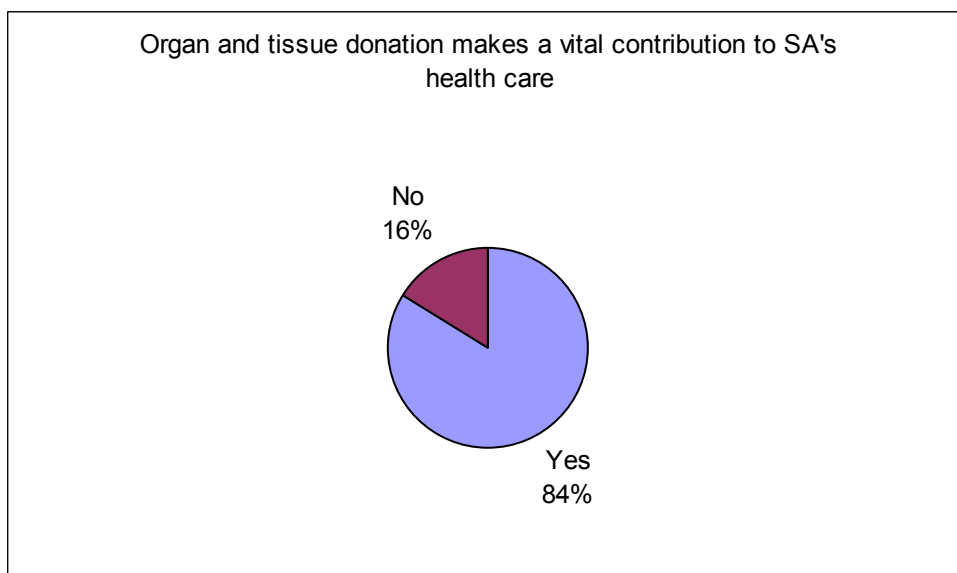


Table 4.2.9.2

The respondents were asked if, in their view, organ and tissue transplantation makes a vital contribution to the health care of South Africans. Eighty four percent said yes and 16% said no (V65).

### 4.2.9.3 Donation and the grieving process (V55)

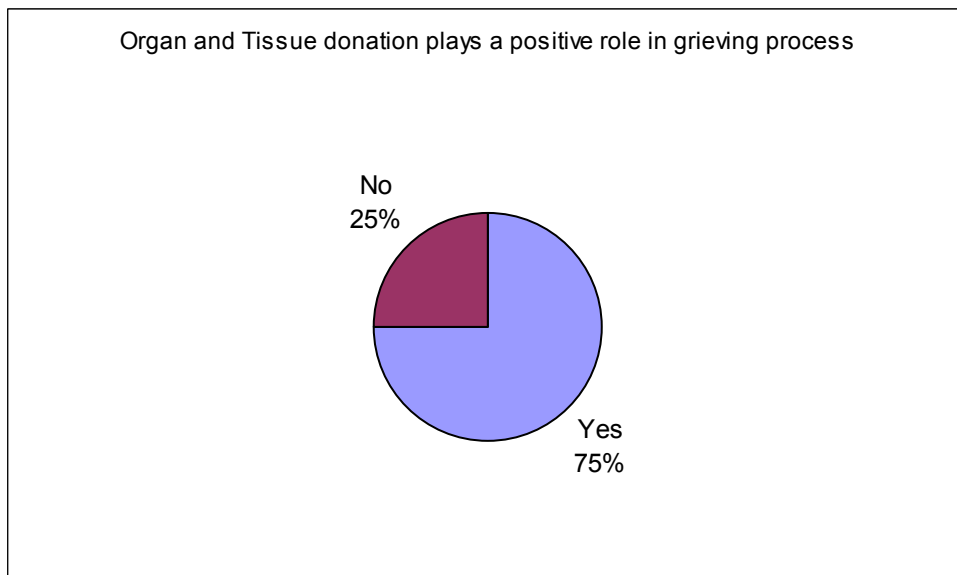


Table 4.2.9.3

Respondents were asked if, in their view, they believe that donation of organs and bone tissue can play a positive role in the grieving process. Seventy five percent responded by saying yes and 25% said they did not think that it could (V55).

