The NHS appeal for organ donation to British Muslims:

A corpus-assisted critical discourse analysis (CACDA)
of British South Asian Muslim Responses

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Abstract

This study investigates the discourse surrounding organ donation among British South Asian Muslims (BSAMs) in the context of the legislative changes introduced by Max and Keira's Law in England in 2020. The law, which presumes consent for organ donation unless explicitly opted out, has significant implications for diverse communities, particularly those with unique cultural and religious perspectives. This research employs a mixed-methods approach, namely corpus-assisted critical discourse analysis (CA-CDA) to evaluate the NHS promotional materials aimed at engaging BSAMs in discussions about organ donation.

The study begins by contextualising the historical and contemporary views of organ donation within Islamic jurisprudence, highlighting the varying fatwas issued by prominent Muslim scholars. It explores the ethical, cultural, and religious factors influencing BSAMs' attitudes towards organ donation, particularly the tension between traditional beliefs and modern medical practices. Through semi-structured interviews with community leaders, medical professionals, and wider members of the BSAM community, the research captures a range of perspectives on the challenges and acceptability of organ donation and the effectiveness of the NHS's outreach efforts.

Findings reveal a complex landscape of opinions, where religious beliefs, cultural practices, and personal experiences intersect to shape attitudes towards organ donation. The study identifies significant barriers to organ donation within the BSAM community, including mistrust of medical institutions, concerns about the sanctity of the body, and the influence of authoritative religious figures. Additionally, the research highlights the importance of culturally sensitive communication strategies in promoting organ donation.

Ultimately, this study contributes to the understanding of the way public health initiatives can be tailored to address the specific needs and concerns of BSAMs. By providing insights into the discourse on organ donation among BSAMs, the research aims to inform future policies and practices that could help to increase donor rates and improve health outcomes within this demographic.

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Author’s declaration

I Usman Maravia declare that this thesis is my own work and has not been submitted in whole or in part for the award of a higher degree elsewhere.

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I would like to express my heartfelt gratitude to all those who have supported me throughout the journey of completing this thesis.

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Chapter 1: Introduction

1.1 Introduction

On 20th May 2020 the law around organ donation in England was changed. The law known as *Max and Keira's Law* means that, for adults in England who do not record their decision to donate after death, their consent will be presumed. In accordance with Max and Keira's Law, the NHS prepared promotional material for British Muslims to engage them on the discussion of organ donation. The largest ethnic group of British Muslims in the UK is the *British South Asian Muslim* (henceforth BSAM) population. As the issue of organ donation involves discussions rooted in religious and cultural factors, this study provides a linguistic analysis and an evaluation of the engagement of the promotional material with a subgroup of BSAMs. The response of faith leaders, medical professionals, and general members from the BSAM population to the material could be of value to the NHS as well as to medical professionals, who are involved in the transplantation process in the UK. As such, the response of the participants as well as an evaluation of the impact of the promotional material would be valuable to improve the promotion of organ donation in the UK.

Additionally, framing the giving of one's organs as a donation makes the act seem charitable, however, BSAMs have unique concerns. The beliefs and ideas in relation to organ donation are sensitive because they revolve around matters related to how one's own body or the body of a loved one is to be treated. This sensitivity is heightened when the discussion involves *cadaveric donations*, which refer to the retrieval of organs from deceased individuals for transplantation, such as heart transplants. This process may be viewed from an Islamic jurisprudential viewpoint as a violation of the sanctity of the human body. Muslims believe that an item can only be donated or given away if one truly owns it and has the right to give it. In the case of organ donation, a practice rooted in Islamic tradition is the belief that the deceased should be buried intact without any unnecessary delay. This belief and practice clashes with the organ donation process, as the retrieval of organs may be seen as disrupting the body's sanctity and delaying the burial.

The promotional material consists of a leaflet on organ donation for Muslims, a series of 20 videos on the NHS organ donation YouTube channel (NHS Organ Donation, 2019a), and the organ donation webpage on the NHS website. In order to evaluate the material, I also analysed the response of BSAM participants to the promotional material. These responses were obtained through semi-structured interviews. This feedback from the target group helped to reveal important insights which the NHS task force did not have access to when preparing the promotional material. This new information gathered from the responses could help to contribute to improving future promotional material on organ donation.

Positionality statement

This study is shaped by my dual background in a) Islamic studies in British madrasas as well as b) applied linguistics at Lancaster University. My familiarity with Islamic jurisprudence, madrasa-based teaching, and British Muslim community life meant that I could approach the topic of organ donation from within the broader British South Asian Muslim (BSAM) context that this thesis investigates. My background provided me access to networks of imams, jurists, and healthcare professionals (HCPs). As such, my interpretations are informed by personal experiences of British Muslim religious education and community debates.

Before embarking on this research, organ donation had not been a major focus of my own religious or ethical reflection. During my madrasa studies, even though themes of life and death were frequently discussed, the topic of organ donation was not systematically discussed. My initial exposure came later, through discussions among contemporary Muslim scholars and through personal encounters with individuals who required blood transfusions and corneal transplants. At the outset of the project, I assumed that in my community, organ donation would generally be regarded as religiously prohibited, although I also suspected that jurisprudentially, the issue might be more nuanced and conditionally permissible.

These biographical and experiential factors inevitably shaped the way the data in this thesis was generated and interpreted. My existing relationships with imams, muftis and HCPs facilitated recruitment and helped participants to speak openly, but these factors might also have discouraged some potential participants - especially those more distant from mosque networks or more strongly opposed to organ donation - to engage in my study. Analytically, I have sought to mitigate the influence of my own prior assumptions by (a) using corpus-assisted methods to foreground recurrent patterns in participants' language rather than anecdotal impressions, (b) triangulating between NHS texts, interviews, and fatwa literature, and (c) making explicit when interpretations are grounded in my contextual knowledge rather than in frequency-based evidence alone. As such, the findings of this study should be read as situated interpretations that emerge from an engaged researcher perspective.

1.2 Exploring the problem

The choices BSAMs make in relation to organ donation appear to be influenced by religious and cultural values and beliefs (Randhawa, 2013; Ali, 2019a). Because such values and beliefs are expressed through language and social practices, I chose *corpus-assisted critical discourse analysis* (henceforth CA-CDA) to approach my analysis and evaluation of the promotional material.

CA-CDA allowed me to analyse the qualitative data by combining Fairclough's (1992a) three-dimensional framework, Reisigl & Wodak's (2000) Discourse Historical Approach (DHA), and van Leeuwen's (2008) social actor theory. This multi-faceted approach aided me in analysing the promotional material and the interview data at three levels: (i) the *text-level*, (ii) the *discursive level*, and (iii) as a *social practice*. This close examination of the promotional material and the interview data provided me with the essential information that I required to reconstruct the socio-political context, the intentions, and the aims of why the material was created.

Furthermore, CA-CDA allowed me to explore (i) the voices included and excluded in the promotional material; (ii) the way these voices were represented and (iii) the underlying arguments both in favour of and against organ donation. Moreover, I was able to evaluate how effective the promotional material has been as a tool to engage BSAMs.

1.3 My thesis and research questions

In this study on the discourse on organ donation in the UK, I deploy corpus tools to address two main aims:

> Aim 1: How is organ donation presented to BSAMs?
>
> Aim 2: What impact has the NHS promotional material had on the attitude of BSAMs toward organ donation?

Before addressing my approach to achieving these aims, I would like first to point out that a hypothesis for my study was difficult to propose at the time of writing. My study is experimental and, to my knowledge, a systematic linguistic analysis of the discourse had not yet been conducted. Another reason why a hypothesis was difficult to propose is that at the time of writing, the statistics of donors by ethnicity or by religion was not published by the NHS. This lack of information made it difficult to hypothesise the impact Max and Keira's Law was having or would have on BSAM. Hence my study was expressly exploratory.

Nevertheless, the outcome of NHS' appeal for organ donation would either be positive, which would be evident if the BSAM population choose to remain opted in or if there would be evidence of the BSAM community promoting organ donation within themselves. Alternatively, if BSAMs appear to opt-out in large numbers, or there is discouragement from becoming an organ donor within the BSAM community, this could indicate the appeal was unsuccessful.

The above-mentioned aims are operationalised through the following research questions (RQs), structured hierarchically according to Fairclough's (1992a) three-dimensional CDA framework. This structure guides progression from textual features to discursive practices, to social practices to ensure systematic

navigation through the data. Moreover, keywords are identified through corpus analysis as an entry point, highlighting important terms that help identify discursive patterns across NHS materials and the Interviews Corpus (IC).

Textual level:

RQ1. How are keywords used by the NHS and BSAM to represent the organ donation material?

RQ2. What do discursive patterns reveal about differences and similarities in organ donation discourse between the NHS material and the Interviews Corpus?

Discursive level:

RQ3. What are the underlying arguments in the NHS promotional material and the interviews corpus, and in what ways are they being reproduced by the participants?

RQ4: What do these arguments reveal about how organ donation is perceived by BSAMs?

RQ5. How do the representations of social actors by participants contribute to the discourse on organ donation within the BSAM communities?

Social level:

RQ6: What do representations of arguments and social actors reveal about BSAM attitudes toward organ donation?

1.4 Claims

A corpus-assisted analysis at the text-level[1] helped me answer RQ1 and RQ2, which in turn helped me to reveal discursive strategies used to build arguments.

[1] Vocabulary could include a range of word types such as evaluative adjectives, deictics, grading adverbs, intensity markers, modals, pronouns, tag questions, titles, verb tenses, verbs of saying,

For instance, intuitively we may suppose that words such as *lifesaving and gift* are more likely to be positioned as positive in the corpora to promote organ donation.

Additionally, conducting a detailed textual analysis of the promotional material and the interview data helped me to explore the underlying arguments and answer RQ3 and RQ4 at the discursive level.

The discourse analysis allowed me to make claims based on the underlying arguments in favour of organ donation. These claims revolve around two main themes:

i. The role of fatwas in relation to organ donation
ii. The importance of seeking a cure as opposed to accepting illnesses

In Islam, the sanctity of the human body, from the moment of creation through to its final resting place, is established by the Quran. This sanctity is rooted in the belief that the human body is a creation of Allah and is to be treated with respect and dignity. This sanctity influences Islamic perspectives on practices such as organ donation and burial rites (Hoffman, 1995, pp. 38-39). As such, negative words like *mutilation, disrespectful,* and *haram* (prohibited) are more likely to be associated with the notion that retrieving organs is a violation of the sanctity of the deceased.

These negative terms helped me to identify the underlying arguments made against organ donation. The discourse suggests that extracting organs from the deceased is perceived as a form of mutilation—one that diminishes the sanctity of the human body by reducing it to a collection of parts taken without consent. Within BSAM communities, the use of this language indicates a belief that organ retrieval from a deceased individual constitutes a desecration of the body's sacred integrity.

thinking and feeling, and verb tenses, statistically significant word clusters, collocations, and semantic categories.

The social analysis allowed me to make the claim whether or not the promotional material has aroused an interest in the BSAM population to begin discussing their thoughts and views on becoming donors. If so, the *NHS Blood and Transplant*[2] (NHSBT) team may benefit from rethinking the organisation of the material and the language that is used therein. Additionally, as a matter of interest to the NHSBT team would be any new questions asked by participants that warrant attention and require addressing.

The two themes mentioned above, the claims based on these themes, and the tests to validate these claims are discussed in chapters five and six.

[2] The NHSBT (2024) website introduces itself as a service to the NHS which provides blood and transplantation, looking after blood donation services in England and transplant services across the UK. This includes managing the donation, storage and transplantation of blood and blood components, organs, tissues, bone marrow and stem cells, and researching new treatments and processes.

1.5 Structure of this thesis

In this section, I outline the structure of this thesis and provide a summary of the contents of each chapter.

1.5.1 Chapter two: Background

This chapter provides a review of the literature relevant to my two main research questions:

i. How is organ donation presented to British South Asian Muslims (BSAMs)?
ii. What impact has the NHS promotional material had on the attitude of BSAMs to donate?

This chapter also provides the research context by highlighting the most important events in the discourse on organ donation in the UK related to BSAMs. Included in this chapter is the rationale behind the implementation and impact of Max and Keira's Law in England and Wales. The chapter then presents a detailed sketch of key verdicts by prominent Muslim jurists relating to the Islamic rulings on organ donation over the past century. The focus is then shifted to the fatwas issued specifically for British Muslims.

Furthermore, this chapter discusses the impact of the Human Transplantation Act 2013 in Wales, which provides context for my research focusing on England. The efforts of NHSBT, Islamic organisations, and independent ulama[3] around England are then mentioned. The contents of this chapter help understand the reasons why an evaluation of the organ donation promotional material would be valuable for the NHS and for British Muslims.

1.5.2 Chapter three: Frameworks

This chapter outlines the theoretical framework used in this thesis. The approaches mentioned in this chapter help to understand how the research questions are explored.

[3] The term *Ulama* refers to Muslim religious scholars according to British South Asian parlance, see section 2.3.

This chapter begins with a discussion on the way critical discourse analysis can help to achieve my aims. An overview is then provided of the three frameworks that I use from the tradition of CDA. These frameworks include Fairclough's (1992a) three-dimensional framework, Reisigl & Wodak's (2000) Discourse Historical Approach (DHA), and van Leeuwen's (2008) social actor theory.

This chapter also discusses the criticisms levelled against CDA and provides ways in which my thesis addresses these criticisms. Accordingly, this chapter provides justification for the corpus-assisted approach used in this study. The justification mainly focuses on the idea that corpus linguistics and CDA can both be used "as entry points, creating a virtuous research cycle" (Baker et al., 2008, p. 295).

To highlight the way corpus linguistics can help to mitigate the effects described in such criticisms, corpus tools such as semantic tagging and concordance analysis are explained.

1.5.3 Chapter four: Pilot study

This chapter evaluates the effectiveness of the instruments used in the interviews for my pilot study. This chapter also contains the justification for using my research instruments. These instruments include semi-structured interviews as my chosen approach to interviewing, the questions that I asked during the interviews, and the manner in which I initially intended to structure the interviews.

Furthermore, a general profile of the participants whom I intended to interview is described. I then discuss my risk assessment, ethical issues involved, and issues surrounding confidentiality. I also explain the process by which I invited participants to the interviews and the manner in which the time and location for the interviews were decided.

Thereafter, reflections are provided on which parts of the instruments were most effective and which parts were discarded in the main study. The reasons and factors for discarding these parts are then highlighted. Likewise, reasons are

provided for why certain parts of the instruments needed to be modified. The chapter then closes with a description of the revised instrument that was used for the main study.

1.5.4 Chapter five: The Interviews Corpus (IC) and initial findings

This chapter provides an overview of the data collected for the research from the interviews. It begins by elaborating on the background of the research participants, including the capacity in which they spoke, their gender and ethnicity, and their geographical location within the UK. The contributions of the ulama, healthcare professionals (HCPs), and other participants are quantified, and key incidents that influenced their responses are highlighted.

The chapter then evaluates the quality of the data and the suitability of the IC for the research. Included is an analysis of the amount of data per question and the macrostructure of the corpus through semantic analysis, comparing the IC to the NHSBT site and examining word frequencies by semantic tags. By examining microstructures of the IC, key social actors are also identified.

Additionally, the chapter outlines two key themes and relevant topoi related to the ongoing discussion on organ donation that warrant further investigation from a BSAM perspective.

The findings aided by corpus tools are categorised into two main themes: (i) the role of fatwas concerning organ donation and (ii) the importance of seeking medical treatment from an Islamic perspective.

1.5.5 Chapter six: Fatwa discourse

This chapter helps to answer RQ3 by highlighting the underlying arguments that were found to be reproduced in relation to fatwas. This chapter explains possible reasons for why participants were found to be more inclined towards the fatwa of a mufti that represented their broader religious and cultural values.

Additionally, this chapter contributes to RQ4 by providing insight into the way organ donation is perceived by BSAM. In this regard, this chapter explains how

acceptance and reproduction of fatwas reveal that organ donation is not evaluated as an activity on its merits of being lifesaving but is evaluated in terms of the way organ donation is perceived in culture. Bearing this in mind, the producers of fatwas are also discussed in detail. A further discussion follows that is related to the reasons for why different fatwas were desired by different participants. To explore these reasons, the social and cultural values of the participants are discussed.

To substantiate the aforementioned claims, this chapter engages in exploring the role of fatwas within the discourse on organ donation, drawing insights from the IC. Initially, the discussion delves into the underlying reasons why for BSAMs, fatwas with regard to organ donation was necessary. This discussion is followed by an analysis of the argumentative strategies and topoi employed within the IC to legitimise organ donation.

Furthermore, this chapter examines the corrective nature of these fatwas, highlighting the way they serve to amend and refute previously issued fatwas. Additionally, attention is given to the manner in which more recent fatwas call for a re-evaluation of earlier fatwas from a BSAM perspective, highlighting the distinct NHS transplantation program to assess the validity and relevance of previous fatwas.

This chapter thus presents a discussion that highlights the dynamic and evolving nature of fatwas within the context of organ donation among BSAMs.

1.5.6 Chapter seven: Seeking medical treatment

This chapter helps to answer RQ3 by elucidating the underlying arguments that were found to be reproduced in relation to seeking a medical cure. Furthermore, this chapter helps to answer RQ4 by exploring arguments that determine whether or not organ donation would be acceptable to BSAM communities. These arguments are framed within the variations in Islamic jurisprudential interpretations of the significance of pursuing health.

To substantiate these claims, this chapter delves into the discussions surrounding the necessity of seeking treatment and medication in accordance with Sharia law. The first part of the discussion looks at the topos of amana (trusted responsibility) that was discussed in the IC to legitimise the maintenance of good health. This leads into an exploration of the ethical considerations deemed essential for ensuring that treatments are as much as possible sharia-compliant.

This discussion is then followed by an analysis of the role of physicians - particularly Muslim physicians - and the ulama in advising patients regarding organ transplants.

Through these discussions, the chapter explores the relationship between medical ethics and Islamic jurisprudence, offering insights on the views of organ donation within BSAM communities.

1.5.7 Chapter eight: Conclusion

In this concluding chapter, a summary is provided of the key findings of my study. An overview is provided of the claims related to the research questions, highlighting their significance. Based on these claims, the chapter examines the way organ donation is presented to BSAMs and assesses the impact of NHS promotional material on their attitude toward organ donation at the time of writing. An evaluation of the theories and methods employed in this study follows, along with a discussion of their limitations.

The chapter also offers recommendations for key stakeholders on how to design more effective promotional materials related to organ donation and other health-related matters for the BSAM community. The chapter closes with considerations and questions for further research to enhance understanding and outcomes in this area

Chapter 2: Background

2.1 Chapter overview

This chapter provides an overview of the discourse on organ donation and the way it is viewed by *British South Asian Muslims* (henceforth BSAMs).

Section 2.2 contains a discussion on the introduction and impact of Max and Keira's Law on organ donation in the UK, highlighting its provisions, the story behind its name, and the way it aims to address the shortage of transplantable organs. Further discussions in this section include the impact of scarcity of organ donations on BSAMs (subsection 2.2.1), the ethical and economic benefits of Max and Keira's Law (2.2.2), and the demographic characteristics of BSAMs, and their implications for organ donation (2.2.3).

Section 2.3 offers a comprehensive overview of the historical and contemporary verdicts by Muslim jurists on organ donation, alongside an analysis of their varying perspectives. Section 2.3 begins with an exploration of the roles and definitions of various Muslim religious authorities, such as alim, imam, and mufti, and the way these roles impact interpretations of Islamic law, particularly in the context of organ donation. The section proceeds to examine how Islamic legal opinions, specifically the fatwa by the Saudi scholar Al-Sa'di, influence the decision-making process of BSAMs (2.3.1). The discussion then continues to examine fatwas on organ donation post Sa'adi (2.3.2). The section then transitions to a discussion on the shift from living to cadaveric donations (2.3.3). The prohibition of the bone trade in Calcutta, India, and its impact on Mufti Shafi's stance on organ donation is subsequently analysed (2.3.4). Two relevant fatwas related to organ donation are then discussed: the fatwa of Sheikh Zaki Badawi (2.3.5) and the fatwa of the European Council for Fatwa and Research (2.3.6). Finally, the section concludes with an analysis of the reasons behind the differing fatwas on organ donation (2.3.7).

Section 2.4 focuses on the implementation of the Human Transplantation Act 2013 in Wales (2.4). Key initiatives discussed in this section include the 2009 organ donation consultation (2.4.1), the 2013 Faith Engagement and Organ

Donation Action Plan (2.4.2), Amjid Ali's 2013 campaign on organ donation (2.4.3), and the 2016 interview study by Sheikh Mansur Ali (2.4.4).

Lastly, section 2.5 elaborates on the context for organ donation in England prior to the law change (2.5.1). The focus then shifts to the projects that were funded to raise awareness of organ donation (2.5.2). Two timely verdicts prior to the law change are then discussed: (a) the fatwa by Mufti Butt (2.5.3) and (b) a statement by Wifaqul Ulama (2.5.4).

2.2 The Implementation and Implications of Max and Keira's Law

The UK Introduced the *Organ Donation (Deemed Consent) Act 2019* on May 20, 2020, due to the shortage of transplantable human organs in the UK. This law means that adults in England will be considered as potential donors unless they are excluded (elaborated upon in the following paragraphs) or they choose to opt-out from the organ donor register.

The law was widely referred to at the time informally as *Max and Keira's Law.* This reference is based on Max Johnson, a young boy who was diagnosed with cardiomyopathy, a condition where the heart is unable to pump blood properly, and as a result was placed on the urgent waiting list for eight months. During this period, Max and his family raised awareness of organ donation and campaigned for an *opt-out system* in England. In August 2017, at the age of 11, Max received a life-saving heart transplant from Keira Ball, a 9-year-old girl who died in a car accident. Furthermore, Keira went on to save three more patients: her kidneys were donated to two adults and a part of her liver to a baby. Naming the law not only after the recipient but also the donor is a key point - because media framing plays a powerful role in shaping public perceptions about organ donation. For instance, the Spanish media in their national and local newspapers, regularly publish news featuring stories about the donors and their families, which highlights the altruistic, community-oriented nature of organ donation. This narrative not only humanises the decision to donate but also reinforces the idea that organ donation is an act of noble sacrifice. By contrast, the British media appear to focus more on organ recipients rather than organ donors. This framing

can unintentionally suggest that organs are readily available obscuring the underlying scarcity of donated organs as well as potentially downplay the crucial role and sacrifice of donors and their families (Partos, 2020).

Organs that can be donated to transform lives include: the heart, lungs, liver, pancreas, small bowel, and kidneys. Tissue can also be donated such as: heart valves, corneas help to restore sight, bone and tendons to repair injuries, and skin to help burns patients. Each donor is able to potentially save up to nine lives through organ donation and help up to 50 people through tissue donation. The law applies only to those *routine transplants* mentioned above, which include: the heart, lungs, liver, pancreas, small bowel, and kidneys. As such, ovaries, uterus, genitals, brain, face, fingers, limbs and other forms of transplantations which are known as *novel* or *rare transplants* are excluded from the law. At the time of writing[4], in February 2020, around 6,000 people were on the transplant waiting list of which almost 5,000 people awaited a kidney. In 2018-19, an estimated 400 people died while waiting for a transplant and over 750 patients were removed from the waiting list due to continued deterioration in health; the number of patients who died after being removed from the waiting list remains unknown.

Eligible donors include those over the age of 18, people who have the mental capacity to understand the changes for a significant period before their death, and people who have lived in England for at least 12 months before their death (Gov UK, 2019). If an eligible British citizen did not record, prior to death, a decision to opt-in or opt-out of the organ donor register then the UK National Health Service (henceforth, NHS) will regard the individual as having no objection to becoming a donor; this is called *deemed consent*. Synonyms used to refer to this law include *the law of presumed consent* and *the opt-out law*. Explicit consent or deemed consent will be used only for transplantation purposes and will be monitored by the Human Tissue Authority (HTA), which is the UK's national regulator for human organs and tissues. Body donation to scientific research, which requires a different consent procedure, is not included in Max and Keira's Law.

[4] This timeframe aligns with the data available at the study's inception.

The UK has favoured a *soft* opt-out system to a *hard* opt-out system. The latter means that if an eligible individual has not expressed any wish with regards to organ donation, then procurement would be acceptable for surgeons without the family of the deceased having any role in the matter as is the case in Austria and Singapore. On the other hand, a soft-opt out system means that the bereaved family would have the final say as currently practised in Spain and Wales (section 2.4). Permission to donate can be refused by family members even if the deceased signed up as a donor. Max and Keira's Law embodies this soft opt-out approach, ensuring that families have a crucial role in the decision-making process for organ donation.

2.2.1 Impact of scarcity of organ donations on BSAMs

Within the NHS, organ donation faces significant challenges. A successful organ transplant depends on numerous factors. This section highlights crucial factors that make organ donations challenging.

A successful organ transplant depends on numerous factors such as: the suitability of organs, the availability of hospital theatres, the health of donors and recipients, and most importantly the form and circumstances of deaths that occur. Figure 2.1 illustrates how from 6,991 potential donors between 1st April 2018 – 31st March 2019, only 1,600 donors actually qualified as donors (NHSBTDBE, 2019a, p. 6).

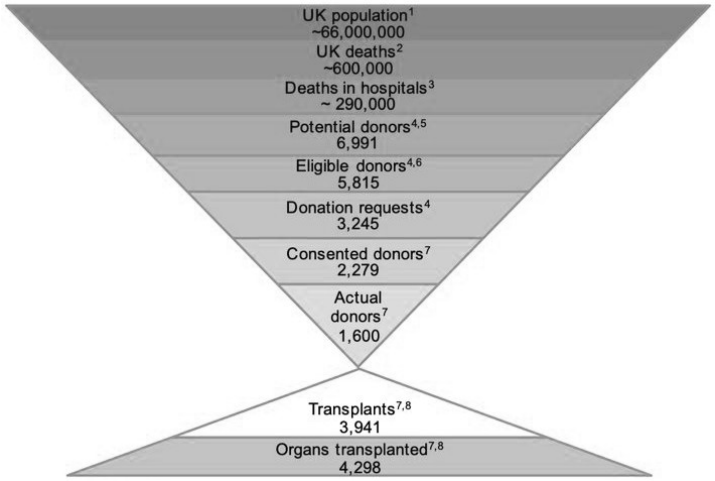


Figure 2.1. UK potential deceased organ donor population, 1 April 2018 – 31 March 2019

The data highlights the scarcity of organ donation due to several key factors. Firstly, although there are a large number of deaths, only a very small fraction of those individuals are potential organ donors. Not all potential donors are deemed eligible due to various medical and situational criteria, further reducing the pool. Even among eligible donors, not everyone consents to donate their organs. This step significantly reduces the number of potential donations. Secondly, despite consent, not all planned donations proceed to the actual donation stage due to logistical, medical, or other barriers. Finally, the number of successful transplants is limited by the availability of suitable organs and the health condition of recipients. These multiple filtering stages – from potential donors to actual transplants – mean that only a very small percentage of the initial pool results in successful organ donations. These stages highlight the challenges in increasing organ donation rates and the importance of addressing each step to improve overall numbers.

Organ donation scarcity remains particularly impactful for BSAMs due to several factors. Although the Human Transplantation Act (2013) has helped to increase both the number of organ recipients and registered donors, a significant imbalance persists. According to data available at the time of writing, in 2016, 4,753 people received an organ transplant - a 20% increase in recipients since

2011 - while registered organ donors had reached a record 23.6 million (Campbell, 2017).

However, the situation is different for BSAMs. The estimated Muslim population in the UK exceeded three million in 2016 (Finnigan, 2016). At the time of writing, according to NHS statistics, Asians made up 17% of patients on the waiting list for organ transplants, yet less than 2% of the Asian population had registered as donors. This disparity suggests that British Asians typically have to wait a year longer for transplants compared to other ethnic groups. For BSAMs, this scarcity is magnified due to the underrepresentation of registered donors within their community. Cultural, religious, and social factors might influence their decision to register as donors, further limiting the number of available organs. This imbalance not only prolongs the waiting time for them to receive transplants but also increases the urgency to address barriers and encourage more registrations within the community.

To clarify, the ethnicising of BSAMs does not endorse or imply that an ethnic match is scientifically required for organ transplantation. Matching relies on genetic and immunological compatibility rather than ethnicity per se as will be discussed in 2.2.3. The implications of this distinction between ethnic labels and genetic compatibility for the sampling strategy in this study are discussed in Section 4.2.2.

2.2.2 The Ethical and Economic Benefits of Max and Keira's Law

With regards to the opt-out system, people from ethnic minority backgrounds raised religion-related concerns. Consequently, the NHS, in addition to the secular appeals for organ donation, encouraged a wider audience to sign up by appealing to their belief systems; this approach appears to be both ethical and cost-effective (Randhawa & Neuberger, 2016).

Perhaps, the greatest benefit of an effective organ transplantation programme would not only be cost-effectiveness for the NHS but also the improvement of the quality of life for recipients in the UK (Organ Donation NHS, 2017). The NHS saved £316 million through the kidney transplant programme in 2010 alone (West

Midlands Specialised Commissioning Team, 2016). Still, according to NHS Blood and Transplant (NHSBT), over 6,000 patients were registered as waiting for a transplant in 2017-2018 (NHSBT NHS UK, 2018). In April 2009, 6,920 kidney patients were waiting for a transplant, many of whom had been on dialysis, which costs the NHS an estimated £193m per year. Had these patients received a transplant, the cost would have been reduced to an estimated £41m per year, which would help the NHS to save an average of £152m per year (NHSBT Media Services, 2009). Evidently, kidney transplants are much more cost effective for the NHS than dialysis. Without sufficient donors, however, the transplant program would not be able to meet nationwide demands for transplants. The UK Government, therefore, approved the British Medical Association's request for the introduction of the law of deemed consent in England, which took effect on May 20, 2020 (McLaughlin et al., 2024, p. 24).

2.2.3 Ethnicity and diseases

In the UK, certain diseases are prevalent among certain distinct racial groups. For instance, "Genetic hemochromatosis (GH) is the most common genetic disorder in people of Northern European ancestry and is often called the 'Celtic Curse', as it is particularly prevalent in those of Celtic heritage but in particular people with Irish ancestry" (Brown, 2024, p.146c; see also Fitzsimons et al., 2018). Similarly, kidney diseases are more prevalent among South Asian heritage communities (Sharma et al, 2019), likely due to a combination of genetic predisposition and environmental factors. Religious affiliation, such as Catholicism among Irish descendants or Islam among South Asians, does not directly influence the genetic predisposition to these diseases. However, cultural practices and dietary habits associated with different religions might indirectly affect health outcomes. Religious affiliation is, therefore, an important factor in the decision-making process for organ donation.

In terms of faith groups, England's population was reported to comprise of an estimated 3.1 million Muslims and Wales over 50,000 (Office for National Statistics, 2018a). Although these numbers account for less than 5% of the British population, the problem of organ donation is disproportionately associated with the Muslim population.

Understanding the demographic characteristics of the South Asian community allows for a deeper analysis of the way ethnicity and religion intersects with organ donation issues. A significant portion of the ethnic minority population in the UK, particularly those of South Asian heritage, identifies as Muslim. This data is important because it helps illustrate the demographics of those waiting for organ transplants and highlights the need to address organ donation within these communities. In 2017/2018, 35% of patients waiting for a kidney transplant were from ethnic minority backgrounds. In 2020, 1,800 patients awaiting transplants were from ethnic minority backgrounds, 31% of these patients were South Asian. These statistics highlight that those of South Asian heritage are overrepresented among recipients. This imbalance suggests that these communities face unique challenges such as lower rates of donor registration or mismatches in organ compatibility due to limited donor pools that contribute to extended waiting times.

An estimation of the percentage of South Asians that were likely to be Muslim could further help to estimate the percentage of Muslims on the waiting list for transplants. The data can be calculated in three stages: Firstly, by relying on the 2011 UK Census to find the total population of South Asians in the UK; secondly, by finding the number of Muslims from each South Asian subgroup; and thirdly, by calculating the percentage of Muslims in each South Asian subgroup. The findings are shown in Table 2.1.

Table 2.1

The population of Muslims among British South Asian communities (UK Census 2011)

Ethnic community	Indian	Pakistani	Bangladeshi	South Asian
Total population in the UK	1,451,862	1,174,983	451,529	3,078,374
Muslim population	186,879	959,022	376,128	1,522,029
Percentage of Muslims in the community	13%	82%	83%	49%

Table 2.1 shows that 49% of the South Asian population in the UK identified as Muslims. This information helps to understand the number of BSAMs waiting for

organ transplants and highlights the need to address organ donation within these communities. Additionally, this information helps to realise the importance of considering culturally sensitive approaches to encourage organ donation within these communities.

Table 2.2

Kidney statistics waiting list as at: 1 April 2014 – 31 March 2019

Ethnicity	Deceased donors				Deceased donor transplants				Waiting list patients			
	15/16	16/17	17/18	18/19	15/16	16/17	17/18	18/19	15/16	16/17	17/18	18/19
White	1232	1243	1363	1389	1497	1587	1816	1751	3824	3519	3223	3149
Asian	25	27	30	51	329	352	417	433	995	948	897	921
Black	17	17	19	14	161	185	207	270	631	581	590	602
Chinese/ East Asian	3	3	9	3	33	27	33	24	81	70	67	59
Mixed	6	14	23	8	5	11	14	6	21	23	20	27
Other	9	17	18	31	26	34	51	64	75	86	153	145
Total	1292	1321	1462	1496	2051	2196	2538	2548	5627	5227	4950	4903

Table 2.2 reveals that with regards to kidney transplantations alone, between April 2018 and March 2019 (i.e. prior to the introduction of Max and Keira's Law), there were only 51 British Asian deceased donors yet 433 British Asians received a kidney transplant, and another 921 British Asian patients were on the waiting list.

A point to note here is that from 51 deceased donors, there would be a potential supply of 102 kidneys. Yet 433 patients received kidneys, so the question is: where did the remaining 331 kidneys come from? If they were from a different ethnic group, then the argument that each ethnic group needs to donate to help themselves is not necessarily true. There are no clear ethnic boundaries in relation to organ donation and due to migration of generations and mixed races, there is no way of definitively saying what such boundaries are. To illustrate, many Mediterranean Europeans originate from the Middle East and therefore might be a better match with Middle Eastern donors rather than Northern European ones. Donations are possible between mixed races otherwise ethnic minorities in the UK would find it almost impossible to get a transplant because there are so few ethnic minority donors. The supply of kidneys then is likely to have come from a mix of donors, including those of different ethnic backgrounds

and mixed-race individuals. However, such a source of supply does not altogether substitute the need for donors sharing the same ethnicities as the recipients.

There are three primary reasons why South Asian patients require more organ donors who share the same ethnic background:

1. *Higher prevalence of chronic diseases*: Individuals from ethnic minority backgrounds are more likely to develop chronic kidney disease (Evans & Emai, 2011). This is due to hereditary factors such as high blood pressure, diabetes, and certain forms of hepatitis (NHSBT NHS UK, 2019).
2. *Importance of genetic matching for transplants*: Kidney transplants are more successful when the donor's tissue type closely matches that of the recipient (Gautreaux & Freedman, 2013). This means that finding a suitable match is crucial and often results in longer wait times for ethnic minority background patients compared to their counterparts. According to NHSBT data from 2018/2019, the median wait time for white kidney patients was 810 days, compared to 830 days for Asian, 965 for black, and 810 for other patients from backgrounds. Additionally, patients from an ethnic minority background waiting for cardiothoracic transplants also face longer wait times and higher risks of dying while on the waiting list (NHSBTDBE, 2019b).
3. *Unique blood and tissue types*: The blood group and human leukocyte antigen (HLA) tissue types commonly found among ethnic minority background groups are less frequent in the white population (Morgan et al., 2015), reducing the likelihood of finding a suitable match.

These factors highlight the need for increased organ donations from ethnic minority communities to improve transplant outcomes and reduce disparities in wait times and successful matches.

Given the importance of compatibility, an issue that is not addressed in Table 2.2 is graft failure, which is when the recipient's immune cells attack the donor's cells. This rejection process leads to organ failure. Table 2.2 does not show the number of British Asian patients that were denied a transplant due to incompatibility.

Hence Table 2.2, while revealing to a degree, cannot answer all of the questions related to ethnicity and organ donation. The data indicates that the donation rates within ethnic minority communities, which we may infer to include a significant proportion of individuals from predominantly Muslim backgrounds, are lower compared to the demand for organ donations within these communities. This disparity highlights a critical gap between the need for organ transplants and the availability of donors in these populations.

This section establishes the need for organ donors from ethnic minority backgrounds in the UK, particularly BSAMs. This need is based on the fact that BSAMs, given their genetic disposition, have a higher risk of chronic conditions such as kidney disease due to genetic and environmental factors. Successful kidney transplants are more likely when the donor and recipient share similar genetic backgrounds. BSAMs face longer wait times for transplants due to a lower likelihood of finding matching donors. Blood and tissue types common among BSAMs are less frequent in the white population, making it harder to find suitable matches for transplants.

The UK Government's culturally sensitive approach to address these issues aims to increase organ donation rates among BSAMs (along with other communities nationwide) and improve transplant outcomes. The following section presents a summary of Muslim perspectives and attitudes regarding organ donation.

2.3 The role of fatwas in Islamic jurisprudence and organ donation

This section will explore the foundational principles of Islamic law as they relate to the permissibility of organ donation, highlighting the roles of key religious figures such as an *alim, imam*, and *mufti*. It will also discuss the significance of having a *grand mufti* in providing unified religious guidance as well as the challenges in the absence of one. This section also highlights the way the organ donation issue is rooted in linguistic and social practices.

When Muslim jurisconsults engage with Islamic law, they mainly refer to two authoritative texts: the Quran, which is believed to be the word of God and the

hadith literature[5], which is believed to be the instructions and practice of Muhammad, the messenger of God according to Muslims (subsection 6.3.2). In relation to Muslim jurisconsults, the terms alim, imam, and mufti need to be defined. The Arabic noun *alim* (pl. *ulema*) in the Arab context is often used to refer to academics and the title *Sheikh* to refer to a religious scholar. In this thesis, I will use the common British South Asian parlance wherein alim and ulema are used to refer to Muslim religious scholars. Figure 2.2 illustrates the relationship of the umbrella term alim with the functional roles of a mufti and an imam.

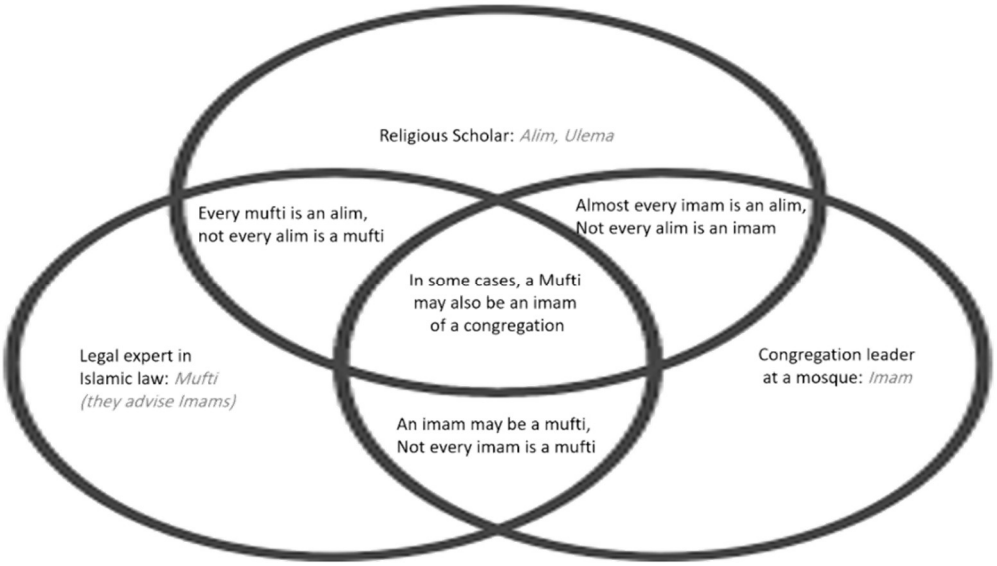


Figure 2.2. Relationship between alim, mufti, and imam

[1] *Mufti*: an alim who specialises in Islamic law and is qualified to issue a fatwa[6], which is a non-binding advisory opinion on a religio-legal matter (Skovgaard-Petersen, 1997). A mufti may or may not be an imam; muftis are not always accessible to the Muslim congregation due to their engagement in research; however, they may have great influence on the imams who consult them.

[5] Throughout Islamic law history, hadith literature has connected later Muslims to Muhammad's legacy. Jurisconsults frequently quote hadiths to support their authority. While the Quran is universally accepted across denominations, hadith compilations vary and are disputed for their reliability (Brown, 2008).
[6] A fatwa can address issues as simple as with which hand to eat or as contentious as declaring war.

