

Beyond Mufti Shafi's Fatwa: A CACDA study of the Responses of BSAMs to the NHSBT material on organ donation

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Abstract

This article is a summary of the author's doctoral research titled, "The NHS appeal for organ donation to British Muslims: A corpus-assisted critical discourse analysis (CACDA) of British South Asian Muslim Responses". The research examines the way British South Asian Muslims engage with organ donation, contrasting the prohibitive influence of Mufti Shafi Uthmani's (MSU) fatwa with Mufti Zubair Butt's (MZB) collaborative, context sensitive permissive ruling. Using corpus assisted critical discourse analysis, this study shows the way culturally embedded religious authority and Islamic ethical concepts can help the NHSBT design more trusted, faith conscious organ donation material.

Background

The problem addressed in the study titled 'The NHS appeal for organ donation to British Muslims: A corpus-assisted critical discourse analysis (CACDA) of British South Asian Muslim Responses' [1] - is the persistent shortage of organs for transplantation in the UK and the particular concerns and barriers that British South Asian Muslims (henceforth, BSAMs) have in relation to contributing to the donor pool. Despite the NHS Blood & Transplant service's efforts to promote organ donation via religiously framed material, the UK continued to face a chronic deficit of suitable donors which prompted the introduction of an opt-out system in Wales in 2013 and later in England in 2020. However, because religious uncertainty and cultural mistrust intersect with the policy change, the response of BSAMs to the promotional material remained to be investigated.

A central obstacle to reaching a unanimous Islamic verdict on organ donation is the plurality of fatwas (meaning Islamic legal opinions) on organ donation [2]. Early fatwas such as the Deobandi-based prohibition by Mufti Shafi Uthmani (1967) [3] continued to dominate community attitudes, at least within South Asian Muslims as a result of the fatwa a) reiterated and reinforced by Deobandi scholarly authorities and b) being valued culturally. On the other hand, more permissive rulings found in fatwas by Badawi (1995) [4] and the ECFR's (2000) [5] decision – which were issued by scholars perceived as external to the South Asian ulema network appear to have had limited impact. Nevertheless, the 2019 detailed opinion by Mufti Zubair Butt allowed organ donation but after only cardiac death, thereby challenging earlier permissive positions that accepted the neurological criteria. Moreover, the Wifaqul Ulama [6] issued a statement in 2020 opposing the opt-out scheme

just a few months prior the implementation of the law, which gave rise to further confusion and scepticism.

Beyond theological and jurisprudential disputes, the study notes several practical personal, social, and cultural concerns including a lack of clear, accessible religious guidance, fear of organ commodification, and insufficient community engagement during policy rollout. These factors together create a gap between legislative intent and actual donor registration among BSAMs. As such, without culturally and religiously sensitive communication grounded in transparent information and trusted Muslim community leaders, the organ shortage is likely to remain unresolved. As such, the study sought to investigate BSAM responses to the NHSBT material.

Building on Ali's interview study

An earlier study in 2016 was conducted by Ali [7] in which he sought to explore bioethical perspectives on organ transplantation. The data was gathered from open-ended interviews with three British Muftis. This qualitative research built on Rasheed and Padela's [8] call for ulema engagement, confirming that prior permissive fatwas such as Badawi's the ECFR's lacked traction among BSAMs. The poor reception of these fatwas appear not be entirely based on their contents and arguments but rather due to matters related to author credibility.

The three muftis emphasised that community trust is greater when the fatwa is issued by a scholar of the same cultural and religious affiliation. For instance, one interviewee is reported to have said:

"To be honest for the people from the Indian Sub-continent, the Majma'at al-Fiqhi al-Islami can say whatever they want, but if Mufti Taqi Uthmani says one thing the whole of the sub-continent is fine with it. Do you understand. So, it's who you have trust in your particular manhaj (religious affiliation)."

This insight from a British South Asian Mufti helps to understand the way eminent Deobandi scholars like Mufti Taqi overshadow international bodies like the IIFA. Statements against organ donation issued by such leading South Asian scholars or a lack of clear guidance from them on the matter reinforced reluctance and hesitation, perhaps inadvertently, within BSAMs to sign up to become organ donors. Ali's interviews elicited insights on opting-in as a social practice. To build on this study, this article focuses on the corpus-assisted critical discourse analysis of the interviews with 30 participants i.e. building on Ali's study ten-fold.