### 4.2.10 Organ and tissue donation in South Africa

#### 4.2.10.1 Premature death to procure organs (V63)

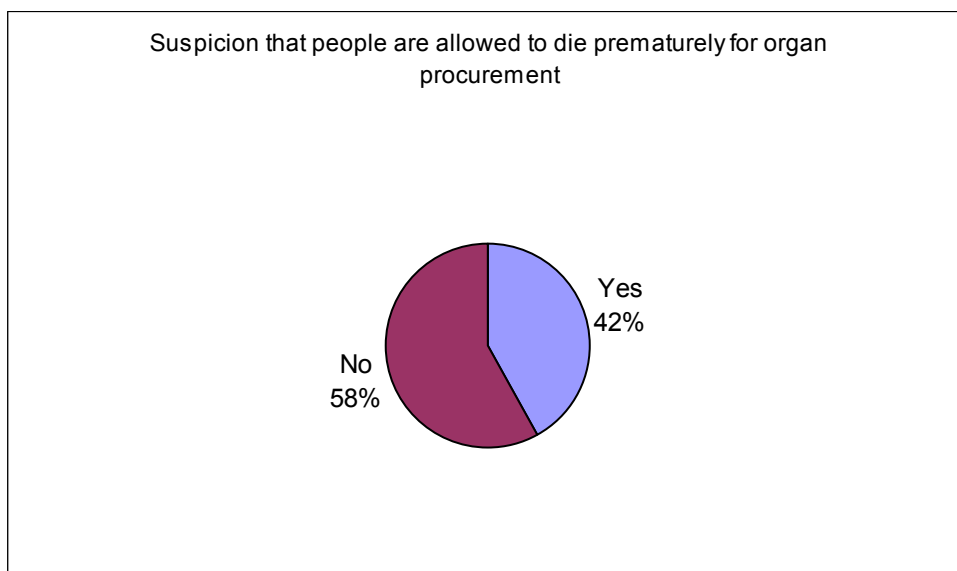


Table 4.2.10.1

The respondents were asked if they suspected that people are sometimes allowed to die prematurely in South Africa for their organs and 42% said yes while 58% said no (V63).

#### 4.2.10.2 Effect of negative press reports (V68)

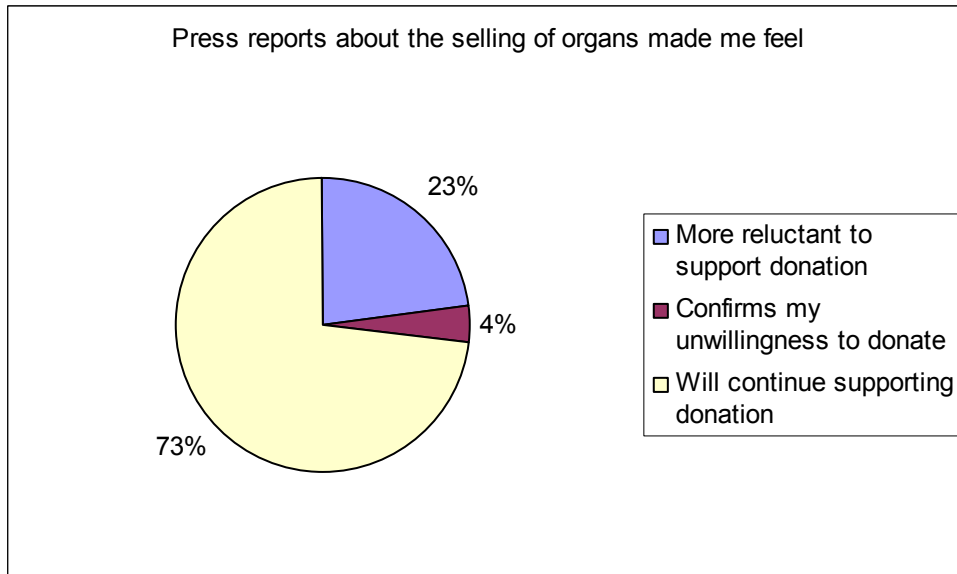


Table 4.2.10.2

The respondents were asked how the press reports about organs that were sold affect their feelings about organ and tissue donation. Twenty three percent said it makes them more reluctant to support donation, 4% said it confirmed their decision not to support it and 73% said they will continue to support donation because they know every good cause can be abused by sinful man (V68).