A *grand mufti* is the final authority in Islamic disputes and an official position. In terms of law, in most Islamic countries, a grand mufti is generally appointed by the state and serves as the highest religious authority in a country. The office originated in the Ottoman Empire and has been adopted by many modern Muslim-majority countries. A grand mufti's fatwa would be the official government position and would be legally binding. Examples of legally binding fatwas include establishing the beginning of new lunar months, annulment of marriages, and authorising capital punishments.

The fatwa from a grand mufti of an Islamic country may also be more acceptable to Muslims of a non-Islamic country as in the case of the influence of the late Grand Mufti of Pakistan Shafi Uthmani (d. 1967, henceforth MSU, see subsection 2.5.3) over the BSAMs in the UK. To date, no detailed sociological study has been conducted to reveal why this approach is taken by BSAMs.

In countries with a grand mufti, a single authoritative fatwa on organ donation can provide clear and consistent guidance, which can help to unify the nation's stance on the issue and increase acceptance of organ donation practices. This unified approach can improve the coordination and implementation of organ donation policies, ultimately leading to higher donation rates and better health outcomes for patients in need of transplants.

The UK does not have a grand mufti because it lacks a centralised religious authority for its Muslim population. Instead, British Muslims often look to individual muftis, imams, and community leaders for religious guidance. Examples of some of the issues that concern British Muslim communities include social issues such as marriage, divorce, inheritance, and financial transactions. Some of the bioethical issues include abortion and end-of-life care. In the UK, the absence of a grand mufti has led local muftis to issue various verdicts on these issues.

The absence of a grand mufti in the UK matters for organ donation because it leads to diverse and conflicting fatwas on the issue. Without a centralised religious authority, British Muslims may receive different guidance on the permissibility of organ donation based on the interpretations of individual muftis or imams. This situation creates confusion and uncertainty within the community, potentially affecting their willingness to become organ donors.

[2] *Imam*: an alim appointed by a mosque committee to lead daily prayers and deliver Friday sermons. The imam may or may not be a mufti, if not, then imams are required to consult a mufti before advising their congregation on a matter of Islamic law. Examples of such issues include biomedical matters such as abortion; or civil matters such as inheritance; or contractual matters such as student loans, mortgage, and lease.

[3] *Muslim Chaplains*: In the UK, a Muslim Chaplain is a religious leader who provides spiritual support and guidance to Muslims in various settings (other than a mosque) such as hospitals, prisons, universities, and the military (BBSI, n.d.). They offer pastoral care, lead prayers and deliver Friday sermons. For my research, I was interested in hospital and university chaplains as they have a greater presence in the community. Chaplains may or may not be muftis, and some may even be imams on a part-time or voluntary basis in a mosque.

A *fatwa*, in broad terms, either renders a pattern of behaviour, speech, dress, conduct, or manner as *halal* or lawful, permissible, or acceptable; or a fatwa could render these aspects as *haram*, which means unlawful, taboo, forbidden, or unacceptable and may even consider such matters sinful (Jallad, 2008). This dichotomy, in simple terms, illustrates the dos and don’ts within Islamic communities. However, fatwas can vary from one Muslim community to another. The degree of divergence can be quite significant, ranging from minor differences in interpretation to major disagreements. This variation often stems from several factors such as geographical and cultural context: schools of thought, personal opinions, and interpretations of individual muftis.

Fatwas may be issued by individual muftis or by a council of muftis through a process known as *collective ijtihad* which involves multidisciplinary engagement and research. Collective ijtihad has become increasingly popular especially in matters of contemporary scientific and social complexities which impact morality (Hasan, 2003). Consequently, conferences are held to bring together muftis, experts, and professionals from relevant fields to come to resolutions in light of the collective ijtihad. Such resolutions have more impact and legal force because government legislatures also attend such conferences. By contrast, a fatwa by free-lance muftis are not granted the same level of attention and importance. To illustrate, in the 1986 Amman declaration, the International Islamic Fiqh[7] Academy (IIFA) accepted the use of neurological criteria to determine death. Consequently, in Saudi Arabia between 1986 and 2016, 339 whole-heart transplantations took place alongside 629 heart valves being used (SJKDT, 2017).

Furthermore, advancements in media technology have made it easier for free-lance muftis around the world to publish fatwas online, increasing access to religious guidance as well as vie for acceptance from their followers. This approach to publishing fatwas online, however, has also democratised the issuing of fatwas (Shavit & Spengler, 2017). This democratisation means that even non-experts and those not formally elected as imams, can issue fatwas (Ali, 2016). Perhaps, the main reason for such fatwas being accepted may be due to the consumers of the fatwas evaluating the cost and benefits of these opinions to maximise their benefit (Lannaccone, 1992).

In terms of scriptural evidence, no verse in the Quran or the hadith explicitly discusses organ donation. Muslim jurists in the past, however, were faced with questions related to cosmetic procedures such as extracting human hair or teeth for grafting purposes. For instance, skin grafting was discussed by Al-Zahrawi

[7] The term *Fiqh* represents the practice and application of Islamic law, focusing on the day-to-day actions and decisions of Muslims. Rooted in the sacred texts of Islam—the Quran and hadith—it addresses a wide spectrum of human activities. These range from civil and commercial transactions, such as trade and contracts, to personal matters like marriage, divorce, and family dynamics (Kamali, 2021, p. 17).

(also known as Abulcasis) a renowned 10th-century surgeon from Al-Andalus (modern-day Spain) in his famous medical encyclopaedia, Al-Tasrif (Al-Zahrawi, 1996). Such cosmetic procedures were strongly discouraged based on the notion of degradation or commercialisation of the human body.

A pertinent point to note here is that the current law on organ donation in the UK is related to invasive life-saving surgery. All earlier forms of transplantation discussed by Muslim jurists were related to cosmetic enhancements or non-life-threatening purposes, which although affected the quality of life, were not deemed pressing to warrant procurement of any vital organs such as the heart, kidneys, liver, and lungs from a human cadaver. On the other hand, there exist multiple scenarios in Islamic law where in order to save a life, surgical procedures were permitted under dire necessity. For instance, retrieving a baby from the womb in the event of the death of the mother; or when an individual stole and swallowed a precious item, and the rightful owner demands the item to be retrieved. Furthermore, even in the Hanafi school of thought, which was known for their approach to solving hypothetical issues - in classical Islamic law manuals, a discussion on the extraction of vital organs from a cadaver is altogether absent.

2.3.1 Opening discussion on organ transplantation in the Muslim world

This section explores the early discussions on organ donation within Islamic jurisprudence by renowned Saudi exegete Sheikh Abdur Rahman Al-Sa'di[8] (d. 1965) in his fatwa on organ donation from 1925.

Sheikh Abdur Rahman Al-Sa'di opened the discussion providing both arguments for and against organ transplantation (Al-Sa'di, 1925). The discussion was written long before neurological criteria were applied to determine death[9] and before

[8] Al-Sa'di contributed to Islamic literature with his eight-volume Quran commentary, a compendium of fatwas, and a three-volume sermon collection.

[9] In 1968, the Harvard Ad Hoc Committee published a report titled "A Definition of Irreversible Coma," which introduced the concept of brain death as legal death (Veatch & Ross, 2015). Brain Death is the irreversible absence of all brain activity, which is determined using neurological criteria and specialised medical equipment. This definition replaced the concept of cardiorespiratory death as the legal basis for death.

heart and kidney transplants were practised anywhere across the world. To clarify, Al-Sa'di's discussion is, therefore, written with a focus on:

a) cornea donations from deceased donors after cardiorespiratory death
b) blood transfusion between living donors

To summarise Al-Sa'di's discussion, of the 1,476 words Al-Sa'di utilises, 22.6% present the prohibiting view whereas 56.9% are used to present the permitting view (Aljoudi, 2018). The discussion on blood donation was not so divisive as the procedure does not entail invasive surgery nor the handling of a corpse. The significance of Al-Sa'di's fatwa is its inclusion of key arguments which have served as the basis for discussions over the past century. Furthermore, the arguments caught the attention of Saudi scholars which lead to influencing the bioethical decision-making in Saudi Arabia and eventually to the implementation of a transplant program in the Kingdom (2.3).[10]

Key arguments against organ donation in Al-Sa'di's fatwa include the notion that humans do not have complete ownership of their body especially after death i.e. the way the body should be treated and disposed of must not simply be according to one's own wishes but in accordance with a set of rules set out by Prophet Muhammad because he is believed by Muslims to have conveyed the will of God through the practise known as the sunnah (Bakru, 1992, also see subsection 6.3.3). Furthermore, Muslim burial rites include not making any alterations to the body. Doing so may be viewed as a form of mutilation especially because the Islamic practice is to (a) handle the corpse gently so as not to break any bones, (b) give the body a ritual bath, (c) shroud the deceased, (d) observe a funeral prayer, and (e) bury the body without unnecessary delay. Another argument includes the notion of *tadawi bil haram* which means seeking treatment using what is generally considered to be prohibited. An example of an application of tadawi bil haram in 2019 in Britain was permitting flu vaccinations containing pork gelatine (Muslim Council of Britain, 2019).

[10] For a historical overview of organ donation and transplantation in Saudi Arabia, visit the Saudi Center for Organ Transplantation's official site at http://www.scot.gov.sa.

On the other hand, arguments in favour of organ donation include: (i) the concept of *maslaha* or public welfare and improving healthcare, (ii) the importance of altruism based on the Quran, and (iii) valuing the opinions of medical experts especially lead transplant surgeons. Perhaps, Al-Sa'di's strongest argument is located in his conclusion where he explains that where no clear injunction is found, focus should be on the outcome which provides the most benefit to the public. Furthermore, to support and promote organ donation and present it as an act endorsed by the Quran, Al-Sa'di quotes from the Quran, verse 5:32 "If anyone saved a life, it would be as if he saved all of humanity".[11]

Al-Sa'di's fatwa, highlights the dynamic interplay between religious ethics and modern medical practices. The foundational debate and arguments in his fatwa are essential for navigating contemporary issues when addressing the permissibility of organ donation in Islam.

2.3.2 Fatwas on organ donation post-Sa'di

This section examines the evolution of fatwas on organ donation. A question that arises with regards to the timing of Al-Sa'di writings is why early 20th century? The answer is technology. Prior to this period, the technology to perform organ transplantation simply did not exist and, therefore, the discussion would have not only been hypothetical but also wildly speculative. However, with the actual possibility of life-saving transplants drawing closer to reality in the early decades of the 20th century, Al-Sa'di met the demand of offering a theological perspective on the issue. Al-Sa'di's discussion was developed by later muftis when more advanced technological developments were introduced. A detailed timeline of medical breakthroughs, fatwas, and establishment of organisations can be found in Appendix I.

An analysis on fatwas related to organ donation for the British context was carried out by Sheikh Mansur Ali[12] (Ali & Maravia, 2020), who extrapolated six different

[11] Translation by Ahamed (2005).

[12] Sheikh Muhammad Mansur Ali, a lecturer at Cardiff University and member of the NHSBT organ donation strategy panel, is an influential scholar for British South Asian alumni of Darul Uloom Bury. After graduating from Bury, Ali obtained a PhD from the University of Manchester,

viewpoints from over a hundred fatwas published in various languages including English, Arabic, Urdu, and Bengali. A summary of the six viewpoints is illustrated in Figure 2.3.

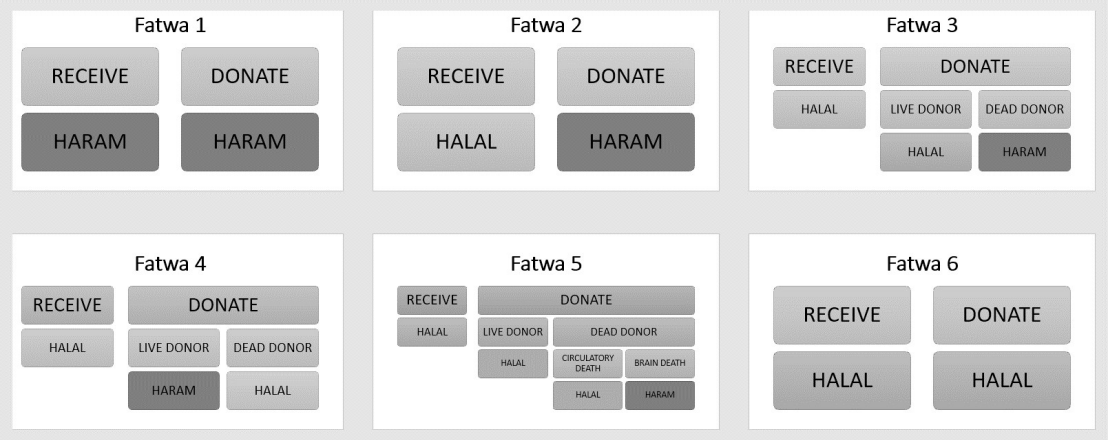


Figure 2.3. Different opinions on organ transplantation in Islam

Ali & Maravia, (2020) conclude that as long as a position is theologically informed, it is valid. The validity of this diversity of opinion is also echoed by Padela & Auda (2020). The NHS leaflet on Islam and organ donation, included in Appendix II, refers to the two starkly contrasting views: fatwa one which states that both receiving and donating organs is forbidden; and fatwa six, which states that both receiving and donating organs is permissible.[13]

2.3.3 Transition from living to cadaveric organ donation

The ethical discussion on organ transplantation took a new turn in 1954 when Dr. Joseph Murray and his team at the Peter Bent Brigham Hospital in Boston successfully performed the first kidney transplant between identical twins. This groundbreaking clinical procedure raised questions for Muslim jurisconsults about the permissibility of cadaveric kidney donation according to Sharia law.

specialising in hadith literature. He has contributed to providing a framework for meaningful religious experiences in a secular society and has addressed Islamic bio-medical ethics concerning organ donation. In 2015, Ali was awarded the British Imams and Scholars Contribution Award (BISCA) for his teaching and research contributions.

[13] For my positionality statement, see section 1.2

The Islamic jurisprudential argument in favour of donation after cardiac death has been that retrieving an organ from the deceased, despite violating the sanctity of the human body to a degree, can be tolerated for life-saving purposes, which is a much greater good. In contrast, Fahmi Abu Sunnah[14] (1988) strongly opposed the idea at the Islamic Fiqh Council of Mecca in 1988, as did the former Grand Mufti of Cameroon, Muhammad Abdur Rahman (1988). These two scholars argue that the importance of maintaining personal health is a mandate which the living have no right to violate. Abu Sunnah's and Abdur Rahman's argument further delves into the possible side effects on a live kidney donor. The logic follows that by giving away a kidney, there are now two people with health risks: the possibility of tissue rejection for the recipient and the donor losing a healthy kidney.

2.3.4 Adam Rouilly and Co Ltd and the Calcutta Bone trade

The 19th century saw an increased interest in the human skeleton for research purposes. Skeletons were constructed by the Adam Rouilly company, which purchased human bones sourced in Calcutta, India. However, the trade of human bones by the Adam Rouilly company was considered ethically questionable for several reasons. The bones were sourced often without clear documentation of consent from the individuals or their families. This issue raised concerns about the ethical treatment and respect for the deceased. Instances of grave robbing and exploitation to meet the demand for human bones became common practice in the 19th and early 20th centuries. Moreover, the trade was largely unregulated, leading to potential abuses and unethical practices in the acquisition and distribution of human bones. These factors combined to make the human bone trade ethically problematic, leading to its eventual ban in the 1980s (Jones, 2023).

During this period, Mufti Shafi Usmani (Shafi, 1967), the then Grand Mufti of Pakistan and a figure highly revered by the contemporary South Asian Deobandi

[14] Ahmad Fahmi Abu Sunnah is a lecturer in Islamic jurisprudence at Umm al-Qura University in Mecca and a member of the Islamic Fiqh Council (IFC) of the Muslim World League (MWL). The MWL is an international non-governmental Islamic organisation dedicated to presenting Islam, providing humanitarian aid, promoting dialogue and cooperation, and advocating for peace, justice, and coexistence while countering extremism and violence (THEMWL, 2010).

sect in the UK[15], strongly prohibited organ donation with a direct reference to this trade fearing that a blanket fatwa of permissibility would legitimise the demand for organ retrieval. Without a government backed healthcare system, MSU feared that the poor would be coerced into donating their organs and this would cause a further rise in human organ trafficking and exploitation, reducing the human body to a meaningless product for sale.

MSU's fatwa may be considered as the most principled position as it is a fatwa that maintains a default position which suggests that the body must be left intact under all circumstances and no invasive surgery should be carried out for transplantation purposes (Rashid, 2018). The argument follows the notion that under dire necessity invasive surgery may be permitted to preserve the rest of the body as in the case of gangrene or diabetes. However, in the case of a cadaver donation, as there is no benefit to the body of the deceased, according to MSU, the organ donation procedure is unacceptable.

Likewise, campaigns in Egypt viewed modern technological advancements in medicine such as organ transplantation, abortion, and IVF as a form of westernisation and colonisation. The campaign was led by the renowned public preacher and exegete Muhammad Mitwalli Al-Sha'rawi[16] (1987), who in simple terms preached that the human body is a trust endowed from God, who alone is the owner. As such, humans do not possess the right to extract any organ from a cadaver.

[15] The Deobandi movement, founded in 1867 by Muhammad Qasim Nanotwi and Rashid Ahmad Gangohi, emphasised the Hanafi school of thought and disassociation from Hindu and British values. They discouraged teaching in English and learning the language. Ashraf Ali Thanwi (Thanwi, 1981) viewed appreciating non-Islamic customs as sinful. By its centenary, the movement had nearly 9,000 affiliated educational institutes worldwide (Pratt, 2007). The first Islamic seminary in Europe, founded by the Deobandi-affiliate Sheikh Yusuf Motala, was established in Holcombe, Bury in 1975. Motala, is referred to as the "pope" of British Deobandis (Pratt, 2007). In the absence of any comment by Sheikh Yusuf Motala related to organ donation, the fatwa of MSU, therefore, has remained influential for the Deobandi ulema.

[16] Muhammad Metwalli Al-Sha'rawi (d.1998) was a scholar of the Quran and former Egyptian minister of Endowments. Historian Tarek Osman in his work "Egypt on the Brink" describes Al-Sha'rawi popularity and status as 'one of the most prominent symbols of popular Egyptian culture in the last three decades make him the embodiment of the ascendance of religiosity in Egypt from the 1970s' (Osman, 2010, p. 77).

Sha'rawi's view gained much popularity especially because of the concurrent events and scandals in Egypt; mass renal failure was believed to be caused by government approved use of pesticides on crops, and stories were publicised of children being kidnapped from orphanages and their organs sold to medical tourists (Ali & Maravia, 2020, p. 13, see also Hamdy, 2012). Whilst these claims are said to have some basis in reality, further research is required to substantiate them. Nevertheless, these concurrent events made it easier for the Egyptian public to accept Sha'rawi's views. Framing organ donation as impermissible due to perceived exploitation also reinforced MSU's stance on prohibiting organ donation (Padela & Auda, 2020).

2.3.5 Badawi fatwa – 1995

Dr Zaki Badawi's fatwa (1995, Appendix III) in support of organ donation was issued in response to a query from the Ministry of Health. At the time, Badawi was the chairman of the Muslim Council of Britain (MCB), an organisation established to unify and support over 500 mosques from various ethnic and sectarian backgrounds across the UK, with the aim of contributing to a harmonious and successful British society. The success of the MCB can be measured in terms of encouraging unity among different Muslim groups, promoting social and cultural integration.

The fatwa permitted receiving and donating organs involving both living and deceased donors. Ideally, Badawi's fatwa remains the most practical view for the UK organ shortage crisis as it allows for more donors. The fatwa was based on a visit by a group of UK-based ulema who were summoned by the Sharia Council[17] to visit the Birmingham Queen Elizabeth Hospital to gain insight into how organ donation works and what brain-death involves (Hussain, 2019). Birmingham was specifically selected for its high 21% Muslim population. The 19 signatories of the fatwa included six imams and three Muslim barristers (Ghaly, 2012).[18] Badawi's fatwa was publicised in the Journal of Medical Ethics (Ryan, 1996). A major

[17] Muslim Law (Sharia) Council: The Muslim Law (Sharia) Council, established in 1985, consists of 21 members including imams, Muslim scholars, and barristers of various ethnic and sectarian backgrounds. It has resolved over 3,000 issues across the UK and serves as an arbitrator for European Muslim communities (Sharia Council, 2019)
[18] For the list of all signatories, see Ghaly (2012).

shortcoming of this fatwa, however, is that it neither explores nor refutes any of the Islamically rooted arguments used to oppose organ donation such as the argument regarding ownership (subsection 2.3.1).

Although Badawi was a renowned figure amongst established circles, his criticisms against contemporary South Asian ulema for them not speaking English and for his criticism of them for being unfamiliar with other religions left Badawi isolated from the majority of the British South Asian ulema (Gilliat-Ray, 2006). Badawi's fatwa, therefore, does not hold much value for many of the British South Asian ulema. The Deobandi sect often found itself at odds with Badawi's criticisms and his perceived alignment with more liberal or modernist views and, therefore, lean towards ulema from their own sect who emphasise scriptural scholarship and a more conservative interpretation of Islam.

Accordingly, for Deobandi ulema, a fatwa of permissibility of organ donation representing the Deobandi sect would be more influential; such a fatwa would need to be issued by a Deobandi alim of South Asian origin. This requirement was fulfilled by a fatwa issued by Khalid Saifullah Rahmani[19] (2010) who explicitly permits organ donation and even permits the purchase of organs in times of necessity. Nevertheless, the fatwa by MSU (Shafi, 1967) declaring organ donation to be prohibited established the status quo for British South Asians (Ali, 2019a). Another concurrent Birmingham study showed that 60% of Muslim participants believed that organ donation was not allowed according to their faith (Roderick et al., 1996). Furthermore, fierce opposition was found among the Muslim population against the British Medical Association's plans to introduce the opt-out policy.

The reason the fatwa by MSU declaring organ donation to be prohibited still holds significant influence among BSAMs, despite the more recent permissive fatwa by Rahmani can be attributed to several factors. Firstly, MSU's fatwa has been in place for a long time and has established a strong traditional stance within the

[19] Khalid Saifullah Rahmani is a key figure in the All India Muslim Personal Law Board and Islami Fiqh Academy. Rahmani is also a patron of over two dozen religious and modern educational institutions in AP, Bihar, Jharkhand, UP and Karnataka.

community. MSU was a highly respected figure within the Deobandi ulema, and his opinions carry significant weight. His fatwa set a precedent that many in the community continue to follow out of respect for his authority and scholarship. Furthermore, many BSAMs have a strong connection to their cultural and religious roots. As a result, they may continue to adhere to the fatwa by MSU, as it represents the views and practices of their elders. Additionally, the presence of differing fatwas within the same sect can lead to confusion and uncertainty. In such cases, individuals might prefer to adhere to the more conservative or established position, which in this case is MSU's prohibition of organ donation. Therefore, while Rahmani's fatwa provides a permissive stance, for it to be fully accepted and integrated into BSAM communities might take time. These factors contribute to the continued influence of MSU's fatwa despite the availability of a more recent and permissive ruling from another respected Deobandi alim.

Views of other British Muslim scholars (not from BSAM community) that align with the fatwa of MSU further consolidates the status quo for BSAMs. For instance, prominent Muslim figure Abdul Majid Katme – spokesperson for the Islamic Medical Association and a retired medical doctor and psychiatrist – objected to the opt-out system (University of Birmingham, 1999).[20]

2.3.6 Fatwa of the European Council for Fatwa and Research (ECFR) – 2000

The European Council for Fatwa and Research (ECFR, 2000) has been a prominent authority for European Muslims since 1997. The council is renowned for its expertise in Islamic law and its vision to resolve hardships faced by European Muslims integrating into European societies whilst maintaining an Islamic identity. Two major fatwas issued by the ECFR for British Muslims include the permissibility of usurious mortgage and the validity of marriage for a Muslim convert female to her non-Muslim husband. Both issues have long been viewed as forbidden according to Sharia law due to what is claimed to be the oppressive nature of usury on the one hand and the strict patriarchal nature of the societies in question on the other – in those societies women would have faced persecution due to religious differences (Shavit & Spengler, 2017). The ECFR's familiarity

[20] The reasons for Katme's objections are discussed in subsection 2.4.1.

with European culture allowed these issues to be re-examined from a modern perspective where focus is on the values of convenience and safety. Although the impact and influence of the ECFR, as a council, require a detailed evaluation, the attention that the council has warranted by academics implies its strong presence and importance for European Muslims.

The ECFR also declared organ donation to be permissible in 2000 for the European context and considered deemed consent to be ethical (ECFR, 2000). Ali (2019b) heavily criticises the bullet-pointed format of the ECFR fatwa because like the Badawi fatwa, the ECFR fatwa provides no refutation or acknowledgement of arguments rooted in Islam made against organ donation by contemporary critics of organ donation such as Abu Sunnah (1988, also see subsections 2.3.1 and 2.3.3). Consequently, follow-up research of Muslims in the UK revealed that there was no significant increase in the number of Muslim organ donors (Razaq & Sajad, 2007).

2.3.7 Reasons for differences between fatwas

This section explores the diverse factors influencing fatwas related to organ donation. Building on the discussion of key fatwas in the preceding subsections, three partially overlapping domains of influence were inductively identified: textual, social, and cultural, which are summarised below in Figure 2.4 as a Venn diagram to reflect how the three overlapping domains help explain the way opinions diverge.

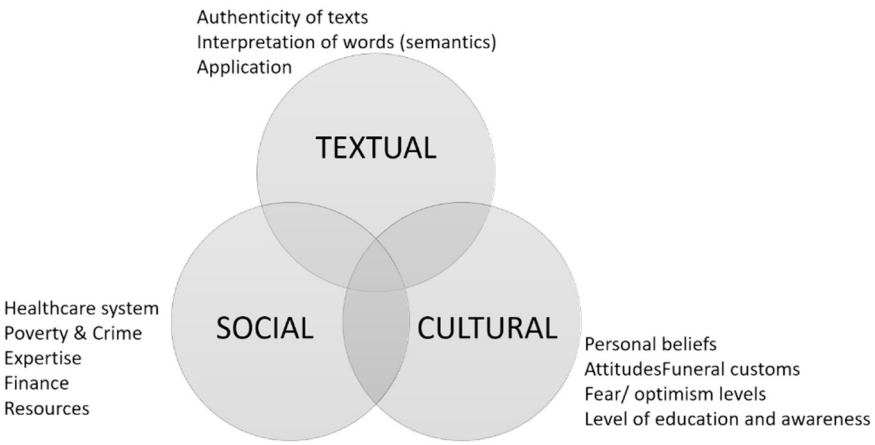


Figure 2.4 Factors that influence fatwas on organ donation

Firstly, the textual evidence i.e. the Quran or the hadith literature can be interpreted either literally or symbolically. Likewise, whilst a particular injunction can be interpreted as applying to all contexts and circumstances, an alternative approach can be to examine the context and circumstances of an injunction and thereby extrapolate the purpose of the ruling and evaluate its application where the context and circumstances change. Such different approaches are clear in the ownership argument where the ulama have contrasting views on who owns the human body. Scholars including Muhammad Shafi Uthmani (Shafi, 1967, d. 1967), Akhtar Reza Khan (1991, d. 2018), Muhammad Mitwalli Al-Sha'rawi (1987, d. 1998), Abdullah Siddiq Al-Ghumari (2007, d. 1993), and Abd Al-Salam Abd Al-Rahim Al-Sukkari (1988) all conclude that God is the owner of the entire creation including the human body, whereas scholars including Qabbani (2003) and Al-Qaradawi (2009) consider each individual to be the owner of their bodies.

Social factors that have affected the decision process of muftis include the structure of the healthcare system. For instance, unlike Saudi Arabia and Iran, where Islamic bioethics and law is integrated into the state's legal and ethical framework, India maintains a separation of religion and state. These countries also differ in matters of bioethics, availability of medical equipment, and clinical expertise.

Finally, cultural and personal factors like a muftis' beliefs, attitudes, levels of optimism and pessimism, and the level of education and awareness of the way organ transplantation works all affect the outcome of their fatwa. This difference is evident in how MSU (Shafi, 1967) views organ donation as a phenomenon that could lead to the commercialisation of the human body[21] whereas Al-Sa'di (d. 1965) believed that organ transplantation would elevate the status of humans by helping to reduce the suffering of others

[21] For a more elaborate discussion on Sunni mainstream opinions on compensation to organ donors, see Natour & Fishman (2011).

In fact, in the 1980s, Bombay saw the emergence of transplant tourism involving patients from the Middle East, Latin America, and Asia buying kidneys at transplantation centres in Bombay (Daar, 1997). The trade led to the Amritsar scandal in Punjab state where police discovered human organ trafficking worth £19.4m which took place from 1997 to 2002 (Kumar, 2003). Such scandals and trafficking could explain why MSU and his adherents were opposed to issuing a fatwa in favour of organ donation especially since scandalous activities continued throughout his lifetime and even decades after his demise.

The way religious texts, varying healthcare structures, and personal and cultural beliefs of muftis lead to divergent fatwas helps to better understand the complexities BSAMs face in relation to Islamic guidance on organ donation.

To summarise section 2.3, the fatwa by the Saudi scholar Al-Sa'di opened the discussion on organ donation favourably from an Islamic viewpoint. However, for MSU in India, the Calcutta bone trade scandal led him to strongly object against organ donation. After the concept of death was legally defined as occurring after brain death rather than the cessation of the heart, a number of Muslim jurists were reluctant to permit cadaveric organ donations based on brain death. These historical, cultural, and personal factors combined with different approaches to scriptural interpretations has resulted in a variety of fatwas on organ donation ranging from absolute prohibition to general permissibility.

To address the concerns and objections raised in this section, a detailed account of the strategies and actions taken to engage and educate the British Muslim community on this critical issue is discussed in section 2.4.

2.4. Background on organ donation in Wales (and England)

This section explores the efforts and developments in promoting organ donation among the Muslim community in Wales and England. It focuses on various initiatives, discussions, and action plans involving Islamic scholars and community leaders. These efforts are crucial in understanding the religious, cultural, and ethical considerations that influence organ donation decisions within the Muslim community.

The first opt-out organ donation scheme to be introduced in the UK began in December 2015 in Wales (BBC News, 2013). The scheme is officially known as the *Human Transplantation Act 2013*, which allows hospitals to presume that if a deceased resident of Wales over the age of 18 did not explicitly express a wish in life to be an organ donor then the hospital will assume consent (Legislation Gov UK, 2013). The goal of the Act was to expand the donor pool, thereby providing more patients on the organ transplantation waiting list in the UK with the potential for life-saving transplants. Leading up to the implementation of the Human Transplantation Act 2013, the Welsh Assembly Government initiated a public debate to gain insight into the views of the general public as well as faith leaders which included the ulema (Wales NHS UK, 2009). In this section, reference will be made to numerous related events; Appendix IV illustrates the timeline of key events between the period 1985 until the implementation of the law in May 2020.

2.4.1 Organ donation consultation – 2009

Over almost two decades after the fatwas by Badawi (1995, see subsection 2.3.5) and the ECFR (2000, also see 2.3.6), the UK continued to face a serious organ shortage for transplant purposes (section 2.1) and the discussion began to introduce an opt-out system, where instead of the public choosing to register as donors, they now choose to opt-out from the organ donor register (BBC News, 2013). The discussion sparked an ethical issue of consent among the Muslim community. Dr Abdalla Yassin Mohamed, Director of Cardiff's Islamic Social Services Association, stated: "… that information (opt-out donation service) should then be given to key figures in the Muslim community because they are like role models … when those role models are convinced then people will have no problem" (BBC News, 2012).

The controversy led to a public debate in Wales among faith leaders from 27th October 2008 until 23rd January 2009. Based on the affiliation of BSAMs mainly to the Deobandi sect, the status quo for this group is that organ donation is, as discussed in subsection 2.3.4, not permissible as stated by MSU. As a result, the

ulema, especially of South Asian background in the UK, were reluctant to endorse a hard opt-out option (Wales NHS UK, 2009). Furthermore, in response to a consultation survey, 2,395 identical letters signed by Muslims from Cardiff, Newport and Swansea objected to the Human Transplantation Bill (BBC News, 2012).

A letter by the aforementioned Dr Abdul Majid Katme entitled “Islamic Medical Response on Presumed Consent” addressed to the chair of the Health and Social Care Committee raised a number of concerns (National Assembly for Wales, 2013). Among the points raised was that a voluntary gift is ethical only if based on a well-informed decision and that an opt-out system would not be ethical if most Muslims are simply unaware of the clause. Furthermore, soft opt-out raises concerns for Muslims in Wales, especially for students, who have no family in Wales. Katme’s main argument was that informed consent is an ethical, positive, and practical option only when the consent is explicitly given during one’s lifetime and not simply assumed after death.

What can be observed about the Muslim community is that they require a team of specialists who can explain how organ donation works in light of Islamic values in the British context (Ghazal, 2019). Perhaps the opposing reaction to the law from the Muslim community was due to the law passing before sufficient time was allowed for a discussion. Dr Sajad Ahmad, a GP from Cardiff, who petitioned against the bill, commented: “I personally feel this is being rushed in without due consideration and discussion. To presume that a person’s liver is yours after they have died – that’s wrong” (BBC News, 2012). Dr. Ahmad argues that assuming ownership of someone’s organs, such as their liver, after their death without explicit consent, is morally wrong. Dr. Ahmad’s stance reflects his belief that organ donation decisions should be made by individuals and their families, rather than presumed by the state.

2.4.2 Faith Engagement and Organ Donation Action Plan – 2013

In 2008, the UK Government set up the Organ Donation Taskforce (ODT) comprising medical professionals, NHS managers, patients, patient representatives, and ethicists to identify barriers to organ donation and provide

recommendations for increasing organ donation (Fraser et al., 2011). In 2013, the ODT recommended both multi-ethnic and multi-faith[22] engagement in the UK and published two related reports (Randhawa, 2013). The first report highlighted that “an urgent requirement to identify and implement the most effective methods through which organ donation and the gift of life’ can be promoted to the general public, and specifically to the BAME[23] population” (Department of Health, 2008a). The second report recommended that “the Programme Delivery Board builds on the foundations of the interviews with faith and belief groups. To ensure that the valuable dialogue that was established is maintained” (Department of Health, 2008b). These recommendations led to the formation of the “Faith Engagement and Organ Donation Action Plan”, which involved creating opportunities for medical professionals and hospital chaplains to engage in the discussion. Furthermore, through the NHS Blood and Transplant service (henceforth NHSBT), new patients registering on the NHS system would be prompted to discuss organ donation as part of the registration process.

Following the Faith and Organ Donation Summit in 2013, Randhawa published an action plan. The goal of the action plan was to engage faith communities in discussions about organ donation, addressing religious concerns and promoting organ donation within these communities. The action plan aimed to ensure sustained engagement and collaboration between faith leaders and NHSBT to increase organ donation rates among diverse religious groups (Randhawa, 2013). Accordingly, the contribution of the action plan included gathering Muslim faith leaders to help break down the barriers relating to Islam and organ donation. The plan included debating the issue within Muslim communities and holding awareness events both nationally and locally in relation to organ donation as well as the diagnosis and definition of death. Another aim of the action plan was to gather Muslim faith leaders to help break down barriers such as distrust towards organ donation, lack of religious motivations, and poor altruism (Nouira & Ayari, 2024).

[22] The action plan aimed to address concerns of ethnic minorities and the wider UK audience, including those without faith.
[23] The term BAME is no longer used by the UK Government and other institutions, which now prefer terms like “people from ethnic minority backgrounds” to reflect diversity more accurately (Government UK, 2024).

2.4.3 Campaign by Amjid Ali – 2013

Amjid Ali (d. 2021), a BSAM from Bristol, led a campaign on organ donation for British Muslims in 2013 as a volunteer and at his own expense. Earlier in his professional life, he had served as the UK Head and Senior Manager for the HSBC Amanah project, where he was instrumental in offering sharia-compliant financial products and services. This background in Islamic finance and community engagement made him a respected figure. Diagnosed with chronic renal failure at the age of 20, Amjid spent 23 years on dialysis until he received a kidney from his nephew, rather than through the transplantation waiting list. Inspired by his personal experience, Amjid went on to lead a campaign promoting organ donation in the Muslim community. Given his efforts in finance and improving the well-being of the Muslim community, he was well-positioned to lead such projects.

Later, following on from the work of the ODT, the NHS Blood & Transplant (NHSBT) commissioned Amjid to lead a project on organ donation to raise discussions on organ donation within BSAM communities. This project aimed to clarify the Islamic perspective on organ donation and transplantation, addressing concerns within the Muslim community and providing authoritative religious guidance.

This first-hand experience of being a kidney recipient combined with his expertise on leading national projects for British Muslims empowered Amjid to lead a conference on organ transplantation that was attended by 56 British ulema. A major concern for Amjid was the need for an updated fatwa from a South Asian alim, well-versed in Islam and medical ethics, that would be suitably detailed and address the concerns of the Muslim community in the UK (Butt, 2019). Such a fatwa would ideally address concerns regarding ownership and procuring organs from the deceased.

Ali’s efforts culminated in the issuance of a new fatwa by Mufti Mohammed Zubair Butt (subsection 2.5.3, for a summarised version of Butt's fatwa, see Appendix V), which helped to increase support for organ donation among British Muslims.

The importance of culturally and religiously sensitive approaches to organ donation by the NHS shows the importance of involving community leaders like Amjid Ali, who can play a crucial role in bridging the gap between medical practices and religious beliefs.

2.4.4 Interview study by Ali – 2016

In relation to the lack of impact of the aforementioned fatwas by Badawi (2.3.5) and the ECFR (2.3.6), Rasheed & Padela (2013) suggested that discussion with ulema was key for a paradigm shift and social change. A small pilot study was thus conducted by Sheikh Mansur Ali[24] (2019a), with three British muftis[25], whose identities remain anonymous. Qualitative data were collected through open-ended interviews by Ali in the summer of 2016. The discussions involved bioethical issues in light of Islamic law and theology. The research supported Rasheed & Padela's (2013) opinion and found that the muftis were mindful of the lack of impact of the previous fatwas and revealed that the underlying issue was not what the fatwa stated but who issued them. One of the muftis interviewed stated that:

> To be honest for the people from the Indian Sub-continent, the Majma'at al-Fiqhi al-Islami[26] can say whatever they want, but if Mufti Taqi Uthmani[27] 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). (Ali, 2019a)

Although Ali's findings were limited to only three muftis, observing the trend of opinions of the majority of BSAMs and prominent ulema, reluctance towards organ donation appeared to be the norm (Ali & Maravia, 2020).

The importance of the foregoing discussion lies in its examination of the way religious and community leaders can impact public health initiatives. The events discussed highlight the challenges and successes in engaging the Muslim

[24] Introduced in footnote 10
[25] The term *mufti* is explained in section 2.3.
[26] Majma'at al-Fiqhi al-Islami: Majma'at al-Fiqhi al-Islami, known as the International Islamic Fiqh Academy (IIFA), accepted neurological criteria for death in the 1986 Amman declaration.
[27] Mufti Muhammad Taqi Usmani is discussed in subsections 6.3.5, 6.4.3, and 6.4.5.

community in organ donation discussions, which is essential for addressing organ shortages and increasing donor rates. Having an understanding of the consultation process, public debates, and targeted campaigns, helps to appreciate the significance of culturally and religiously sensitive approaches to public health policies. Building on this understanding, the next section explores the legislative changes and community initiatives aimed at raising awareness and addressing health inequalities among BSAMs.

2.5. Organ donation in England prior to law change

This section explores the evolving landscape of organ donation in England, with a focus on legislative changes, community initiatives, and the impact of religious perspectives. It highlights the Human Transplantation Act 2013, the shift towards an opt-out system in England, and various funded projects aimed at raising awareness and encouraging organ donation among BSAMs. Key issues, such as the influence of religious fatwas are also discussed to understand their significance in shaping organ donation attitudes and practices.

2.5.1 Law change in England

The Human Transplantation Act 2013, which took effect in Wales (discussed in section 2.4), provided for hospitals to presume that people, who did not opt-out of the organ donor register, wished to be donors. The act replaced the previous regulation which restricted hospitals from procuring organs unless the deceased had explicitly signed the organ donor register. Statistics reveal that the law has been revolutionary in changing cultural perceptions towards organ donation. According to the Impact Evaluation of the Human Transplantation Act, NHS staff members in favour of organ donation rose from 71% to 85%, whereas the percentage of families consenting to organ donation increased from 44.4% in 2014 to 64.5% in 2017 (Young et al., 2017).