Corpus analysis

The Interviews Corpus (IC) is a collection of transcribed interview material that forms the empirical core of the research. The IC consists of 30 semi structured interviews with three main groups of participants: 18 ulama (including imams, alims and chaplains), 10 healthcare professionals (such as surgeons, GPs, and other health care professionals.) and two community members with personal experience of kidney donation or receipt. Notably, the five female participants that were interviewed contributed to 19% of the IC.

The corpus contains 216,200 words in total and was organised by interview questions so that the amount of discourse per question can be quantified. The four questions that generated the longest responses were related to:

1. Organ donation regulations
2. Islamic barriers/enablers
3. Reasons for low donor numbers in the South Asian community
4. The perceived need for BSAM donors

Responses to these four questions amount to approximately one-third of the IC, which highlights the centrality of these topics for the participants.

The IC was built between mid-December 2021 to early 2022 to capture the participants' responses to the NHS organ donation promotional material for the Muslim audience. Moreover, the IC serves three interrelated functions. Firstly, it provides first hand, culturally specific insight into the way the BSAM participants understand organ donation, including religious, ethical and practical dimensions. Secondly, the IC supplies a data set that can be compared with the NHSBT website [9] content through semantic analysis, revealing gaps between NHS messaging and community concerns. Thirdly, the IC reveals three semantic fields that were prominent, namely, anatomy and physiology (1.74% of the IC), religion (1%), and medicines and medical treatment (0.81%); these categories helped to identify two key themes: i) fatwas, and ii) seeking medical treatment.

Methodology

This study employed three interlocking critical discourse analysis (CDA) frameworks to examine the NHS organ donation material and the interview data: i) Fairclough's (1992) three-dimensional model [10], ii)

Reisigl & Wodak's (2000) Discourse Historical Approach (DHA) [11], and iii) van Leeuwen's (2008) social actor theory [12]. These frameworks were chosen because each one addresses a distinct analytical need. Fairclough's model supplied a systematic three level view: micro level linguistic detail, meso level discourse practices, and macro level sociocultural dynamics – these dimensions allow linguistic features, text consumption processes, and broader social change. For instance, i) textual analysis would help to see the way ideas were represented, ii) the discursive analysis would help to elaborate on reasons for a fatwa being endorsed or criticised through contextualisation, and iii) an analysis of the social practice would help to understand the economic, political, and cultural impact of these ideas and representations.

However, Fairclough's framework alone does not foreground cultural and historical dimensions; DHA addresses this gap by explicitly integrating content topic establishment, discursive strategies (such as nomination, predication, and argumentation), and linguistic means, thereby situating organ donation discourse within its religious, legal and historical context. As such, DHA contributes a historicised perspective that foregrounds the evolution of arguments, topoi and intertextual links (e.g., fatwas, Quranic verses) across the corpus, thereby revealing shifts from prohibition to conditional permissibility.

To capture power relations embedded in the representation of actors - such as the NHS, muftis, imams and community members, van Leeuwen's social actor theory was added as a tool for mapping nomination and predication patterns, which is essential for identifying the way imams, muftis, NHS institutions and community members are positioned as legitimate or delegitimised actors.

Alongside human intuition, corpus assisted CDA (CA CDA) supplies an objective, data driven baseline that mitigates criticisms of cherry picking, supports the detection of recurrent patterns across a sizable interview corpus, and enables reporting both dominant trends and notable exceptions [13].

Findings

The semantic field of religion made up 1% of the IC. Two important subthemes that were discussed in this category are i) the roles of fatwas and ii) intentions. The topic of fatwas, (which consisted 7% of the discussion on religion; the term fatwa occurring 157 times) included

discussions around the notion of the human body belonging to God. [14] [15]

Fatwa of Mufti Shafi Uthmani

Firstly, the late Grand Mufti of Pakistan Muhammad Shafi Uthmani (henceforth, MSU) was mentioned 20 times in the IC and was discussed by eight participants. The reference was in relation to MSU's 1967 fatwa that stated that:

- organ removal constitutes mutilation, which violates the sanctity of the body created by Allah
- delays the required swift burial
- based on the Calcutta Bone Trade scandal [16], organ donation can give rise to criminal organ trafficking.

The prohibition is framed through expert personal authority (the mufti's scholarly status) and theoretical rationalisation that the body 'belongs to Allah'. Overall, the discourse presents the act of organ retrieval as morally unacceptable.