#### 4.2.10.3 Opting in or opting out system (V67)

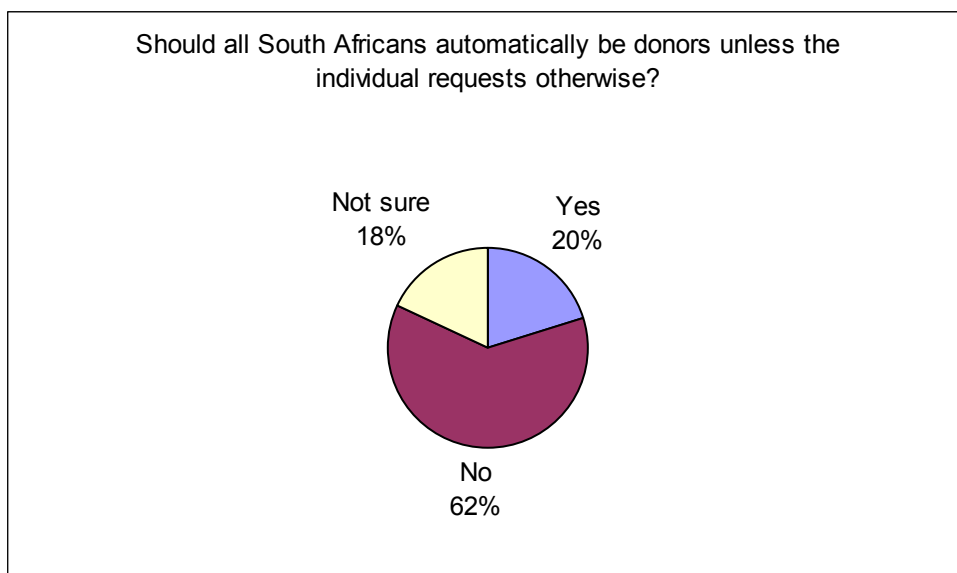


Table 4.2.10.3

The respondents were asked if they feel that all South Africans should automatically be regarded as organ and bone tissue donors unless the individual indicates otherwise. Twenty percent said yes, 62% said no and 18% were not sure (V67).

### **4.3 Interpretation of results**

#### **4.3.1 Baptists' support of organ and tissue donation**

One of the first objectives of this study was to assess whether Baptists from the Baptist Union of South Africa (particularly in the Northern Association) were in favour or against the donation of organs and tissues and then, secondary, what the implications for preaching in Baptist churches are.

The results of the study show that there is a reasonable amount of uncertainty regarding donation. Thirty four percent of the respondents were unsure if they would themselves be organ donors and 30% were unsure about being bone tissue donors. The uncertainty seem to originate in uncertainty and lack of clarity regarding the scriptural guidance on related issues, in particular how God expects Christians to treat the bodily remains of the dead. This is indicated by the split results on whether they believed God to be concerned with the bodily remains of man or not. Thirty five percent indicated that God is not concerned, 48% God is concerned and 17% were unsure. God's Word does not leave us guessing and there is enough scriptural guidance on the matter. The mind of God on this issue needs to be communicated to God's people and the primary means in Baptist Churches would be through preaching the Word of God.

Eighty one percent of the respondents indicated that they do not think that God is displeased with organ and tissue donation. Only 34% said they want to donate their organs for transplantation and 29% indicated they want to donate their bone tissue. Surprisingly, 76% said they would give permission for the donation of organs and 75% for the bone tissue of their loved ones.

The need has also established for Baptists to be reminded to the words of Christ in Acts 20:35 "It is more blessed to give than to receive". Although only a third of the respondents indicated they would donate, 92% indicated they would receive an organ if they needed it and 85% indicated they would receive bone tissue. Christians need to be educated in so far as organ and tissue donation is concerned. Can people eager to receive organs and tissue really refuse to be donors as well?

A greater level of uncertainty was found amongst the culturally black Baptist component. Fifty four percent indicated they were unsure if they should donate their organs or not and 46% were unsure about donating their bone tissue. Twenty five percent of the black respondents indicated that they would donate an organ, and 21% said they would donate their bone tissue. Only 4% of the black Baptists said they would not donate their organs and 8% said they would not donate their bone tissue. Baptist pastors and teachers of predominantly black churches face a challenge to proclaim the Word and apply the truth of God to the very level where it guides and teaches its members what to do when they are asked to consider donation of organs and/or bone tissue.

#### **4.3.1.1 Objections against donation**

The level of objection against donation from the respondents was surprisingly low. Fourteen percent indicated that their cultural background probably clashes with donation of organs and 15% to bone tissue donation. Ten percent of respondents said they objected to donation of organs because of their Baptist beliefs and 7% objected to bone tissue donation because of it.

Pastors and elders were asked to indicate their support of organ and tissue donation separately and 69% indicated that they are in favour of it, only two percent indicated that they would not advise their congregations to donate (Table 4.2.8.1).

Seventy five percent of all the respondents indicated that they would consent to bone tissue donation of their loved ones and 76% would consent to the donation of organs.

These indicators were surprisingly low and it would be interesting to establish the reasons for it and to further establish in practise, what percentage of Baptists, when at the point of having to decide, actually do consent to donation.



### 4.3.2 Mistrust of organ donation in South Africa

One South Africa's most popular "family magazines", the *YOU* magazine, published an article where it was reported that human kidneys are for sale in South Africa (*YOU* 2005:30-32). This article was one of many that flooded the television and newspaper reports since November 2003 when news broke that various medical professionals were charged of contravening the human tissue act with trading in human organs. These incidents even made New York Times headlines (<http://query.nytimes.com>).