This data, which indicates increased support among NHS staff and higher family consent rates, offers insights. When healthcare professionals (henceforth HCPs) exhibit stronger support for organ donation, they are more likely to communicate its benefits effectively to patients and their families. This support could act as a catalyst for a cultural shift towards greater acceptance of organ donation within

the community. Following the shortage of donors, the UK Prime Minister at the time, Theresa May, announced in October 2017 that England would follow Wales' lead.

Although the immediate increase in organ donations was not as significant as hoped, the Welsh model showed potential for long-term impact. The system was relatively new, and it was believed that over time, as more people became accustomed to the opt-out system, the number of donors would increase. Healthcare bodies like Kidney Care UK and the British Medical Association strongly supported the move, highlighting the potential benefits of the opt-out system (BMA, 2017). The advocacy of these organisations played an important role in the decision to adopt the Welsh model.

Moreover, NHSBT emphasised that the survival rates for patients had improved due to organ donors. They estimated that without registered donors, around 50,000 people would not have been alive in 2019. This statistic highlights the importance of increasing the donor pool (Organ donation NHS UK, 2019). While the Welsh model did not immediately lead to a substantial increase in organ availability, the reason to implement the model in England was based on the hope that, over time, the opt-out system would lead to a more significant increase in organ donations and ultimately save more lives and costs.

2.5.2 Funded projects to raise awareness of organ donation

In June 2013, over a hundred HPCs united to establish the British Islamic Medical Association (BIMA) with a vision to educate British Muslims on healthcare in light of Islam. The initiative to establish BIMA was led by Dr. Sharif Kaf Al-Ghazal (2019) among other HCPs. They envisioned BIMA as a platform to educate British Muslims on healthcare in light of Islamic principles and to address health inequalities faced by Muslim communities (BIMA, n.d.). BIMA has since organised conferences, seminars and webinars for medical experts, Islamic scholars, and the Muslim public and created the Journal for British Islamic Medical Association (JBIMA) for academic discussions. Various Muslim figures throughout the UK have since published articles online in favour of organ donation (Husain, 2019; Adam, 2018).

Other projects and workshops include those funded by The NHSBT in 2019 to raise awareness and increase donors throughout England and Wales. Sheikh Mansur Ali (footnote 10) was awarded funding by the NHS to conduct focus groups and workshops in both Wales and England. The Lancashire BME Network (LBMEN), which aims to recognise common goals of marginalised communities across Lancashire and empower them through community events to make positive changes to their lives, also held community workshops across Lancashire for local imams and the Muslim public.

Publicity about organ donation was further raised by individual members of the BSAM community. For instance, Pervez Hussain, a former British police officer and a kidney recipient told the BBC: “Where I was treated, there were 31 bays, and I would say that at least 25 of them were filled by people from minority groups, without a doubt”. Rehana Sadiq[28], a qualified psychotherapist and the official Muslim chaplain in the London 2012 Olympic and Paralympic Games, as well as a chaplain at the Queen Elizabeth Hospital, added:

> This division within the community is quite stark. On one side, there are those people who believe it’s a form of mutilation, it’s disrupting the deceased etc, and there are other reasons … and on the other side, we have those who believe very, very strongly that it is one of the greatest of the commendations given by Islam, for someone to give the most beautiful gift – to save a life. (Mcmanus, 2019)

These comments by Hussain and Sadiq signify the complexity and diversity of opinions on organ donation within the BSAM community. They highlight the importance of addressing cultural and religious concerns to promote organ donation and the vital role of community leaders and personal testimonies in shaping public attitudes and practices.

[28] Rehana Sadiq has worked with NHS Hospital Trusts in Birmingham since 2000 and has been a faith advisor to the West Midlands Police since 2011. She consulted with WHO on the Safe and Dignified Burial Protocol’ for Ebola victims in 2014.

2.5.3 Mufti Zubair Butt's Fatwa - 2019

Perhaps, the climax of the discourse on organ donation was reached in June 2019, when Butt (2019) – a UK-born South Asian mufti of Deobandi affiliation, and senior advisor on Islamic law at the Institute of Islamic Jurisprudence and chair of the Al-Qalam Sharia Scholar Panel, Bradford, published a 110-page detailed fatwa on the permissibility of organ donation and further elaborated on various bioethical issues including stem cell donation and determination of death. A summarised version of Butt's fatwa is included in Appendix V. On the day of the publication of the fatwa, the NHSBT posted a summary of the document on their website followed by a promotional video where Sheikh Mansur Ali (mentioned in 2.4.4) interviews Butt regarding the fatwa (NHS Organ donation, 2019b). Butt's fatwa encourages living and deceased organ donation.

Following the publication of Butt's fatwa, an article titled "Organ Donation: The reality exposed" by Mukhtar Master (2019), a political activist[29] was published in the Asian Image, which is perhaps the most widely read newspaper by British South Asians in the Northwest and is described as the UK's leading Asian website and paper. Master's article raised suspicion regarding the fatwa and implies that the NHS had paid a mufti to comply with the NHS and divert their views from the popular stance of impermissibility of organ donation by scholars from the Indian sub-continent. The article also details the potential far-reaching impact of the law change on the Muslim community including the idea that the new legislation significantly broadens the scope to include body parts like the penis, uterus, brain, face, spinal cord, limbs, and more. Once donated, these tissues are alleged to become the exclusive property of the NHS, meaning that family members will have no say in the way they can be used. The article also notes the silence of Butt on issues such as the storage of organs by the NHS or their potential conversion into medicinal products.

However, Butt's fatwa might be concerning even for the NHS. Butt restricts the permissibility of organ donation only after cardiac death (see 2.3.1). This limitation

[29] Master's political views are centred around advocating for the rights of Palestinians and addressing issues affecting the Muslim community in the UK.

means that only tissues, corneas, and blood can be donated but raises concerns about the heart and kidney donations from deceased donors; whereas, in 2017-2018, 39% of kidneys in the UK came from donations after neurological death (ODT Clinical, 2018). Moreover, Butt's fatwa challenges earlier rulings by Badawi (subsection 2.3.5) and the ECRF (2.3.6), which allow organ donation after brain death. This creates a potential conflict and confusion within the Muslim community about the permissibility of organ donation under different circumstances. As such, the fatwa's stricter conditions compared to previous fatwas could potentially lead to lower organ donation rates among Muslims. The Minority of South Asian Muslims who previously followed the fatwas by Badawi and the ECFR, which permitted organ donation after neurological death might shift towards the fatwa issued by Butt, a respected figure within their ethnic group.

Nevertheless, Butt's fatwa highlights the need for ongoing discussion and evaluation within the Muslim community, involving Imams, Muslim chaplains, and scholars to reach a consensus and provide clear, unified guidance on organ donation, which would be favourable for the NHS. To evaluate the reception of Butt's fatwa, participants in my study evaluated the reception of this fatwa within the BSAM community.

2.5.4 Statement by the Wifaqul Ulama- February 2020

A month before the passing of Max and Keira's Law, *Wifaqul Ulama*, a body of ulema which seeks to bring Muslim scholars and laymen together to work for the betterment of Muslims in Britain, stated on their website in relation to the new legislation on organ donation:

> This is fundamentally immoral according to traditional Sunni Islam as there is no permissibility to take the life of an innocent individual even at her request to save another person … organ procurement is considered immoral based on current understanding and procedures. (Wifaqul Ulama, 2020)

The statement was counter-signed by 53 British South Asian ulema. This statement is worthy of note; firstly, for its simplicity. Butt's detailed and technical work had been published nine months earlier, the fatwa was not only difficult for

the lay person to access but even the ulema, who have not specialised in medical bioethics, found the fatwa difficult to comprehend; this was assessed by community networks, intending to hold promotional events on organ donation asking regional ulema to clarify Butt's fatwa. The language used in the Wifaqul Ulama statement, on the other hand, is easy to understand for any lay person and with the explicit and implicit reference to the immorality of taking an innocent life, the statement is similar to Sha'rawi's manner of conveying a complex issue in a soundbite (subsection 2.3.4). Secondly, the endorsement of the statement by 53 British South Asian ulema outnumbers the decision reached by the 19 ulema who visited the Queen Elizabeth Hospital, Birmingham, in 1995 (2.3.5).

Thirdly, the statement makes no reference to Butt's fatwa but rather refers to a paper by Mufti Amjad Mohammed titled "Harvesting the human traditional Sunni Islamic perspective" published a year and a half before Butt's fatwa (Mohammed, 2017). Mufti Amjad is the Principal Jurisconsult of Markaz al-Ifta wal-Qada, a council which responds and offers fatwas to the Muslim public in writing, face-to-face meetings and other modes of communication. Although Amjad's paper had not been at the forefront of academic discussions on organ donation in the UK, the influence of the paper was apparent after Mufti Amjad, on January 11, 2020, gave a speech discouraging organ donation at the Walthamstow Central Mosque. The speech was streamed live and later uploaded on YouTube (Mufti Amjad M Mohammed, 2020). In this speech, Amjad stressed the point that potential donors are not actually dead, yet their organs are retrieved in haste. Another unsubstantiated claim Amjad made was that the drugs used to keep the organs functioning during the retrieval process leads to the death of the donor, implying a form of murder.

Lastly, the timing of the Wifaqul Ulama statement is important. With only three months remaining to the law change, and after several years of raising awareness throughout Muslim communities in the UK through the efforts of NHSBT and BIMA, this concise statement of Wifaqul Ulama might have been more appealing to the BSAM community for several reasons, some already mentioned above: (a) opting-out is a simpler mental process; (b) accepting the organ retrieval process as being immoral and unethical provides a guilt-free justification for not wanting

to remain on the donor register; (c) Wifaqul Ulama represented by 53 British South Asian ulema, offers familiar faces and, consequently, easier for BSAMs to trust; and (d) Mufti Amjad's paper offers a theologically informed choice to not donate.

2.6 Chapter summary

This chapter helps to understand the complexities and nuances surrounding organ donation within the BSAM community. It highlights the interplay of legislation, religious interpretations, and community initiatives in shaping attitudes toward organ donation. The examination of legislative changes, such as the adoption of the opt-out system, highlights the government's efforts to address organ shortages and improve donor rates. Additionally, the chapter explores the influential role of religious verdicts from scholars like Mufti Butt and the Wifaqul Ulama, which reveal the diverse and conflicting views on organ donation within the BSAM community.

The significant impact of cultural, religious, and legal factors on organ donation decisions among BSAMs helps to understand that an evaluation of the organ donation promotional material would be valuable for the NHS and for British Muslims. Organ donation is an issue, which is rooted in linguistic and social practices. Whereas there exists ongoing research interested in the attitudes of Muslims towards organ donation and the statistical changes on the donor register, there is a lack of: (a) systematic linguistic research and analysis of the discourse of BSAMs, as well as (b) an evaluation of the organ donation promotion material produced by the NHS for British Muslims. Accordingly, an interview study would provide deeper insights into the perspectives and experiences of BSAM individuals, allowing for a more comprehensive understanding of the barriers and facilitators to organ donation. This understanding is crucial for developing culturally and religiously sensitive public health policies and initiatives that effectively address the needs and concerns of the BSAM community, ultimately increasing donor rates and improving health outcomes. The next chapter outlines the theoretical framework used for my study.

Chapter 3: Frameworks

3.1 Introduction

In this chapter, I am going to outline the theoretical frameworks and methods I will be using in this thesis. I will first briefly describe the promotional material on organ donation by the NHS for British Muslims (see 3.2). The theoretical frameworks that I will be using in my study are from the tradition of CDA (see 3.3). These frameworks are Fairclough's (1992a) three-dimensional framework, Reisigl & Wodak's (2000) Discourse Historical Approach, and van Leeuwen's (2008) social actor theory.

The reason I am using these three frameworks is that organ donation is an issue, as shown in chapter one (section 2.3), which is rooted in linguistic and social practices. Therefore, I need a framework that covers both practices (Fairclough,1992a, see 3.4). The social context also has a cultural and historical dimension that needs to be accounted for in a way that some CDA approaches such as Fairclough do not do so clearly, hence I will also be using Reisigl & Wodak's Discourse Historical Approach (see 3.5). Within the documents that I will analyse, the roles of social actors are also crucial for my analysis. Although the role of social actors is accepted by Fairclough and Wodak, their treatment of social actors are not detailed enough for my purpose. As such, I will also be using the work of van Leeuwen's social actor theory in this thesis (see 3.6).

The three CDA frameworks mentioned so far have been critiqued in various ways as will be discussed (see 3.7). In this thesis, I will also be using corpus analysis in order to moderate the effects of the criticisms against the three frameworks I am using (see 3.8). Moreover, I will be using and triangulating other methods in this thesis, notably questionnaires and interviews, which I will present later in the thesis (3.9).

3.2 Promotional material on organ donation for BSAM

My analysis of the discourse on organ donation in the UK would involve learning about the values, positions and perspectives of British South-Asian Muslims (henceforth BSAMs). This information could help the NHS to promote more

effective communication with BSAM communities in the UK with regards to organ donation. For this purpose, I intend to explore two sources of information: (a) the NHS promotional material on organ donation and (b) participants response to this material. I will now discuss both of these sources of information in turn and highlight the methods I need to carry out an analysis of this material.

The NHS promotional material on organ donation available at the time of writing, on the NHSBT website consists of articles, Islam and organ donation leaflet (see Appendix II), and 20 videos (NHS Organ Donation, 2019a). To analyse this material, I would require a method that would help me to understand the context in which this material was prepared. A basic understanding of this material could be gained using human intuition. The social and historical contexts of the texts may be easy to understand for a researcher that was actively engaged with the discourse between 2010 and 2020, i.e. when Keira & Max's law on organ donation was introduced in the UK (section 2.2). However, for someone that was not engaged with the discussion during this period, understanding the context would require more effort. An analytical method is required because much of the discussion concerning the background to the passing of the law cannot simply be understood by reading the promotional material.

On the other hand, for someone knowledgeable about the context around organ donation, to describe the promotional material could still be challenging. The challenge is because of the high volume of texts produced by the NHS regarding organ donation. To reasonably explain the discourse on organ donation, having a good description of the text is required. I would require tools and techniques that would help to analyse the material systematically to be able to provide a satisfactory description of the promotional material.

Admittedly, the promotional material on organ donation alone is insufficient to understand the underlying reasons for why BSAM choose to donate or not – these relate directly to social practice in context. The response of the imams from the BSAM communities is also important. The imams are key figures in the communities who form part of a social hierarchy that play a role in swaying the decisions of BSAMs. Understanding this social structure within the BSAM

communities is, therefore, crucial to understand where the power lies. The arguments put forward by those higher in the hierarchy who are either in favour of or against organ donation are expressed through language.

Bearing this hierarchy in mind, I will explore the complex and implicit power relationships in the discourse on organ donation. For this purpose, I would require a method that would allow me to systematically analyse texts by examining the social actors involved. As such, I would require a linguistic method that would help me to understand power relations. Moreover, the social context of the discourse on organ donation also has a cultural and historical dimension that needs to be accounted for.

Bearing in mind the above requirements, to satisfactorily analyse the discourse on organ donation in relation to BSAM, I would require a blend of appropriate methods, as discussed at the beginning of this chapter. For my study, I will combine Fairclough's (1992a) *three-dimensional framework*, Reisigl & Wodak's (2000) *Discourse Historical Approach*, and van Leeuwen's (2008) *social actor theory*, which are all approaches from the tradition of *critical discourse analysis* (henceforth CDA), which is an approach to *discourse analysis*. CDA can allow me to understand the context of the material, to provide a satisfactory description of the promotional material, and to help understand power relations. Before describing the three above-mentioned frameworks, I will first provide an overview of what CDA involves showing what the frameworks have in common.

3.3 Critical discourse analysis

Fairclough (1992b, p. 63) regards discourse as "language use as a form of social practice … a mode of action, one form in which people may act upon the world and especially upon each other, as well as a mode of representation". Taylor explains that discourse analysis (henceforth DA) is an examination of the discourse "beyond the individual person" (Taylor, 2013a, p. 1). On the other hand, Cameron (2001, p. 13) provides a more detailed explanation of DA wherein she says it is focused on examining "language above the level of the sentence or clause" and "language in use". In relation to language beyond the text level, Fairclough (1995a, p. 56) points out that discourse refers to the "language used

in representing a given social practice from a particular point of view". These three descriptions of discourse analysis, if combined, help to establish that for my study, understanding the discourse on organ donation within the British socio-political context is as important as word, sentence, and text level analysis.

For the purposes of this thesis, discourse is therefore understood as patterned ways of using language that act in the social world and construct particular versions of social reality (for example, what organ donation is, who it is for, and how it should be evaluated). Within this understanding, arguments are the recurrent lines of reasoning through which positions on organ donation are justified or contested, while representations are the ways in which social actors and practices (such as BSAMs, muftis or medical professionals) are depicted, evaluated and positioned in texts. Together, these arguments and representations are treated as key textual realisations of the organ donation discourse that this thesis seeks to identify and explain.

Analysing discourse is, admittedly, a complex process because values, positions and perspectives can be hidden from the public. Nevertheless, discourse could make better sense if examined in relationship to language patterns and interdiscursivity (Baker, 2010). I will now elaborate on why CDA is a suitable approach for me to take in my study.

Gilmore (2015) explains that different approaches to discourse analysis can be distinguished by the degree of attention they pay to the text itself, the social context, and the range of semiotic modes (e.g. spoken, written, visual). Using this framework, Gilmore situates several well-known approaches on a continuum from text focused to context focused, and from those that consider mainly verbal language to those that incorporate a wider set of semiotic resources. Figure 3.1 below adapts Gilmore's schema to show where corpus analysis, conversation analysis, CDA and related approaches sit in relation to text, context, and semiotic modes.

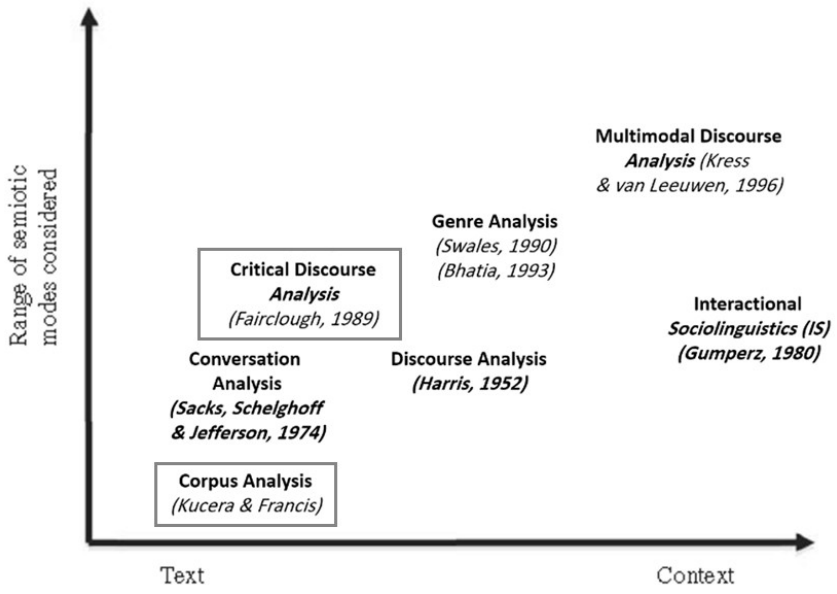


Figure 3.1. The way the seven approaches to DA vary in their focus on text, context or semiotic modes (Adapted from Gilmore, 2015).

Figure 3.1 shows that all seven approaches are concerned with meaning in natural language, but they differ in how far they move from close textual description towards contextual interpretation, and the various semiotic modes they typically consider. Corpus analysis is positioned as strongly text oriented while interactional sociolinguistics and multimodal discourse analysis are placed closer to the contextual and multimodal end of the continuum. CDA occupies a middle to upper position because whilst it retains systematic attention to textual detail, it also foregrounds social context and, where relevant, multiple semiotic modes.

The key features that distinguish CDA from other tools according to Hjelm (2013, p. 862) are “the division of analysis into three different aspects that feed into each other: (1) textual analysis, (2) analysis of discourse practice, and (3) analysis of social practice”. This unique approach has allowed researchers to apply CDA to different social domains including democracy and politics (Fairclough, 1995a, 1995b, 2000), identity (e.g. Wodak et al., 1999), feminist analysis (e.g. Lazar, 2005, 2007,), mass communication (e.g. Mayr, 2008a), mass-mediated communication (Jorgensen & Phillips, 2011), and nationalism (Baker, 2012). The

contribution of CDA to these studies is mainly that it allowed a systematic analysis to explore and understand hidden values and perspectives in the respective studies. On this note, I will now explore the views of prominent linguists regarding the uses of CDA.

According to Paltridge (2012), CDA studies have generally contributed to revealing hidden values and perspectives in discourse. Furthermore, CDA studies have empowered researchers to communicate more effectively by gaining a better understanding of the way people communicate. CDA is a particular approach to discourse analysis that focuses on “social relations rather than on entities or individuals” (Meglio, 2019, p. 91). By extension, the focus is on inter-discursivity which involves examining the relationship between discursive practices and other elements of discourse including power (Fairclough, 1995b).

Fairclough (2013) describes the way CDA focuses on these relationships:

> Discourse analysis which aims to systematically explore often opaque relationships of causality and determination between (a) discursive practices, events and texts, and (b) wider social and cultural structures, relations and processes; to investigate how such practices, events and texts arise out of and are ideologically shaped by relations of power and struggles over power; and to explore how the opacity of these relationships between discourse and society is itself a factor securing power and hegemony. (Fairclough (2013, p. 93)

As such, CDA is valuable because it allows the act of analysing language to understand social processes and practices. CDA allows “an understanding and tackling of social problems” (Lin, 2014, p. 214). Moreover, Fairclough (1989, p. 23) states that “social phenomena are linguistic … in the sense that the language activity which goes on in social contexts … is not merely a reflection or expression of social processes and practices, it is a part of those processes and practices”.

In addition to arguments made in favour of or against organ donation, equally important is examining the way the arguments are constructed. Texts can reveal power relations. Wodak (1996, p. 18) highlights that “textually mediated social

action" does "ideological work by representing and constructing society and by reproducing unequal relations of power". As such, discourse builds and negotiates realities through texts and thereby constitutes society and society is constituted by the texts. Fairclough (1989, p. 26) highlights that an "explanation of the text is concerned with the relationship between interaction and social context – with the social determination of the processes of production and interpretation, and their social effects". Accordingly, CDA allows a framework to analyse text to uncover power relations and social changes.

Representation of social actors in any given discussion involves looking at who is putting the arguments forward, who or what is portrayed as authorities, and who is not viewed as an authority. Discourse contains ideologies which are constructed by positively representing social actors and negatively portraying others.[30] Inclusion and exclusion of social actors may reveal different psychological, social or political interests of text producers (Reisigl & Wodak, 2000). The concept of *othering* is generally seen as "an attempt to exclude individuals or all members of a group, by focusing on their ascribed or enacted identities" (Hadzantonis, 2012, p. 75). Understanding the way producers of texts choose to represent social actors also helps the discourse analyst to identify the in-group and out-groups. An example of the way groups could be represented is through the use of the pronouns *we* and *they*. Wang (2006) points out that the first-person pronoun *we* could be used to:

> [S]horten the distance between the speaker and the audience, regardless of their disparity in age, social status and professions etc. it may include both the speaker and the listener into the same arena, and thus make the audience feel close to the speaker and his points. (Wang, 2006, p. 260)

[30] Social actors are "participants in clauses, who may be represented as subjects (agents) or objects (goals) in the clause" (Baker & Ellece, 2011, p. 133). Not all subjects or objects in a clause are necessarily social actors. In a sentence such as, John is eating an apple', the subject John is a social actor represented as the agent of the action of eating, and the apple is the goal of that action, but the apple is not a social actor because it cannot act on its own volition. Hence, social actors are "normally animate and/or human but can include groups or abstract entities like council' or community'" (Baker & Ellece, 2011, p. 133). As an analytical category within discourse studies, social actors are seen as the textual instantiations of models of the self and others, both individual and collective' (Koller, 2009, p. 1). Thus, the term *social actors* refers to the participants in a particular discourse.

Dervin (2016, p. 46) describes othering from a sociological perspective; the use of *us* and *them* can lead to superiority and inferiority between groups based on moral and political judgements. Volkmann (2016, p. 222) highlights that CDA can help to explore the use of otherness in texts. Such depictions of authority can help understand social structures and hierarchies.

Social structures are worthy of investigating because understanding them can in turn help provide insights into how decisions, social practices and ideologies are shaped and influenced. Moreover, social structure is important to consider because it influences and controls the way its members use language and through language, social structures are revealed (Halliday, 1973). As an example, Fairclough (1989, p. 54) states that the power of the media works through the "repetition of particular ways of handling causality and agency, particular ways of positioning the reader, and so forth". As such, we find that ideologies and different social or political interests may be represented in a powerful or in a forceful way. Such ways of representing could limit and restrict other kinds of ideologies within the same discourse. Consequently, such representations could limit and restrict other kinds of ideologies and interests within the same discourse (Mayr, 2008b).

In the context of this thesis, examining representations of social actors is crucial for understanding how NHS institutions, government bodies, muftis, imams, healthcare professionals and BSAM community members are positioned in debates about organ donation; for example, who is constructed as a trusted authority, who is blamed for scandals, and who is portrayed as being in need? Patterns of in-group and out-group construction (e.g. we as BSAMs vs they as "the government" or "the NHS") therefore provide insight into how power, trust, and responsibility are distributed in BSAM discourse on organ donation.

Accordingly, two reasons can help to summarise why linguistic features are worthy of investigating systematically. Firstly, according to Slobin (1979), linguistic features have the capacity to predispose people to think and act in a certain way. Secondly, linguistic features have social functions or may contain speech acts. When declaring a person as deceased, this speech act falls under

Searle's (1976) category of *declarations*. Declarations are unique in that they "bring about some alternation in the status or condition of the referred-to object or objects solely in virtue of the fact that the declaration has been successfully performed" (Searle, 1976, p. 14). In this case, declaring someone deceased changes their legal status in society, marking an official recognition of their passing. With these details in mind, analysing linguistic features systematically could help me in my study to reveal aspects of social functions that may otherwise be overlooked.

Furthermore, CDA allows for various approaches to be triangulated. For example, van Dijk (2006, p. 115) describes his approach to CDA as having a "theoretical framework [that] is multi-disciplinary, articulated by the fundamental triangulation of discourse, cognition and society". Wodak (2007, p. 210) notes on her approach to CDA that "one of the most salient features of the discourse-historical approach is its endeavour to work interdisciplinarily, multi-methodically and on the basis of a variety of different empirical data as well as context theories" As such, CDA continues to remain a useful analytical tool.

I have so far focused on the idea that DA involves systematically examining the text and beyond. Depending on the degree of attention that is given to the text, context, and/or semiotic modes, different approaches are at the researcher's disposal. CDA is a helpful and systematic way to determine the relationship between discursive practices and the wider social structures. I will now introduce the three frameworks from the CDA tradition that will be used in concert in this thesis.

3.4 Fairclough's three-dimensional model

Fairclough (1992a) developed a *three-dimensional model* to allow researchers to investigate social changes within the context of a given discourse. The dimensions of this model are (i) text analysis (examining linguistic features), (ii) discursive practice (focusing on the production and consumption of texts), and (iii) sociocultural practice (exploring the broader social and cultural context).

Investigating social change requires an approach that is fundamentally multi-dimensional. Such an approach can help to assess relationships between discursive and social changes. A multi-dimensional approach can also help to analyse texts systematically in light of discursive events that have a social, political, cultural, and historical context. Therefore, alongside exploring the text, equally crucial is the exploration of how the text was produced and interpreted within its social context.

Fairclough's framework aims to map three different forms of analyses on to each other. This mapping includes incorporating both the social and linguistic dimensions, which interconnect and complement each other. Figure 3.2 illustrates Fairclough's framework:

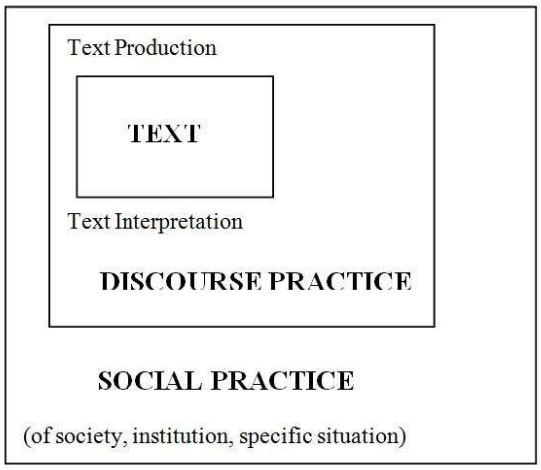


Figure 3.2. Fairclough's three-dimensional framework for CDA (1992a, p. 73)

3.4.1 The analysis of language

This dimension involves a micro-level analysis of the linguistic features of a text, including rhetorical devices, evaluative lexis, and syntax. This stage of the analysis focuses on vocabulary, grammatical patterns, cohesion and text structure. In this study, this means examining the way the NHS texts and BSAM participants talk about organ donation through their vocabulary choices such as fatwa, halal/haram, trust, transplant, heart, and kidney.

Features analysed at this stage could include generic structure, modality, tense, mood, transitivity and vocabulary – based on Halliday's (1985) systemic-

functional grammar. Similarly, pronouns could be analysed to see the way respondents may create distance between themselves and their statements (Neumann, 2013). Pronouns can also reveal the way respondents identify themselves when discussing different issues; they may speak for themselves or respond on behalf of a group (van de Mieroop, 2005). As such, particular attention is paid to patterns of pronominal choice (e.g. we, they) when constructing in groups and out groups, and the use of intensifiers or down toners (e.g. absolutely, slightly, very) when strengthening or softening claims about organ donation, the NHS or religious authorities.

Such an analysis can reveal the way different identity positions and stances are constructed in the discourse – for example, when speakers align themselves with their community, religious authorities, or healthcare professionals – and how verbs and pronouns work together to distribute responsibility, agency and criticism. Textual analysis also allows the study to trace how particular organs (notably the heart and kidneys), scandals, and religious concepts are repeatedly framed, and how occasional metaphorical expressions relating to the body, trust, or sacrifice contribute to the underlying arguments.

3.4.2 Analysis of discourse practice

This dimension involves a meso level analysis of the way discursive practice is produced in a given context. This stage involves exploring the producers of the text and the intended audience. The analysis also explores interdiscursivity, which is the way a text may contain traces of previous texts and provides a bridge between the text and its sociocultural context (Wang, 2006).

In this thesis, the analysis focuses on how organ donation discourse is generated and reproduced across NHS promotional materials, fatwas, and participant interviews, and on the relationships between text producers such as muftis, imams, healthcare professionals, community members and their intended audiences. Concretely, this includes tracing how underlying arguments about intention (niyyah) and the religious responsibility to seek medical treatment are articulated, repeated and recontextualised in different texts, and the way interdiscursivity operates when interviewees draw on earlier fatwas, Quranic

verses, hadiths, media scandals, and NHS messaging when justifying their positions on organ donation. As such, this dimension provides the bridge between the micro level linguistic patterns identified in the corpora and the broader BSAM sociocultural context in which organ donation is promoted, debated, and either endorsed or resisted.

3.4.3 Analysis of social practice

This stage involves a macro level analysis of the broader societal trends, currents, and power relations that affect the text being examined. Ideology and power are examined more closely at this level to create the link between interdiscursivity and hegemony. This link may provide insights on social practices of particular groups which may be influenced by economic, political or cultural factors. Central to this framework, as the third dimension indicates, is the notion that a change in social discourse is an indication of social change (Scollon & Pan, 1997).[31]

In this thesis, this dimension focuses on changing ways of talking about organ donation among BSAMs shifts from outright prohibition to conditional permissibility, from silence to open discussion, and from mistrust of institutions to calls for shariah compliant regulation. By examining the way i) key arguments (such as the role of intention and clinical need for organ transplantation), ii) speech acts (such as commissives, declarations and directives) and iii) representations of social actors (such as muftis, imams, healthcare) across interviews, fatwas and advocacy texts, this dimension links interdiscursivity to hegemony by showing the way particular interpretations of Islamic bioethics gain legitimacy, how they challenge or reinforce existing hierarchies, and how evolving organ donation discourse signals and contributes to social change within BSAM communities.

Fairclough's three-dimensional framework, as evident from the foregoing discussion, helps to carry out a close analysis of a given text or a number of texts. However, the social context of the discourse on organ donation also has a cultural and historical dimension that needs to be accounted for, which Fairclough's framework does not do so clearly. To include, in my study, an analysis of the

[31] For a more detailed breakdown of the framework read Heberle (1997) and Ong (2019).

cultural and historical dimensions of the discourse on organ donation, I will now introduce Reisigl and Wodak's (2000) Discourse Historical Approach.

3.5 Reisigl & Wodak's (2000) discourse-historical approach

The *discourse-historical approach* (henceforth DHA) is another form of CDA. Like Fairclough's three-dimensional framework, DHA takes into account the context, intertextuality, and interdiscursivity. Both of these approaches help to minimise the risk of biased politicisation by means of combining different methods and data (Baker & Ellice, 2011, p. 33). Moreover, DHA "attempts to integrate much available knowledge about the historical sources and the background of the social and political fields in which discursive events' are embedded" (Reisigl & Wodak 2000, p. 35). DHA can be helpful because it provides a systematic way to strengthen CDA. Figure 3.3 provides an overview of the key features of DHA.

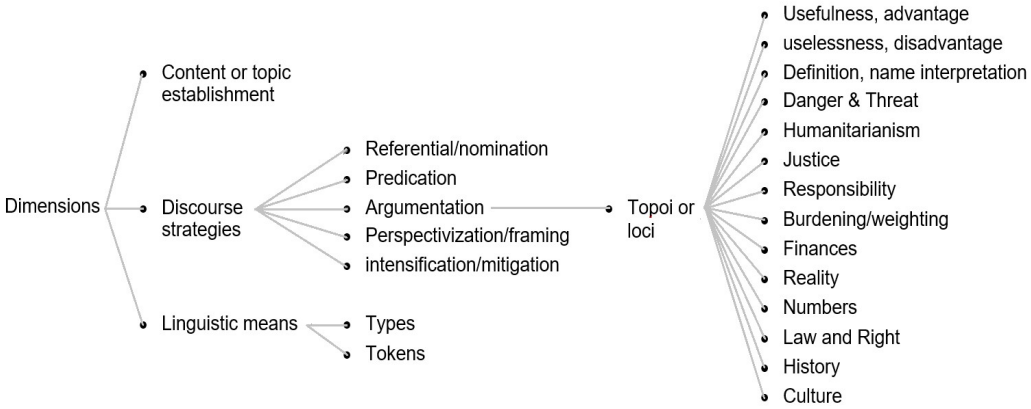


Figure 3.3. Discourse-historical approach (adapted from Mansouri et al., 2017, p. 3)

As illustrated in Figure 3.3, DHA involves three dimensions: 1) content or topic establishment, 2) discourse strategies, and 3) linguistic means. I will now briefly explain each dimension in turn.

3.5.1 Content or topic establishment.

The first dimension establishes the specific content and topics of a given discourse. In the context of this thesis, content or topic establishment concerns which aspects of organ donation that are made salient in NHS texts and BSAM

interviews, such as for instance, brain death, reward, scandals, trust in institutions, and religious permissibility.

3.5.2 Discourse strategies

These strategies refer to the way the text producer refers to actions and ideas. Various strategies can be used to describe, entertain, explain, inform, or persuade an audience. Moreover, the strategies could be "adopted to achieve a particular social, psychological or linguistic aim" (Reisigl & Wodak, 2000, p. 44). Five strategies that DHA focuses on include: *referential/ nomination, predication, argumentation, perspectivisation/ framing,* and *Intensification/ mitigation.*

I. Referential/nomination: This strategy looks at the manner in which persons, objects, phenomena/events, processes and actions are referred to or the nouns that are used to refer to them. Other referential strategies could include metaphors, metonymies, and synecdoches among other linguistic strategies.

II. Predication: This strategy looks at the attributions that are given to the social actors. This means looking at the characteristics, qualities and features that are attributed to persons, objects, phenomena/events, processes. Furthermore, attributes could be positive or negative.

III. Argumentation: This strategy is key in DHA. This strategy looks at the "rules which connect an argument to a claim or conclusion" (Baker & Ellice, 2011, p. 152). These rules are also referred to as *topoi* (singular topos).

IV. Perspectivisation/framing: This strategy looks at the point of view from which the nomination, predication, and argumentation are expressed. One way of illustrating perspectivisation is by focusing on deictics which are words that denote or express references. For instance, pronouns like *I, you*, and *me*, could refer to people; and *this, that, here, there*, to refer to places.

V. Intensification/mitigation: This strategy involves looking at the degree to which arguments and points of views are intensified or mitigated. Intensity markers like *very* and gradable adverbs like *really* could be used to emphasise or amplify a proposition (Baker & Ellice, 2011, p. 610). Additionally, Wodak (2001, p. 93) lists "modals, tag questions,

> subjunctives, hesitations, vague expressions, hyperboles, litotes, indirect speech acts, and verbs of saying, thinking and feelings [as] additional devices that could show intensification/mitigation".

In the context of this study, discourse strategies refer to the way these topics are discussed, for example the way participants nominate and describe social actors (e.g. NHS, government, and muftis), the way they predicate attributes to them, the way they construct and justify arguments for or against donation, and the way they frame issues like risk, reward, and Islamophobia.

3.5.3 Linguistic means

The third dimension of DHA is the linguistic means where types and tokens in the text are analysed. In a given length of text, *tokens* are the total number of words and the *types* are these words if repetitions are disregarded. Linguistic means, in the context of this study, cover the specific lexical, grammatical and phraseological choices through which these strategies are realised (such as gifting, amana/trust, shariah-compliance), evaluative adjectives, conjunctions such as 'but' in reformulations of misconceptions, and the alternation between English and Arabic terms such as mosque/masjid, soul/ruḥ.

DHA could contribute to my study by strengthening the findings by adding another layer of systematic linguistic analysis. Whereas Fairclough's framework emphasises the focus on text, discourse and social practices, DHA helps to understand underlying arguments by investigating topoi, perspectivisation as well as noting the intensification and/or mitigation of arguments. Representation of social actors positively or negatively can help to understand social structure and the way social practises can be influenced. To explore the complex and implicit power relationships in the discourse on organ donation, I would require a method that would allow me to systematically analyse texts by examining the social actors involved. For my study, an analysis of the social actors within the texts on organ donation is crucial. Although Fairclough's and Reisigl & Wodak's approaches allow for an analysis of social actors, their treatment of social actors is not detailed. For this purpose, I intend to combine Fairclough's three-dimensional

framework with van Leeuwen's (2008) social actor theory, which I will now introduce.

3.6 Van Leeuwen's (2008) social actor theory

Van Leeuwen's (2008) social actor theory aims to uncover power relations in discourse. Social actors are "participants in clauses, who may be represented as subjects (agents) or objects (goals) in the clause" (Baker & Ellece, 2011, p. 133). Social actors are seen as the textual instantiations of models of the self and others, both individual and collective (Koller, 2009, p. 1). Thus, the term *social actors* refers to the participants in a particular discourse. Social actor theory helps to systematically look at social actors mentioned in the text. It also helps to categorise social actors to see the way they are represented by the producer of the text. An example of the way a social actor could be represented is by using titles to show social status. For instance, a person with a higher social position tends to be represented formally, whilst others may be represented semi-formally or even informally (Wu, 2020, p. 6). Social actors could be represented deliberately in a particular way to indicate their power.

To elaborate, the language used to describe participants in discourse significantly affects how they are perceived and the power dynamics conveyed. For example, referring to a medical professional as a *surgeon* implies a high level of professionalism, skill, and respect, while calling them a *butcher* suggests a crude, indifferent approach. Similarly, using the term *extract organs* carries a clinical, precise connotation, whereas *take out organs* sounds more casual and informal and potentially undermining the professionalism of the action. These linguistic choices shape the social actors' perceived roles and the power dynamics within the discourse.

To summarise the three approaches to CDA, I discussed how Fairclough's framework emphasises the focus on text, discourse and social practices. DHA helps to account for the cultural and historical dimensions and van Leeuwen's

social actor theory helps to uncover the social hierarchy.[32] CDA, however, is not without its critics. CDA has been mainly criticised on two grounds: (a) for being overtly politicised and (b) it allows researchers to cherry-pick texts for analysis with a preferred outcome in mind. In the following section, I will engage with both of these criticisms in turn.

3.7 Criticisms of CDA

Widdowson (1995) characterised CDA as being overtly politicised. Martin (2004) claimed that CDA appears to focus and foreground the negative aspects of discourse. A rather less direct criticism came from van Dijk (2003, p. 96), who described CDA as an approach to discourse analysis "with an attitude". Such criticisms reveal that CDA practitioners may assume a political stance and set out to expose an aspect of imbalance that is political, social, cultural or ideological (Collins, 2019, p. 13). By overtly focusing on the political and negative aspects of the discourse, critics like Widdowson would argue that researcher bias may increase. Consequently, the objectivity required to conduct a fair discourse analysis may be lost.