MSU's ruling established the principle that extracting organs from a deceased person is prohibited, a stance that formed the dominant Deobandi position and was repeatedly cited as a barrier to organ donation in the BSAM community. This early Deobandi fatwa of MSU was required because the NHS organ donation programme created a legal and ethical gap for BSAMs. An analysis of the 119 occurrences of the term 'haram' in the IC revealed that the status quo in the BSAM community appeared to be that organ donation is prohibited. This finding is interdiscursively supported by the Wifaqul Ulama fatwa that was approved by 53 signatories.

However, the IC reveals that although the participants did not directly criticise MSU or his fatwa, those implementing his fatwa in the UK NHS context were criticised for several reasons. The criticism follows that MSU's fatwa was constructed through a traditional scholarly process but without evidence of collaboration with medical experts or reference to contemporary transplantation practice. Consequently, participants described it as a fatwa that appears to be legitimised mainly by authority of conformity rather than medical relevance. As such, applying the fatwa to the NHS context was viewed as a "barrier" and continuation of holding on to the decontextualised fatwa described as being "stuck at the haram". Moreover, MSU's fatwa does offer a practical solution to the problem at hand i.e. the shortage of transplantable organs and saving lives.

Contribution of Mufti Zubair Butt

The IC reveals 38 occurrences of the proper noun ‘Zubair’ mentioned by 12 participants, with all occurrences referring to Mufti Zubair Butt (henceforth, MZB), a British South Asian Mufti and a Deobandi graduate. MZB shared his opinion on organ donation because the organ shortage in the UK demanded a contextual reconsideration that could reconcile Islamic law with modern clinical practice. MZB’s work was built on a collaborative model involving Muslim doctors, sharia trained scholars, and evidence-based arguments; it invoked the topoi of theophilia and sincerity, framing donation as an act to please Allah when performed with righteous intention. MZB, argues that organ donation saves lives and is a charitable act that could be pleasing to Allah. This argument relies on impersonal authority (Qur’an and hadith) and moral evaluation that donation is good because it has the potential to save lives.

Reception and comparison

A further strand of evidence in favour of organ donation is the reception and positioning of MZB’s work itself. MZB’s work is titled ‘Organ donation and transplantation in Islam - An opinion’ [17]. However, 12 participants i.e. three quarters of interviewees - explicitly referred to MZB’s opinion as a “fatwa” (henceforth referred to accordingly), assigning it the formal authority associated with a religious ruling and distinguishing it from mere personal advice. This transformation suggests high regard for the fatwa. Moreover, all three NHS chaplain participants, who are key intermediaries between religious discourse and healthcare settings endorsed MZB’s fatwa. Further legitimacy for the fatwa comes from its production process - it is framed as the outcome of collaboration with recognised medical and religious experts, including an intensive care consultant, a physician trained in Sharia, and a member of the NHSBT organ donation strategy panel. Participants highlight the integration of Qur’anic and hadith evidence with contemporary medical research as a sign of scholarly rigour and balance, presenting the text as a logical, well-argued synthesis rather than a purely doctrinal pronouncement. Additionally, the IC reveals a call for “relevant” fatwas rather than “textbook” answers.

MZB’s clear, practical guidance is received positively whilst application of MSU’s fatwa is viewed as out of context leading to an overly restrictive ruling. The reception of the work by the participants was markedly positive: participants metaphorically described MZB’s work as a “game changer”, “tackling the problem”, “enabler”, “helpful”, and “well researched”. This

evaluation portrays the fatwa as an active, solution-oriented intervention that removes barriers and opens pathways to organ donation.

Overall, MZB’s name appeared more frequently and with higher evaluative scores than MSU’s fatwa (see Table 6.4. in the thesis [1]). Moreover, compared with MSU’s historically rooted prohibitive fatwa, MZB’s work is portrayed as a contemporary alternative and an ‘enabler’ that addresses the practical need for organ donation while preserving religious legitimacy.

Legitimation of organ donation

The IC reveals that organ donation is legitimised for BSAMs through an interplay of religious authority, moral reasoning, and culturally embedded discourse. Across the data, participants deploy a cluster of legitimation strategies: expert personal authority, impersonal authority, conformity to authority, moral evaluation, and theoretical rationalisation - to construct organ donation as religiously permissible as well as ethically commendable. At the centre of these strategies is MZB’s detailed ruling, which is repeatedly invoked as an authoritative fatwa that endorses organ donation and thus confers on the practice, formal scholarly legitimacy. Alongside this transformation, references to the Qur’an, hadith, and the wider fatwa literature function as forms of impersonal authority that supplies a scriptural and juristic basis that is not tied to any single scholar but instead to broader Islamic tradition.