The effect television reports have on organ donation has been studied in the United States before, according to Lewis (2003) who published an interesting article on the internet:

...the Partnership for Organ Donation Gallup poll shows that the majority of the public gets their information about donation and transplantation from TV and movies; a statistic that should startle no one (Partnership for Organ Donation 1993). The poll also shows that while a majority believes that organ donation is a decent idea, less than half are prepared to sign an organ donor card and discuss their wishes with family members. Preconceived notions about organ donation continue to exist, and some members of minority groups speak openly of their deep distrust of organ procurement and allocation. One of these notions which is perpetuated by television includes the belief that there is a large organ black market (Arnason 1991).

(<http://people.bu.edu/wwildman/WeirdWildWeb/courses>)

This study aimed to establish the effect of the negative publicity on the respondents and their willingness to donate organs and tissue. Twenty three indicated that the reports in the press made them more reluctant to donate whilst 73% indicated that they would still donate in spite of the negative publicity because they know that every good cause can be abused by sinful man (Table 4.2.10.2).

Respondents were asked if they suspect that people are sometimes allowed to die prematurely in order to procure their organs. A large percentage of 42% responded with

a yes, and 58% with a no (Table 4.2.10.1). This indicates an unmistakable sentiment of mistrust in organ donation in South Africa, no doubt fuelled by the reports of illegal trafficking in organs.

### **4.3.3 The need for further teaching on organ and tissue donation**

Thirty four percent of the respondents were unsure whether they should donate their organs and 30% were unsure about donating their bone tissue. Fifteen percent of the respondents will leave it up to their families to decide whether to donate their organs and 18% their bone tissue. It indicates a real need for the church to provide guidance to its members on this matter. It will be a decision every person will have to make, because death will come knocking on our door eventually. Twenty one percent of the respondents were unsure if they would donate the bone tissue of a loved one and 20% were unsure if they would donate the organs of a loved one.

Twenty nine percent of the pastors and elders questioned indicated that they were unsure about their feelings about organ and tissue donation. In fact, 65% of the respondents who were not in eldership or pastoral positions indicated that they would like to receive further guidance on the matter from their church. The indicator that 71% of all the respondents felt the need for the Baptist Union to have a clear view on organ and tissue donation further underscores this need.

Organ and tissue donation raises matters of life and death that should be addressed by the church. The respondents indicated levels of uncertainty and confusion regarding some of these issues that could be addressed from the pulpit, without preaching a sermon on *organ and tissue donation* per se. For example, on the question whether God is concerned about the earthly remains of man after death, 48% indicated yes, 35% indicated no and 17% were unsure. Does or does the Bible not indicate a concern of the bodily remains of man? From this study and the brief look at biblical passages it certainly looks as if God has something to say to man on the subject. This certainly would also have implications for the uncertainty indicated about cremation and burial. Twenty two percent of the respondents believe that Christians should be buried, 4% believed they should be cremated and 72% said it does not matter (Table 4.2.7.3).

Organ and tissue donation happens in South Africa and people in our churches are receiving the benefits of it. Baptists are asked to consider donation because Baptists are fatally injured, die and their relatives encounter organ and tissue procurement coordinators. Many do not know what to do. The respondents are indicating – *Give us guidance!*

#### **4.3.4 Organ and tissue donation awareness**

One of the first questions the respondents were asked to indicate was to rate their own level of awareness regarding organ and tissue donation. For organ donation 18% indicated that they were well informed, 49% indicated that they were informed and only 33% indicated that they were uninformed (Table 4.2.2.1). The levels for bone tissue were considerably lower. Only 9% regarded themselves as well-informed, 33% regarded themselves as informed and 58% regarded themselves as uninformed (Table 4.2.2.2). The higher levels of confidence in the respondents' own understanding of their awareness of organ donation as compared with their lower levels of awareness of bone tissue donation is not surprising.

These results proof what is experienced on a daily basis by tissue procurement coordinators when they speak to families, funeral directors, hospital staff and even doctors. The majority of the public have heard of heart and kidney transplants, even if for no other reason than our own famous Dr Christian Barnard. Bone tissue donation, on the other hand, has not had the same glamorous exposure and although it is second only to blood as the most common transplanted tissue in the country, most people have never heard of it. An omission of this study is that it should also have established how many of the respondents thought that bone tissue was the same as bone marrow. Bone marrow is retrieved from living patients and is a completely different science than bone tissue, which comes primarily from cadaveric donors.