Cherry picking of texts is another criticism of CDA. The emphasis on interpretation in the three-dimensional framework has been criticised by Pennycook (1994), Widdowson (1995), and Langer (1998, p. 23) based on the supposition that the analysis is limited to small volumes of text. This criticism is based on the notion that CDA allows much room for bias and discrimination by deliberately selecting texts which prove a preconceived point (Widdowson, 2000; Koller & Mautner, 2004; Partington, 2004). Such a bias process is believed to permit researchers to find "whatever one wants to find" (Carreon & Todd, 2011, p. 27).

An example of this weakness was highlighted by Stubbs (1997), who criticised Fairclough's (1995) analysis of public language in the media. In this study, Fairclough tried to demonstrate that public language had become less formal.

[32] For a summary of legitimation strategies, see Table 6.1; for a summary of social actor representation strategies see Tables 6.2 and 7.1.

Stubbs argues that the study did not include any quantitative diachronic evidence to support the claim that informality in public language had increased. Owing to this lack of evidence, Stubbs concluded that Fairclough's study was based on a weak and unsystematic method.

To overcome both of these objections, Cameron (2001, p. 140) clarifies that CDA "is enriched, and the risk of making overly subjective or sweeping claims reduced, by going beyond the single text to examine other related texts". However, what steps can researchers take to find these other related texts? Jaworska (2016, p. 19) highlights that CDA scholars have developed and adopted various methods of triangulation to provide "the most complete picture". Fuoli & Hart (2018, p. 3) list a number of these triangulation methods which include: ethnographic data collection (Wodak et al., 1999), inter-analyst consistency checks (Baker, 2015; Marchi & Taylor, 2009), and corpus-informed checks by comparing qualitative and quantitative approaches to CDA (Baker & Levon, 2015). Such triangulation methods help to inform analysis by finding external support for interpretation (Fuoli & Hart, 2018).[33]

In light of the above criticisms of CDA, Breeze (2011) highlights the need for a systematic process for CDA, as is expected of any study in linguistics, to strengthen its findings. Breeze advises that when researchers are in the process of selecting texts, they should pay attention to the audience's response and reception of the text to make the process systematic. Another approach to addressing this criticism is to combine methodologies so that the texts are selected on some transparent, repeatable, objective grounds.[34]

I have so far attempted to explain that CDA is a relevant and helpful approach to take in my study. To summarise, CDA is useful because it can help to uncover values, positions and perspectives that may be implicit rather than explicit for the public. CDA is also helpful because it may help to determine the relationships between discursive practices and wider social structures by dividing the analysis

[33] For further information on triangulating methodological approaches in corpus linguistic research, see Baker & Egbert (2016).
[34] I will explain the way different methods could be combined in further detail in section 3.8

into three aspects: textual analysis, discourse practice, and social practice. I also discussed the criticisms levelled against CDA that is it could lead to cherry-picking texts. Bearing these criticisms in mind, I will now introduce corpus linguistics and its tools and strategies. My aim is to show that corpus-assisted critical discourse analysis (CA-CDA)allows for the selection of texts on more transparent, repeatable, and objective grounds. In this way, corpus analysis can help to mitigate the criticisms directed at the three frameworks that I am using.

3.8 Corpus-assisted critical discourse analysis (CA-CDA)

A synergy of corpus linguistics and CDA can allow a much wider data set to be analysed than would be possible by hand and eye alone. The synergy could provide justification in my study for why particular linguistic features warrant more attention. Furthermore, the synergy could allow generalisations based on results from a larger data set than the techniques used in my three chosen frameworks would permit. Among the merits of the corpus-assisted approach to discourse analysis is that it has the capacity to help to reduce bias. When researchers need to be selective of their findings, the corpus-assisted approach can help prioritise these findings. Baker (2006) argues that:

> [W]ith corpus analysis, there are usually a lot of results, and sometimes, because of limitations placed on researchers … selectivity does come into play. But at least with a corpus, we are starting (hopefully) from a position whereby the data itself has not been selected in order to confirm existing conscious (or subconscious) biases. One tendency that I have found with corpus analysis, is that there are usually exceptions to any rule or pattern. It is important to report these exceptions alongside the overall patterns or trends, but not to over-report them either. (Baker, 2006, p. 12)

I will now explain in more detail what corpus linguistics as an independent field of linguistics involves and its value. I will also discuss the main criticisms levelled against corpus linguistics.

3.8.1 Corpus and corpus linguistics

In contrast to corpora being simply any body of text, McEnery and Wilson (2001, p. 32) define a corpus in modern linguistics as ‘a finite-sized body of machine-

readable text, sampled in order to be maximally representative of the language variety under consideration'. This definition distinguishes corpus linguistics from other digital methods; corpus linguistics focuses on corpora that are finite and purposefully sampled, comprising authentic, naturally occurring language (including transcripts of spoken data), rather than an endless or arbitrary collection of texts. Thus, corpus linguistics differs from topic modelling or culturomics, which rely on algorithmic topic extraction from unsampled texts. Furthermore, *Corpus linguistics* is defined by Baker & McEnery (2015, p. 1) as "… a powerful methodology – a way of using computers to assist the analysis of language so that regularities among many millions of words can be quickly and accurately identified". Any instance of a particular word form in a text is referred to as a *token* and the size of a corpus can be measured by the number of tokens it contains. Though this definition creates an overwhelming sense that a single corpus must contain millions or even billions of words, this idea is misleading. While patterns could be detected from such a large corpus, the quantity is indicative of the power of corpus linguistics and not its definition.

With regards to size, whether a corpus is considered to be of sufficient size depends on the intended use of the corpus. For example, if the purpose is to examine present and past tense verbs in English, a corpus of 1,000 words may suffice (Biber et al., 1994). In a study on the metaphors of climate science, Deignan et al. (2019) created an interviews corpus consisting of 87,929 words. Deignan et al. (2019, p. 2) describe this interview corpus as being relatively small, however, it served as a "starting point for qualitative analysis of metaphor use". With such studies in mind, the size of a corpus is not only dependent on its intended use, but it is also determined relative to the sampling process used to construct it.

In this thesis, corpus linguistics is used to support a corpus-assisted CDA of NHS promotional materials and interviews with participants. The focus is not on building very large corpora, but on using corpus tools to detect recurrent patterns in the way organ donation is defined, evaluated and linked to religion, trust, and scandal, which are central to the research questions.

One of the sources of data I intend to use is interviews.[35] A challenge that I will face when analysing interview data is the high volume of data produced relative to my capacity to process it. A high-volume of data would be difficult to analyse not only due to time constraints but also not possible without using computing tools. A good example of the benefits of the corpus approach to interview data is Fest (2015), who analysed interviews using corpus tools. Fest created an interviews corpus of 44,159 tokens to demonstrate the way corpus linguistics can support interview analysis. Fest combined qualitative and quantitative research approaches to demonstrate that the idea that the two approaches are "incompatible" is a misconception (Fest, 2015, p. 48). To demonstrate that qualitative data could be supported by a corpus-based analysis, Fest, analysed a set of 14 interviews taken from a survey in the field of educational science. Fest's corpus-based approach to analysing interview data gave me confidence that similar tools can be used in my study to handle 30 interviews, to identify recurring arguments and representations that would be difficult to trace reliably by manual reading alone.

By applying corpus methods, Fest found that she was able to "analyse in more detail the language used by the interviewees in terms of word frequencies, typical collocations and pronominal use, putting particular emphasis on the phrasing of criticism and evaluation" (Fest, 2015, p. 48). Overall, Fest highlights that "a corpus-based analysis of the data can, therefore, be said to give not only interesting information but relevant insight into the structure of an interview and the information conveyed by the interviewees" (Fest, 2015, p. 48). Fest's corpus-based approach to analysing interview data gives me the confidence that corpus tools would help me to analyse a higher number of interview transcripts that would otherwise be possible.

In this section, I have so far attempted to explain that corpus linguistics is a methodology that can be used to assist language analysis. I also explained that one of the ways in which corpus methods have been used in research is to assist

[35] A detailed discussion on the interview aspect of my study is discussed in Chapter 5.

language analysis of interview transcripts containing a high volume of text. As such, a corpus-assisted approach provides an alternative to other more qualitative focussed approaches to interview analysis. This leads me to the point related to the way qualitative and quantitative approaches interconnect. Baker et al. (2008, p. 274) highlight that the term corpus-assisted contributes “distinctly to a methodological synergy” that is to say that corpus linguistics and CDA can both be used “as entry points, creating a virtuous research cycle” (Baker et al., 2008, p. 295).

An important question to ask at this point is – what is the reason behind the need for a large dataset? The main reason is that finding patterns from a large dataset can be helpful. To elaborate on this point, Fairclough (1989, p. 54) states that the power of the media works through the “repetition of particular ways of handling causality and agency, particular ways of positioning the reader, and so forth”. As such, if the example of the media is taken, we may note that it intends to promote in readers a certain way of thinking by repeating, in different ways, information that will achieve this. Understanding this strategy can help see the reason why finding these repetitions within a single text and even in a range of texts is helpful for the analyst.

By finding words and phrases that are repeated, the analyst is able to infer that these recurrences are not incidental but rather a deliberate choice used for a specific purpose. Keeping these strategies in mind, a large dataset may help to establish such patterns and allow analysts to make observations about such choices. On this note, a question I would like to return to here is, to what extent do corpus methods demand that the size of a corpus be tens of thousands of words or even millions or billions of words?

The association of millions of words with corpus linguistics is perhaps incidental because of the way the field has developed and has grown since the 1961 million-word Brown Corpus of Standard American English. Multi-billion word corpora, such as the nearly 2.1 billion-word Oxford English Corpus (OEC), are commonplace for languages such as English in the 21st century. Yet, as already noted, it is the selection of texts, which are fit for purpose, that ultimately

determines the size of a corpus required for a study and the quality of the results that may be drawn from it. Furthermore, irrespective of the size of the corpus, Baker (2010, p. 125) highlights that individual texts would need teasing apart to see for example the way different text genres use a particular term in different ways. Baker (Baker, 2010, p. 125) also points out that the way “corpora can be useful in revealing discourses is that their sheer size often uncovers evidence for rare or minority views”.

For the purpose of discourse analysis, an earlier more analytical definition of a corpus, as given by McEnery et al. (2006, p. 5), is more helpful than an over-focus on size. In this definition of *corpus*, it is: “a collection of (1) machine-readable (2) authentic texts (including transcripts of spoken data) which is (3) sampled to be (4) representative of a particular language or language variety”. This definition focuses primarily on the purpose of the corpus rather than its power to analyse a large quantity of data. It is the working definition of corpus that I use in this thesis.

Given the fact that some texts contain a high number of words or that some corpora contain a high number of texts, detecting linguistic patterns may require tools to support the analysis process. Corpus-based analytical tools can be effective in establishing trends and patterns in such data that allow for reliable generalisations (Jaworska & Themistocleous, 2018). The following techniques are helpful because they make the analysis process transparent and repeatable. I will now briefly summarise some of the most common techniques used in corpus analyses.

3.8.1.1 Concordance analysis

According to Gabrielatos & Baker (2008, p. 15), a *concordance* is “a list of a given word or word cluster with its co-text on either side”. A concordance could help to see a word in actual use. A concordance analysis in this way is valuable because it can help to collect and display useful information in one place.

A concordance analysis in this way is valuable because it can help to collect and display useful information in one place.

In this thesis, concordance lines are examined for items such as fatwa, trust/amana, transplant, pig and Islamophobia, allowing me to inspect the way these terms are embedded in arguments, the way speakers position different social actors around them, and how apparently similar words (e.g. mosque/masjid, soul/ruh) are used differently by imams and healthcare professionals in the Interviews Corpus. In this manner, I use concordancing in my analyses to facilitate close reading of corpus data, especially that which is highlighted by other techniques: key word analysis, word cluster and collocation, as discussed in the following subsections.

3.8.1.2 Keyness

Scott (1997, p. 236) defined a *keyword* as "a word which occurs with unusual frequency in a given text". To determine whether the frequency is unusual, the text or a corpus of texts would need to be compared to another corpus. The corpus that is used as the "benchmark for the type of language under investigation" is referred to as the *reference corpus* or RC (Brookes & McEnery, 2017, p. 5). Scott & Tribble (2006, pp. 59-60) also point out that keywords indicate the aboutness of a text. However, the keyword technique alone is a limited instrument and so the keywords will require contextual analysis by expanding the concordances within which they appear (Gabrielatos & Baker, 2008). This triangulation approach could help to examine linguistic features and I use this method "as a more reliable basis on which to draw conclusions about its evaluative function on a specific occasion of use" (Hart, 2020, p. 183).[36]

In my study, I intended to collect data through pilot interviews with faith leaders from the BSAM community. To identify the attitudes of the respondents, keyword analysis would be useful because it directs the analyst to the lexical differences between responses and other corpora (Baker & Ellece, 2011). Furthermore, keywords can aid in obtaining responses that are emotionally charged (Garrett et al., 2005). With this information in mind, keyness is a valuable corpus method because it allows for underlying concepts to become more visible (Evans & Imai, 2011). A list of keywords based on frequency would allow me to determine the

[36] For more information on Keyness, see Chapter 6 on Keyness in Baker (2006).

concepts that are salient in the data (Baker, 2004). Baker (2006, p. 125) explains that by comparing a text or a corpus to the BNC, this comparison could help "to make sense of the linguistic patterns we uncover and how they relate to discourses". The benefit of the corpus-driven keyword analysis is that it could help me to avoid insignificant details from my interviews data.

In my study, keywords are directly relevant to analyse emotionally charged terms (e.g. words associated with fear, mutilation, Islamophobia, trust or betrayal) and content words (e.g. fatwa, shariah-compliant, scandal) are central to understanding the way organ donation is framed and evaluated by the participants. Identifying these items via keyness helps address RQs 1 and 2 as well as it provides entry points for the analysis of arguments and representations for RQs 3 to 6.

Using the Wmatrix5 USAS semantic tagging feature, the NHSBT corpus was compared against the Written BNC Sampler and the IC compared against the Spoken BNC Sampler[37]. The Spoken and the Written BNC corpora were used as reference corpora to serve as a benchmark of "general English language" and to examine which words in either corpus occur more frequently than normally expected by chance alone (Baker, 2006, p. 43). Rayson (2021) highlights that an item with a log-likelihood value of >7 can be considered to be statistically significant since 6.63 is the cut-off for 99% confidence of significance. As such, for keyness analysis and to see what each corpus was about, only categories with log likelihood values above 6.63 ($p>0.01$) were treated as key; this combination helps to exclude very rare items while retaining categories that are statistically unlikely to be over or underrepresented by chance alone.

[37] Wmatrix5 was developed and released before the BNC2014 was available, so it initially incorporated the BNC1994 as its default corpus. The British National Corpus (BNC) Sampler is a smaller, representative subset of the larger BNC1994. It includes both spoken and written English texts, divided into various categories to reflect the diversity of English usage. The BNC Sampler Spoken consists of 982,712 words of spoken English and the BNC Sampler Written consists of 968,267 words of written English.

3.8.1.3 Word clusters

Word clusters are defined by Biber & Conrad (1999, p. 183) as "the most frequent recurring lexical sequences" in a given register. Word clusters may also be referred to as lexical bundles or an n-gram. The n denotes the number of words in the sequence. Corpus tools could be used to search for word clusters across a range of texts. Baker (2006, p. 71) explains that "notion of clusters is important because it begins to take into account the context that a single word is placed in".

For this thesis, word clusters are particularly useful for revealing recurrent phrasings around key concepts, such as the way participants routinely qualify transplant procedures ("transplant is… but…") or talk about trust and responsibility ("duty to…", "responsibility to…"). These patterned expressions help to uncover the way arguments are routinely framed in talk about organ donation.

I will now explain the way keywords and word clusters could be examined in more detail when explored using collocation analysis.

3.8.1.4 Collocations

Brookes & McEnery (2020, p. 351) point out that collocations could be utilised as an entry point for examining discourse and to represent metaphorical representations in discourse. Given that collocation analysis can be useful, the difference between keywords and collocations also becomes apparent; keywords reveal the aboutness of the text whereas collocations reveal the most frequent or salient ideas associated between words (Gabrielatos & Baker, 2008, p. 10).

Kania (2020) points out, however, that keywords, collocates, and concordance lines cannot substitute for a close reading of the text. This is because "not all semantically related collocates will be frequent enough to be listed, and sometimes a close reading of the whole text is needed in order to see how individual terms are used in the construction of an argument" (Kania, 2020, p. 13). For that reason, as noted, I use concordancing to explore collocations. In addition, Brookes & McEnery (2020, p. 359) also point out that researchers "need to consider a broader context than collocation will permit, using close reading to

look for explanations of the correlations". In their corpus-assisted CDA of violent jihadist discourse, Brookes & McEnery considered the correlation of semantic categories of the collocations to explain the correlations between collocations. In this study, collocation analysis is, therefore, used to explore the way organ donation is repeatedly associated with particular semantic fields such as costs, religion, giving, and seeking medical treatment. which directly informs the analysis of discourse strategies and topoi in DHA.

This observation leads me in turn to use semantic analyses, as described in the next section.

3.8.1.5 Semantic tagging

To investigate macro-structures within a text or to compare them between texts, semantic tagging could help to speculate broader patterns and average descriptions of texts. Semantic tagging could also help to uncover the most prominent semantic macrostructures associated with a text or a corpus. The results could provide a general description of the contents (Shapero, 2011) as well as provide an overview of the prominent themes in a corpus (Bailey, 2020, p. 252).

The analysis of discourse strategies in DHA and the representation of social actors can be enhanced by the above-mentioned corpus tools. The combination can make the analysis process simpler by allowing me to search for all instances of titles, intensity markers, gradable adverbs, and particular word types and tokens and view them systematically and in a transparent manner whereby the analysis could be repeated. Moreover, a corpus-assisted CDA could allow for a much larger dataset so that the findings are representative to a larger sample.[38]

To elaborate on what corpus tools are able to do, Kenny (2001), likens corpus tools to a kaleidoscope which allows textual features to appear and recede. This analogy helps to understand that corpus tools bring different patterns into view,

[38] For more information on how corpus linguistics can contribute to CDA, see chapter 5 of Mautner (2007, pp. 122-143).

which may replace each other or change over time. Kaleidoscopes can surprise the viewer by bringing into view unexpected patterns. Likewise, corpus tools are helpful because they are able to bring into view patterns that the researcher may not otherwise find or perhaps not know to look for. Moreover, corpus tools can make available data that is not readily available to the researcher. Brookes (2020) encapsulates the way corpus procedures can support researchers in a way that would otherwise be very difficult:

> These procedures … allow the researcher to search for every occurrence of any word or combination of words, generate frequency information about linguistic phenomena of interest (e.g. words, chains of words, grammatical types), perform statistical tests on those frequencies (i.e. to measure the significance or strength of relationships between phenomena) and present the data in ways that render it more amenable to manual analysis. (Brookes, 2020, p. 48)

Kenny's analogy helps to understand that corpus tools, like a kaleidoscope, do not allow one to see everything but they do bring into view patterns that may otherwise not be observed. Importantly, Baker (2006, p. 14) points out that a corpus can help to uncover unexpected counter-examples that are likely to be overlooked or would be absent in smaller-scale studies. Owing to the fact that corpus tools can present a large volume of data in a systematic and accessible manner to the analyst, the analysis and interpretation itself require human intuition.

In this study, corpus tools bring into view unexpected patterns such as the discussion around pig or Islamophobia, or the frequent conjunction 'but' in relation to transplants, which then become starting points for closer CDA and DHA based interpretation. Likewise, in this study, semantic tagging supports the identification of broader thematic fields such as religion and health across the NHSBT and interviews corpora, helping to map which semantic domains become prominent in each corpus and thus contributing to RQs 1–2 about similarities and differences in organ donation discourse.

Bearing in mind the power of corpus tools, discourse analysis of millions of words that is corpus-assisted could potentially reveal patterns and findings that are more generalisable and representative of textual evidence. Nevertheless, to expect that corpus methods could replace a closer reading, which requires the human eye, would be unreasonable. As noted, such an expectation would be, as in Partington's analogy, like wanting a telescope to see something up-close, for which one needs to put the telescope aside and use the human eye. This brings me to my next point: the need for human intuition in corpus analysis.

3.8.2 The need for human intuition

Human intuition, as highlighted by Hunston (2007), must be valued in corpus analyses. Hunston argues that "[a]lthough an over-reliance on intuition can be criticised … [it is] an essential tool for extrapolating important generalisations from a mass of specific information in a corpus" (Hunston, 2007, p. 22). Bearing this in mind, corpus tools should be used in tandem with human intuition. As such, over-reliance on either corpus tools or human intuition should be avoided. This leads to the question: to what extent should human intuition be relied on and for what purposes should corpus tools be used?

McEnery & Hardie (2011, p. 161) explain that "since prior understanding cannot be eliminated, the question is *how much* that prior understanding is relied on rather than *whether* that prior understanding is relied on". Prior understanding can be helpful in providing a framework that is informed by hypothesis formation to help the researcher interact with a corpus more effectively. In this way, both intuition and corpus tools could be combined to get a better understanding of the description of the text as well as the context of the discourse.

Corpus methods, such as keyword analysis and collocation analysis could all reveal linguistic features to help form a reasonable description of the text. Bearing these tools in mind, the value of corpus tools is to uncover the non-obvious meanings alongside the more conventional forms of discourse analysis (Collins, 2019). Identifying significant linguistic features and using human intuition may help to uncover the way a number of discourses are connected (Stubbs, 2001). Whilst identifying significant linguistic features in a small dataset can be

challenging, finding textual differences may not be possible at all with a much larger dataset using human intuition alone (Tognini-Bonelli, 2001).

Human intuition assisted by corpus tools has two main advantages as it allows the researcher to (i) guide the analysis of a large dataset using corpus tools, (ii) integrate the social context relevant to the corpus analysis and (iii) connect the corpus analysis, contextual analysis and hypothesis formation and testing.

corpus-assisted critical discourse analysis (CA-CDA) has been applied to a range of discourses, for instance, refugees and asylum seekers (Baker et al., 2008), pro-eating disorder blogs (Lukač, 2011), representation of Islam in the British press (Baker et al., 2013), eating disorder discourse offline (Hunt and Harvey, 2015); obesity (Mulderrig, 2017), and the need for foreign doctors in the UK (Baker, 2015). Such studies attest to the fact that CA-CDA empowers researchers to collect and account for data from a wide range of genres and text types for discourse analysis. Such studies also show that CDA is valuable because it allows the act of analysing language to explain social processes and practices. Furthermore, CDA allows researchers to systematically explore the relationship between discursive practices, events and texts, and wider social and cultural structures, and power relations. As such, CDA aids in “understanding and tackling of social problems” (Lin, 2014, p. 214).

For the NHSBT and interviews corpora, this means using corpus tools to flag statistically frequent items and patterns, and then drawing on contextual knowledge of Islamic jurisprudence, British health policy, and understandings of the BSAM community to interpret how these patterns realise specific arguments and representations relevant to RQs 3–6.

One major critique, however, is that it can decontextualise the text. Another criticism is that corpus analysis may lead to an overemphasis on frequency, potentially neglecting the significance and nuance of less frequent but contextually important elements. I will now explain these criticisms in further detail.

3.8.3 Critiques of corpus linguistics

Mautner (2007) and Widdowson (2000) have argued that looking at a text in a corpus voids the text of its social, political, historical, and cultural context within which it originated. As such, due to the strong relationship between language and its context, the reasons for the frequency of particular linguistic features may not be apparent. To make these features apparent, an interpretive approach is required to explain the reasons for particular words occurring more frequently than others. Furthermore, Mishan (2004), questions the very authenticity of a given corpus. If texts are not accompanied by their contexts then the whole reality of such texts are not reflected in the computerised version.

As a result of decontextualisation, valuable information of the text may be lost. For instance, decontextualisation could create ambiguity with regards to the reasons for why a text was produced, the audience for whom the text was intended, and the circumstances in which the text was produced (Collins, 2019). The contention created as a result of this decontextualisation is that a corpus cannot always clearly allow for a close reading of the text or for reading beyond the text. However, decontextualisation is not an issue for corpus linguistics alone. Whether a text is in a written or printed text or in electronic format when an analyst approaches it using another method, the text will also lose a degree of its context.

Over-focus on frequency has also been identified as a possible weakness of approaches to corpus data. Egbert & Schnur (2018) use the analogy of one looking at a forest and seeing only the trees that look alike while missing out the trees that are unique. The analogy is applied to corpus linguistics to highlight that over-focus on frequently recurring patterns may lure the researcher into exploring only the broader patterns. Doing so may lead to overlooking the specific instances which may also have been worth exploring (Baker et al., 2019).

The above-mentioned criticisms of corpus linguistics are worthy of reflection. By considering these criticisms, I may be able to design my study in a way that overcomes them as much as possible. I will now address the above-mentioned criticisms and discuss the value of using corpus tools.

Partington (1998) disagrees with the idea that corpus tools lead to over-reliance or over-focus on patterns and frequencies. Partington responds by stating that – describing corpus tools as being similar to finding similar trees in a forest – would be similar to complaining that a telescope does not aid in seeing something close, i.e. corpus tools are designed for the very purpose of helping to find patterns from a given dataset from which reasonable generalisations could be made (McEnery et al., 2006). Patterns can be found using corpus tools because they offer "frequency counts and complex statistical calculations with greater speed and reliability than the human mind alone" as well as "reveal patterns that run counter to human intuition" (Baker et al., 2019, p. 21). Corpus tools in this way could empower researchers to find differences and patterns from large datasets; similarities and differences that would otherwise be overlooked by a small-scale analysis (Baker & McEnery, 2015; Tognini-Bonelli, 2001). For other forms of observation, that the corpus is ill-suited to undertake – the microscope part of Partington's analogy – other methods should be pursued.

To summarise the main drawback of CDA, it is believed that researchers may only analyse a very small and subjectively chosen sample of text but draw general conclusions from that. The main drawback of corpus linguistics is believed to be that researchers may over-rely on frequently occurring linguistic patterns. Yet as explained in subsection 3.8.1, Fest's (2015) methodology provides a practical solution to overcome the criticisms by combining CDA with corpus linguistics, while Haider (2016, p. 15) points out that combining CDA with corpus linguistics helps to avoid "the unhelpful argument concerning whether a qualitative or quantitative analysis is best' and acknowledges that there are insights to be gleaned from a combined approach". Finally, Baker (2006) encourages researchers to embrace and overcome the criticisms of corpus linguistics by supplementing their research with appropriate methodologies. I will also be using and triangulating other tools in this thesis, notably questionnaires and interviews, which I will now briefly introduce.

3.9 Other tools

As pointed out in section 3.8.1, I intend to gather interview data for my study because I believe the response of British South-Asian Muslim participants to the

NHS promotion literature would be of interest to my study. Breeze (2011) emphasises that in CDA, responses to the text by the audience should be analysed to take into account the way the text is received by readers. This approach helps to overcome the objection that the analyst is simply picking texts that fit. Instead, the approach provides a stronger justification for why some texts deserve attention; that is because the readers' response is an outcome of the text. Based on this outcome, one may choose the texts that the respondents believe warrant attention.

As a pilot study, I intend to conduct three interviews (Chapter 4). The responses may allow me to gain insight from British South-Asian imams regarding organ donation. In spite of the fact that receiving an organ may be viewed as a medical matter, the issue of donating an organ involves discussions around provisions one's faith offers. The reason that I think the thoughts and views of British South-Asian imams are important is because of their status and influence within their communities (section 2.3).

3.10 Overview of analytical procedure

To make the corpus-assisted CDA reported in this thesis transparent and replicable, this section summarises the analytic procedure in a stepwise manner.

Step 1: Defining data and sampling frame

1.1 I identified two main datasets:

- NHSBT organ donation materials (3.2) accessible to and intended for British Muslims.
- Semi structured interviews with 30 participants (imams, muftis, healthcare professionals, chaplains, a kidney donor and a kidney recipient), formed the Interviews Corpus (IC) (4.2.2).

1.2 I recruited participants who were recognised and recommended by British South Asian imams as being knowledgeable or influential on organ donation matters.

Step 2: Data collection and transcription

2.1 I downloaded NHSBT web pages and associated documents using HTTrack on 1 June 2020 (5.3.2), creating a time-bounded snapshot of the NHS promotional material around the time of the law change.

2.2 I conducted and audio recorded the interviews, transcribed them verbatim (4.2.5), including instances of code-switching between English and Arabic, Urdu.

2.3 I anonymised the transcripts by replacing names with pseudonyms (Table 5.2).

Step 3: Corpus construction and pre-processing

3.1 I saved each interview and each NHSBT text as a separate plain text file.

3.2 I compiled two corpora: the NHSBT corpus 1,753,880 tokens, 812 files) and the IC 223,062 tokens, 30 files) (5.3.2).

3.3 I uploaded both corpora to Wmatrix5 (3.8.1.2, 5.3.2, 5.3.4, 6.1, 6.1, and 7.2) for semantic and keyword analysis.

Step 4: Keyword and semantic domain analysis

4.1 Using Wmatrix5, I selected mode appropriate reference corpora: the Spoken BNC Sampler for the IC and the Written BNC Sampler for the NHSBT corpus (3.8.1.2).

4.2 I generated keyword lists (Appendices IX and XI) for each corpus using log likelihood (LL>6.63, p>0.01). Additionally, I inspected the “unmatched” category (Z99) and manually identified mistagged terms Islamic terms including fatwa, ruh, masjid, and the proper noun Allah, as well as the institutional term NHS), grouping them with the relevant semantic categories (5.3.3, 6.2, and 7.2).

4.3 I selected the semantic categories with the highest keyness scores for further analysis, using human intuition to determine their relevance to the research questions.

4.4 Taking each selected category in turn, I grouped the resulting keywords into preliminary semantic set (Tables 6.3 and 7.3) as a first indication of what each corpus was about, in what ways they were similar and how they differed (RQs 1-2)

4.5 I further grouped words from each semantic set to generate lists ordered by highest frequency. Using SketchEngine's wordlist tool, I generated a list of nouns to identify social actors (Table 5.9).

Step 5: Collocation and cluster analysis

5.1 For selected keywords central to organ donation discourse (e.g. fatwa, halal, haram, transplant, heart, kidney, trust, Islamophobia), I examined collocates within a 5:5 span, focusing on those with a mutual information score > 3, and analysed these further in context (Tables 6.3 and 7.3).

5.2 Using concordance and n-gram tools, I identified word clusters and recurring phrasings relevant to key arguments (Chapters 6 and 7). Where words had English and Arabic variants, I combined search sets (e.g. mosque, mosques, masjid, masajid; soul, ruh; trust, amana) to analyse occurrences in context.

5.3 I used frequency information and human intuition to determine the relevance of words and phrases as prompts for further qualitative investigation (Chapters 6–7).

Step 6: Concordance based CDA, DHA interpretation

6.1 For each key item or cluster (e.g. fatwa, niyyah, dharura, trust, amana, scandal, Islamophobia, transplant + heart, kidney), I examined concordance lines in context.

6.2 At the textual level (3.4.1), I described how lexical, grammatical and pragmatic choices (e.g. pronouns, intensifiers, and metaphors) realised evaluations, identities, and stance. To aid the interpretation of metaphorical and evaluative language, I also drew on the Spoken

BNC2014, which offers a large, contemporary baseline of everyday British English usage against which recurrent metaphoric patterns and collocations in the IC could be compared.

Furthermore, I applied social actor theory (3.6) to examine how specific lexical choices and nomination/predication patterns positioned muftis, imams, healthcare professionals, NHS institutions and community members to interpret legitimisation and delegitimisation strategies used to support or challenge organ donation.

6.3 At the discursive level (3.4.2), drawing on the discourse historical approach, I identified recurring arguments (e.g. intention, moral responsibility to seek treatment) and topoi (e.g. theophilia, usefulness, amana (Chapter 6), and traced their intertextual links to fatwas, Quranic verses, hadiths and NHS materials (RQs 3–5).

6.4 At the sociocultural level (3.4.3), I interpreted how shifts in discourse (e.g. from prohibition to conditional permissibility, from silence to open advocacy) related to broader changes in BSAM norms, religious authority and trust in institutions (RQ6).

Step 7: Triangulation and contextualisation

7.1 I triangulated corpus findings with close readings of key fatwas, Islamic bioethics texts and published articles to assess whether patterns in the IC and NHSBT corpora aligned with, extended or contested published positions.

7.2 I drew on my insider knowledge of BSAM religious and community contexts (1.1) to interpret culturally specific references and to explain why particular lexical and semantic patterns were significant.

Step 8: Reflexive evaluation and limitations

8.1 I reflected on how my positionality and sampling shaped the corpora focusing on the under-representation of disengaged voices.

The above-mentioned steps show the way I operationalised a corpus-assisted CDA from data collection and corpus construction through quantitative and qualitative with the help of DHA, social actor theory, and Conceptual Metaphor Theory (CMT).

3.11 Concluding remarks

A text, when examined closely, could provide essential information required to reconstruct the socio-political context in which it was created. Having a reasonable understanding of the background of a text producer, the time and the place in which a text was produced, and the audience the text addresses could help to gain a better understanding of text. Such information can assist in providing insight into the context in which the text was produced and the intended audience for such a text. In my study, such details could help to reconstruct the context for the discourse on organ donation in the UK. For my study, I have chosen to use a combination of Fairclough's (1992a) three-dimensional framework, Reisigl & Wodak's (2000) Discourse Historical Approach (DHA), and van Leeuwen's (2008) social actor theory. The reason for choosing these linguistic approaches is because as Randhawa (2013) and Ali (2019) found, the social practice of choosing to become an organ donor is rooted in linguistic and social practices (section 2.3). Therefore, I required a framework that covers both. As such, in my thesis, I will be using corpus-assisted critical discourse analysis.

Chapter 4: Pilot study

4.1. Introduction

In this chapter, I will evaluate my pilot study, which involved eliciting information and views on the NHS promotional material on organ donation (explained in 3.2) from three members of the *British South Asian Muslim* (henceforth BSAM) community, who were actively engaged in informing the community of Islamic matters. I will describe my pilot study in two stages. I will firstly, discuss the two key stages involved in my pilot study (section 4.2) and then provide an evaluation of the design that I used (section 4.3).

My pilot study involved working systematically through the data acquired from interviews. To elaborate on this process, I will firstly, provide the rationale for my pilot study (4.2.1). Next, I will describe the profile of the participants that I interviewed (4.2.2). I will then explain why I chose the deliberative approach to obtain input from my selected participants (4.2.3). I will then discuss the effectiveness of my list of questions (4.2.4).

I will then move on to explain the steps I took during the second stage - which was the transcription process (4.2.5). To help to understand the transcription process, I will begin by explaining the purpose of transcribing the interviews. Next, I will provide a review of Audacity, the software which I used to create the recordings, and I will also discuss the conditions in which the recordings were made (4.2.5.1). I will then provide a brief review of the usefulness of Otter.ai; an automated speech recognition system designed to transcribe audio data, which I used to assist me with the transcription (4.2.5.2). I will then elaborate on the additional choices that I had to make whilst preparing the transcript (4.2.5.3).

In section 4.3, I will provide a summary of the findings of my pilot study to show aspects that did not work well (4.3.1), aspects that did work well (4.3.2), and required changes to improve my main study in light of what worked well (4.3.3).

4.2. Key stages of my pilot study

My pilot study was undertaken in two stages. I will begin by providing the rationale for my pilot study.

4.2.1 Rationale for my pilot study

The main reason for conducting my pilot study was to see whether or not I would be able to elicit the relevant data I required for my research and to see whether or not the tools I used to obtain this information were effective. The data I required was the views and opinions of the BSAM community on organ donation and their evaluation of the NHS promotional material. More importantly, the main aim of my research was to assess whether any discursive shift had occurred, compared to prior expressions or representations within the BSAM community, either in favour of or against organ donation. To be able to analyse the change in discourse, I required electronic data that could be manipulated using corpus tools. Therefore, I decided to interview participants and then prepare transcripts that would be suitable for corpus-assisted analysis (explained in 3.8).

4.2.2 Participants

A question that arises with regards to my research is - why foreground ethnicity and religion at all when organ allocation is clinically based on genetic compatibility rather than ethnicity? As such, the selection of participants who were predominantly British South Asian Muslims, might give rise to two misconceptions. Firstly, the ethnicising of the sample group does not endorse or imply that an ethnic match is scientifically required for organ transplantation. As stated in section 2.2.3, matching relies on genetic/immunological compatibility. Secondly, the ethnic framing of 'British South Asian Muslims' (including Pakistanis, Bangladeshis, and Indians) rather than being arbitrary, actually mirrors NHS practices. The NHS has structured its promotional materials along religious lines—evident in dedicated resources such as 'organ donation for Muslims', implicitly targeting British Muslims as a cohesive audience rather than ethnic subgroups. Additionally, 'British South Asian' is a category that is already operative by the NHS in organ-donation debates, statistics, and targeted campaigns.

In this thesis, 'British South Asian Muslims' is used as a primary analytic category because it captures an intersection of racialised minority status, specific migration, and settlement histories, and shared Islamic frames of reference that

together shape how organ donation is discussed, problematised, and governed in England. Additionally, focusing on 'British South Asians' or 'British Muslims' or other self-ascriptive identifiers risks obscuring important internal differences of nationality, sect, jurisprudential tradition (e.g. Deobandi, Barelvi Sunni, Shia), generation, language, class and gender, as well as the fact that not all South Asians are Muslim and not all Muslims are South Asian. In response, the thesis treats 'British South Asian Muslims' as a category that is state-defined and socially constructed and one that emerges in and through policy, media and community discourse around organ donation. The analytic focus on this category is strategic and relevant because it allows for an examination of how ethnicity and religion intersect in the governance and lived experience of organ donation in the UK.

For the pilot study, I interviewed three BSAMs. The reason for doing so was to get their first-person responses to the NHS promotional material. To elaborate, my initial plan was to gain insight from three British South-Asian Imams (henceforth BSAIs, section 2.3) regarding their views of organ donation as well as their evaluation of the NHS promotional material. In spite of the fact that receiving an organ may be viewed as a medical matter, the issue of donating an organ involves discussions around provisions that one's faith offers. The reason that I felt that the thoughts and views of British South-Asian imams (BSAIs) were important was because of their status and influence within their communities (section 2.3). Therefore, for the interviews, I compiled a list of names of imams that serve small BSAM communities in Lancashire.

One reason for choosing Lancashire was because this is the location where I was based at the time of this research. Also, as I am part of that community, it made it easier for me to gain access to the BSAIs. However, apart from the fact that participants were easier to access, Lancashire is home to a number of well-renowned Muslim scholars in the UK.

Interestingly, I discovered during the recruitment process that although a number of imams agreed to take part in the pilot study, some other imams refused to take part at all. Nevertheless, both of these groups of imams stated that because organ donation is related to medicine, I would derive greater benefit by speaking

directly to the members of the community whom they themselves would consult. I found this advice enlightening because although on the surface it may appear that imams are authorities on matters of religion, they themselves seek advice from medical professionals when an issue is related to medicine. For my pilot study then, I chose to interview one each of three types of participants:

1. An imam of a small mosque
2. An alim, who was recommended by an imam
3. A female family member of an imam; from whom the women in the community sought advice

From these interviews, I was able to obtain first-person accounts on organ donation and the NHS promotional material. For example, I was able to collect personal thoughts on issues related to organ donation from a number of perspectives including cultural, religious, and legal views as can be seen from Figure 4.1:

</s><s>Does that make any difference?</s><s>No I	think	personally it might make a difference but on the wh
><s>(...) so when this Max and Keira law came out I	think	yeah there was a there was some sort of awarenes
there was a there was some sort of awareness but I	think	there was a lot of negative press around it so they
e the front page is important and that's fine so I don't	think	there are many issues with that until when it gets t
his is why you should donate kind of thing But I don't	think	it does that in a very good way It would have been
to encourage people to donate And generally I don't	think	most people would take this and be convinced by i
this proof and this proof for the general public I don't	think	that's relevant [Q13] Okay So why do you think tha
general public That it's a good thing to do But I don't	think	(...) I think if you pull on the heartstrings of people t
congregation and the problem is for ulama is I don't	think	anyone wants to go either side or the other So yes
consented themselves before they died then I don't	think	the family can consent for them Okay Is that right?
><s>Can the family consent for them?</s><s>I don't	think	they can they have to consent themselves before t

Figure 4.1. Concordances of opinions from the pilot study

Moreover, from the female participant, who represented South Asian Muslim women, I was able to collect views from the perspective of a female in a position of influence within the BSAM community. With reference to this third type of participant, the advice of the imams was particularly important as I was able to

gain a different perspective on the lives and thoughts of BSAM women who generally discuss religious matters outside of the mosque; unlike BSAM men who discuss religion in the mosque. Likewise, only Muslim men held positions as imams of mosques and so by interviewing the imams only, I would have been restricted to gather opinions and thoughts of only males.