Moral and theological arguments further reinforce legitimising organ donation. Participants consistently describe organ donation as good because it can save lives and as an act that is reasonably believed to be pleasing to Allah. Organ donation is then framed as a morally positive deed grounded in the topos of theophilia. This notion is complemented by theoretical rationalisation, whereby organ donation is linked to belief in qadar (divine will) and to an ontology in which outcomes lie ultimately with Allah. Intention (niyyah) emerges as a decisive criterion: irrespective of clinical outcomes, a sincere, altruistic intention to please Allah is portrayed as sufficient to render organ donation legitimate. Metaphors occurring in the IC such as ‘put trust in Allah’, ‘leaving matters in the hands of Allah’, and ‘sacrifice’ frame organ donation as an act of faith, devotion, and generosity, all which embeds the act within a recognisable framework of Islamic morality.

Corpus assisted critical discourse analysis corroborates these qualitative findings by identifying recurrent

semantic and evaluative patterns that support organ donation. Religious endorsement is visible in frequent references to fatwa and to categories of halal and haram, indicating that religious authorities are routinely invoked to grant permission. Words and phrases including amana, trust, hisab, and derivatives of the word responsibility occurred 161 times in the IC. As such, concepts of trust (amana) and moral responsibility surface repeatedly, positioning organ donation as a responsible act and foregrounding seeking medical treatment based on the topoi of moral duty. An analysis of social actors combined with the Discourse Historical Approach show that religious and institutional actors are best positioned to support organ donation by highlighting the religious permissibility, socially responsibility, and ethically necessity.

Overall, MZB' fatwa is perceived as one tailored specifically to the BSAM context, making it more applicable, in contrast to earlier rulings which appear distant from local realities.

Recommendations for the NHSBT

NHS Blood and Transplant (NHSBT) can operationalise these findings through a set of targeted content reforms. All material aimed for British Muslims could explicitly acknowledge religious uncertainty whilst allowing for an informed, faith conscious deliberation rather than persuasion. This entails opening pages with recognition of common Islamic concerns and structuring content around users questions. The NHSBT could also foreground the fatwa making process and scholarly diversity. The material can also dedicate sections to explain a) the actors who are involved in issuing rulings, b) reasons why legitimate disagreement exists, and c) explain the way evolving medical knowledge can shape juristic conclusions, which could result in multiple recognised positions without endorsing a single "Islamic view".

The focus could also shift from generic NHS idioms such as "gift of life" to Islamic ethical concepts such as niyyah, amanah, and dharura (necessity), with concise explanations that resonate with moral reasoning. Another closely related matter is the need to address concerns related to the sanctity of the body, through clear, non-technical explanations of post donation procedures, treatment of the deceased, and implications for burial. Additionally, the NHSBT can diversify its authoritative voices by integrating Muslim clinicians, local imams, and personal experiences, thereby grounding institutional messaging in relational trust.

Summary

The fatwa of Mufti Shafi Uthmani (MSU) and the work of Mufti Zubair Butt (MZB) were called upon because the British South Asian Muslims (BSAMs) lack explicit Qur'anic and hadith rulings on organ donation. As such, they turned to contemporary scholarly writings to resolve the theological gap. Compared with MSU's prohibitive stance, MZB's fatwa is presented as more socially acceptable, aligning organ donation with Islamic virtues of sacrifice and communal benefit. The cultural embeddedness and discursive framing of MZB's fatwa enhance its persuasive force. The fatwa is perceived as tailored specifically to the BSAM context, in contrast to earlier rulings which are viewed as distant from local realities.

Faith based metaphors that align organ donation with trust in Allah and with sacrificial generosity. Such metaphors reinforce the moral acceptability of organ donation, while recurring references to trust, responsibility, public benefit, and divine pleasure link religious obligation with public health goals. Taken together, the converging strands of religious endorsement, expert collaboration, and integration of Islamic sources with scientific evidence, positive evaluative framing, culturally resonant metaphors, and the centrality of sincere intention construct organ donation as both theologically acceptable and socially desirable. In this way, the discourse furnishes a framework for legitimising organ donation among British South Asian Muslims and for aligning religious sensitivities with the practical demands of organ donation policy.

Overall, the NHSBT material - rather than appearing to promote immediate sign up - can be to encourage discussion with consultation with family and scholars.

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