The level of ignorance regarding the donation of tissue was tested and confirmed when respondents were asked to indicate if they knew what tissues are transplanted. At this point the high education levels of the respondents need to be noted. Seventy six percent of the Baptist representatives that attended the Baptist Northern Association Annual General Meeting and who have completed the research questionnaire have a

tertiary qualification of which 23% held post-graduate studies qualifications. Yet, their knowledge of tissue transplants was quite low.

Only 51% indicated that they knew that bone tissue is successfully transplanted in South Africa and 47% were unsure if it was and 2% said no (Table 4.2.2.3). Given the fact that a number of the respondents know me personally and that I am involved with tissue procurement in South Africa and that the respondents were informed that the questionnaire they were about to complete had something to do with tissue transplantation, makes this figure is even more concerning.

Hundreds of corneas are successfully retrieved and transplanted every year in South Africa, only 52% of the respondents indicated that they knew this, 46% were unsure and 2% indicated that they do not think that corneas are transplanted (Table 4.2.2.4).

Only 46% of the respondents said they knew that skin was transplanted, 52% were unsure and 2% said that skin is not transplanted (Table 4.2.2.5). The respondents' knowledge regarding the transplantation of heart valves scored higher with 58% indicating that they knew, 36% indicated they did not know and 6% indicated that they thought it was not transplanted. I suspect that respondents confused heart valves with hearts and this is something that could be tested in more detail in future.

The results indicate that the church delegates of the Northern Baptist Association have a need for more information on the subject of organ and tissue donation, with a greater need identified for tissue donation than organ donation. The respondents themselves admitted it and indicated a need for more information at both local church and denominational level.

#### **4.3.5 Understanding of the Biblical position**

The respondents were asked to comment on what they believed God's view and by implication, the Bible's view is on a number of aspects touched by organ and tissue donation.

It is interesting to note that 33% of the respondents rated their own knowledge of the Bible as very good, 59% as good and 8% as average (Table 4.2.3.1).

The majority (64%) of the respondents indicated that the Bible is silent on the matter of donation, 20% were unsure and only 16% indicated that they believed the Bible allows for it (Table 4.2.3.2).

When tested on other biblical principles that relate to donation, the overwhelming majority indicated that the overall message of the Bible would and does encourage donation. When asked if donation interferes with God's plans, 85% said no (Table 4.2.3.3). When asked if they felt if God is unhappy or displeased with donation, 81% said no (Table 4.2.3.4) while 89% felt that organ and tissue donation is a practical demonstration of Christian love (Table 4.2.3.5). The respondents' understanding of the biblical position of the bodily resurrection did not detract them from supporting organ donation since 90% indicated that bodily wholeness is not required for the bodily resurrection to occur (Table 4.2.7.1).

One question that indicated the need for more clarification by Bible teachers and preachers was whether a dead person can see what happens to his/her dead body after death. Seven percent indicated yes, 21% were not sure and 75% said no (Table 4.2.7.2).

It was clear from the respondents that although there was no place in the Bible where it was written *you may donate organs and tissues* that, there is enough guidance from God's Word. They indicated it is good for the Christian who loves God to donate his or her organs/tissue and to support the concept of donation to help their fellow man.

However, the decision is ultimately one that is to be made according to the individual's conscience as 93% of the respondents indicated that they felt that it ought to be so (Table 4.2.4.1).

#### **4.3.6 Trading in human organs/tissue**

This study was not designed to investigate the potential ethical minefields that are raised with organ and tissue donation and transplantation. Veatch touches on the ethical debate:

The contemporary bioethical debate over organ transplantation contains two issues I shall label as *preliminary* and two issues that I shall label as *central* or *core*. The ethics of the definition of death...and potential controversy over intervening in a dead body for the removal of cadaver organs I take to be preliminary. The donation versus salvaging controversy...and the ethics of fairness in organ distribution...I take to be central.

(2000:2)

There is also the issue of trading and profiteering in human organs and tissue. The respondents were asked to indicate if they would, personally, be willing to pay for organs if their lives depended on it. Seventy eight percent of the respondents indicated that they would be prepared to pay and 22% said they would not be. This interesting finding may warrant some further future research. This indicates an ethical crisis in the respondents which is similar to the ones reported in the press and condemned by many and one that has to be addressed.

Quite a high percentage of the respondents have lost an immediate family member to death (69%) and this could possibly have added further impetus to the strong feeling of getting an organ, even if it means paying someone for it, as long as that life can be saved. If enough people donate organs and tissue in South Africa, however, this would not be an issue since there would be enough to get to everyone in need of a transplant.