Another benefit of widening the participant circle was that I could understand better how imams themselves reach their conclusions; that is by having discussions with other imams and also non-imams as long as the latter are considered by the imams to have a worthy contribution to make on a given matter. For instance, imams recommended speaking to muftis on specialised matters such as cryptocurrency, divorce and inheritance matters, and on matters related to medical ethics. Imams, therefore, appear to be conscious of their expertise and specialities and are cautious of crossing the fine line between Islamic jurisprudence and matters that require medical, or other non-Islamic-jurisprudential, expertise. This caution by the imams also echoes the words of the great Muslim jurist Al-Tantawi who argued that, for instance, determining the onset of death falls outside of the jurisdiction of Muslim scholars and such an issue should be clarified by expert physicians (Hamdy, 2012, p. 48). During the pilot study, as a consequence of the initial feedback from the imams, I learnt more about this hierarchy and network of scholars than I had imagined would be the case.

4.2.3 Deliberative research

Burchardt (2013, p. 357) describes deliberative research as an “approach” that requires the participants to be actively involved in the research process and provide informed and considered judgements concerning a subject at hand. Burchardt also points out that deliberative research absolves the researcher of the responsibility to decide which bits of information are value-laden. This is because the information is selected by the participants themselves based on what they view as important enough to comment on.

My reason for interviewing the participants was to elicit considered and informed views from the BSAM community regarding their thoughts about the NHS organ

donation promotional material. An evaluation of the promotional material would also be most effective if it was based on the audience of the material i.e. British Muslims, and more specifically the target audience of my study – BSAMs. Taking this approach, as Flyvbjerg (1998, p. 214) highlights, helps to understand what is right and true in a given communicative process because the responses are determined solely by the participants.

The deliberative approach that I took involved considering three points. First, the aim was to collect the informed and considered judgements of the BSAM community concerning the NHS organ donation promotional material through a process of reasoning. Part of this reasoning process was to see that the participants are capable of justifying their points of view and opinions when encountering contrasting ones; and be able to formulate their responses through reasonable and sensible arguments that would make sense to an outsider group (Rawls, 1997). Secondly, the deliberative approach involved me providing the participants with relevant information i.e. the NHS organ donation promotional which included the leaflet on Islam and organ donation (see Appendix II), the NHSBT (page on organ donation for Muslims (NHSBT, n.d.-a), and related 20 YouTube videos (NHS Organ Donation, 2019a). Thirdly, before the main part of the interview, I assessed whether or not the participants had adequately engaged with the material by questioning them about its contents.

A point of caution concerning taking the deliberative approach is that the process leads to the expectation of participants actively engaging with the material. Consequently, there is the possibility that the initial views of the participants were transformed through the new information and arguments contained in the material. The environment in which the interviews took place was, therefore, also arguably an artificial context wherein the participants were expected to engage with the material, which had they not been a participant, they may not have read. This point was also underlined during the interviews when participants said that they had never seen the material before being invited to take part in my study. The invitation, therefore, clearly created an opportunity and a reason for the participants to engage with the material – which also revealed a transformation in their views on organ donation and the NHS material. This process led me to

realise that the responses that I received from the participants may not accurately reflect the views of the community they represent; the main reason being that the participants, through the process of participation, come to represent members of the community who engage with the material, not those who would not.

Rethinking then what the main study would reveal, I now also reflect on the question: whom do the participants represent? Is it the BSAM community or members of this community who are likely to engage with the material? My findings in the main study, therefore, were limited to certain conditions; that is, if the BSAM community were to engage with the material, then the results of my study may help to predict their thoughts and opinions. Interestingly, however, the participants in my main study helped to reveal reasons why members of the BSAM community may not engage with the material and perhaps, what changes could be made to make the material more accessible and appealing to read. So, while the approach at least shows what is possible if the community does engage with the materials it does, in doing so, it also casts light on issues that may inhibit that engagement.

The challenge and opportunity that the deliberative approach taken by me created, shows the value of this approach for my qualitative research. Taking the deliberative approach helped me to identify and provide thoughtful and insightful responses about the key arguments and beliefs related to organ donation and the NHS material. Such responses could be quite informative for the NHS to understand the collective position of the BSAM community from an insider perspective.

4.2.4 Questioning

The goal of my pilot study was to gather responses that could shed light on reasons for the poor impact of NHS promotional material on organ donation in the BSAM community. To achieve this, while I was open to surprise in my study, I also wanted to be careful that the interview process did not invite responses that would be entirely irrelevant to the aims of the study. I was particularly interested in collecting responses related to key themes that I identified in my literature review. These themes include the concept of organ donation, Sharia law (section

2.3), the importance of life (2.3.1), and consent (2.3.1). The complete set of questions combined broad, biographical questions (e.g. role in the community) with more focused questions about knowledge of organ donation, Islamic rulings, and views on NHS campaigns and Max and Keira's Law. The full list of pilot questions is provided in Appendix VI.

The pilot interview covered five main areas:

1. Background and community role (Q1–Q2).
2. General knowledge of organ donation and UK procedures (Q3–Q6).
3. Islamic concepts and bioethics (e.g. death, brain death, permissibility of donation; Q8–Q10, Q16–Q18).
4. Perceptions of NHS materials and deemed consent legislation (Q7, Q11–Q15).
5. Perceived roles of religious actors and government, and ideas for future engagement (Q19–Q20).

For this purpose, I used a semi-structured interview which helped me to collect responses related to these key themes while being open to the possibility of other relevant themes emerging. For instance, Figure 3.2 reveals responses related to the importance of life.

1	receiving an organ would be good it's preservation of	life	and in the Quran it says that 'to save one life is like
2	ay that this is the gift of life God's given me the gift of	life	and I have passed that gift of life to someone else S
3	ɜ yeah] so this deemed consent is what on the end of	life	And the one in the Shariah is the deem consent is i
4	re going to work and you're going to save someone's	life	but if there is shakk there is doubt then what are the
5	that the scars and they can say that this is the gift of	life	God's given me the gift of life and I have passed tha
6	ation of life and in the Quran it says that 'to save one	life	is like saving humanity' So I am all heartedly for org
7	neone's life So that's you could be saving someone's	life	so that's a good thing But then there is the fact that
8	·Islam generally for this that you're saving someone's	life	So that's you could be saving someone's life so tha
9	ɲem may be revived not revived but it can be kept on	life	support and then there is a possibility in the future c
10	u can't be like you can't live a life you're on you know	life	support basically So you're alive or not?</s><s>No
11	ey're not coming back" and maybe they've been on a	life	support for months and they're definitely not coming
12	given me the gift of life and I have passed that gift of	life	to someone else Some scholars were doing that du
13	ariah is the deem consent is in the potential start of a	life	where there is erm when you seek marriage so whe
14	ınicate anymore and you can't be like you can't live a	life	you're on you know life support basically So you're
15	; back then I would say yeah like they not having any	life	you're just waiting so I don't think there's a problem

Figure 4.2. Concordance of responses related to the importance of *life*

To achieve adequate responses, during the interview process I took on the role of facilitating the interview. I was also mindful of the participants' well-being and checked that the interviewees were comfortable throughout the interview process. A discussion on cadaveric organ donation was not an easy discussion, on the contrary, it was an acutely sensitive topic if not taboo given the fact that at the time of the pilot studies, Lancashire had witnessed over 4,242 deaths registered as being caused by COVID-19 (LRF, 2021). The reason why the discussion was sensitive was due to the death of a few imams and ulama due to COVID-19; additionally, participants themselves were aware of loved ones or members of the community who had either died of COVID[39] or were still recovering from the disease. During this period, COVID-19 also claimed the life of Maulana Wahiduddin Khan (AlJazeera, 2021).[40] Discussions surrounding death was, therefore, uncomfortable because the topic would lead participants to

[39] From among the graduates of Bury Islamic seminary, two young scholars died of COVID-19, Maulana Ishtiyaq Vawda (Ummah Welfare Trust) and Maulana Mustafa Haq (Leeds). Additionally, four of the eight committee members of Ghausia Masjid (Nelson, Lancashire) also died in the pandemic.

[40] Wahiduddin was an Indian Islamic spiritual scholar whose contributions include more than 200 books including *Tazkir-ul-Quran*, a two-volume Arabic commentary of the Quran, that has been translated into Urdu and English.

think about more people dying. Nevertheless, the participants I interviewed were comfortable partaking in the interviews.

Nevertheless, imams are trained to discuss sensitive matters including divorce, abortion, inheritance, and funerary rites. A female scholar, known as an *alima*, would also be trained to discuss these issues. Given that my informants were faith leaders, the discussion was not as challenging as expected. However, I was able to make the interview process comfortable by grouping questions to smooth the transition from simple personal questions (see Appendix VI) to the more complex and challenging questions related to death and organ donation later in the interview.

4.2.5 Systematic transcription process

Because my methodology involved preparing written data for linguistic analysis, I needed a text-based document. A transcript is also visually easier to navigate than navigating sound files. Another reason for transcribing the interviews was due to regulations from the Lancaster University ethics committee, which required that to maintain confidentiality audio files could not be stored long-term. Transcriptions were, therefore, the most practical way to represent the audio.[41]

Creating the transcripts involved making systematic choices to try to adequately present verbal data in text format. Making these choices was important because as Schmidt (2016, p. 404) points out, transcription is "undeniably the most important bottleneck in corpus compilation". To assist me in working systematically on this aspect of the pilot study, I consulted Love's (2020) work on the Spoken BNC2014, wherein he discusses, at length, a wide range of issues related to transcribing conversations. However, the purpose behind my transcribing and Love's differs in three ways:

> Firstly, the Spoken BNC2014 contains data that can be accessed by any linguist and, therefore, Love considered a much wider audience. By

[41] Section 4.9 of the Research Ethics FASS-LUMSv02-19 Application Form details matters related to confidentiality.

contrast, due to ethical issues, not all of my data, beyond those snippets that I used as evidence to support my findings would be available to other researchers.

Secondly, Love tried to standardise the way 20 transcribers produced transcripts in a format, which could be mapped to XML format at a later stage, whereas in my study, only I was transcribing the interviews and the transcriptions needed to be in txt. or doc. format.

Thirdly, in some cases, the Spoken BNC2014 also includes conversations that involve more than two speakers and this increases the complexity of the transcription task. In my study, there was only myself and one interviewee per interview. This latter point is particularly important as Love (2020, p. 138) identifies that if the context is that "(1) when there are only two speakers; or, (2) when the speakers have highly contrasting voice qualities" then problems of transcription are less likely. Respectively, there were only two participants (including myself) in my study per interview; and Love explains that turn-taking, as well as gender, age, and accent, should easily make the two speakers distinguishable. To distinguish my voice from that of the speaker was simple.

In terms of Love's (2020, pp. 108-122) considerations, the features relevant to my study are those relating to undertaking audio recordings, automated and manual transcription, degree of details, signposting, punctuation, non-syntactical sounds, and false starts. These are considered in turn in the following sections.

4.2.5.1 Audio recordings

For the transcription to be an adequate representation of the interview, a clear enough audio recording is needed for good orthographic transcription. This applies to both manual and automated transcription. To improve audio quality, the interviews were conducted in quiet rooms.

All three interviews took place face-to-face. Due to COVID-19 safety regulations, leaving windows open for ventilation was important. A question that may arise

here is - why were face-to-face meetings more important than conducting them online? The reason for preferring this option to online communication was mainly to build strong relationships with the participants and also to eliminate distractions, such as the temptation for participants to multi-task, or check text messages, or browse the internet etc. which is easier in a remote meeting than when meeting in person. Eliminating such distractions makes active listening easier and allowed me to make better eye contact and read body language. Also, the fact that meeting in person requires more effort, may have added more value and importance of the study to the participant.

Returning to the point about leaving windows open, this caused a problem with the first interview. The room in which the participant and I met had a window that opened out onto an intersection, which invited unwanted noise from the neighbourhood and traffic. Fortunately, this disruption was picked up before the meeting formally began and ,therefore, to avoid the disruption, we simply moved to another room where the windows opened out to where there was the least noise. In subsequent interviews, I checked the usual noise level of a room before finalising the venue.

To record the interviews, I used Audacity[42] (Mazzoni & Dannenberg, 1999) - a free software package that permits digital audio recording, reviewing, and editing. Audacity allows manipulation of sound including amplifying sound, reducing background noise, adjusting the playback speed, and trimming. These options were useful both for clearing up any unwanted background noise and for listening to segments of the recordings for analysis. Additionally, I was able to save sound files, as well as import and export in Mp3 format, which was required for the sound file to be accepted by the automated transcription system Otter (Liang & Fu, 2016).

4.2.5.2 Automated and manual transcription

After creating the audio files, the next step was to transcribe the interview. There were two options at this stage: (a) either to first manually transcribe and then to

[42] The version I used was Audacity 3.0.4.

compare the transcription with the automated version created by Otter or (b) allow Otter to generate the automated transcription first and then to go over the transcript manually to check for accuracy. The latter seemed quicker given that the reviews for Otter generally state that the transcriptions are fairly accurate. The audio files, which were approximately 30 mins in length were automatically transcribed by Otter within approximately 5 minutes.

Once the automation was completed, the application generated a list of keywords (see Figure 4.3). I found this feature to be useful because firstly, I could get an overview of the interview and secondly, I could undertake an initial check that Otter was able to accurately identify the terminology from Islamic jurisprudence and medical science used in the discussion, as these were terms which are important to my study but which I presumed may be unfamiliar to Otter. The summary also shows the number of speakers involved.

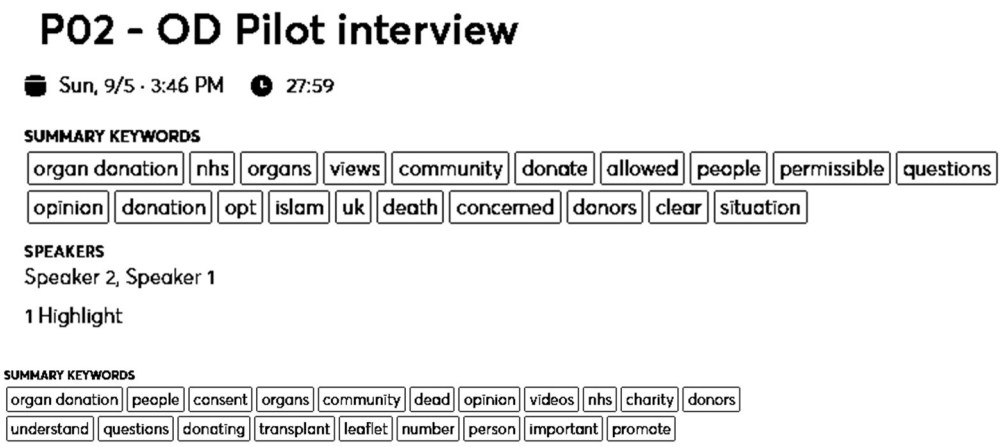


Figure 4.3. Keyword summary by Otter.ai

Additionally, Otter shows a player slide that shows the duration of the audio file and the controls used to manipulate the file. This feature made it easier for me to navigate forwards and backwards to any point in the recording. The audio could be played at speeds 0.5x, 0.75x, 1x, 1.25x, 1.75x, 2x, and 3x. As the audio plays, the corresponding words are highlighted, which makes correcting inaccuracies easy using Otter's interactive editing tool.

Despite the editing options on Otter, I found the transcription quicker to navigate and simpler to edit by transferring it onto a Microsoft Word document. Otter does

allow the option to retain timestamps and speaker labels by using its export features. However, for the sake of simplicity, I copied and pasted the text directly onto a Word document. Transferring in this manner resulted in losing the timestamps. However, this was an expendable feature as I had no particular need for this information for my analysis and, where needed, I was still able to revisit a particular moment of the audio file. Likewise, Word allowed me to signpost by creating a new line for each speaker and inserting [Q#] before my questions. For a sample of the mark ups used in my transcript, see Appendix VII.

4.2.5.3 Mark-up conventions

To add to the validity of my findings, I needed to make sure that they were based on transcripts that were created using a plausible mark-up convention scheme that was applied systematically. Details of my mark-up conventions can be found in Appendixes VII and VIII.[43]

Unlike Love's Spoken BNC2014, my aim was not to focus on the construction of a spoken corpus of general utility, my goal was more limited, to a discourse analysis of speech related to organ donation. While prosody was not a general focus of my work, in preparing the transcription, any prosodic feature that I found of potential significance to my analysis was marked up in the transcript. I marked up these features using conventions used in similar studies. I examined the transcripts prepared by Fest (2015) and Deignan et al. (2019) because (a) they were creating transcripts to be used with corpus tools and (b) their scope was also narrow like in my study. Fest's study focused purely on the content of the interviews and Deignan et al. focused on climate change by comparing metaphors in transcribed interviews with school students.

The key features in their transcripts, which I also included in mine include overlaps, pauses, filled pauses, and false starts. In relation to such mark-up conventions, Atkins et al. (1992, p. 10) suggest that transcriptions are more

[43] Appendix VI shows the mark up conventions applied to my transcripts and Appendix VII shows an adaptation of Love's (2020) shortened list of eight filled pause sounds.

effective when they are easily readable and when they are presented in a format familiar to researchers and laypeople.

One of the challenges I faced was deciding on whether to use a set of orthographic representations[44] to classify speech sounds or to transcribe according to my interpretation of the non-syntactical sounds. The problem here is that, as Atkins et al. (1992) highlight, deciding on what these sounds mean requires a high level of inference. Transcribing filled pauses according to sound is useful mainly if other researchers also have access to the same data. Accordingly, I chose to transcribe the sounds made but not classify them according to use, to avoid imposing any interpretation on the data.

Once I had transcribed an interview, I played back the audio at a faster speed which helped me to notice stresses and pauses. Regarding pauses, different durations of pauses could imply different meanings, which, once again, are difficult to interpret. Long pauses, relative to regular pauses that speakers made, may have been caused by speakers taking their time to formulate a response, or they may be a marker of uncertainty or a sign that they found a particular question difficult, inter alia. Therefore, I simply used ellipses to show a relatively long pause and did not attempt to mark up inferences that these may provoke. Listening to the audio files again also helped me to improve the quality of my transcripts by giving me additional opportunities to notice errors and make amendments to the transcript.

Another markup convention that Fest (2015.) and Diegnan et al. (2019) used in their transcriptions was underlining to denote stressed words. I also used this convention. However, the underlining, and my colour coding, are visible only in the transcript in doc format. When the same transcript was converted to a plain text file, for the purpose of uploading them to a corpus software, such typographical features were lost.

[44] For a set of orthographic representations for non-syntactical sounds, see Love (2020).

4.3 Summary findings

Having discussed the key aspects of my pilot study, I will now describe what aspects did not work well, what did work well, and then describe the adaptations I made to my main study in light of what did and did not work well in the pilot.

4.3.1 What did not work well

In my pilot, two areas required improvement (a) the wording of some of the questions, and (b) increasing the accuracy of the transcripts by combining automated transcription with manual marking up.

In section 4.2.4, I discussed questioning. Although the questions made sense in my mind, some of them led to puzzled expressions from the participants. For instance, the following questions lacked clarity for two of the participants:

Q4. What is your understanding of organ donation?

Q5. According to your understanding, how does organ donation work?

Q20. In your opinion, what more do you think the government can do to support you to promote conversations regarding organ donation?

Two participants viewed Q5 as a repeat of Q4 and again in Q20, two participants took the pronoun *you* literally - as in how the government was able to help them personally. This wording led to unwanted discussion, albeit brief, about what the questions meant and slightly disrupted the interview process.

As for increasing the accuracy of my transcripts, I was relying on features provided by Otter (subsection 4.2.5.2). Included in these features is the way Otter includes a breakdown of the transcript by speakers. Each time a new speaker was identified by Otter, a new timestamp was added.

However, I found this feature to be occasionally inaccurate and ineffective for two reasons. Firstly, because the timestamps did not match the times on the actual audio file which I had as an Mp3 file. Secondly, Otter occasionally did not distinguish between speakers. For instance, if speaker 1 spoke, and then speaker 2, some of what 1 said was attributed to 2. Figure 4.4 will help to illustrate this.

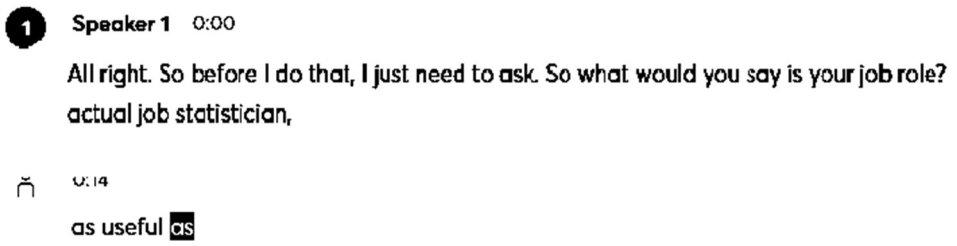


Figure 4.4. Otter speaker identification

Speaker 1 (which was me - the interviewer) was identified by Otter as saying "actual job statistician" whereas actually, I was clarifying for the participant what their "actual job" was - to which the participant i.e. speaker 2 responded "statistician". Nevertheless, Otter allows editing the transcription to easily correct such discrepancies.

At the lexical level, manual transcription was important to ensure that the data was as accurate as possible. As expected, specialised terminology proved to be a challenge for Otter meaning that, in some cases, incorrect transcription grossly distorted the transcript. Table 4.1 shows one such instance where Otter was unable to distinguish terms and instead provided inaccurate alternatives.

Table 4.1

Comparison of automated and manual transcription

Automated	**Speaker 2** 27:57 Yeah. Maybe to a lesser degree, but yet still terrible? Because you're giving charity of like a bigger thing? Your own self? We just mentioned to a less? Yeah, because it's not in the same category as a cat, for example. So when when I talk about charity events in the mosque is to connect with that? Because one of the piping is where is this? It will come under setup. Not that that gives me a bit more differences. So the guide is compulsory. And soccer is an optional charity.
Manual	Yeah maybe to a lesser degree but yeah still charitable Because you're giving charity of like a bigger thing your own self And you just mentioned to a less= =Yeah because it's not in the same category as zakat for example so when when I talk about charity events in the mosque it's to collect zakat usually because it's one of the five pillars whereas this it will come under sadaqa not zakat Okay so could give me a bit more about the differences= so zakat is compulsory and sadaqa is an optional charity

In the above example, Otter was unable to understand the Islamic term *Zakat* (alms) and transcribed it "as a cat" and "set up". Likewise, the term *sadaqa* (charity) was transcribed as "soccer". Consequently, I realised that although automated transcription is helpful, manual transcription was necessary especially because Otter is, in particular, unable to understand Islamic terminology, which is a key aspect of my study.

4.3.2 What worked well

The pilot study allowed me to gather the information I was hoping to analyse for my research. The design of my pilot study, therefore, was generally adequate for my purpose. Reaching out to British South Asian imams led to learning more about the social hierarchy and networks of which imams are a part. Interviewing the participants using a deliberative approach was also helpful as it allowed me

to collect, what I assumed to be comments made on points that mattered to the participants by giving informed responses - rather than exploring a participant's ignorance regarding the NHS organ donation promotional material. This in turn led to me reflecting on some of the issues that stop people from reading the material in the first place.

Each interview lasted between 30-45 minutes and was divided into three stages. I began the interviews by helping the participants to settle in by building rapport. For this purpose, I asked them questions about their role as an imam/ or other religious authority in the community and I also invited them to share their contributions to their communities. Moving on to the second stage, I asked questions regarding the participants' understanding of the organ donation process in the UK. This second stage was helpful as a way of gauging the value of the responses for the third stage, i.e. the participants were allowed to demonstrate familiarity with the promotional material, providing reassurance that the feedback in the third stage would be rooted in an understanding of the topic. In the third stage, I discussed cultural issues; the issue of death and the way the BSAM communities view organ donation. Following this, I then asked about the legal issues regarding the new law, the NHS, and deemed consent. After asking questions related to politics, I moved on to ask about the way organ donation was viewed in their understanding of Islam.

The ordering of questions, from personal and positive questions to the more difficult questions, was effective as it allowed participants to ease into the interviews. The open-ended questions allowed participants to add additional information, which they believed to be of relevance.

Open-ended questions as highlighted by Woike (2007, p. 293) helped to elicit the "innermost thoughts, frames of reference, emotional reactions and cultural assumptions" from participants "that may or may not be accessible by other methods". For this purpose, I continued to assume the role of facilitator and used open-ended questions to elicit important and valuable information in the main study. Furthermore, open-ended questions allowed respondents to avail themselves of the opportunity to add additional information and voice their views.

Breeze (2011) emphasises that in CDA, responses to the text by the audience should be analysed to take into account the way the text is received by readers. This approach helps to overcome the objection that the analyst is simply picking texts that fit. Furthermore, this approach provides a stronger justification for why some texts deserve attention, i.e. it is outcome-driven. Based on this outcome, one may choose the texts that the respondents believe warrant attention.

With regard to the transcription process, I found the tools I used for recording and manipulating the transcripts to be effective. Audacity worked well to create and review good quality audio recordings. The mp3 files were then transcribed automatically and fairly quickly and with reasonable accuracy by Otter. Playback at different speeds using VLC player was also effective in verifying the accuracy of the transcript. The transcription style used by Fest (2015) and Deignan et al. (2019) was also helpful as a basis for preparing my transcript. Furthermore, reflecting on Love's (2020) considerations allowed me to question and improve the quality of my transcripts.

Moreover, as Punch (2005) recommends, a semi-structured interview helps to collect information that is relevant to the research questions. Bryman (2004) highlights that semi-structured interviews allow the responses to be comparable as well as provide assurance that relevant matters are covered, which I found to be the case in my pilot study. For instance, in response to the question - How do imams advise on health issues? (Q3), I was able to elicit the following comparable responses:

> [P01] So, erm at the moment I would say most imams are not fully aware or they are not fully educated on a lot of the health issues so what they would do is refer to old manuscript and old erm religious knowledge and prescribe erm remedies through, through that perspective rather than modern medical erm ideas.
> [P02] If it's a clear cut issue, I think they say they've given a view or they'd give you a view one way or the other. Otherwise, if it's permissible or probably permissible or something like that, they're scholars that they agree with that have said that. They might, but it's a complicated issue,

> which has like a moral, ethical elements, they might, they often say, leave it up or it's up to you, how do you feel about it? But sometimes they would give what they would do in that situation.
> [P03] Depends which imams you ask I think so it depends on their own knowledge how comfortable they are with giving you an opinion and they may refer you to someone more qualified … or they could also ask you what the health the doctor said and then give you an opinion

Because semi-structured interviews helped elicit relevant and comparable information, this approach was continued to be used in my main study. Moreover, semi-structured questions allowed participants' opportunities to include wider issues during the discussion within the scope of the interview.

One may ask, however, did the participants say what truly mattered to them? To support my interpretation of the responses, I looked at Oortwijn's et al. (2020) study. They used the deliberative approach to elicit responses - in relation to health technology assessment in low and middle-income countries - by sharing relevant literature beforehand and then asking a set of specific and focused questions. They considered their participants' responses to be meaningful based on the fact that respondents shared important values. I used the same approach. The responses I was able to elicit from the participants also appear to sustain the working assumption that the deliberative approach elicits meaningful responses based on the precision and detail of participant responses when they discussed their values.

When checking the automated transcript, I found playing the audio files using the VLC player (VideoLan, 2001)[45] to be useful because of its simple navigation features. The option to show the player "always on top", and the option to play the audio file slowly at 0.5x and 0.75x speed are also helpful. At these slow speeds, I could follow the audio and anticipate the upcoming speech by reading the automated transcript and editing as required. Another benefit of transferring

[45] I used VLC player version 3.0.12.

the transcript to Microsoft Word was that I could compare when required, my revised transcript with the original transcript that was automated by Otter.

Another advantage of manually transcribing the interviews was that the process allowed me to become familiar with the data. When looking at statistical data and concordances (discussed in 3.8.1.1) in the main study, I would be able to analyse the data in context. More importantly, going through the text manually also allowed me to mark and edit relevant prosodic features, an aspect of the transcription that Otter is unable to process.

4.3.3 Revisions

Three changes were required for the main study.

Firstly, I changed my interview protocol by widening the profile of participants in my study; instead of restricting my interviews to only imams, I also included other individuals with religious authority provided that they were recommended by a British South-Asian imam; thereby inviting to the study, a range scholars whom the imams called upon.

Secondly, questions 4, 5, and 20 (mentioned above in 4.3.1, the final version of all interview questions are listed in Appendix VI as well as in Table 5.5) required rephrasing to elicit better responses and to keep the interview flowing. Rephrasing the questions as mentioned below made them clearer and also elicited precise responses:

> Q4. What do you understand by organ donation?
>
> Q5. So you have explained what organ donation is, are you familiar with the regulations and the process of how organ donation works in the UK?
>
> Q20. In your opinion, what more do you think the Government can do to support British South Asian Muslims to promote conversations regarding organ donation?

Thirdly, because the automated transcripts generated by Otter occasionally erred in who was speaking or what exact words were used, especially terminology of importance to my study, I shifted to using automated transcription followed by

manual transcription for verification purposes. I also prepared two versions of the transcript: 1) in doc format, which would contain underlining to show stress and colour to show the types of questions asked, and 2) in plain text format, which was used for uploading to corpus tools.

4.4.Conclusion

The pilot study helped me to detect problems with the design of the interviews as well as it helped me to reflect on the transcription process. This step was important prior to the main study so that the tools could be revised to fashion the means in the best possible manner to elicit and transcribe the information, which I intended to gather for my research.

Lastly, Love (2020, p. 124) points out that irrespective of any amount of time spent, even as a team, one is not able to overcome every inconsistency in a lengthy transcript. As such, I endeavoured to minimise inconsistencies as much as possible but do not claim that I eradicated all inconsistencies as there are many styles in which speech can be transcribed. Therefore, the transcripts which I used cannot be considered as a definitive representation of the original interviews, but rather as Love (2020, p. 124) describes “produced under the constraints of what I now believe to be the natural, terminal limit of consistency between human transcribers”. Overall, combining elements of a fully automated transcription with manual work worked well and further supports Schmidt’s (2016, p. 413) description of such an approach as “utopian”.

Chapter 5: The Interviews Corpus (IC) and initial findings

5.1 Chapter overview

This chapter provides an overview of the interview data that was gathered for my research. First, I will elaborate on the background of my research participants (section 5.2) followed by an overview of the contents of the Interviews Corpus (IC) (5.3).

Regarding the participants, I provide a breakdown of the participants by the capacity in which they spoke and how this background was used to create pseudonyms (5.2.1). Next, I provide a breakdown of the participants by gender and ethnicity (5.2.2). Then, I discuss the British South Asian Muslim (Henceforth BSAMs) network in the UK and the geographic location of the participants (5.2.3). After providing this background, I quantify the contributions made by the ulama, healthcare professionals (henceforth HCPs), and other participants (5.2.4). Furthermore, I highlight some key incidents that transpired around the time of the interviews and the way these incidents impacted their responses (5.2.5).

I move on to describe the quality of the data and the suitability of the IC for my research. I first look at the amount of data per question (5.3.1). I then explore the macrostructure of the corpus through semantic analysis. I analysed this by examining the differences between the NHSBT site and the IC (5.3.2), followed by an analysis of the frequency of words in the IC alone by semantic tags (5.3.3). Thereafter, I identify the key social actors (van Leeuwen's, 2008) in the IC by examining the microstructures within the IC (5.3.4).

After providing an overview of the data, I list two themes along with relevant topoi (Reisigl & Wodak, 2000, also discussed in 3.5.2) related to the ongoing discussion on organ donation that I believe required further investigation from a BSAM perspective (5.4).

To note, this chapter serves only as a preliminary to the findings. Chapter six and seven are dedicated to exploring key themes in greater depth.

5.2 Participants

A total of 30 participants were interviewed. Beyond these participants, a number of the ulama (section 2.3) declined to participate due to travel or other commitments; for instance, some 16 scholars felt unqualified to participate and signposted me to other participants in their circles who they thought it would be more appropriate for me to interview such as other imams, ulama, Islamic medical organisations, and HCPs, as well as members of the community who had been involved in matters related to organ transplantation.

5.2.1 Capacity of the participants

The capacity in which the participants contributed to the interviews is illustrated in Table 5.1:

Table 5.1

Capacity of participants

Capacity of participant	No. of participants
Ulama	18
Healthcare professionals	10
Kidney recipient	1
Live donor	1

A total of 18 ulama were interviewed of whom seven were imams, seven qualified ulama who did not have an imam role, and three participants were chaplains: two hospital chaplains and one University chaplain. Pseudonyms for these participants were chosen phonetically to reflect their capacity as follows:

Table 5.2

Acronyms for ulama participants

Capacity	Key letter	Pseudonyms
Imam	I	*Ikram, Imran, Imtiaz, Irfan, Irshad, Isa, Ishaq, Ismail*
Alim	A	*Adam, Ahmad, Ajmal, Aliya, Ammar, Arkan, Asad,*
Chaplain	Ch	*Chakir, Chams, Chihab*

All these participants were male save Aliya, a female alima[46]. All 18 participants identified with the Sunni sect of Islam and adhered to the Hanafi madhab (a jurisprudential school of thought). In terms of their views on organ donation, a clear division of participants being either pro or anti-organ donation was not straightforward. Ulama from either side of the spectrum raised different objections regarding organ donation which if addressed from a collective Muslim community standpoint, may lead to organ donation being considered permissible. These objections were related to obtaining consent, determination of death, whether the donation was from a living or a cadaveric donor, and the type of organ to be donated.

Moving on to HCPs, a total of 10 participants (see Table 5.3) were interviewed of whom three were surgeons: an orthopaedic surgeon, a cardiothoracic surgeon, and an otolaryngologist (also known as an ENT specialist). Four participants were GPs; of these, Badria was engaged in blood and organ donation campaigns, and three others served their communities locally as GPs; Jafar, Jamal, and Jamila. Other participants, referred to as Kazim was a consultant kidney specialist and Parveen, a paediatrician. Lastly, one participant was an anaesthetist referred to as Anis (not to be confused as an alim, rather the pseudonym coincides as an abbreviation for an anaesthetist).

[46] The term *Alima* is the singular feminine gender of alim (see also 2.3)

Table 5.3

Acronyms for HCPs

Capacity	Key letter	Pseudonyms
Orthopaedic surgeon	O	*Othman*
Cardiothoracic surgeon	Cad	*Cadim*
otolaryngologist	Ent	*Entara*
Blood and organ donation campaign	B	*Badria*
GPs	J	*Jafar, Jamal, Jamila*
Consultant kidney specialist	K	*Kazim*
Paediatrician	P	*Parveen*
Anaesthetist	An	*Anis*

The HCPs identified with Sunni Islam and 24 of these interviewees expressed an affiliation to the Hanafi jurisprudential school of thought whereas others did not comment on any fiqh madhab.[47] One participant identified with the Shia sect of Islam. These HCPs were males apart from Badria, Jamila, and Parveen.

Finally, two more participants were recommended by the ulama as well as HCPs for their involvement with organ transplantation. One was a female who had donated her kidney and a male who had been a three-time kidney recipient (see Table 5.4). Both identified as Sunni Muslims with no explicit affiliation to any fiqh madhab.

Table 5.4

Acronyms for the donor and recipient participants

Capacity	Key letter	Pseudonyms
Live kidney donor	L	*Lamya*
Recipient	R	*Rafiq*

[47] See footnote 6 for explanation of the term fiqh.

5.2.2 Gender and ethnicity of participants

In terms of gender then, a total of five participants were female and 25 male. Although the number of female participants was relatively small, this was to be expected given that imams are males (as discussed in subsection 4.2.2) and signposted, in most cases, to other males. Nevertheless, in terms of the contribution from these five female participants, the contribution to the corpus was 19% with a total of 398,871 words. As such, the corpus allows access to a reasonable amount of data from a female perspective.

Moreover, 29 of the participants were British citizens and one participant had Pakistani citizenship, this one respondent was a Mufti and a graduate of Darul uloom Karachi.[48] Most participants were of IndoPak ethnicity; 14 were of Indian ethnicity, 13 were Pakistani, and one was Bangladeshi. However, the South Asian Muslim community also signposted and welcomed input from non-South Asian Muslims; this allowed input from two Arab participants who were loosely affiliated with the Shafi madhab.[49]

5.2.3 Geographic location of participants

Although the study initially sought to interview imams only in Lancashire, I discovered further details about the Muslim community network and how imams themselves are informed and influenced by other members of the Muslim community. The imams strongly recommended that I also reach out to these key figures in the community. Consequently, 13 participants were from Lancashire, and two from Greater Manchester. I was also signposted by the ulama in Lancashire to another five participants in London and three in the Midlands, one from Durham and another from Eastern England. With the transplantation law in effect in Great Britain, I was also signposted to a participant in Wales and another in Scotland. Additionally, I was signposted to a participant in Northern Ireland

[48] *Darul Uloom Karachi* is a prominent Islamic seminary founded by MSU (2.3.4). After the independence, MSU moved to Pakistan, where he established Darul Uloom Karachi in 1951. The seminary aims to implement sharia in Pakistan and provide higher Islamic education. For BSAMs, it serves as a link to traditional Islamic scholarship and a centre for religious and cultural preservation, especially for those with roots in the Deobandi movement.

[49] Shafi refers to the name of the founder of the school Imam al-Shafi (d. 820 CE), who is not to be confused with Mufti Shafi.

where the law of deemed consent was yet to be implemented. Moreover, I was advised to also reach out to South Asian Muslims beyond the UK for their insight on organ donation; for this purpose, I was signposted to one participant in Canada and another in Pakistan.

5.2.4 Contribution to the corpus data

In terms of contributing to the discussion on organ donation within the South Asian Muslim community, 41% (91,085 words) of the IC consists of data from the 10 HCPs interviewed, 44% (94,057 words) of data from the 18 ulama, and 14% (29,363 words) from the remaining two participants.

This division is interesting because the number of HCPs was almost half the number of ulama and yet contributed a similar amount revealing that the HCPs contributed twice as much in the interviews as the ulama. Such contributions justify the signposting by the ulama to the HCPs as the latter are more qualified regarding the laws, regulations, and processes of organ transplantation and the science of death. As such, the views of these HCPs are taken seriously by the ulama that pointed me towards them; they were not simply health experts but ones with a knowledge of Islam and who are able to command the respect of ulama. Imam Irshad uses the perspectivisation strategy (subsection 3.5.2) to echo the same advice:

> *Irshad* If it's a fiqhi thing I'll ask them to go to a mufti to answer that question and if it's a healthcare thing which I feel like a doctor will be more appropriate for this question I'll direct them to a doctor

The interviewees form a homogeneous group due to shared traits of being South Asian Muslims and being approached by members of the BSAM community to advise them on health matters. As such, my research focuses on the collective view of this homogenous group toward organ donation in the UK and their evaluation of the promotional material by the NHS.

5.2.5 Interview timeline

Highlighting incidents that transpired around the interview period is worthwhile mentioning as it directly had an impact on the interviews; evidenced by references made to these incidents. The interviews began in mid-December 2021. Some points to note about this period of time is that media coverage included a Tory Party scandal involving law breaking during periods of Covid restrictions (commonly called *Partygate*), the Christmas break, a breakthrough in xenotransplantation[50], a focus on diabetes in Ramadan, and Islamic prayer times.

Firstly, Partygate started in late November and early December. During this time, videos were released by media outlets to support allegations of Covid lockdown breaches made against the UK Prime Minister at the time, Boris Johnson, and the Conservative Party staff. Reports claimed that members of the party had several gatherings at 10 Downing street during a national lockdown and, thereby, had broken their own law. This political scandal negatively impacted members of the Muslim community as well as the participants - who expressed distrust in the UK Government using an intensification strategy (section 3.5 and 7.6.3).

> *Chams* The history of this Government right especially when it comes to health matters the way they dealt with the coronavirus the fact that they were all having a Christmas what was it a party? after they'd say to everyone else not to have one erm the amount of (…) there's a high level of distrust in this Government
>
> *Ahmad* Last year in lockdown Okay They said You know everybody go everybody go in lockdown but then at Christmas time they're having this party was that at 10 Downing street? See they're in 10 Downing street having a party and at the same time you know the mosques are being closed Okay So that's not it's very it's hypocritical that it's one rule for them So you can't

[50] *Xenotransplantation* is the transplantation of organs or tissues from one species to another, such as from pigs to humans.

> really trust and I don't blame the community for not trusting them

Secondly, the imams and ulama were able to make time for the interviews over the Christmas period. The main reason for this was the fact that many of the imams and ulama teach in madrasas that, in line with school holidays, close during the Christmas period, thus allowing the ulama time to engage in my study.

Thirdly, during the winter season, the Isha prayer (which is determined by the visibility of the stars in the sky) is led at the mosques in congregations around 8 pm. These prayer times also allowed imams to be available later in the evenings.

On January 7, 2022, xenotransplantation made world news with the first genetically-modified pig transplant in the US. The procedure was carried out by a Muslim surgeon of Pakistani origin Dr Muhammad Mohiuddin, professor of surgery at the University of Maryland School of Medicine. Since discussions on organ donation in the UK was side-lined by the COVID-19 pandemic in December 2020, Mohiuddin's procedure reignited interest in organ transplantation among the ulama. The procedure brought hope to the discourse on xenotransplantation being a potential alternative for allotransplantation[51]. Mohiuddin said, "If this works, there will be an endless supply of these organs for patients who are suffering" (Stephens, 2022). However, scepticism of the procedure followed two months later when on 8th March, the recipient of the pig heart, David Bennett, died.

Apart from xenotransplantation, Ramadan was to commence on April 1, 2022. Chaplains and imams are generally faced with questions in Ramadan about the safety of fasting for Muslim patients with underlying health conditions, especially diabetes. Given the proximity to Ramadan, the relation of my study to kidney transplants and diabetes also sparked an interest among imams and chaplains to take part in the study:

[51] *Allotransplantation* (also referred to as Homotransplantation) is the removal of organ or tissue from one body to another - that belongs to the same specie. In the context of this study, it refers to removing organ or tissue from one human to transplant into another human.

Imran Another way we promote health is in Ramadan making sure people spend healthy Ramadan and you know not put themselves at risk

Chakir And then you know some of the contributions we've had at the organ donation consultations and other diabetes UK Ramadan conferences how that affects health

Badria We erm recently did a BMJ paper on advising your patients with health conditions during Ramadan

Around the same period, on February 24th 2022, Russia carried out military strikes in Ukraine. Russian President Putin stated that the aim of the invasion was to demilitarise Ukraine, depose its government, and end the possibility of Ukraine joining Nato (Kirkby, 2022). Although these attacks did not directly have an impact on the discussion on organ donation, questions on blood donation were raised. References were made to wars and battles and the need for blood donation for soldiers, however, the context of these discussions was focused on British soldiers stationed in Muslim majority countries like Iraq and Afghanistan and concerns were raised as to whether or not blood donations from British Muslims to the NHS could potentially be used to treat wounded soldiers fighting in Muslim majority countries.

In terms of permanence of the IC then the content is permanent and fixed. However, the degree to which the data and findings can be applied beyond the corpus is subjective. The corpus was created based on several factors - mainly the availability of the ulama and HCPs over a festive and seasonal period. However, the participants' responses were reactive to the rapid developments in the media related to politics and medical advancements taking place at the time of the interviews. As such, the corpus is exclusive and representative of a particular period. It may not reflect the views of ulama and HCPs beyond that timeframe, particularly if significant developments or ongoing changes continue to influence the South Asian Muslim community. To keep track of such a "transient and fleeting" discourse would require a monitor corpus that could be enlarged and updated periodically (Hunston, 2007, p. 31). Nevertheless, the

purpose of this study and my corpus was to gather the views of the participants on the promotional material to reflect on and possibly redesign the material at the time of this research.

5.3 Contents of the IC

This section explores the suitability of the corpus for my study. To test whether or not the data was fit for purpose, I examined the data from different angles and perspectives. I began by investigating the macrostructures of the corpus by looking at semantic data and then the microstructures by looking for social actors.

5.3.1 Data per question

I rearranged the transcripts so that I could see the data for each interview question. When formatting the transcript for this purpose, I added the pseudonyms next to each response which increased the word count of the corpus by 1,753 words resulting in a total of 216, 200 words.[52] I was then able to sort the questions by the quantity of data as shown in Table 5.5 below.

The four questions that generated the longest responses were related to:

1) The regulations and the process of how organ donation works in the UK (Q5)

2) The barriers or enablers within Islam that support or are against organ donation (Q16)

3) Possible reasons for the very low number of donors from the South Asian community (Q11)

4) Whether or not there was a need for British South Asian Muslims to become donors in the UK and if so then how this need could be addressed (Q15).

[52] The word count total is based on MS Word's word count tool.

Table 5.5

Questions ordered according to the number of words in the responses to them

Question	Words	RF	Category
[Q5] So you have explained what organ donation is, are you familiar with the regulations and the process of how organ donation works in the UK?	17991	8%	Organ donation
[Q16] In your opinion, what barriers or enablers are there within Islam that support or are against organ donation?	17005	8%	Religion
[Q11] [looking at statistics] Why do you think there is a very low number of donors from the South Asian community?	16658	8%	Organ donation
[Q15] Do you think there is a need for British South Asian Muslims to become donors in the UK? If so, how do you think this need could be addressed?	16380	8%	Organ donation
[Q20] In your opinion, what more do you think the Government can do to support British South Asian Muslims to promote conversations regarding organ donation?	16074	7%	Political
[Q6] What are your views on organ reception? What are your reasons?	14812	7%	Organ donation
[Q12] What are your thoughts on the promotional material by the NHS regarding organ donation? [these would be available also at the interview]	12820	6%	Organ donation
[Q18] In your opinion, what role should the ulama play with regard to organ donation in the UK?	12368	6%	Religion
[Q13] Why do you think the NHS is reaching out to different faiths?	11718	5%	Political
[Q14] What are your views regarding deemed consent?	10534	5%	Political
[Q17] In your opinion what is the merit or value for religious organisations in contributing towards organ donation campaigns? How can they contribute?	10412	5%	Religion
[Q9] What do you understand to be the differences between circulatory death and brain death?	9204	4%	Death
[Q3] How do Imams advise on health issues?	8494	4%	Religion
IQ10] How do you view organ donation after circulatory death, brain death?	8252	4%	Death
[Q19] In your opinion, in what way do you think you personally promote conversations regarding organ donation?	7974	4%	Personal
[Q7] What do you know about Keira and Max's law?	6049	3%	Organ donation
[Q1] Could you tell me a little about yourself: what you do and your role in the community?	5948	3%	Personal
[Q8] According to your knowledge of the shariah, what is death?	5090	2%	Death
[Q2] How would you describe your contributions to the community?	4572	2%	Personal
[Q4] What do you understand by organ donation?	3845	2%	Organ donation

Responses to these four questions formed a third of the corpus, which highlights that the details of the laws and regulations, details of Islamic jurisprudence, and the need for donors from the BSAM community were given due consideration by participants - highlighting the importance of these matters. By contrast, responses to personal questions provided much less data generally with participants not wanting to elaborate on their contributions (Q2). The somewhat

modest responses provided below reveal a certain attitude of Muslims towards being reflective of one's work and letting others evaluate their contribution and impact:

Parveen I mean I try and be a good citizen community citizen And so in-sha Allah it's a positive contribution but that's not for me to judge

Jamal In terms of my contributions to the Muslim community I feel that for others to judge personally I feel that they are not enough

Another interesting finding was the response to the understanding of death according to Sharia law (Q8). The total response to this question resulted in only 5,948 words forming only 2% of the corpus. The general response was that according to the sharia, death is when the *ruh* meaning the soul, leaves the body, however, the determination of such a belief remains unknown and a point of curiosity:

Chihab The departure or the removal of the soul from the body But then what that means? Wallahu Alam only Allah knows

Othman But what does that mean in practical terms? Absolutely No idea Because I was told that the weight of the person before and after his soul has departed is exactly the same [laugh]

Nevertheless, 6% of the corpus (12,820 words) provides data directly related to the evaluation of the organ donation promotional material by the NHS (explained in 3.2). The IC, therefore, consists of valuable first-hand information from key members of the BSAM community. The corpus provides a reasonable amount of data to analyse and gain an understanding of the cultural and religious attitudes of the participants toward organ donation in the UK expressed through language.

5.3.2 Semantic analysis: NHSBT site and the IC

For the corpus data to be meaningful for the NHS and the ulama, an understanding of the keywords and topics of interest within the corpus must play a key role. The NHS displays and shares information on organ transplants and

blood transfusion on their website nhsbt.nhs.uk. This website is a useful reference in this study because a comparison of the data on the website with that in the IC could reveal key similarities and differences in matters related to organ donation. Where similarities arise, the NHS may find it helpful to learn more about the Islamic perspective. Where differences arise, the NHS may similarly find it interesting to consider thoughts and attitudes unique to the BSAM community.

Comparing such a large dataset, however, is not possible manually. Therefore, to be able to gain an overview of the NHSBT website, I used the HTTrack utility (Roche & Paducah, 2007), which allowed me to download all the files from the NHSBT site for offline use. This data was downloaded only for one-time use on June 1, 2020, and was not updated further. The reason for downloading the site around that time was because the promotional material was also created around the same time and so the aim was to compare the data from around the time that the promotional material was created for British Muslims to ask - what was the rest of the NHSBT site saying in general? Such a question may also help to reveal for the NHS and HCPs the gaps the material would fill as well as what the interview participants could fill. The data I gathered from the NHSBT site included 812 txt files, and according to AntConc 3.5.8, consisted of 1,753,880 tokens compared to the IC which consisted of 223,062 tokens.

Differences between the NHSBT site and the IC

Bearing in mind that the IC is around only a tenth of the size of the NHSBT site, I next explored i.) what each corpus was about by uncovering the most prominent macro structures in each corpus and ii.) the way the NHSBT site compares with the IC corpus. As this would involve a comparison of two corpora, I used *Wmatrix5* (Rayson, 2021). Collins (2019, p. 71) highlights that the most distinguishing feature of Wmatrix5 is that it has USAS[53] (Rayson et al., 2004) built into it which automatically tags corpus data semantically (discussed in 3.8.1.5).

[53] USAS stands for the UCREL Semantic Analysis System. For details, see the UCREL (University Centre for Computer Corpus Research on Language) website http://ucrel.lancs.ac.uk. Another online system that has a word-tagging feature is CLAWS, which stands for Constituent-Likelihood Automatic Word-Tagging System (Garside, 1987). The USAS semantic tagger embedded in Wmatrix5 includes 453 semantic categories of which 94 categories are labelled as being positive and 74 as negatives ones.

Similar to the way corpus tools allow keywords to be compared between two corpora, Wmatrix5 allows a comparison of the semantic categories between corpora. The difference between keywords and semantic categories is that keywords focus on individual words whereas semantic categories are explicitly related to broad fields of meaning.

Seeing what each corpus was about, I used the USAS semantic tagging feature in WMatrix5. The IC corpus was cross-referenced with the Spoken BNC, and the NHSBT corpus with the written BNC[54]. The Spoken and the Written BNC corpora were used as reference corpora to serve as a benchmark of "general English language" and to examine which words in either corpus occur more frequently than normally expected by chance alone (Baker, 2006, p. 43).

Below are frequency lists of key semantic concepts for each corpus compared to the above-mentioned reference corpora:

Table 5.6

Key semantic concepts in the NHSBT corpus (ref Written BNC)

		Item	O1	%1	O2	%2	LL	LogRatio	
1	List1 | Concordance	Z99	1566	71.21	22165	2.29 +	7633.84	4.96	Unmatched
2	List1 | Concordance	N1	175	7.96	15606	1.61 +	278.55	2.30	Numbers
3	List1 | Concordance	Z3	30	1.36	4809	0.50 +	22.40	1.46	Other proper names
4	List1 | Concordance	I1	24	1.09	3515	0.36 +	20.73	1.59	Money generally
5	List1 | Concordance	I2.2	16	0.73	2738	0.28 +	10.64	1.36	Business: Selling
6	List1 | Concordance	N3.3	10	0.45	1411	0.15 +	9.14	1.64	Measurement: Distance
7	List1 | Concordance	N3.5	3	0.14	338	0.03 +	3.70	1.97	Measurement: Weight
8	List1 | Concordance	N3.4	2	0.09	325	0.03 +	1.46	1.44	Measurement: Volume
9	List1 | Concordance	Q4.3	2	0.09	690	0.07 +	0.11	0.35	The Media: TV, Radio and
10	List1 | Concordance	Y2	3	0.14	1126	0.12 +	0.07	0.23	Information technology a

Note. Wmatrix5 generated this data based on the top 100 items with LL>6.63 (p>0.01).

[54] For information on the development of Wmatrix5, see footnote 39.

Table 5.7

Key semantic concepts in the IC (ref Spoken BNC)

	Item	O1	%1	O2	%2	LL	LogRatio	
1	Z99	2163	2.22	5684	0.58 +	2241.30	1.94	Unmatched
2	B1	1697	1.74	3703	0.38 +	2142.53	2.21	Anatomy and physiology
3	S9	974	1.00	1106	0.11 +	2020.37	3.15	Religion and the supernatural
4	A9-	1276	1.31	2788	0.28 +	1608.94	2.21	Giving
5	B3	791	0.81	1024	0.10 +	1513.35	2.96	Medicines and medical treatment
6	L1-	535	0.55	501	0.05 +	1233.78	3.43	Dead
7	L1+	254	0.26	51	0.01 +	956.38	5.65	Alive
8	S2	954	0.98	2728	0.28 +	892.88	1.82	People
9	A2.2	594	0.61	1891	0.19 +	482.21	1.66	Cause&Effect/Connection
10	X2.2+	1032	1.06	5481	0.56 +	308.08	0.93	Knowledgeable
11	S7.4+	323	0.33	930	0.09 +	299.70	1.81	Allowed
12	S1.1.3-	94	0.10	51	0.01 +	273.85	4.22	Non-participating
13	X4.1	330	0.34	1066	0.11 +	262.43	1.64	Mental object: Conceptual object
14	S5+	574	0.59	2602	0.26 +	252.40	1.15	Belonging to a group
15	S8+	477	0.49	2020	0.21 +	241.34	1.25	Helping

This simple semantic analysis reveals some major differences between what the NHS focuses on compared to the participants. In each corpus, the highest frequency of items was from the unmatched category which consisted mostly of abbreviations, codes, and symbols. The main difference between each corpus appears to be the focus of the NHSBT site on statistical data[55] related to financing and budgeting for the NHS transplantation program rather than the details about actual medical procedures (section Table 5.6). The NHSBT regularly publishes various documents related to organ donation and transplantation statistics to discuss *costs* and *savings*. These include the Annual Activity Report, Import and Export of Organs Reports, and the National Organ Retrieval Service (NORS) Reports, which provide comprehensive data on organ donors, waiting lists, transplant activity, and survival rates.[56]

On the other hand, the IC focused on the actual organs that are of importance concerning transplantations, for instance, the brain, heart, and kidneys (section Table 5.7). The third most frequent semantic item in the IC was related to religion

[55] Statistical data related to costs, measurements, budgeting etc are to be expected to be higher in written mode compared to spoken. However, a comparison of the NHSBT with the Written BNC reveals that although the mode is the same, by contrast, the NHSBT a statistically significant focus on statistical information. The NHSBT corpus was also compared with the BE06. The same semantic categories were found as the BNC - with only a slight variation in the order they appeared. The Medical Web Corpus, available on SketchEngine, could have served as another useful reference corpus, however, at the time of writing, SketchEngine did not have the option to compare corpora semantically.

[56] Statistics and reports are available on ODT Clinical site (ODT Clinical, n.d.).

and the supernatural; this included discussions on existing fatwas, the ruh meaning the soul, and using scripture as a basis in decision-making. The IC also showed a focus on giving. This category is to be expected since the discussion was about donation. Another category that was significant in the IC was medicines and medical treatment.

Given that the NHSBT site focuses heavily on financial matters (subsection 2.2.2), this information provides an important backdrop to the interviews. The participants took into consideration the fact that the NHS transplantation program involves incredibly high costs and recognised this factor as a reason for the need for the NHS to reach out to the nation to better utilise the healthcare budget:

Ismail Another reason why they are probably reaching out to faiths is because they need to save money on health care and (..) They addressed they tried to reach out to the faiths but I think they should also make it clear that they are trying to save money It's not a bad thing but it needs to be said it's one of the reasons

Arkan If the NHS can save money on there and hopefully they'll be to spend it you know the areas which also need the money but you'd hope you'd hope that the money will be put to use elsewhere

Although none of the participants made any direct reference to the financial data on the NHSBT website, their thoughts and understanding of the approach taken by the NHS from a financial perspective are supported by the corpus data of the NHSBT site that was revealed by the semantic analysis. Using corpus tools to analyse the NHSBT site, therefore, provided the benefit of verifying participant comments related to the NHS.

5.3.3 Semantic analysis of the IC

Having identified the different foci of the NHSBT site and the IC relative to general written/spoken English, next I examined the frequency of words in the IC by semantic tags. This step was taken without comparing the IC to a reference corpus so that I could examine the IC by itself. This second step was designed to

show which semantic fields dominate BSAM talk about organ donation overall, regardless of how they compare to general English. The purpose of this analysis was to establish the difference between the NHSBT site and the IC.

Table 5.8

Semantic analysis by frequency

Semantic Tag	Frequency	Relative Frequency	Semantic category	Keywords
Z5	27356	28.08%	Grammatical bin	The, and, to, a, of, so, in
Z8	15461	15.87%	Pronouns	You, it, I, they, that
A3+	5156	5.29%	Existing	Is, 's, are, be
Z4	2848	2.92%	Discourse bin	Erm, you know, yeah, I think, I mean, kind of, no, obviously
Z99	2163	2.22%	Unmatched	Ulama, **haram**, shariah, **Quran, fatwa**, Keira, you're, **Tala, halal, hadith, masjid, Islamophobia, subhanhu**
Z6	2062	2.12%	Negative	Not, n't, no, nothing, non, negative, not really
B1	1697	1.74%	Anatomy and physiology	Organ(s), **body, kidney, heart**, brain death, circulatory, blood, brain, kidneys, liver, breathing, bone
A7+	1546	1.59%	Likely	Can, would, might, could, probably, may, sure
A9+	1340	1.38%	Getting and possession	Have, get, take, had, got, has, having, receive, keep, taking
A9-	1276	1.31%	Giving	Donation, give, donors), donate, giving, donating, given
M6	1204	1.24%	Location and direction	This, where, there, here, South, in
Q2.1	1196	1.23%	Speech: Communicative	Sat, said, talk, saying, says, talking, conversations, point
A1.1.1	1100	1.13%	General actions / making	Do, doing, process, make, done, does, did, made, engage
X2.1	1080	1.11%	Thought, belief	Think, opinion, deemed, views, feel, believe, thinking thought
X2.2+	1032	1.06%	Knowledgeable	Know, information, knowledge, aware, awareness, remember
S9	974	1%	Religion and supernatural	Muslim(s), islam, imams, imam, religious, islamic, **mosque(s), religion, soul, prophet**

Table 5.8 reveals key semantic categories in the IC sorted by frequency. Some of the keywords occurred mainly because they were part of the questions asked.

The words in bold, however, were used only in the responses. Words like *halal* and *haram* reveal a focus on Sharia law, whereas *Allah subhanahu wa Tala*, the *Prophet, Quran* and *hadith* indicate the key sources of Islamic jurisprudence (section also 2.3 and 6.3.2). Anatomical lexis such as *body, kidney, liver, breathing*, and *bone* reveal a particular focus of the BSAM community on these organs as opposed to other organs such as tissue, pancreas, or the small bowel for instance. Moreover, not only were the physical organs of importance but also the metaphysical concept of the *soul*.

For the benefit of the NHS then the IC allows insight into the faith and beliefs of the BSAM community. This aspect is also highlighted on the NHS promotional leaflet on Islam and organ donation (also see Appendix II):

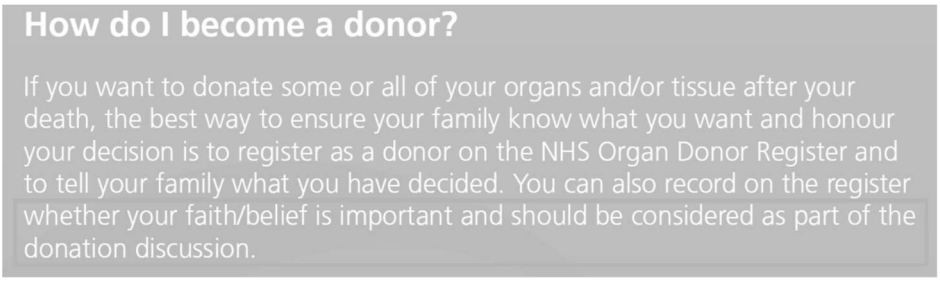


Figure 5.1. NHS information on becoming donor

The gap for the NHS and the transplant teams in hospitals, however, is in trying to get a better understanding of the details of these beliefs. The IC is fit for purpose in this regard because it allows a detailed breakdown of the beliefs based on first-hand information from key members of the Muslim community. The problem for the NHS is the lack of donors from the BSAM community. The appeal by the NHS on the NHSBT site, however, rests on statistics. The IC, on the other hand, suggests that the appeal would be more effective by addressing the emotional arguments put forward by the BSAM community and resolving those concerns from a spiritual and faith-based perspective.

5.3.4 Microanalysis of the IC: Social actors

The foregoing description has focused on the macrostructure of the discussion on organ donation by exploring the overarching semantic categories. Having

established that the corpus focuses on Islamic jurisprudence and seeking medical treatment, next I examined the social actors mentioned within the IC. To generate a list of social actors, I needed first to have a list of all the nouns in the corpus. Using the SketchEngine (Kilgarriff et al., 2004) wordlist tool, I searched for all nouns[57] in the corpus and sorted them by frequency. Appendix XI shows a list of the top 498 nouns that appear in the IC. From this list, I have selected 40 social actors that could be explored further.

Table 5.9

Social actors in the IC

Category	Words
Concepts	*Islamophobia*
Functional	*chaplain, government, GP, imam(s), mufti, doctor, patient, leader, recipient(s), surgeon.*
General	*animal, brother community, donor, Muslim(s), non-Muslim, scholar, family, human (being), people, somebody, someone, female,*
Scholars	*Rafaqat, Shafi, Taqi, Zubair*
Locations	*America, Darul uloom(s), Deoband(i), England, India, Pakistan, Scotland*
Organisational	*BIMA, , NHS(BT)*
Religious	*Allah, Prophet, Quran, ulama*

Most of the words in Table 5.9 have already been discussed throughout this study and their mention in the interviews was expected. However, statistical data on social actors helped to identify the most relevant figures in the BSAM community namely Mufti Zubair (LL = 14.43[58]) and Mufti Shafi (LL = 62.55) (both always mentioned with the honorification of *mufti* as well as *sahib* for Mufti Shafi to indicate high and official social status). The data also supports comments from

[57] SketchEngine (2022) uses a modified version of the English TreeTagger PoS tagset.
[58] Wmatrix5 uses Log-likelihood (LL) to measure statistical significance or confidence to determine that a word did not occur in the target corpus by chance (Dunning, 1993). Rayson highlights that an item with an LL value of >7 can be considered to be statistically significant since 6.63 is the cut-off for 99% confidence of significance.

hospital chaplain Chakir, who by using predication strategy (subsection 3.5.2) highlighted these social actors as having importance within the BSAM community:

> I think Mufti Zubair's fatwa is a unique piece of history for the UK from a Deobandi IndoPak sub-continent community
>
> I would say within Islamic tradition you would say a barrier is a precedent of a fatwa Like with Mufti Shafi sahib's becomes a barrier because he's held in extremely really high regard
>
> So you know I think the Darul Uloom fatwa is very clear and it's a consistent position for Darul Uloom Deoband

5.4 Key themes to explore further

Based on the statistical data in the IC in light of the gap identified on the NHSBT site, the IC provides two areas to explore further:

1) *The role of fatwas concerning organ donation*
   The data highlights that the most important fatwas to consider are those by Mufti Shafi, Mufti Zubair Butt, and other fatwas from other Deobandi institutes. Key topoi (subsection 3.5.2) related to this theme include reality, advantage, theophilia (sake of Allah), sincerity, and usefulness.

2) *The importance of seeking medical treatment from an Islamic perspective*
   This theme raises important questions like why is health important? Must medical treatment be sought? What sort of treatment should be sought? And when can a patient refuse medical treatment? Key topoi related to this theme include responsibility and *amana* (trust).

Subsequent chapters are dedicated to exploring these themes in greater depth.

5.5 Conclusion

The participants were approached either directly because of their status in the British South Asian community in Lancashire as imams or they were approached because they were referred to by an imam. The majority of participants consisted of ulama which included imams, hospital chaplains, and ulama in other roles. HCPs such as surgeons, GPs, and other specialists also took part. The corpus

was identified as being restricted to a particular period which was suitable for evaluating the NHS promotional material on organ donation.

As for the contents of the IC, statistical data helped to confirm some of the remarks and claims made by participants during the interviews. Comments about the importance of certain scholars as well as observations made about the NHS were verified and supported by cross-referencing the IC with the NHSBT site and to the Spoken BNC. Lastly, corpus tools allowed me to find patterns within the corpus to reveal key semantic categories and social actors, which provided a basis for exploring themes and topoi related to fatwas, seeking treatment, and an evaluation of the promotional material.

Chapter 6: Fatwa discourse

6.1 Chapter overview

This chapter provides a detailed discussion of the role of fatwas in organ donation discourse, based on the Interviews Corpus (IC, see 5.2). First, I will analyse the use of the word *fatwa(s)* in the IC using Wmatrix5 (explained in 5.3.2). I then discuss reasons why British South Asian Muslims (henceforth BSAMs) required fatwas related to organ donation. I also highlight the topoi that were used in the IC to justify organ donation (6.2). I then analyse the ways that Mufti Shafi Usmani (henceforth MSU) and Mufti Zubair Butt (henceforth MZB) - as well as their views - were linguistically represented in the IC (6.3). Finally, I share my findings on representation in the fatwa discourse (6.4).

The need for fatwas in general and their impact on organ donation discourse was discussed in section 2.3. This chapter, however, explores the reasons for fatwas on organ donation based on the responses of the interview participants and on the way they constructed their arguments linguistically, thereby providing a fresh perspective on this discourse. I used corpus-assisted critical discourse analysis as my approach (explained in 3.8). I took advantage of corpus tools WMatrix5, SketchEngine, and Antconc to conduct quantitative analysis. However, as Anthony (2013) highlights, small-sized corpora provide only a "small window on the language phenomenon under investigation and hence, the results will only provide a partial picture of its true' complexity" (Anthony, 2013, p. 146). Therefore, I required a triangulated approach to build a more comprehensive picture of the comments in the IC. Consequently, I turned to qualitative analytical tools commonly found in CDA such as close reading of texts taking an intertextual approach and human intuition (section 3.5 and 3.8.2).

To interpret the data in terms of representation and legitimation, I relied on two frameworks (i) van Leeuwen's (2008) CDA frameworks for analysing social actors, social actions, legitimation in discourse, and purpose constructions (discussed in section 3.6), and (ii) perspectivisation and argumentation strategies from DHA (Reisigl & Wodak, 2012, discussed in section 3.5) to analyse the way participants positioned their points of view. The strategies will be explained in

their contexts where they are discussed in this chapter. However, in Tables 6.1 and 6.2 below, I provide an overview of these strategies with examples from the IC that I will focus on in my analysis. Additional analytical frameworks which I made use of in this chapter will be explained where they are discussed.

Following van Leeuwen's approach, the discursive construction of legitimation consists of the following five categories:

Table 6.1

Summary of legitimation strategies

Legitimation strategies	Description	Examples from the IC
Expert personal authority	An action should be done because an expert said so.	Because Allah or the Prophet say so (discussed in subsection 6.3.2)
Impersonal authority	An action should be done because the laws, rules, and regulations say so.	Because the Quran, the hadith literature, or a fatwa says so (discussed in subsection 6.3.2)
Conformity to authority	An action should be done because everybody does	Because the ulama of Deobandi do so (discussed in subsections 6.3.5, 6.4.2, and 6.4.5)
Moral evaluation	An action should be done because it is good or it should be avoided because it is bad	Organ donation is good because it can save lives or it could be pleasing to Allah Organ donation is bad because it leads to a violation of human sanctity (discussed in subsections 6.3.1, 6.3.4, and 6.3.5)
Theoretical Rationalisation	An action should be done because of the way things are	The outcome of clinical matters depends on the will of Allah (discussed in subsection 6.3.1)

Following van Leeuwen's approach, the social actor framework involves a network of numerous strategies. Below, I provide a summary of the strategies that I discuss in this chapter.

Table 6.2

Summary of social actor representation strategies

Discourse strategy	Representation of social actors	Examples from the IC
Aggregation	Same as collectivisation but quantified to provide statistical data	*Most ulama of Deoband, most of the imams or scholars* (discussed in subsection 6.4.2)
Backgrounding	Social actors are excluded by omission from the immediate text, however, based on intertextuality, they can be inferred	*if I get an organ … I get it and if not then it's Allah's will – organ donors are backgrounded* (discussed in subsections 6.4.2 and 6.4.3)
Collectivisation	As a group entity without quantifying them to represent them as undistinguishable individuals conforming to one idea	*We* (discussed in subsections 6.3.1 and 6.3.2)
Functionalisation	In terms of their role or what they do	*Ulama, chaplain, imam, mufti, doctor* (discussed in subsection 6.3.2 and 6.4.6)
Genericisation	As a single group	*People* (discussed in subsection 6.4.5)
Indetermination	As anonymous individuals or groups	*Some people, some ulama* (discussed in subsection 6.4.3)
Objectivisation	social actors are represented by means of reference to a place or thing closely associated either with their person or with the action in which they are represented as being engaged.	*Deobandi ulama* (discussed in subsection 6.4.3)

In this chapter, the role of metaphors is also relevant. Conceptual Metaphor Theory (CMT), proposed by linguists George Lakoff and Mark Johnson (Lakoff & Johnson, 1980), posits that metaphors are fundamental to human thought

because they reflect deeper cognitive structures and shape the way we understand and engage with the world. Accordingly, examining metaphors is useful in CDA as it can help to uncover ideologies and better understand the way language legitimises or deligitimises practices (Musolff, 2012).

6.2 Analysis of the use of *fatwa* in the IC

When Muslims find no ruling on a particular matter in primary Islamic sources, namely the Quran and the hadith literature, they resort to the fatwas of muftis (section 2.3). In relation to organ donation, fatwas play a vital role in guiding and allowing BSAMs to make sharia-based medical decisions (also in 2.3).

As shown previously in Table 5.7, Wmatrix5 (a corpus analysis and analytical tool, discussed in subsection 5.3.2) shows that the top 3 semantic categories in the IC include:

i) *Z99 for unmatched words* (the IC contained 2,163 unmatched words)
ii) *B1 Anatomy and physiology* (1,697 words)
iii) *S9 Religion and the supernatural* (974 words).

I assumed at this stage in the analysis that several words that should have been in the S9 category might have been detected as Z99 as a result of these words not having been coded correctly by USAS developers. My assumption was based on the fact that some important words (with a relative frequency[59] ranging from 0.10 and 0.06) were placed in Z99 rather than in S9; words such as *alim/ulama* (207 occurrences), *haram* (115), *sharia* (126), *Quran* (70), and *Fatwa(s)*, alternatively spelt fatawa(s) (147).

The proper noun *Allah* is the primary term for God in Islamic terminology and was categorised in Z1, which typically includes proper nouns and personal names. By placing the proper noun *Allah* in Z1, it is categorised alongside typical personal names and does not accurately reflect the unique status of Allah as the supreme

[59] The relative frequencies were calculated by dividing the total number of word type shown by the total size of the IC, then multiplied by 100. For transplant*, the RF was calculated as 342 (all instances containing transplant*) divided by 215,814 multiplied by 100 giving a RF of 0.16.

deity in Islam. This categorisation blurs the distinction between the divine and human names. Assigning the word Allah to S9 better captures its religious and theological connotations.

To check the frequency of the use of the word *Allah* in British spoken English, I turned to the Spoken BNC2014 and found that it contained 12 examples of the word *Allah*. By contrast, the NHSBT corpus (discussed in subsection 5.3.2), revealed that the word *Allah* was found to occur 102 times in only one text – that of MZB's opinion text. So while the word *Allah* is not an uncommon word in general English, it would seem that Wmatrix5 does not have a record of how to annotate the word, presumably because it is absent from the Wmatrix5 lexicon. Given the frequency of the word in my data this presents a challenge for me, as it does with other Islamic teminology which is also absent from Wmatrix5. As a result of Wmatrix5 handling Islamic terminology poorly, a manual recoding of vocabulary related to Islam was required for my analysis.

Another aspect of the data that needed to be modified was the duplication of certain words resulting from singular/plural uses of words such as *Muslim* and *Muslims*, *fatwa* and *fatwas*. When the lemmas MUSLIM and FATWA were searched instead, this duplication was removed and the lemmas had a higher frequency of occurrence. Likewise, some words had variants based on code-switching - for example, *mosque* and *soul* in English are used in the corpus along with their Arabic equivalents, *masjid* and *ruh*. Where this occurred, I grouped the frequencies under the English form.

In analysing the use of the words *ruh* and *soul* (section 5.3.1), I found that the choice between them is influenced more by speaker background and personal preference rather than by differences in meaning. Both terms are used within the same context—discussing the concept of the spirit leaving the body. *Ruh* was predominantly used by ulama, with 10 out of the 12 participants being ulama, and the remaining two being healthcare professionals (henceforth HCPs). These 12 participants discussed death from an Islamic framework. On the other hand, the word *soul* was used by a more diverse group of 16 participants, including ulama, HCPs, and a donor. Specifically, five ulama used the words *ruh* and *soul*

interchangeably, four ulama used only the word *soul*. Accordingly, the word *soul* carries both religious and spiritual connotations and is a more accessible term for a diverse audience including HCPs and laypeople.

These patterns suggest that *ruh* and *soul* might not be entirely interchangeable and does reflect nuances in the way different participants understood and articulated the concepts of the spirit. However, these variants, and likewise for the variants masjid and mosque (7.6.4), their use did not denote a difference in any argument. Therefore, grouping these terms did not obscure any distinct nuances or associations.

Having made the necessary modifications and grouping of words, Table 6.3 below shows a list of words by highest frequency from the revised S9 category. I will offer possible reasons why these words occurred with high frequency.

Table 6.3
Words from category S9 sorted by frequency

Word	Freq	Rel Freq
muslim(s)	547	0.253
islam	414	0.192
imam(s)	295	0.137
alim,ulama	207	0.096
religious	173	0.080
mosque, mosques, masjid	159	0.074
fatwa(s), fatawa(s)	157	0.073
islamic	147	0.068
allah	135	0.062
sharia	126	0.058
haram	115	0.053
ruh, soul	93	0.043
religion	90	0.042
quran	70	0.032
hadith	38	0.018
islamophobia, islamophobic	38	0.018
tala	33	0.015
halal	33	0.015
prophet, rasulullah, nabi	31	0.014
subhanahu	24	0.011

As explained in subsection 4.2.4, words like *Muslim(s), imam(s), Islam, ulama, religion, Islamic, religious,* and *sharia* were understandably frequent because they were used in interview questions and they were repeated in the responses. Having removed the list of frequent S9 words, the most frequently recurring word was *mosque*, along with its plural *mosques* and the Arabic *masjid* resulting in a combined total of 159 occurrences and a relative frequency of 0.07. The mention of mosques was mostly in relation to the role of the *ulama*; that they served the community in mosques and that the mosques could promote conversations around organ donation (subsection 7.6.4).

The next group of words were all related to the semantic field of Islamic jurisprudence. These words were *haram* (115) and *halal* (33), which mean prohibited and permitted. To refer to God, Muslims may say “Allah subhanahu wa tala” meaning The God, The exalted, may He be glorified’. Bearing in mind that this expression can take form with slight variations, *Allah* was mentioned 134 times, *tala* 33, and *subhanahu* 24 times. Another word related to the semantic field of Islamic jurisprudence is the *Quran* (70) which is believed by Muslims to be the divinely inspired word of Allah to Muhammad, His messenger – also referred to as the *Prophet* in English and *Nabi* in Arabic. Muhammad is also referred to as *Rasulullah* meaning the Messenger of Allah. A combination of referents to Muhammad resulted in a total of 31 occurrences. After the mention of the Prophet, Muslims use the honourification “alayhis salam” or “sallallahu alayhi wa sallam” both containing the prepositional phrase *alayhi* (18) meaning upon him be peace. The sayings of Muhammad are referred to as hadith (38). A third source, and perhaps the most interesting to occur 157 times in the IC was *fatwa* (including its variants *fatwas*, *fatawa*, and *fatawas*). The word *fatwa* was not part of any question, however, the fatwa literature is the source that is based on the Quran and hadith. In view of this observation, I considered examining the fatwa discourse in greater detail using collocation analysis (discussed in 3.8.1.4).

To examine the 157 occurrences of *fatwa(s)/ fatawa(s)*, I used the SketchEngine collocation search tool with a span of 5:5. This span was chosen because significant lexical collocations tend to occur in that range (Sinclair et al., 2004, p.

13) and because the span is considered sufficient to retrieve "more than 95% of all relevant information" (Thomas, 1993, p. 47).

Collocates with an MI score of >3 are considered to be strong whereas those with an MI score of >6 are considered to be very strong collocates (Hunston, 2007, p. 71). Strong collocates of fatwa included four proper nouns *Zubair's* (MI 10.39), *Zubair* (MI 7.69), *Shafi* (MI 9.68), and *Deoband* (MI 8.92). Having identified these proper nouns, to analyse and explain the way these social actors are linguistically represented, I explored the linguistic representation of their mentions through the lens of van Leeuwen's social actor framework (explained in section 3.6). Out of the four collocates, two are individuals that were nominalised by the interview participants namely Mufti Shafi (MSU, known for his prohibitive fatwa on organ donation for South Asian Muslims, see 2.3.4), and Mufti Zubair Butt (MZB, known for promoting organ donation for BSAMs, see 2.5.3). Moreover, both of these scholars have an affiliation with the Deobandi school of thought (also discussed in 2.3.4, and footnote 12); MSU was the chief mufti of the Deobandi school. MZB on the other hand is a graduate of a Deobandi institute. This backdrop helps to explain the frequent references to *Deoband*.

Based on the above statistical information on the key collocates of *fatwa*, I considered finding answers to the following three questions[60]:

> [Q1] Why do my respondents say that there was a need for fatwas for the Deobandi-affiliated British South Asian Muslims related to organ donation by Mufti Zubair and Mufti Shafi?
>
> [Q2] What impact did these fatwas have on organ donation discourse?
>
> [Q3] How did the interview participants view the fatwas by Mufti Shafi and Mufti Zubair?

Q1 and Q2 will be discussed in section 6.3 and Q3 will be discussed in 6.4. A key note to bear in mind concerning the findings in the IC is that my overarching aim for analysing data was to find reasons and impediments presented by the participants related to organ donation discourse. Importantly, the data must be

[60] These questions are separate from the RQs.

interpreted with caution. In most cases, viewpoints are unique to individual participants and therefore, the same comments cannot be ascribed to all or other participants. Nevertheless, based on intertextuality, individual viewpoints and comments helped me to gain a sense that a group of participants shared similar ideas; ideas which are representative of their communities. Based on their comments, I will share my findings related to each of the above-mentioned questions in separate sections.

6.3 Need for fatwas

To better comprehend the answers to Q1 and Q2, an understanding of several key points related to Islamic jurisprudence would be helpful. I will discuss these points in the following order: In subsection 6.3.1, I will first explain, from an Islamic perspective, the importance of pleasing Allah or being pleased with His will. I will then discuss the importance of the Quran and hadith literature to Muslim jurists to understand the ways they interpret Allah's will (6.3.2). I will also explain two concepts discussed in the IC related to Islamic jurisprudence; these are (a) that the human body inclusive of its organs belongs to Allah (6.3.3) and (b) that actions are evaluated based on intention (6.3.4). I will also explain that fatwas serve different purposes (6.3.5) and importantly, that not all BSAMs adhere to the same fatwas or even to any particular Muslim scholar or scholarly body (6.3.6). Lastly, based on these key points and concepts, I will attempt to explain the need for fatwas on organ donation for the Deobandi-affiliated BSAMs (Q1) as well as the impact these fatwas have had on organ donation discourse (Q2). For an overview of legitimation strategies, see section 6.1.

6.3.1 Being pleased with Allah's will and pleasing Allah

A crucial matter for Muslims is to have the correct understanding of the will of Allah so that they can appreciate His work but more importantly, to do so in a manner in which Muslims believe Allah wants to be appreciated (Husaini, 1980, pp. 9-10). To understand the importance of this concept and what it meant to the interview participants, I examined the data in the IC. As mentioned in section 6.2, the word *Allah* was mentioned 135 times. A collocation analysis revealed mostly grammatical words but none that related to the concept of the will of Allah. Nevertheless, having engaged in discussion with the participants, I was familiar

enough with data[61] to be aware that the concept was linguistically represented in longer stretches of text.