#### **4.3.7 The spiritual significance of organs and bone tissue**

The indigenous people of South Africa have a strong attachment to the human remains after death as stated in Bhengu's study:

The heart and sexual organs have a special place among the Zulu people, as the heart is related to determination of character and sexual organs to dignity. Therefore, this may affect heart transplantation adversely for fear of change or character for the worse.

(1995:87)

It is not only the Zulu's and other black cultures who believe that something of the personality of the dead person can be transplanted into the recipient. "Nuwe hart laat vrou kerrie eet" (Rapport, p 1). The article goes on to explain how a heart recipient started to eat curry after her transplant, where before she never used to eat curry. She is convinced that she received the heart of an Indian woman (who must have liked curry) and now has passed this appetite for the hot spice on to the recipient of her heart. This incident may have a touch of humour to it but in my experience many people in their ignorance are inclined to think along these lines. The respondents to the questionnaire, fortunately, thought differently. Ninety three percent of them indicated that they do not believe that something of the donor's personality is transferred to the recipient (Table 4.2.6.5).

Respondents were asked if the spirit of the deceased continues to live on in the bones after death and 98% said no (Table 4.2.6.1). Asked if the bones have any spiritual significance after death, 95% said no and 5% indicated yes (Table 4.2.6.3).

The same question was asked regarding organs and again 98% said no, the spirit of the deceased does not live on in the organs after death (Table 4.2.6.2). Asked if they believed that the organs of the deceased have any spiritual significance, a slightly lower 93% said no and 7% said yes (Table 4.2.6.4).

Clear biblical preaching from the pulpit on what happens to the soul of the person who dies and whether earthly contact and awareness of the deceased's remains are possible from a biblical view would be most helpful.

#### **4.3.8 The pastoral benefits of organ and tissue donation**

At the recent American Association of Tissue Banks annual general meeting in the United States, Lisa Dinhofer, a certified thanatologist and transplant consultant, said “in a recent survey 80% of the people who donated said they did it because of the meaning it brought to their own grieving experience” (Donation workshop, September 17, 2005). Dinhofer further explained that in her years of experience she found that people who have donated the organs and/or bone tissue of a loved one recovered much better from the death and that more effective healing took place through the grief process. Seventy seven percent of the respondents indicated that they think that donation can have pastoral benefits for the donor family and the recipients (Table 4.2.9.1). This fact needs to be recognized and communicated to the public to serve as motivation to encourage organ and tissue donation.

#### **4.4 Preaching as the primary means of equipping God’s people for daily life**

“So long as Christianity remains a religion of the word of God, preachers will be needed to interpret that word so that God’s people may have God’s help for daily life” (Baird 1987:870).

*God’s help* is needed when it comes to organ and tissue donation. People need to be helped to realize that donation is in essence an action that brings tremendous hope. In fact, 77% of the respondents have indicated that they believe that organ and tissue donation holds pastoral benefits to donor families and recipients (Table 4.2.9.1) and 84% believe that it makes a vital contribution to the health care of South Africa’s citizens (Table 4.2.9.2). This is a very practical and demonstrative way of people being helped in two of life’s most difficult challenges – sickness and death. Who better to bring this to people than the servants of God called to preach?

Pieterse calls for preachers to communicate God’s victory perspective to people and to offer them hope (1988:36-37). This, hope, he says, is founded in the fact that God had a purpose with creation and this purpose culminates in the victory of Jesus Christ (1988:33-37). Preaching becomes the communicative praxis of the congregation which, in turn is used by God to affect his praxis of change (1988:36-37).



Dié *praxis* van die gemeente is opgeneem in die *praxis* van God. God handel in ons geskiedenis en is op weg na die volkome en volledige koms van sy koninkryk. In dié proses neem hy die *praxis* van die gemeente is sy diens. En hierdie *praxis* is veral 'n kommunikatiewe *praxis*. *Praxis* beteken handeling in die praktyk met die oog op verandering – verandering na 'n toestand van die realisering van die koninkryksbeloftes.

(Pieterse 1988:36)

The donor dies, his organ and tissues are retrieved. His heart is transplanted into a 17 year old teenager suffering from terminal heart disease and some of his bone tissue is used to treat a hi-jacking gunshot victim's head wound and another piece to help repair the trauma to the femur of the victim of a car accident. This occurs every day, throughout South Africa. The families of the donors come to church, the patients, the recipients frequent our pews week in and week out. One also needs to consider the doctors, surgeons, nursing staff, scientists, technologists and others who are directly involved with organ and tissue transplantation. God has raised up numerous Christians who are involved professionally with organ and tissue donation. Preaching has to communicate God's Word to them in their world.

The preacher is called to preach God's word to his flock throughout all the seasons of life.

All Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the man of God may be thoroughly equipped for every good work. In the presence of God and of Christ Jesus, who will judge the living and the dead, and in view of his appearing and his kingdom, I give you this charge: Preach the Word; be prepared in season and out of season; correct, rebuke and encourage—with great patience and careful instruction.

(2 Timothy 3:16-4:2)

Preaching is in fact the front and center for those called into the pastorate who have as part of their job descriptions the regular preaching and teaching of the Word of God. This preaching is taking place in a South Africa where death and dying is far too

common. Preachers face a challenge. They need to get stuck in, get their hands dirty and identify with the pain and cries of the people and to offer them hope and guidance from the God's Word. God's hope and glory, his victory and power can be greatly preached when applied to the various aspects of organ and tissue donation. This can lead to an adjusted praxis in the lives of Baptists and others who are challenged through the preaching being applied to the real world of donation.

The medical fraternity is asking the church to get involved:

Christians involved in health care encounter a rich and open opportunity. To put it bluntly, the governing assumptions of secular medicine have stood in a distinct but often unspoken conflict with biblical insights. Now, as a new level of dialogue over the meaning and practice of health is emerging, the church should play a critical role. The time has come in the life of the church to rejoin the separate roles of doctor and priest...Our minister must become wise in the way of the human psyche and our doctors must become well-acquainted with the spiritual world.

(Granberg-Michaelson 1995: 239-240)

Getting involved has to start with identifying with the listener and his world through preaching. In the words of John Stott:

Biblical preaching demands sensitivity to the modern world. Although God spoke to the ancient world in his own languages and cultures, he intends his Word to be for everybody. This means that the expositor is more than an exegete. The exegete explains the original meaning of the text; the expositor goes further and applies it to the contemporary world. We have then to struggle to understand the rapidly changing world in which God has called us to live; to grasp the main movements of thought which have shaped it; to listen to its many discordant voices, its questions, its protests and its cries of pain; and to feel a measure of disorientation and despair. For all this is part of our Christian sensitivity.

(Stott 1992: 213)

Stott highlights the two primary obligations which the calling to preach lays upon preachers.

- Faithfulness (to the Word)
- Sensitivity (to the world)

The characteristic fault of conservative preachers is to be biblical but not contemporary. The characteristic fault of liberal preachers is to be contemporary, but not biblical.

(Stott 1992:213)

The contemporary reality is that organ and tissue donation happens. The pastors, elders and members of Baptist churches in the Northern Baptist Association have indicated that they are in principle in favour of donation but that they need a lot more information. They have also indicated a level of uncertainty and lack of clarity surrounding theological concepts that organ and tissue donation raise. This leads to a particular praxis that can be addressed and changed by *faithful* and *sensitive* preaching resulting in a modified praxis that would bless and minister to many.

Wayne Oates calls it “pastoral care through a sermon,” and says that through it “the pastor is searching with the congregation for the testings and temptations which are common to all of the congregation. He or she is seeking those great universal concerns” (Oates 1992:447).

Oates suggests “a sermon could be entitled ‘Living under threat’, and quotes Paul Tillich’s outline of three great threats common to all of us:

- The threat of fate and death
- The threat of emptiness and meaninglessness
- The threat of guilt and condemnation.

(Oates 1992:447)

Organ and tissue donation could be included very effectively by means of application in this outline to illustrate the opportunities for meaningfulness and hope that donation of organs and tissue presents.

## 4.5 Reflection

### 4.5.1 Lack of understanding of death issues

From personal experience in the pastorate for eleven years and subsequent experience in the tissue procurement field, I observed a common reluctance from people to speak about death and related subjects. The well known author of *On Death and Dying*, Elisabeth Kübler-Ross, observes in another book entitled *On life after death* “a long time ago, people were more in touch with the issue of death and believed in heaven or life after death. It is only in the last hundred years, perhaps that fewer people truly know that life exists after the physical body dies” (Kübler-Ross 1991:42).

Theologically and mentally sound Christians would not deny the reality of death on an intellectual plane. In practice, however, there appears to be a resistance to facing death. In the words of Erickson:

...there nonetheless is often an unwillingness to face the inevitability of one's own death. So we see within our society numerous attempts to avoid thinking about death. At funeral homes, many people pay their formal respects and then seek to get as far away as possible from the casket as possible...

(Erickson 1985: 1168)

Bone tissue and organ transplantation is in the main made possible due to the fact that someone else has died. These people had to decide to become donors before they died or their families made this decision on their behalf after their death. To decide to donate is to admit – *I will die* or *He/she is dead*. People need to be guided to come to grips with this reality. Who better to do it than the church? People need to be prepared to meet the Judge, guided through the tough questions and practical arrangements. A whole host of issues are faced for the first time and decisions have to be made by grief stricken and traumatized people who have spend very little time considering some of these issues beforehand.