Interview question one (IQ1[62]) was related to the role of the participants in their community, IQ2 asked about their contributions to their communities, and IQ3 asked participants about their thoughts on the way imams advise on health issues (see Table 5.5 for list of all interview questions). Moving away from frequency analysis, I focused on perspectivation and framing from Reisigl & Wodak's (2012) framework (discussed in section 3.5.2). This strategy helps to analyse points of view based on nomination, predication, and argumentation. To examine the texts, I used van Leeuwen's social actor theory (van Leeuwen, 2008, see also 3.6). Van Leeuwen refers to the use of the plural pronoun *we* as collectivisation, a linguistic strategy which helps to assimilate a group of people as indistinguishable individuals, in this case, the imams and the HCPs, without quantifying them or showing homogeneity or consensus on a matter (van Leeuwen, 2008, pp. 37-38). A closer textual analysis of the word *Allah* in responses to Q1-Q3 helped me to piece together the way the imams triangulated their relationship between themselves, their congregations, and Allah. To try and understand representation through collectivisation, I examined concordance lines[63] for the phrase "we say" (Figure 6.1).

[61] For the value of human intuition, see 3.8.2.
[62] This acronym is used to distinguish questions asked in the interviews from the three questions mentioned in section 6.2.
[63] Concordance analysis is discussed in 3.8.1.1

1	You know this is number one [laugh] And	we say	to them look you know when you do your five daily prayers that is an amazing amazing physical exercise	It's
2	' the patient in question if they arrest And	we say	okay it's gotta be circulatory death Just imagine the thinking of the team they're waiting for the patient to arre	
3	ɔm or have whatever thrown on them Are	we saying	it's haram?</s><s>Are we seeing that?</s><s>If someone has depression about the way they look and you	
4	ɔral consensus in my understanding is as	we say	in Arabic infikak ar-ruh an al-jasad departure of the removal Off the roof Again I am using the Arabic words b	
5	ırce of information Everybody can find as	we say	the fatwa.com or imam.com to have that opinion sort of ratified So if we had one regulatory body that will be	
6	ɜed because I'm going to be you know as	we say	brain dead but then I thought oh my God you know the hadith said you know that is going to be just as agoni	
7	d have had to deem that the patient is as	we say	a brain dead It does not mean that all brain activities have ceased but it is the brain activities that are necess	
8	t for them to see that patient arresting as	we say	because this is now the next point in the hospital every patient is ascribed a status We either resuscitate or w	
9	ɨly if you start off in that way you know as	we say	know you've shot yourself in the foot You need to be to some extent in your face because it's who you're attra	
10	ɔ way Muslims treat dead bodies what do	we say	?</s><s>Give us the body straight away What about in a culture where there is no rush for a janaza my broth	
11	y they look and you know it's real and do	we say	it's okay for them to have these are all very ethical dilemmas that none of us sit there and consider because	
12	ʌhich is argued a lot When does when do	we say	you know ensoulment happens similarly you know there is no consent from my personal readings There is n	
13	ĩ ahsani taqweem so even with evolution	we say	that this stage of human evolution is the greatest form and it should be respected so not just your any other s	
14	ther way of looking at it is that erm ok if if	we say	they are you know like they are XYZ in other words they are very negative with regard to their approaches so	
15	ım So you know they thought you know if	we say	it's had on people we'll see Yeah You know these people know you know but unfortunately if you start off in th	
16	ainted by NHSBT We're not independent	We say	we're giving you awareness The words are ours The topic is ours All the information is ours We just gained d	
17	promote our view that it's haram just like	we say	meat is haram they should have a stamp like halal like we say halal kosher vegan this this is non-halal handi	
18	ɲ they should have a stamp like halal like	we say	halal kosher vegan this this is non-halal handing over all the rights to private companies you might consent to	
19	al gesture you give to that dead body like	we say	you know give a shoulder to the janazah you know we physically take the body erm Put the mud over the bo	
20	ey believe the body is more valuable like	we say	in the Quran laqad khalaqnal insan fi ahsani taqweem so even with evolution we say that this stage of humar	
21	ally erm You know I can't do islah for that	we say	go get baya to a sheikh to learn how to live a life of piety what we do is remind people of the things that pleas	
22	ɔesity We've taken people to other things	we said	if you lose the weight if you control your blood pressure we'll take you on as an organ donor And so that does	
23	ʌou know it's almost like we've only when	we say	there's a bit dawa in this in this you know in this issue you know It's a shame that when you see the aya of yo	
24	ıight you know complete cessation When	we say	dead complete cessation of all physical activities especially circulator activities up to elective	
25	ıat it but brings you no benefit That's why	we say	we do dhikr in every moment when we slaughter meat we do dhikr we do dhikr at every step So you want to	
26	a There are many people on dialysis yes	we say	they don't have a life but they living they aren't dead And in Islam you have sabr and you make dua that Allal	

Figure 6.1. concordance lines from the IC for the phrase *we say*

The phrase *we say* was used by 10 participants – ulama and HCPs. Notably, neither group used the phrase when discussing a matter beyond their expertise. For instance, the HCPs said *we say* when explaining clinical matters (lines 2, 6, 7, 8, 22, and 24). Likewise, the ulama said *we say* when referring to religious matters (4, 12, 13, 20, and 21). However, both groups said *we say* when referring to matters related to South Asian Muslim communities (1, 3, 5, 10, 11, 14, 15, 16, 17, 18, 19, 23, and 25).

Bearing in mind this representation by the use of we, below are two comments from two imams describing the role of imams as one of caring whereby they remind and advise fellow Muslims on the best spiritual course of action:

> *Imitiaz* What we do is remind people of the things that please Allah [and] how to get close to Allah

Isa When we advise people [we say] be patient you know put trust in Allah … [we do not seek] any material gains at all [but rather we work] for the love of Allah in-sha Allah Al-Azeem

Furthermore, to understand the way this concept of *pleasing Allah* was contextually legitimated, I viewed the texts using van Leeuwen's approach to the discursive construction of legitimation. Van Leeuwen explains that legitimation can be grounded on truths which are generally understood as "the way things are" (van Leeuwen, 2008, p. 116). This strategy is known as *theoretical rationalisation*; one way it can be linguistically represented is through an *explanation* which provides an answer to "why" things are the way they are. Applying this framework helped me to identify additional texts where theoretical rationalisation was used:

Ismail [I] said look if I if I get an organ … I get it and if not then it's Allah's will

Ishaq basically [I would] be thinking well actually this is the qadar of Allah and everything is in the hands of Allah subhanahu wa Tala

Imran to get something done and what's the purpose? It's to glorify Allah

In the above-mentioned comment by Ismail, the organ donor is backgrounded and the focus is shifted to Allah as the real agent and giver of life. The comment states that agreeing whether to receive an organ or not depends on the *qadar*, meaning the will of Allah and that is "the way it is". Likewise, Ishaq added that clinical outcomes are "in the hands of Allah". The synecdoche "to be in the hands of" is explained by the Oxford English Dictionary (OED, 2022a) to relate to "possession, custody, charge, authority, power, disposal, etc". An instance in the Spoken BNC2014 that carries this meaning can be found in the following text: "… I stopped him and told him look what you're trying to do is illegal but that's it you know once you put these properties into the hands of a chief exec rather than … an elected representative".[64] Based on the use of the phrase in general spoken English, the same meaning of "power and authority" could be inferred in Ishaq's

[64] Speaker ID S0463 from 2015. Document number 990: Talking about politics.

comment i.e. that the power of Allah to inspire donors as well as to create the right circumstances for the donation to be successful happens by the will of Allah.

The metaphor of putting trust in Allah along with leaving matters in the hands of Allah in terms of CMT is an orientational metaphor, which is a type of metaphor that uses spatial orientation to structure abstract concepts (Lakoff & Johnson, 1980). Ontological metaphors transform abstract concepts into tangible entities, in this case the idea of a successful organ donation is framed as an act of faith in Allah and is represented as an object placed in Allah's hands. The concept relates to holding the reins of a horse in one's hands, which denotes "firm control", "authority", "power to influence" and "being dealt with successfully" (OED, 2022b). By using the metaphor put trust in Allah, organ donation can be framed as an act of faith and devotion. This aligns the practice with the religious values of the BSAM community, making it more acceptable and meaningful. The metaphor also shifts the focus from potential negative aspects of organ donation to a positive religious act. In terms of CDA, this positive framing encourages acceptance and participation, as it is seen as an act of faith rather than a medical procedure.

Another explanation I found in the IC to legitimate organ donation was not the simple reason that it could save a life but rather the idea that making such sacrifices might be pleasing to Allah. Lamya (the living-kidney donor) described organ donation as an act of sacrifice that involves a cognitive process of seeking Allah's pleasure:

> *Lamya* [Islam] is teaching you to sacrifice and to donate and to help and Allah Tala loves it

The comment helps to explain that the possible reason that organ donation is morally good is that it is described as an act of sacrifice and helping one in need is a moral good, which is believed by Muslims to be cognitively valid social knowledge or truth. This perspective serves to legitimate organ donation based on theoretical rationalisation.

The metaphor of sacrificing from an Islamic perspective in terms of CMT is an ontological metaphor (Lakoff & Johnson, 1980), which conceptualises ideas as physical objects. The metaphor of sacrifice helps to frame the act of organ donation not just as a medical procedure, but as a generous, life-saving gift. Additionally, the phrase “Allah Tala loves it” implies that organ donation is not only permitted but also encouraged and beloved by Allah. This divine endorsement can be a powerful motivator for followers to participate in organ donation, viewing it as an act that pleases God. By linking organ donation to acts of sacrifice, charity, and help aligns the practice with moral and ethical values that are highly regarded in the Islamic faith and thereby portrays organ donation as a virtuous act endorsed by Islam. Additionally, by framing organ donation as a form of help and charity, the metaphor emphasises social responsibility and communal support and encourages individuals to see organ donation as a way to contribute to the well-being of others.

Despite these metaphors of leaving matters in the care of Allah or sacrificing for His sake, finding an identifiable moral evaluation for organ donation linguistically in the data was difficult to find. At this point, social and cultural information and knowledge were required to help trace the moral status of the participants’ comments back to the moral discourses that underlie them. As discussed in section 3.5, the Discourse Historical Approach (DHA) includes a range of linguistic strategies which help to explain the way text producers refer to actions and ideas. Because I wanted to connect the arguments to legitimation, I viewed the data from the lens of the legitimation framework set out by the DHA approach.

Framing organ donation on the basis of *benefit* could be elaborated by the DHA topos of *reality*, which is realised by the conditional that “because reality is as it is, a specific action/decision should be performed/made” (Reisigl & Wodak, 2005, p. 76). In the context of my study, the topos relies on the conditional that - because Allah ultimately has power and control over all things, all actions should be done with the awareness that the outcome was ultimately Allah’s will. Also bearing in mind that actions are to be done to please Allah, this idea could be understood by the topos of *advantage*. This topos is realised by the conditional that - if an action under a specific relevant point of view will be useful, then one

should perform it (Reisigl & Wodak, 2005, p. 74). The topoi in the foregoing discussion could be labelled as the topos of *theophilia* i.e. the topoi relies on the conditional that - because pleasing Allah or being pleased with His will provides spiritual contentment, one should try to please Allah or be pleased with His will. In this vein, when discussing organ donation, the thought process of those quoted above from the IC appears to be the idea that living, donating, and receiving are all expected to be done with the belief that these actions are for the sake of Allah (Topos of Theophilia). I will return to this topos in more detail in subsection 6.3.4 where I discuss the topos of sincerity.

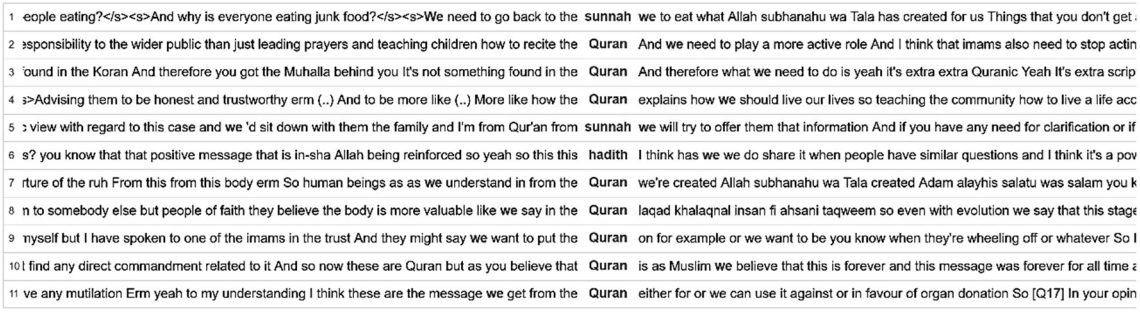
All in all, to be pleased with the qadar or the will of Allah and to leave clinical outcomes *in the hands of Allah* are all important values for a Muslim - to feel *close to Allah* and for Allah to be *pleased*. The notion of pleasing Allah is important for participants to mention when it comes to promoting organ donation because instrumental rationalisations such as saving lives, cutting costs (section 5.3.2) etc are all secondary to motives of pleasing Allah. From a clinical perspective then, an organ donation might or might not save a life. In the latter case – at least from a clinical perspective - there appears to be no benefit to the donor. On the other hand, as long as organ donation is done to please Allah in an ethical manner and according to Islamic jurisprudence, then such an act would be considered honourable at least for the participants who used the topos of theophilia.

The next section will discuss the importance of turning to the Quran and hadith literature to understand, from an Islamic jurisprudential viewpoint, the way to interpret the will of Allah.

6.3.2 Importance of the Quran and hadith literature

To understand the reason why recourse to the Quran and hadith literature is important to BSAMs, I concentrated on instances in the IC wherein the Quran, hadith, or sunnah co-occurred with the plural pronoun *we*. The noun *sunnah* refers to the actions of the Prophet, whereas his sayings are known as the *hadith.* Both of these sources are found in what is referred to collectively as the hadith literature. Both sources are considered by Muslims to be the interpretation and application of the teachings and instructions found in the Quran (section 2.3).

As mentioned in subsection 6.3.1, using *we* is a collectivisation strategy, which in this case helped me to find the views of participants who self-represented as Muslims, British Muslims or British South Asian Muslims. I, therefore, searched for all instances of *Quran*, *Sunnah*, and *hadith* where the plural *we* or *our* occurred within a span of 5:5. The search yielded 11 occurrences from eight participants; these occurrences are shown in Figure 6.2.



1	·eople eating?</s><s>And why is everyone eating junk food?</s><s>We need to go back to the	**sunnah**	we to eat what Allah subhanahu wa Tala has created for us Things that you don't get
2	ɜsponsibility to the wider public than just leading prayers and teaching children how to recite the	**Quran**	And we need to play a more active role And I think that imams also need to stop actin
3	'ound in the Koran And therefore you got the Muhalla behind you It's not something found in the	**Quran**	And therefore what we need to do is yeah it's extra extra Quranic Yeah It's extra scrip
4	s>Advising them to be honest and trustworthy erm (..) And to be more like (..) More like how the	**Quran**	explains how we should live our lives so teaching the community how to live a life acc
5	ɔ view with regard to this case and we 'd sit down with them the family and I'm from Qur'an from	**sunnah**	we will try to offer them that information And if you have any need for clarification or if
6	s? you know that that positive message that is in-sha Allah being reinforced so yeah so this this	**hadith**	I think has we we do share it when people have similar questions and I think it's a pov
7	rture of the ruh From this from this body erm So human beings as as we understand in from the	**Quran**	we're created Allah subhanahu wa Tala created Adam alayhis salatu was salam you k
8	n to somebody else but people of faith they believe the body is more valuable like we say in the	**Quran**	laqad khalaqnal insan fi ahsani taqweem so even with evolution we say that this stage
9	myself but I have spoken to one of the imams in the trust And they might say we want to put the	**Quran**	on for example or we want to be you know when they're wheeling off or whatever So I
10	I find any direct commandment related to it And so now these are Quran but as you believe that	**Quran**	is as Muslim we believe that this is forever and this message was forever for all time a
11	ve any mutilation Erm yeah to my understanding I think these are the message we get from the	**Quran**	either for or we can use it against or in favour of organ donation So [Q17] In your opin

Figure 6.2. Concordance lines in the IC for mention of Islamic sources along with *we*

Turning to the Quran and/or sunnah can be found mentioned in concordance lines 1, 3, 5, 10, and 11. Further evidence for this approach can also be found in longer stretches of the text in the IC as shown in the two quotes below. Notably, neither of the participants quoted below was from the ulama group. Therefore, when they used *we* or *our*, they represented the general cognitive reaction of lay Muslims when resolving novel medical issues:

> *Lamya* Of course organ [donation] is a very new topic and [the] Quran came 1400 years ago so we can't find any direct commandment related to it
>
> *Anis* And of course being our Prophet we're going to listen to [his advice] first and foremost … It's been the biggest direction for Muslims of what to do afterwards

To understand the way these views relate to previous texts, I considered interdiscursivity (see section 3.4 for details on Fairclough's three-dimensional framework). The views can be said to be based on the Quranic instruction that

humanity is created mainly to appreciate and adore the creation of Allah (Al-Tantawi, 1992, verse 5:32, see also 2.3.1). The precise manner by which one expresses this gratitude remains a matter which Muslims seek to learn more about from the ulama who in turn interpret the traditions passed on from generation to generation tracing back to Muhammad (who is - as evident from the above-mentioned comments - typically represented by his function as the *Prophet*). This type of functionalisation implies that Muslims adhere to the advice of Muhammad because it is believed to be based on wisdom and information that would *direct* people to bring about positive outcomes for humanity.

Using van Leeuwen's legitimation framework, two types of legitimation strategies can be seen in the above comments, (a) *expert personal authority* by the use of the proper noun *Allah* and by the honourification *Prophet*, and (b) impersonal authority by quoting or making reference to the Quran, the hadith literature, or the sunnah. In the phrase used by Lamya, '[the] Quran came', Allah - who is believed to be the source of revelation of the Quran, is not mentioned. Instead, the personification of the Quran represents it as divinely authoritative.

This section began with a collocation analysis of the way Islamic sources were mentioned in the IC. Thereafter, having closely read wider texts in the IC from the lens of social actor analysis and DHA, I found that the comments emphasised the importance of turning to the Quran and sunnah in the first instance because these sources are considered authoritative. This traditional approach was in relation to a matter even as contemporary as organ donation, although in hindsight, no explicit instructions are found concerning organ donation in these primary Islamic sources. Consequently, because of the absence of such clear instructions, Muslims feel the need to turn to fatwas, which are instructions which muftis provide based on extrapolation from primary Islamic sources.

Fatwas related to organ donation focus on two concepts from the lens of Islamic jurisprudence; these are (a) that the human body inclusive of its organs belong to Allah and (b) that actions are evaluated based on intention. A review of these concepts could help to better understand the need for fatwas. Accordingly, the

former concept is discussed in subsection 6.3.3 and the latter will be discussed in subsection 6.3.4.

6.3.3 Concept of 'Belonging'

The concept, from an Islamic perspective, that our bodies belong to Allah was also discussed by the participants (section 2.3.1). Viewing this concept from the lens of interdiscursivity, two texts on organ donation are titled based on this concept; Hamdy's (2012) book "Our bodies belong to God: Organ transplants, Islam, and the struggle for human dignity in Egypt" (section 2.3.4) and Ali's (2019c) article "Our bodies belong to God, so what? God's ownership vs. human rights in the Muslim organ transplantation debate". According to Ali (2019c, p. 63), "the theological argument regarding the ownership of the body is an extremely simple and yet persuasive one against organ transplantation". Although the concept of bodies belonging to Allah was not detected by corpus-based frequency analysis, I found the concept to be salient based on interdiscursivity. Accordingly, I found that eight participants discussed the concept of belonging. Figure 6.3 shows all variations of BELONG:

1	different faiths?</s><s>Faith is very important to I mean to whatever faith you are	belonging		Everybody's very sensitive about their faith is a sensitive matter and it doesn't mat
2	ɪney?</s><s>Said yes So I said why?</s><s>It's because you're saying the	body	belongs to God	So that same argument is after death as is before death So what gives him
3	organ after death Right So that's one of the barriers Erm And then does	the body	belong to you or does it belong to God?	</s><s>That's the second barrier Yeah So those k
4	ɜcts [Q14] What are your views regarding deemed consent?</s><s>See the	body	belongs to God	after well the body belongs to God in life and death but after death you knc
5	arding deemed consent?</s><s>See the body belongs to God after well	the body	belongs to God in life and death	but after death you know it's only God that and I suppose
6	t whether you are Muslim mushrik munafiq whatever you are	after death the body	belongs to Allah	You do not mutilate it You respect it And the body goes back to the family
7	ty?</s><s>Most South Asians they follow the Hanafi madhab Most of them either		belong	to the Deobandi madhab or the Barelwi both of these madhahib among them there
8	ɹever see himself as us and them You know if you're a good you see yourself as I		belong	to a lot And I want everybody to see it in a way that they will benefit themselves O
9	So that's one of the barriers Erm And then	does the body belong to you or does it	belong	to God? </s><s>That's the second barrier Yeah So those kinds of arguments all th
10	changes to	your body because it has been a gift to you by Allah And you're like it	belongs	to Allah But my question is that so is your wealth it has given you it doesn't belong
11	ɔortant argument would be amanat that it's not once we die that body now doesn't		belong	to the government it doesn't really belong to the family It's belongs to Allah But the
12	ɐlongs to Allah But my question is that so is your wealth it has given you it doesn't		belong	to you you were not born with it So are your children Allah gives you And but in so
13	why it's different with organ donation like you're very firm on you know gays don't		belong	here or you know changing genders is incorrect Like okay fair enough That's what
14	not once we die that body now doesn't belong to the government it doesn't really		belong	to the family It's belongs to Allah But the family has been entrusted to bury the boc
15	ɔdy now doesn't belong to the government it doesn't really belong to the family	it's	belongs to Allah	But the family has been entrusted to bury the body so those I think are the
16	the day the child erm I will not use the word property but you know ultimately they		belong	to their parents I think they have got that you know we should give them that right
17	w can I say it better?</s><s>But I think ulama I have historically especially if they		belong	to a certain sector being very cautious giving a verdict and they've always historica
18	ensitive about their faith is a sensitive matter and it doesn't matter which faith you		belong	to but we try to not to do things which are strictly against or which we think that yo

Figure 6.3. Concordance lines in the IC of BELONG

In these concordance lines, the main subject of belonging is the human *body* (concordance lines 2, 3, 4, 5, 6, 9, 10, 11, and 15) and in each of these examples, the body is believed to *belong* to *God/Allah*. A wider textual analysis revealed that the overarching Islamic belief is that all of creation and even materialistic

possessions like *wealth* also *belong to Allah*. Accordingly, Jamila and Ismail explained that this belief implies that whatever people have been entrusted with by Allah, there is *hisab* meaning accountability for such trusts:

> *Jamila* [we] know this is our journey it's our hisab that we have to give to Allah subhanahu wa Tala
>
> *Ismail* [The body] doesn't really belong to the family It's [sic] belongs to Allah but the family has been entrusted to bury the body

This close reading of the concept in the texts led me to question whether or not the concept is used as an argument against organ donation as pointed out by Ali (2019c). Therefore, through the lens of social change (discussed in section 2.5), I focused on arguments that would indicate societal change. This macro-level analysis is helpful to find insights into the social practices of BSAM, which may be influenced by political or cultural factors. As discussed in section 2.5, central to this framework is the notion that a change in discourse is an indication of social change. In light of this framework, I found the following point made by Imam Imran to be salient that the fatwas shared by the NHS lacked relevant information:

> But what what needs to be clear [is that] the muftis they need to produce a fatwa which is accurate erm and not based on textbook answers because muftis need to inform the imams … They also need to understand how to guide people and so they need to make sure that the fatwa is [relevant] even the muftis who look at these fatawa need to make sure that the fatwa is relevant

What appears to be referred to in the NHS material as textbook responses are arguments such as organ donation being a form of mutilation, a point that was considered to be too archaic a matter given the nature of modern surgery. MSU considered the extraction of organs (a) a form of mutilation and (b) to unnecessarily delay burial of the deceased, which as per Sharia law, Allah entrusted to be buried as soon as possible. He considers these two aspects to amount to a violation of the deceased as well as a betrayal of Allah's trust. In any case, the idea that the NHS material was described to contain irrelevant or

textbook answers shows that the organ donation discourse has changed, which indicates a social change.

To explore the details of the way the discourse has changed, I also focused on the theme of *niyyah*, meaning intentions i.e. the role intentions have in justifying actions, and which can help to justify a morally doubtful act like organ donation into a morally good act.

6.3.4 Actions and intentions

Another theme that emerged in the interview was the role of intention (Arabic *niyyah*) when opting to donate one's organs. This theme, like the concept of belonging was not detected by corpus-assisted frequency analysis. However, the importance of having the right intention was discussed by 14 participants (46% of all participants). In view of this information, I found the concept to be salient as far as the participants' opinions were concerned. Figure 6.4 provides 24 instances of INTENTION and NIYYA* being discussed in relation to organ donation across 14 texts.

1	across sly [Q14] What are your views regarding deemed consent?</s><s>Like I said I think the	intention	behind deemed consent is to strengthen and increase the number of donors erm But I'm not sure and I'm trying t
2	England might be good Muslims don't really have much faith in it Also you know there are	good intentions	but like the the Prophet said 'al-muminu ghirrun kareem wal fajiru khabbun laim' see a believer somebody who is
3	es who donated and it might bring him closer to Allah who knows Yeah So does those kinds of	intentions	can always be made if you have reservations of donating?</s><s>There's a the third argument but that's actually
4	t the ulama said No it's not ikram Because you can't always (..) Know the way they do it (..) The	Intention	might be there (..) But it's different in the way it's being done it's a barrier But also the other thing we believe that
5	n donation campaigns ? How can they contribute?</s><s>Well the value is to do with the right	intention	So if you do things with the right intention then it's obviously merits reward so that's the value Okay And then it
6	ntribute?</s><s>Well the value is to do with the right intention So if you do things with the right	intention	then it's obviously merits reward so that's the value Okay And then it becomes a I mean it becomes a as part of th
7	I be to receive a heart from a South Asian person If a Muslim was to donate their heart with this	intention	that you know most likely it will be another Muslim Who's going to receive this heart because yes with kidney trans
8	nate my organs and they said no on my behalf I don't think that's an issue I think me having the	intention	to do it is enough from my point of view So yeah I do I there's no issue with that and parents consented for their ki
9	ner you have a transplant or not And I think this is where the pitfall was and it was done in good	intention	as well I don't think these decisions are done with bad intention but unfortunately just like everything else if you
10	I was and it was done in good intention as well I don't think these decisions are done with bad	intention	but unfortunately just like everything else if you start with the bad habits it's more difficult to come and do a good
11	he will say Hey we'll use it for something good or bad It's like it's it's a it's you have had the the	intention	that you are doing something for the sake of Allah or that you are doing something khair to be considered That's n
12	ce sure it goes down and into the drain pipe and disappears and all that You don't follow it Your	niyyat	is to get purified When you give your money does it close your eyes Your job's done You don't need to know you've
13	sported across I guess it could be frozen in there but you know you're not giving blood with the	intention	That's going to go to someone who's going to kill someone in Afghanistan or it's going to be as part of war you're
14	's going to kill someone in Afghanistan or it's going to be as part of war you're giving it with the	intention	It's going to save someone's life or prolong someone's life or help someone's life Whether that life is good or not
15	es you'll make a good decision Sometimes you won't make good decision but as long as your	intention	is good I think that's all that's important So you know if you haven't that transplant means you can live maybe even
16	se processes were going to happen once he kind of decided yes erm I should be okay And his	intentions	his niyyat was to help someone Yes Okay So his son but his niyyat was there to help and to give a better life to so
17	were going to happen once he kind of decided yes erm I should be okay And his intentions his	niyyat	was to help someone Yes Okay So his son but his niyyat was there to help and to give a better life to someone So
18	should be okay And his intentions his niyyat was to help someone Yes Okay So his son but his	niyyat	was there to help and to give a better life to someone So I think at the end of the day if someone's niyyat is erm go
19	s there to help and to give a better life to someone So I think at the end of the day if someone's	niyyat	is erm good and pure whether that be live donation or even after death potentially I think that should count for a lot
20	r even after death potentially I think that should count for a lot because you know you always do	niyyat	before namaz because that's your intention And it's Allah that really knows our intentions when it comes to matter
21	hould count for a lot because you know you always do niyyat before namaz because that's your	intention	And it's Allah that really knows our intentions when it comes to matters But I think if everyone's intentions and
22	always do niyyat before namaz because that's your intention And it's Allah that really knows our	intentions	when it comes to matters But I think if everyone's intentions and niyyats are pure and are for good reasons then I
23	And it's Allah that really knows our intentions when it comes to matters But I think if everyone's	intentions	and niyyats are pure and are for good reasons then I personally don't see a problem But also I am a little <[laugh]
24	nat really knows our intentions when it comes to matters But I think if everyone's intentions and	niyyats	are pure and are for good reasons then I personally don't see a problem But also I am a little <[laugh] bias I gues

Figure 6.4. concordance lines for INTENTION and NIYYA* in the IC

I then moved on to build a semantic profile of the concept of intentions in organ donation discourse. I considered the semantic environment wherein intention was discussed by examining its concordances. In relation to organ donation, the

participants shared their views on the concept of intentions - that as long as organ donation is for *good* reasons (lines 2, 9, 11, 14, 15, 18, 19, and 22), and that the intention is *pure* (18, 22, and 24), or *right* (5 and 6) then that is *all that's important* (15) and that the donor has done their *job* (12) and the donor need not investigate the outcome of the donation for the act to be considered good. The use of such evaluative lexical items acts as a moral evaluation to legitimise organ donation. From these participants' perspectives then, as long as the intention to donate is to please Allah then the action is already assumed to be noble and worthy of reward. From this perspective, whether or not the clinical outcome is successful or otherwise remains a secondary matter to organ donation being worthy of justification.

Niyyah, therefore, is represented as a crucial factor in the fatwa writing process when it comes to applying any interpretation of the Quran or the prophetic teachings. Moreover, as mentioned in subsection 6.3.2, organ donation is not a concept discussed in these primary Islamic sources. The ruling of the permissibility of organ donation is based on the value that asserts that saving a life is righteous and that eliminating or minimising harm to others is virtuous. However, additional values include not violating the dignity of the deceased, for instance by cutting the body. These conflicting values gave cause for MSU to disagree on the permissibility of organ donation.

In weighing the pros and cons of which value should be prioritised knowing that the retrieval process will result in a degree of self-violation of dignity: (a) should the dead be given greater sanctity than the living or (b) should the final wishes of a dying person to save the lives of others be honoured? Attempting to resolve such dilemmas based on scripture results in unresolved arguments. I, therefore, revisited the intention discussion in the IC to determine what makes an intention good or pure. For this purpose, I used a qualitative technique – a closer reading of selected stretches of texts related to intention. I gave greater consideration to the following comments because these provide elaboration on the role of intentions as a deciding factor to permit organ donation:

Chakir You are the ones who donated and it might bring him closer to Allah who knows yeah so does [sic] those kinds of intentions can [sic] always be made if you have reservations of donating

Anis Well the value is to do with the right intention so if you do things with the right intention then it's obviously merits reward so that's the value … Your niyyat is to get purified when you give your money [you can] close your eyes [and] your job's done you don't need to know [the outcome]

Rafiq I think at the end of the day if someone's niyyat is erm good and pure whether that be live donation or even after death potentially I think that should count for a lot because you know you always do niyyat before namaz because that's your intention and it's Allah that really knows our intentions when it comes to matters but I think if everyone's intentions and niyyats are pure and are for good reasons then I personally don't see a problem

These comments provide a rationale for the view that donating one's organs with the intention to "get close to Allah" or to "get purified" is justified. This effect-orientated approach by the participants quoted above confirms what Chamsi-Pasha & Bar (2017, p. 51) mention, "It is important to emphasize that intention (niyya) is very important in any deed in Islam. The Prophet said: "Deeds are judged by intention".

Moreover, framing organ donation on the basis of benefit could be elaborated by the DHA topos of *usefulness*, which is realised by the conditional "if an action under a specific relevant point of view will be useful, then one should perform it" (Reisigl & Wodak, 2005, p. 75). Bearing in mind the topos of theophilia discussed earlier in subsection 6.3.1, the concept of having a sincere intention to please Allah helps to refine the topos of theophilia as the topos of sincerity. This topos relies on the conditional that to receive any spiritual reward from organ donation, the intention must be that the act is done primarily to please Allah. In view of this interpretation, to donate one's organs for any other motive, such as wanting fame or publicity in the community (in life or after death) would not warrant any spiritual benefits.

On that basis, a theological argument for the Muslim community emerges as follows: seeking Allah's pleasure is the ultimate benefit according to Islamic theology. An action that is done sincerely to seek Allah's pleasure is considered to be praiseworthy. Therefore, if an organ is donated with the sincere intention to please Allah then such an act would be praiseworthy. Hence the conclusion that arises from the interviews is that BSAMs are permitted to become organ donors as long as the intention to please Allah is sincere.

To better distinguish the significance of intention in the IC, I compared the theme to see the way it occurred in the NHS organ donation promotional material (section 3.2). Following this comparative approach, I found that the NHS organ donation promotional material contained no details of what intentions donors should have. With regard to intentions, Butt (2019, p. 66) mentions that "in homotransplantation[65], there is no punitive intention". This statement serves to highlight only that surgeons who retrieve the organs must not do so with any ill intention. It evades the question of what a donor's intention should be. Nevertheless, as can be understood from the IC, the intention to donate ought to be greater than just saving lives.

The close reading of the texts helped me to discover the subtle and nuanced meaning of intention in a way that keyword and collocation analysis did not reveal. The eight participants (quoted in Figure 6.2) were inclined to the view that organ donation is permissible subject to having the right intention. This view opposes the Deobandi position and is more in line with the organ donation promotional material from the Fiqh Council of North America (Auda & Badawi, 2021) which also points out that "done with a good intention, organ donation may be regarded as a rewarded act of charity". In light of this interpretation, the interview texts also reveal that the views of these participants were neither restricted to nor always in line with the fatwas of Deobandi scholars that prohibit organ donation. The feedback from Imam Imran about a fatwa requiring accuracy is helpful in that the

[65] *Homotransplantation* (also referred to as *allotransplantation*) is the removal of organ or tissue from one body to another - that belongs to the same specie. In the context of Butt's fatwa, the process is specific to humans.

discourse on intention could be developed from the perspective of Allah's pleasure rather than the clinical outcome of the donation.

The foregoing discussion has so far helped shed light on the first part of Q1 – that the need for fatwas for the Deobandi-affiliated BSAMs related to organ donation – was because of the absence of clear instruction in primary Islamic sources. However, the second part of Q1 remains unanswered - Why do my respondents say that was there a need for Mufti Zubair and Mufti Shafi to address this matter? To seek answers to this part of the question, in the next section, I seek to find an explanation as to why MZB's work was required 50 years after MSU's fatwa.

6.3.5 Functions of fatwas

To explore the reason why MZB's fatwa was required 50 years after Mufti Shafi's fatwa, I again checked the concordance lines for all instances of FATWA and found only one instance where different types of fatwa were discussed. With regard to the purpose of a fatwa, Imam Imtiaz categorised fatwas into two types:

a) fatwas that establish a principle which is given by the majority of scholars, which typically forms the majority view
b) *shaz* opinions, which typically discuss exceptional circumstances to address a dire clinical need

Based on this categorisation, fatwas could establish a principle that is accepted by the majority of ulama such as the idea that extracting an organ from a human for donation purposes contains a degree of bodily violation to the donor – an act which in principle is prohibited. Fatwas can also clarify that certain circumstances permit exemptions from the general rule. Because such circumstances would be rare, or in sharia terminology shaz, the fatwa that would permit the extraction of an organ, therefore, would also expectedly be a shaz opinion. Nevertheless, both types of fatwas are needed so that the principles related to an Islamic jurisprudential matter, as well as the boundaries of its application, are clear to Muslims. Imam Imtiaz identified a social need for the second type of fatwa for the British context i.e. a fatwa that would clarify the circumstances when organ

donation would be permitted even though in principle it was considered prohibited by Deobandi ulama including MSU (subsection 2.3.4).

Since MZB's view of permissibility was considered to be the shaz one, this led me to query the IC to find possible explanations as to why the status quo among BSAMs was to be against organ donation. I searched for the following phrases that denote this status quo: *is haram, it's haram, not allowed to,* and *majority.* This query presented 119 concordance lines to work with, from which the following two stretches of texts explain the reason why the dominant view has been of prohibition:

> *Chakir* I think from a South Asian perspective that the fatwas that have come out since Mufti Shafi sahib's fatwa has [sic] been very dominant throughout Indo-Pakistan and have had a profound effect on the rest of the fatwas that have come afterwards azao ki pewandkari [Title of Mufti Shafi's work] and I think that due to that majority of the Muslim scholars have always in the Indo sub-continent … have always given fatwa against organ donation
>
> *Asad* [The] Majority of the South Asian scholars unlike the Arab scholars … the South Asian scholars consider organ transplantation prohibited so like Mufti Taqi Uthmani and Binnouri Town and Darul Uloom Karachi and different madaris and Darul Uloom Deoband erm I'm not representing these institution [but] to my knowledge and they are have [sic] issued a fatwa that in principle it is not allowed

Looking from the lens of interdiscursivity, the picture that emerges from the above-mentioned comments is that MSU outlined the principles of organ donation based on his knowledge of the transplant process, in the Indian subcontinent in the late part of the 1960s and taking into account suspicions of cadaver exploitation among other reasons (section 2.3.4), regarded organ donation as haram. His contemporaries from other Deobandi institutes also agreed and upheld the position of haram and continued to do so after the law change on organ donation in the UK in 2019 (section 2.5.4). Additionally, the status quo was

also reiterated by a YouTube user on one of the NHS promotional videos, “Most of the Muftis in Hindustan are against organ donation. These Mufti’s [sic] are far [more] senior and knowledgeable” (Exsalafi, ca.2019).

Based on the above comments by Chakir and Asad, the implication appears to be that the ulama and the general Muslim population affiliated with Deoband are likely to conform to the official stance of Deoband. In fact, the Deobandi-affiliated British Muslim organisation Wifaqul Ulama (2020, see 2.5.4) also continues to defend the position of prohibition as *mufta-bihi*, which could be loosely translated as the official stance and position of a school of thought. The viewpoint of Wifaqul Ulama is based on a moral evaluation to delegitimise organ donation in the UK. They contest that in the UK, “the human is not dead when organs are procured” and, therefore, “organ procurement is considered immoral based on current understanding and procedures”. In addition to moral evaluation, Wifaqul Ulama also uses authority of conformity legitimation strategy by listing the names of 53 “Imams, Muslim chaplains and scholars” who are said to “agree with this position”. The text produced by Wifaqul Ulama implies that even if other Muslim scholars permit organ donation, their viewpoint is that in the UK, organ donation should remain prohibited. Such texts that are against organ donation appear to borrow interdiscursively from MSU’s fatwa.

To further emphasise the value of conformity among Deobandi-affiliated ulama, I will share Chakir’s experience of a discussion he had with his Deobandi-affiliated peers.

> *Chakir* So you know we went to and fro but then eventually I came to the this [they were saying that] but we’re Deobandi etc etc so I said okay have you seen the fatwa from Deoband? The Darul Uloom Deoband fatwa says you're not allowed to take and you're not allowed to give so why do you allow to take?

Chakir explained that he was challenged by his peers for approving and promoting MZB’s viewpoint on the permissibility of organ donation. His colleagues asserted “but we’re Deobandi” to mean that instead of supporting MZB’s viewpoint, Chakir should conform to the Deobandi position of MSU, which

views organ donation as prohibited. In this context, the Deobandi-affiliated ulama with whom Chakir interacted used a conformity to authority legitimation strategy to delegitimise MZB's viewpoint. Chakir, however, pointed out to them that they had already deviated from MSU's fatwa because they permit receiving an organ whereas MSU considered that to also be prohibited.

Likewise, Mufti Asad, clarified that although organ donation is considered prohibited by the majority of the South Asian ulama, a patient's circumstances must be reviewed to determine whether or not organ donation would still be prohibited as per MSU's fatwa or perhaps, it would be permissible if the process is sharia-compliant:

> *Asad* They should have organ transplantation in a sharia-compliant way like a board of Muslim doctors could assist when … This person is in dire need of organs and the family has a compatible donor then they should donate because there is [sic] no alternatives right now so we cannot leave any patient in a miserable life

Two important points can be learnt from this ongoing discussion on MSU's fatwa (a) that a group of Deobandi affiliated ulama agreed with the position of MSU i.e. that organ donation is prohibited and (b) another group believe that the organ donation process needs to be reviewed to determine whether or not MSU's fatwa would be applicable.