Expediency may be getting the better of the church.

Persons do not die – they expire or pass away. We no longer have graveyards, but cemeteries and memorial parks. Even in the church, death is spoken of only during Passion Week and funerals. Many people have not made a will, some probably because of procrastination, but others because of an abhorrence of the thought of death.

(Erickson 1985:1168)

The well-known Spurgeon called upon his hearers in one of his sermons to learn to less antagonistic towards death.

Those who die daily will die easily. Those who make themselves familiar with the tomb will find it transfigured into a bed: the charnel will become a couch. The man who rejoices in the covenant of grace is cheered by the fact that even death itself is comprehended among the things which belong to the believer. I would to God we had learned this lesson. We should not then put death aside amongst the lumber, nor set it upon the shelf among the things which we never intend to use.

(Spurgeon 1886)

#### **4.5.2 The role of preaching in effecting an adjusted praxis**

Some fine sermons have been preached on death by some of the great saints of the past, for example Spurgeon and Jonathan Edwards. This was before organ and tissue donation became a feasible and accessible means of treatment. I was able to obtain a couple of summaries of sermons by Baptists in the United States on organ and tissue donation on the internet (see annexure B). The modern Christian needs to be taught from the pulpit what God has to say in His Word about life and death. Organ and tissue donation literally touches upon *life and death* issues. Although the souls of men cannot be won or lost through organ donation, many, including Baptists, can be spared much physical trauma, emotional pain and mental anguish by being taught adequately from the pulpit. The world is moving on at a rapid pace and people are coming to church longing and searching for answers and guidance from God's Word on a wide variety of

issues, including medical ethical matters. Preachers of local churches and leaders in the denomination will have to decide whether to address these needs or not. Following the results from this research, it is clear that a need has been expressed to know more about organ and tissue donation and it is one that has to be considered seriously.

#### **4.5.3 Practical steps towards an adjusted praxis**

The following recommendations could assist in addressing the needs as expressed by the respondents:

##### **4.5.3.1 Include donation in preaching by means of application**

Although donation does not appear as a biblical theme it could still be effectively addressed when applying biblical truths and passages to daily life and death situations.

##### **4.5.3.2 Include donation when preaching on death issues**

More preaching on death issues is needed. Organ and tissue donation would be a natural topic to address when the congregation is taught from the scriptures on death issues faced by the person in the pew.

##### **4.5.3.3 Pass an official Baptist resolution at the annual Baptist Union assembly**

It will be very helpful to Baptists and organ and tissue procurement organizations if there could be an official Baptist Union assembly resolution which clearly states the viewpoint of member churches on organ and tissue donation.

##### **4.5.3.4 Baptist guide to organ & tissue donation and other life and death issues**

Who is ever really prepared for death when it comes? The ones remaining behind would be greatly served by a booklet or pamphlet that provides guidance on matters of death, funerals and organ and tissue donation. This guide could address for example:

- The importance of a last will and testament
- Arranging a funeral

- Cremation or burial?
- Can my dead loved one still see or hear me?
- Guidance on organ and tissue donation

#### **4.5.3.5 Distribute results and information of this study to churches and pastors**

Since most pastors may not know where to begin looking for information even if they do decide to address the issue of donation, this document may prove helpful. The Baptist Union may distribute this information in summarized format amongst its member churches and pastors at a formal meeting such as their annual national assembly meeting.

#### **4.5.3.6 Address organ and tissue donation at special group meetings**

In the words of Pieterse (1988:99): “Ons mag die preek ook nie isoleer van die pastorale sorg, die katechese en al die groepsbyeenkomste in die gemeente nie”. Bible study groups, adults Sunday school meetings, mens and ladies meetings and special meetings should all be considered as opportunities to communicate the issues relevant and important to God’s people. Smaller groups also present themselves for more personal interaction which may be required when addressing some of the issues surrounding donation.

#### **4.5.4 More research required**

As far as what could be established, this research is the first of its kind to be done amongst any Christian denominations in South Africa. The scope for more research is certainly wide and very necessary. This study most certainly did not answer all the questions Baptists and others may have surrounding organ and tissue donation in the context of biblical doctrine. The questions raised by the research however, are real and reflect the need to provide better biblical guidance to Baptists and Christians from other denominations on issues of death and organ and tissue donation.

## 4.6 Conclusion

The problem of ignorance regarding organ and tissue donation amongst a representative group of Baptists has been established. This factor, combined with the indication from the respondents that they require further information, bodes well for moving to an adjusted praxis of more effective communication on the subject. This will, hopefully result in donation and other related themes being addressed in Baptist churches via the pulpit or other church meetings and study groups.



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