Now although the participants in the interviews were homogenous for sharing the trait of being South Asian Muslims, their views toward the application of sharia differed. Jafar described South Asian Muslims as "not a homogenous community … but there are certain traits which are common". Using an interdiscursive approach, I focused on comments related to the diversity of views in the IC as well as the NHS organ donation promotional material. Using the basis mentioned in subsection 6.3.1 on the use of the phrase "we say" as a collectivisation strategy, I found Kazim to use the phrase "as we say" to self-represent as a member of the BSAM community instead of his professional function as a kidney consultant:

> *Kazim* The barrier is confusion and difference of opinion there's [sic] too many scholarly bodies and too many fatwas as you will know and therefore there's not one consensus that people can return to as a legitimate source of information everybody can find as we say the fatwa.com or imam.com to have that opinion sort of ratified

Kazim highlights that not everyone from BSAM communities agrees with the prohibition of organ donation. He also pointed out that there are many scholarly bodies including online sources where various fatwas can be found. In view of this observation, new fatwas appear to be emerging to challenge the status quo.

In the NHS organ donation promotional material, I found a disclaimer in MZB's work which clarifies after he acknowledges those who provided him with feedback on his work:

> It should be noted, however, that this does not necessarily mean that the individuals mentioned here agree entirely with all [or any] of what I have opined. Equally, I have not accepted all of their suggestions or acted upon all of their feedback. (Butt, 2019, p. 8)

These comments from Kazim and MZB further support my claim, made in section 6.2, that reading viewpoints of individuals from the BSAM community help the researcher to gain a sense of shared viewpoints among many others, all of which, when viewed relative to the others, reveal the diverse range of views in the BSAM community; bearing in mind the fact that multiple social actors have influence in their communities.

Another point that emerges from Kazim's comment is related to confusion within BSAM communities. Although Kazim does not specify who is creating the "barrier", the implication is clear that the agents or the cause of the confusion are the numerous voices of the "scholarly bodies", which appears to defeat the objective of fatwas. If the purpose of a fatwa, as mentioned by Imam Imtiaz, is either to maintain the status quo or to provide an exception then these scholarly bodies, in Kazim's opinion, appear to be serving neither purpose. Instead they give rise to "confusion".

6.3.6 Findings related to Q1 and Q2

I have so far discussed that organ donation with the primary intention of pleasing Allah was a point of focus for 46% of the participants who deemed organ donation to be permissible, with none of the other participants stating anything to the contrary (section 6.3.4). I also explained that for an act to be justified as moral in Sharia law, it has to be rooted in primary Islamic sources. Because no clear instruction has been found on organ donation in the primary sources, a discussion arose influenced by the value that the deceased should be buried swiftly and intact (6.3.3). These discussions required a fatwa to clarify this matter. Bearing this backdrop in mind, I will shed light on Q1 and Q2 in relation to the fatwas of both muftis; firstly, the need for a fatwa from MSU and its impact on organ donation, followed by the need for a fatwa by MZB as well as its impact on organ donation.

The debate around funerary rites (discussed in 2.3.1) led scholars like MSU to argue that organ donation is prohibited. The need for MSU's fatwa was to state the principle that extracting organs from a deceased person is prohibited. Other muftis from Deoband reiterated this principle in their fatwas according to reports in the IC. MSU's fatwa established the predominant view, at least among South Asian Deobandi Muslims, that organ donation is prohibited in principle, especially in the context of the medical practice of MSU's time.

BSAMs, however, faced the problem of organ shortage in the NHS setting (section 2.2); which called for a reexamination of MSU's fatwa in light of modern transplantation practice as well as the way organ donations are monitored in the UK by the Human Tissue Authority. As the interviews revealed, not all BSAMs rely on or adhere to MSU's fatwa. His fatwa from 1967 as seen in the IC does not appear to be relevant in the NHS setting. In this context, MZB argued that clinical developments and needs must be taken into account to allow for organ donation in exceptional cases. The topoi used to justify the permissibility of organ donation by MZB in his work included the topoi of theophilia and sincerity.

6.4 Main social actors: Mufti Shafi Usmani (MSU) and Mufti Zubair Butt (MZB)

I now turn to Q3 which asks - How did the interview participants view the fatwas by MSU and MZB? To help understand the evaluation of their fatwas, this section is divided into four sections. I will begin by using the social actors and social actions framework that I used to analyse the texts related to MSU and MZB. I will then explain the fatwa formulation process in light of the text produced by the participants (6.4.1). I will then discuss the way both muftis and their fatwas were represented; MSU (6.4.2), his fatwa (6.4.3), MZB (6.4.4), and his fatwa (6.4.5). Lastly, based on the representations discussed, I will attempt to explain Q3, how the interview participants viewed MSU's and MZB's fatwas (6.4.6). An overview of the strategies that represent social actors and social actions discussed in this section was provided earlier in Table 6.2.

As mentioned in section 6.2, two strong collocates of fatwa included the proper nouns *Zubair's* (MI 10.39), *Zubair* (MI 7.69), *Shafi* (MI 9.68). Based on this observation, I explored the way MZB and MSU were represented across the texts in the IC. I used the AntConc concordance plot tool and found that MSU was mentioned across 8 texts (20 mentions) whereas MZB was mentioned across 12 texts (38 mentions). Moreover, the ulama discussed both muftis whereas the non-ulama participants mentioned only MZB (10 times across 6 texts) without making any acknowledgement of MSU or his fatwa. The choice of social actors indicates that perhaps the non-ulama either felt that they were not sufficiently knowledgeable about MSU or that his work was irrelevant to the British context. Identifying this pattern was helpful because whenever MSU is mentioned, it is through the perspective of the ulama.

The corpus approach helped to identify these two dominant social actors and the way the participants evaluated them and their work on organ donation. Finding evaluative comments required a qualitative analysis which is again where van Leeuwen's social actor framework is helpful. With MSU and MZB as the social actors in focus, I was able to examine social practices, and the representation of the main and associated social actors, by exploring the collocates of the principal social actors. To explore the way MSU, MZB, and their work was evaluated by the participants, I paid attention to the social actor types and social actions that

were associated with them. Moreover, I also read the texts closely for any evaluative comments made in relation to them and their work. Because such associations are represented linguistically through a wide range of words and phrases including those in Urdu and Arabic, I read long stretches of the texts wherein the two muftis were mentioned and then manually selected salient collocates. Table 6.4 shows the social actors, social actions and evaluative words associated with the two muftis according to social actor analysis, in relation to the practice of fatwa writing.

Table 6.4

Collocates of MSU and MZB and their fatwas organised by social actor analysis in relation to the practice of fatwa writing.

Target word(s)	Social actors	Social actions	Evaluative
Mufti Shafi	*muftiyane kiram* *Mufti Rafi Uthmani* *Mufti Rashid Ludhyanwi* *Team of scholars in Pakistan*	*held in extremely high regard* *had great influence* *gave a full picture*	*high regard, great influence*
Mufti Shafi's fatwa	*aunty, early immigrants, ignorant, IndoPak, lack of ulama, local imam, non-expert*	*born outside, had a profound effect,*	*barrier, weak arguments, very dominant throughout Indo-Pakistan*
MZB	*chaplains, Dale Gardener, Dr Rafaqat Rashid, good scholars, influential, Jawed Ghamidi, medical doctors, own circle, Sheikh Mansur Ali*	*spent time and effort, tackling,*	*authoritative, conferences, sharia-trained*
MZB's Fatwa	*NHS chaplains*	*Being an enabler, deal with barriers, tackled concerns,*	*amazing, comprehensive, evidence-based, game changer, helpful, important, informative, interesting, logical, remarkable, scholarly, way forward, well-researched*

From the lens of social action theory, MSU and MZB were both mentioned for their involvement in two social practices:

1. The practice of formulating a fatwa
2. The practice of advising the BSAM communities about organ donation

I will focus on these two practices so that a clear comparison could be made with respect to the representation of the social actors and the legitimation of practices. Advising the BSAM communities about organ donation is a goal which is attempted through the process of formulating a fatwa; and so on that note, the two practices are interconnected. Social practices where only one or two of the social actors were involved will be discussed where relevant in relation to key social practices. Furthermore, the above-mentioned two social practices involved micro-actions and episodes that were either (a) already being practised at the time when the two muftis wrote their work or (b) ones that needed to be practised. I then turned to find which aspects of the social practice of writing a fatwa were legitimated and which ones were delegitimated by the participants. For this purpose, I examined longer stretches of texts where the principal social actors were mentioned.

Importantly, both muftis were honoured by the participants that mentioned them as evidenced by the functional title of Mufti before their names (see Appendix X for concordance lines showing honourification of MSU and MZB). In the case of MSU, the addition of Saheb was also repeatedly mentioned as a mark of seniority and respect. However, additional representations of these two respected muftis were telling of the way the participants viewed their respective positions on organ donation. Having found the two muftis to be evaluated positively at this stage, I then analysed the micro-actions mentioned by the participants, by using the social action framework (van Leeuwen, 2008, pp. 55-74). This approach is distinctive because it is mainly concerned with social actors and the social practices in which they are represented (Mcenery et al., 2021).

6.4.1 The fatwa formulating process

Throughout the IC, the interviewees can be seen to be cognisant of the fatwa process. They share propositions which they *believe, see, mean, think,* and

appreciate. From the viewpoint of participants, a collaborative process is required for a fatwa to be credible. Arkan pointed out that “You have to have collaborations because it's not down to one individual”. Micro-actions related to this process would involve “elites and experts” or “main muftis speaking to doctors”, and “a board of people which includes Muslim medical doctors preferably with training in sharia”. The muftis also needed to be “working in the right field” as well as “have access to knowledge and the medical books”.

Two alims, Arkan and Irfan, expected that a jurisprudential position is “based on fiqhi opinion” (for an explanation of *fiqh*, read footnote 6) and “supported by fatawa of ulama”, “the arguments for and against has [sic] to be convincing”, and “presented in the public realm”.

Returning to the attributes that do qualify a mufti to write a fatwa, most of these were mentioned at the beginning of this section. However, Ismail distilled some noteworthy attributes of a mufti i.e. they are “Aware of the issue in as much detail as possible not just the fiqh side but also the medical aspect and the social political aspect of everything [and] how the NHS works”.

To further analyse the way the two principal social actors namely MSU and MZB were evaluated, I considered additional social actors with which each of these two muftis were associated as the social actions they were seen to have practised (refer to Table 6.4) – in light of the criteria set by the Arkan and Irfan.

6.4.2.Representation of Mufti Shafi Usmani (MSU)

To analyse the way MSU was represented, I closely read the wider text of every instance where he was mentioned. A cursory glance at a concordance of his mention portrayed a positive image since, as mentioned in the previous subsection, he was always given the honourific title of mufti. Prior to the interview, I also assumed that MSU would be represented positively. However, throughout the interviews, the participants did provide explanations as to why following MSU’s fatwa in the UK would be problematic. Therefore, to neutralise my preconceived notions about the way MSU is discussed, I went beyond the

honourifications and focussed on the wider representations with the focus being on the fatwa writing process.

Given that MSU was shown due respect by those who mentioned him, I wanted to find an explanation as to why he was "held in extremely really [sic] high regard" as described by Chakir. I also wanted to observe the way in which his view on organ donation continued to find support. At this point, I combined van Leeuwen's framework of discursive construction of legitimation with social actor and social action frameworks. Van Leeuwen explains that where the answers to the question "why should we do this?" include "because that's what we always do" or "because that's what everybody else does" then the implicit message is "everybody else is doing it and so should you" or "most people are doing it, and so should you" (van Leeuwen, 2008, p. 109); this legitimation strategy is referred to as "authority of conformity". Using this lens, through a close reading of the texts, I found three instances where this legitimation strategy was used.

Chakir Mufti Shafi sahib's fatwa has <u>been very dominant</u> throughout IndoPakistan

Irfan Now <u>most ulama</u> [of] Deoband they will look to muftiayne kiram in India Pakistan

Lamya <u>Most</u> of the imams or scholars and South Asian community has [sic] been against or being reluctant towards organ donation

These comments show that among the reasons for following MSU's fatwa was to conform to the Deobandi school - because that is what the majority of Deobandi ulama did as explained by Chakir. Irfan and Lamya employed an aggregation strategy to point out that the majority of the ulama continued to follow the fatwa of MSU.

Having understood that conformity to MSU's fatwa was important for Deobandi-affiliated ulama (subsection 6.3.5), I applied Wodak's CDA lens of analysing this legitimation from a historical dimension (discussed in section 3.5). This approach is helpful because it allows integration of available knowledge about historical sources and the background of social fields in which discursive"events are

embedded (Reisigl & Wodak, 2000, p. 35). Embedded within the social practices of advising BSAM communities are the geo-historical reasons why the community turned to MSU in the past. Searching for texts in the IC using the historical approach, I found comments by four participants to be helpful to explain the way MSU brought value to BSAMs.

Firstly, Imam Imran described the early BSAMs as “early migrants” and that during the time of MSU “There weren't any many ulama in England”. In this setting, the early migrants would “write to the muftis in India Pakistan to the different Darul Ulooms [to] whichever connections that they had”. Secondly, with regard to healthcare matters, one of the problems that Imtiaz pointed out was that “In India Pakistan the healthcare system is private and that’s when the corruption really starts”. This statement legitimises the prohibition that MSU argued for which was based on the idea that organ donation could potentially lead to criminal activities such as organ trafficking or commercialising human organs. Thirdly, Jafar identified the problem to be that the Muslims in the Indo-Pak “come with their own traditions their own experiences and what they have seen in those countries”. Bearing this background in mind, BSAMs who continued to seek fatwas from the Indo-Pak post-2020 were represented as following the “standing tradition of referring back to the ulama” in the same way as the early “immigrants” or as those who were “born outside the country”. MSU is represented in the IC as a progressive scholar who encouraged and “push[ed] British Muslims to do better”. Imam Imran praised MSU for authoring *Ma'ariful Quran,* MSU’s commentary of the Quran, which, in 1995, was translated into English (Shafi, 1995). The translation empowered BSAMs to focus on Islam in Britain in the English language.

Taking the historical aspect into account, MSU’s fatwa was associated with immigrant followers. The above comments also imply that his prohibitive fatwa on organ donation is irrelevant for millennial BSAMs. On that note, the fourth comment related to the history of fatwa writing was from Chihab who mentioned “a lot of our traditional IndoPak subcontinent scholars you know still is of that opinion that oh organ donations are not permissible and they’ve never really thought about it”. The pragmatic marker “oh” in Chihab’s comment is interesting

in terms of representation. The OED (2022c) states that the marker could be used to express negative emotions such as frustration and disappointment. Below are six instances from the Spoken BNC2014 that carry this meaning:

1	doing something? yeah well they probably phoned up the police and the police have said	oh	we wo n't be able to get anybody there for an hour yeah like they do yeah you know s so they think oh
2	how much she'd taken they found even more accounting things really? yeah but they said	oh	we wo n't bother pressing charges oh cos she was already in prison I know when er er we found all th
3	uesday you know if you if you sort of say we're doing so and so on a Tuesday oh well erm	oh	we 'll not be able to but we'll see him next week and it's very much they know yeah oh well that's er th
4	·ly invitation really really nicely done they made it themselves? I think so let me just grab it	oh	we wo n't have time to do that after Sunday will we? no no they only want they only have they've bewh
5	ſories most of their policies are reactionary austerity measures that's a reaction well oh oh	oh	we wo n't spend anything yeah what about I can never say it Keyn Keynesianism I can never say it ·en
6	LT is not making a profit this is the first year that I've been there that we won't get a bonus	oh	we wo n't meet budget this year which is really worrying mm it's mainly and mainly because we sell I n

These six instances show the use of *oh* to express frustration with the lack of action taken by the police (1, 2), inability to perform an action (3, 4), lack of action by the government (5), and not getting a bonus (6). Based on the use of the marker in general spoken English, the same use of the marker by Chihab could be inferred to mean frustration and disappointment with ulama who are against organ donation.

Likewise, Imam Ishaq also similarly used the marker:

> *Ishaq* A lot of the Muslim communities are from foreign places Bangladesh Pakistan India where a lot of human trafficking happens you know organ tourism happens So they can't switch off those ideas of oh you know when organ donation is mentioned organ transplantation is mentioned automatically in their mind there is a bracketing with those issues

Seemingly, these two uses of the marker indicate that the stance taken by these ulama was unacceptable to Chihab and Ishaq. However, bearing in mind the point that MSU is held in high regard, interestingly, there are no instances in the IC where criticism is levelled directly at MSU. In one instance, Chakir backgrounds MSU and instead, his fatwa is phrased as “The Darul Uloom Deoband fatwa” or the “Deoband position”. The context in which this impersonalisation takes place is where Chakir explained that he challenged his colleagues. The wider text reads as follows:

Chakir The Darul Uloom Deoband fatwa says you're not allowed to take and you're not allowed to give so [I asked them] why do you allow to take? … you're telling me this is the Deoband position and you don't know your own Deoband position

Having examined the way MSU is represented in the IC through the lens of social actor analysis, legitimation, and historical approach, I found that whilst the customary practice of following MSU was legitimised by authority of conformity, continuing with this practice in the UK was delegitimised because of the way the British socio-political context differs in the 21st century to that of the Indo-Pak in the late 1960s.

6.4.3 Representation of MSU's fatwa

Having explored the representation of MSU, I moved on to analyse the way his fatwa on organ donation is represented. Firstly, based on a close reading of texts wherein MSU's fatwa was mentioned, I found that four participants refrained from any evaluation of his work, one participant described his fatwa as a "barrier", and 25 participants (83%) levelled their criticism at those who followed or supported his fatwa.

One telling instance of criticism I found was the following comment by Imam Irfan, "Now some will still look at the fatwa of Mufti Shafi sahib or Mufti Taqi sahib now Mufti Shafi sahib *vo to chale gaye".* From a social actor theory lens (section 3.6), Irfan nominalises MSU but used the indetermination strategy to refer to the ulama who continued to follow the older fatwas. The last part of the statement was said in Urdu which translates as - he has passed - as a respectful euphemism to mean deceased. MSU, therefore, can be seen to be represented honourably, however, those who hold on to his fatwa, which he published primarily for his immediate followers in the Indo-Pak subcontinent, are criticised for their actions.

Taking into consideration Imam Irfan's evaluation, I revisited the IC to search for instances of *Deoband*. The main reason for this approach was because of Chakir's comment about MSU's fatwa, which was also referred to as the Deobandi fatwa. Intertextually, there appeared to be a pattern forming which

interconnected the fatwa and Deobandi-affiliated ulama. However, since Imran's indetermination strategy hides the social actors, I viewed the IC through the lens of DHA which takes intertextuality into account. Because the interview texts were linked to each other, references to the same topics and main actors could help reconstruct the representation of those who support MSU's fatwa. To identify such individuals, I manually searched for other social actors that were nominalised by other participants (refer to Table 6.4). The only two nominalised social actors related to MSU were his sons Mufti Rafi Usmani and Mufti Muhammad Taqi Usmani (henceforth Mufti Taqi) and seemingly, their mention was on the basis of relational identification.

Bearing in mind the criteria for fatwa-writing set by Arkan and Irfan (subsection 6.4.1), who valued the collaboration of muftis and healthcare experts, social actors that collocated with MSU were his sons and a group objectivised as "Deobandi ulama". On account of these associations, MSU was not represented as a scholar who - with regard to his fatwa on the prohibition of organ donation - had consulted or was associated with any social actors who could be identified as medical experts, or at least not to the knowledge of the participants. Furthermore, Parveen commented:

> *Parveen* So you know the fatwa by Dr Butt sorry Mufti Butt And others come in really handy because actually you can guide people to the promotional material and then hope that they are able to make an informed decision that's based on best practice and evidence rather than what my local imam said or what my aunty said you know which is what usually happens in our communities

The reference to "something my aunty would say" said by a British South Asian speaker could be said to carry a similar meaning to the English phrase "something my grandma would say". One instance in the Spoken BNC2014 reads, "yeah that's something like my grandma would say or something cos it's just so old and not even like worth knowing anymore".[66] The similarity in meaning

[66] Speaker ID S0432 from 2015. Document number 541: Talking over lunch.

is the idea that the information is provided by someone unaware of the current trends in society. The phrase can either be meant respectfully as someone wise and senior but could also be said in a derogatory sense whereby reference is made to someone uninformed, docile, and prone to idle gossip (Naraharisetty, 2018). In view of this interpretation, the inference from the phrase *my aunty* in Parveen's comment could be taken as a negative portrayal of those who are anti-organ donation.

This qualification was done in two ways (a) by clarifying who did not qualify to give an opinion and (b) by clearly stating who did. Those who did not qualify albeit they were muftis were those who, although they were "well-versed in their field … [didn't] know anything about medical ethics or medicine". Whilst this comment was in reference to muftis (represented by their function), Imran nominalised Mufti Taqi (subsection 6.3.5) and explicitly disqualified him as someone that the British Deobandi ulama should turn to in this matter, "they like to quote Mufti Taqi and they say you know he's expert in buyu [commerce and finance] which is true but that doesn't make him an expert on tibb [medicine]". To take the matter a step further, Imran stated that South Asian Deobandis would be "unstuck" if one unique socially synchronised action was to take place that is "If Mufti Taqi Usmani gave a fatwa today you know you will see 90% or more of [the] ulama coming out in favour". Moreover, Chakir reacted cognitively to Mufti Taqi's neutral position on organ donation and represented him as a hesitant yet respected scholar, "I've always said that Mufti Taqi sahib would in my opinion would say … but only out of respect of his father's book I think he has kept a neutral position".

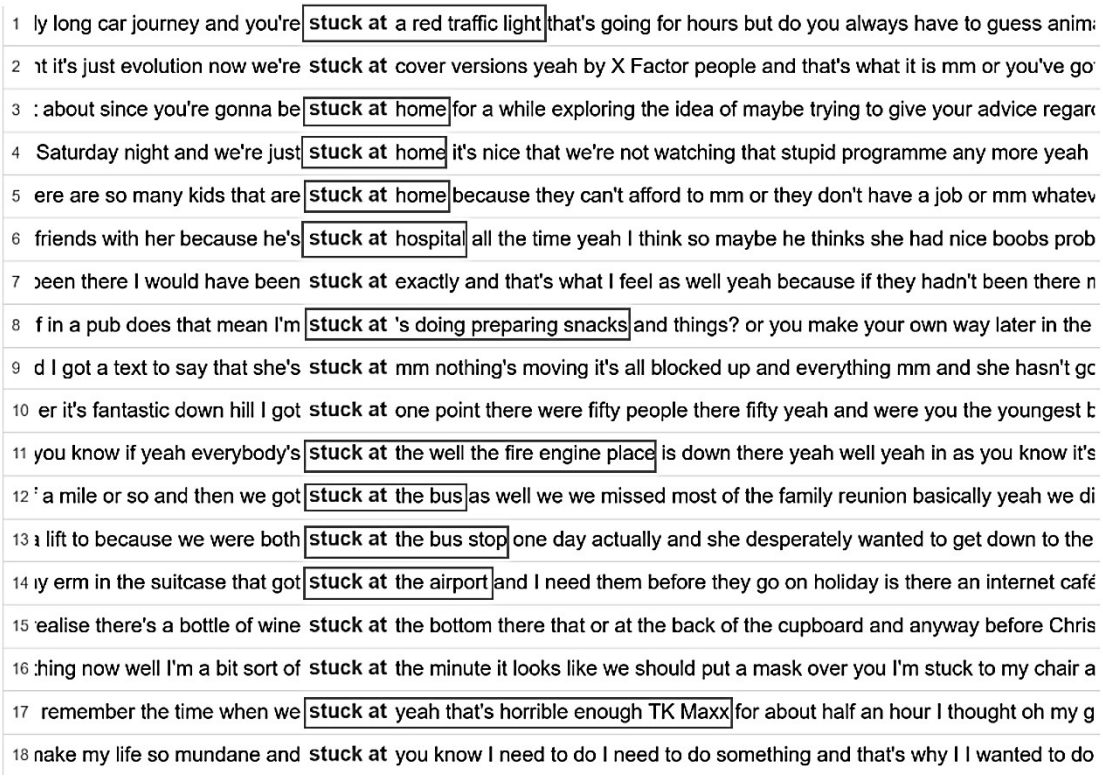
In Chakir's comment, MSU is backgrounded but the form "book" is specified providing yet another example of avoiding direct criticism seemingly out of respect. The book referred to by Chakir is MSU's work on Islamic jurisprudence "Jawahir al-Fiqh" (Shafi, 1967); a 7-volume work containing 105 treatises aimed to help Muslims address contemporary problems. The same work contains his treatise on the prohibition of organ donation.

During the interviews, several phrases were used that appeared to portray a negative representation of MSU's fatwa. To avoid generalisation of this

representation, I read the texts again closely and found four participants to have used the words and phrases: *to be stuck at*, *to be unstuck*, *to tackle*, *deal with*, and *barrier* in relation to MSU's fatwa. I examined the occurrence of these phrases in their wider contexts through the lens of van Leeuwen's legitimation framework. One legitimation approach known as *goal-oriented action* is explained as when the purpose of an action is formulated as - I do X in order to do (or be, or have) Y - or the purpose can be made explicit by using the phrases *to, in order to,* or *so as to* (van Leeuwen, 2008, p. 127). Alternatively, the purpose could remain implicit. I first used corpus tools to find instances where the purpose of the fatwa was explicitly mentioned. However, when I found no such instances, I read the texts closely for any implicit instances.

From the lens of van Leeuwen's (2008) discursive construction of purpose framework, a purpose of an action being to prevent something from happening is referred to as a *goal-oriented purpose construction* (van Leeuwen, 2008, p. 128). In this sense, Imam Imran mentioned that "Unless you don't look for alternatives you'll always be stuck at the haram". The purpose of avoiding following MSU's fatwa for the British context could thus be reformulated as "look for an alternative fatwa to MSU's in order to have a halal medical solution to organ shortage". The phrase "to be stuck at" was salient in this phrase as it has negative connotations.

The OED (2022d) offers two explanations of the intransitive verb "stuck at" as (i) a state in which one is "unable to progress due to an obstruction or obstacle", and (ii) a state in which one is brought to a standstill by a difficulty. The Spoken BNC2014 contains 18 instances of the phrase "stuck at" shown in Figure 6.5:



1	ly long car journey and you're	**stuck at**	a red traffic light that's going for hours but do you always have to guess anim
2	ıt it's just evolution now we're	**stuck at**	cover versions yeah by X Factor people and that's what it is mm or you've go
3	: about since you're gonna be	**stuck at**	home for a while exploring the idea of maybe trying to give your advice regar
4	Saturday night and we're just	**stuck at**	home it's nice that we're not watching that stupid programme any more yeah
5	ere are so many kids that are	**stuck at**	home because they can't afford to mm or they don't have a job or mm whatev
6	friends with her because he's	**stuck at**	hospital all the time yeah I think so maybe he thinks she had nice boobs prob
7	ɔeen there I would have been	**stuck at**	exactly and that's what I feel as well yeah because if they hadn't been there n
8	f in a pub does that mean I'm	**stuck at**	's doing preparing snacks and things? or you make your own way later in the
9	d I got a text to say that she's	**stuck at**	mm nothing's moving it's all blocked up and everything mm and she hasn't go
10	er it's fantastic down hill I got	**stuck at**	one point there were fifty people there fifty yeah and were you the youngest b
11	you know if yeah everybody's	**stuck at**	the well the fire engine place is down there yeah well yeah in as you know it's
12	: a mile or so and then we got	**stuck at**	the bus as well we we missed most of the family reunion basically yeah we di
13	ı lift to because we were both	**stuck at**	the bus stop one day actually and she desperately wanted to get down to the
14	ıy erm in the suitcase that got	**stuck at**	the airport and I need them before they go on holiday is there an internet café
15	ealise there's a bottle of wine	**stuck at**	the bottom there that or at the back of the cupboard and anyway before Chris
16	:hing now well I'm a bit sort of	**stuck at**	the minute it looks like we should put a mask over you I'm stuck to my chair a
17	remember the time when we	**stuck at**	yeah that's horrible enough TK Maxx for about half an hour I thought oh my g
18	nake my life so mundane and	**stuck at**	you know I need to do I need to do something and that's why I I wanted to do

Figure 6.5. concordance lines for “stuck at” in the Spoken BNC2014

In 10 of these instances, the phrasal verb is largely seen to co-occur with undesired places such as a red traffic light (1), hospital (6), fire station (11), in relation to transport (12, 13, 14), shopping-related (17), home (3, 4, 5), and poorly evaluated tasks like preparing snacks (8). Based on the use of the phrase in general English, the same negative discourse prosody could be inferred in Imam Imran’s comment i.e. that organ shortage in the UK is a medical problem that requires a halal solution but MSU’s fatwa does not help with the situation.

The metaphor of being stuck at the haram is also an example of ontological metaphor. In this case, the metaphor helps individuals conceptualise the negative implications of adhering to the fatwa as being physically stuck or unable to move forward. This metaphor sets up a dichotomy between haram (prohibited) and the search for halal (permissible) alternatives. The metaphor encourages proactive behavior i.e. actively seeking out alternatives that are halal. This proactivity frames organ donation as a positive and permissible alternative. The metaphor also suggests adaptability and open-mindedness, framing organ donation as a

modern solution aligned with religious principles and encourages individuals to consider new practices within the framework of their faith.

Using an intertextual approach, another comment also implicitly supported the notion of being stuck. Chakir described MSU's fatwa as having "a profound effect on the rest of the fatwas that have come afterwards". Reading both comments, I assumed that there exists an implicit intertextual relationship between these comments i.e. the meaning appears to be that following MSU's fatwa led to alternative views being rejected. Continuing with the intertextual approach, the fatwa was described by Chakir on another occasion that it has been "a barrier". In that sense, Chakir saw BSAMs as needing help to find an alternative; he remarked "I think the current material would help them make an informed choice and I think that's the main thing [to] make an informed choice". I will continue this discussion on phrases containing negative discourse prosody in the next section (6.4.4) wherein MZB's work is viewed as a means to be unstuck from the undesired situation.

To summarise, I used corpus-assisted critical discourse analysis (CA-CDA) to interpret the way MSU's fatwa is represented in the IC. I found that the 25 out of the 30 participants (83%) levelled their criticism at those who followed or supported his fatwa. Social actor analysis helped to uncover the notion that MSU's fatwa does not contain the voice of any medical experts. Additionally, one reason given for finding an alternative fatwa was to solve the problem of organ shortage, a problem that MSU's fatwa is not seen to have solved. Having analysed the way MSU and his fatwa was represented in the IC, I will now provide an analysis of the way MZB was represented (subsection 6.4.4) followed by an analysis of the representation of his fatwa (6.4.5).

6.4.4 Representation of Mufti Zubair Butt (MZB)

As with my analysis of MSU, I began with a concordance of MZB in my data. This immediately revealed a positive image of MZB as he too was given the honourific title of mufti in the data.

However, to explore in further detail what this evaluation included, I used a qualitative approach and closely read the wider texts wherein MZB was evaluated. To begin, I focused on every instance wherein MZB was nominalised i.e. mentioned explicitly. As a starting point to build a picture of the way MZB was represented, I focused on the following comment by Imam Ishaq:

> *Ishaq* Dale Gardener basically says that in the UK you're allowed to say specify that I want my I want to give organs right after death but I don't agree with the concept of brain death so you can say circulatory death … then maybe Mufti Zubair Butt's elective irreversibility is the way forward for these people

This comment represents MZB as a scholar who is aware of the options provided to patients and donors in the NHS. Furthermore, the comment focuses on the point that MZB fills a gap in the BSAM community related to organ donation. This gap involved members of the BSAM community objecting to the neurological criteria for determining death (subsection 2.3.1). To overcome this issue, Ishaq highlights that MZB provides an alternative which could help accommodate the BSAM community by limiting organ donations from donors after circulatory death.

Furthermore, I also searched the concordances through the lens of the social actor framework to identify social actors that collocated with MZB (refer to Table 6.4). I found four associated social actors that were nominalised, these are Dr Dale Gardiner, Dr Rafaqat Rashid, Sheikh Mansur Ali, and Jawed Ghamidi. I will explain the significance of each social actor respectively.

Firstly, as mentioned above in Ishaq's comment, is Dr Dale Gardiner. In MZB's own words, Gardener is acknowledged as: "A Consultant in Adult Intensive Care Medicine with an interest in ethics, the diagnosis of death and organ donation" (Butt, 2019). MZB also mentions in his work:

> I am also greatly indebted to Dr Dale Gardiner, who very kindly shared his works and insight with me, and used his knowledge and experience to suggest important resource materials, even before I had any intention of putting a fatwa together. (Butt, 2019, p. 8)

Given that MSU's representation lacked association with medical experts, mentioning MZB's relationship with medical experts is significant in representing him as a scholar who did give voice to medical experts.

Secondly, MZB is associated with another nominalised social actor Dr Rafaqat Rashid (henceforth, Dr Rashid) who was described by Arkan as "a medical doctor who has sharia training". He further added that including a figure such as Dr Rashid "would make [the fatwa] more authoritative and would make you more convinc[ed]". Likewise, Irfan described Dr Rashid as "a good scholar". Lamya also praised MZB's affiliations and nominalised two other scholars as "great people" referring to Dr Rashid and Sheikh Mansur Ali. This association with Dr Rashid shows that MZB consulted two key individuals for his work on organ donation.

Thirdly, MZB is associated with Sheikh Mansur Ali (introduced in footnote 10). To summarise, Ali at the time MZB wrote his work, was a member of the NHSBT organ donation strategy panel. Ali is also seen with MZB in the 28-minute long NHS promotional video for organ donation titled "2019 fatwa: Mufti Mohammed Zubair Butt and Shaykh Dr Mansur Ali in conversation" (NHS Organ Donation, 2019b). In this video, Ali is seen asking MZB about the reasons and methods of his work. Like Gardiner, Rashid and Ali are acknowledged by MZB for their contributions in terms of reviewing his work. Fourthly, Lamya, the living-kidney donor participant, mentioned MZB and Dr Rashid together and likened them to Jawed Ghamidi, a Pakistani philosopher, and educationist, and viewed by some South Asian Muslims as a progressive scholar of Islam.

While MSU's authority was represented as customary, MZB's authority is constructed as being based upon expertise in the subject. Chakir added that even if arguments were put forward, "Mufti Sahib can still stand high and say this is my opinion based on all the evidences that have been provided". In this appraisal of MZB, Chakir referred to him with a double honorification and avoided his proper name altogether, which further represented MZB as a respected scholar.

Additionally, I found that MZB was also praised for having “made a lot of effort” and having “taken out a lot of time” or as Chihab described it, a “tremendous amount of time”. His actions were also represented as transactive and having a positive impact and influence on other chaplains at conferences. Chihab added that MZB “has the greatest respect from myself and fellow chaplains”.

In sum, the social actor analysis helped to establish that MZB was represented as a scholar who had consulted a lead ethicist in the UK as well as two other renowned ulama involved in organ donation in the UK, of which Dr Rashid is represented as both a Muslim scholar as well as a physician. In this regard, Imam Irshad believes MZB’s work to be credible; he states “The material is really a good contribution because firstly it's written by a chaplain a Muslim, a British Muslim chaplain, who has first-hand experience of organ donation and has not only used Islamic texts but also scientific papers and scientific research”. The need for a re-examination of the rulings on organ donation in light of medical research was also highlighted by interview participant Othman who stated that “the ulama have to be aware that it's not just about a strict religious ruling” i.e. along with the religious aspect, the medical aspect also requires due consideration.

Bearing in mind that the criteria for writing a fatwa included consulting relevant individuals, this led me to query whether the IC would contain any information on a social hierarchy. To elaborate, did MZB reach a higher level within the hierarchy of ulama after having produced his work? Van Leeuwen (2008) points out that one way to detect hierarchy is to consider spatial elements in relation to social actions (van Leeuwen, 2008, pp. 90-101).

In terms of space in discourse, I found three ulama participants to use spatial elements when mentioning MZB.

Arkan It's just due to the lack of certain issues being addressed that Mufti Zubair thought it appropriate for another one to be put on the table

Chakir Chakir also contributed to this progressive depiction, putting the position out there in a very scholarly [manner]

Asad Scholars are <u>invited to read</u> this fatwa and give their comments to this fatwa

In these comments, I will focus on the idiom - *put on the table*, as well as the phrases *out there*, and *invited to read*. The OED (2022e) explains that the expression *on the table* means to have a matter "under consideration or discussion". Two instances from the Spoken BNC2014 that carry this idiomatic meaning can be found in the following texts:

1	st g er gently remind people </unclea> mm and I think the easiest way is to do a little thing just put it on the table mm yeah mm mm yeah we used to ge
2	but I don't see why that that is even a path a a a a that is a valid suggestion and nobody is putting it on the table well why don't you put it on the table?

In line 1, a reminder is considered whereas in line 2, a suggestion. Based on this idiomatic use in general spoken English, the same meaning of "under consideration or discussion" could be inferred in Arkan's comment i.e. that MZB offered his work to be considered by other scholars. Using this interpretation, whereas MSU's fatwa was existentialised as a block, MZB's actions were represented as a meaningful behavioural process of "putting" his opinion *on the table* and *out there* which connotes the idea of an open invitation for other scholars to scrutinise, discuss, and come to an agreement. In terms of space construction, the idea of putting his work *on the table* also appears to represent MZB as a scholar presenting his work to those higher than him in status. Alternatively, the idea of putting his position *out there* for others to respond to could represent MZB as having higher status; enough to challenge other contemporary muftis and peers.

To summarise, MZB was represented as a scholar who arrived at a position after having conducted thorough research with integrity. MZB was also described by GP Jafar as an *influential* scholar who had *his own circle* and was qualified to give an Islamic jurisprudential position on organ donation. Not only was MZB praised for taking a collaborative approach but additionally, he was represented as cognisant, means-oriented, and a scholar who offered transparency.

6.4.5 Representation of MZB's work

Having explored the representation of MZB, I moved on to analyse the way his work on organ donation is represented. During the interview process, I gathered the sense that MZB's work was represented positively by the participants and was frequently represented as a fatwa. Yet to avoid generalisation, a closer inspection of the IC revealed that 21 participants (70%) did not evaluate MZB's work, and whereas no participants evaluated his work negatively, nine participants (30%) did evaluate his work positively. Using the AntConc Concordance plot tool, I searched for all instances of FATWA in relation to MZB sorted alphabetically with a span of 1L[67] to find instances showing possession. The results are shown in Figure 6.6.

al by the NHS regarding organ donation? See in Mufti Zubair's	fatwa	he say 02 Imrar
body on the family that could be long lasting In Mufti Zubair's	fatwa	when 03 Imtia:
iz even meat even meat is jaiz And why not quote Mufti Shafi's	fatwa?	Muft 03 Imtia:
jaiz And why not quote Mufti Shafi's fatwa? Mufti Shafi sahib's	fatwa	where 03 Imtia:
just that just the law not the material necessarily Mufti Zubair's	fatwa	was k 05 Irsha
is the thinking of Mufti Zubair Butt's Muhammad Zubair Butt's	fatwa	he is l 07 Ishaq
rent? You know And then you'll basically need to argue who's	fatwa?	Oka 07 Ishaq
it is in line with our madhab They've also quoted Zaki Badawi's	fatwa	which 08 Ismai
ve that the fatwas that have come out since Mufti Shafi sahib's	fatwa	has b 10 Chak
hink the I recently not recently it was about after Mufti Zubair's	fatwa	came 10 Chak
p on me and they said you know you supported Mufti Zubair's	fatwa?	So I s 10 Chak
inconsistent position erm I can see why one Mufti Shafi sahib's	fatwa	and th 10 Chak
IS regarding organ donation? I think previous to Mufti Zubair's	fatwa	I think 10 Chak
So I think that material improved especially with Mufti Zubair's	fatwa	and th 10 Chak
luslim community I think and that's what I think Mufti Zubair's	fatwa	is a ur 10 Chak
o those kinds of things become an enabler Mufti Zubair sahib's	fatwa	becon 10 Chak
issue Yeah However what you'll find is that Mufti Taqi sahib's	fatwa	will b 10 Chak
/ death brain death? So for example when I read Mufti Zubair's	fatwa	it seer 11 Chan
or not we don't know Something else I read was Mufti Zubair's	fatwa	Which 11 Chan
ferent interpretations of this fatwa Then there's Mufti Zubair's	fatwa	which 11 Chan
at's probably the best way of doing it I thought Mufti Zubair's	fatwa	was ir 17 Arkar
al material The most important material is Mufti Zubair sahib's	fatwa	So wh 18 Asad.

Figure 6.6. Concordance lines for collocations of *fatwa* sorted by 1L

Notably, MZB officially titled his work on organ donation "an opinion". However, the work was referred to as a fatwa 15 times. According to van Leeuwen (2008,

[67] 1L refers to the concordance span setting in AntConc, indicating that the software is set to search for one word to the left of the keyword (FATWA in this case).

p. 17), transformations can help to notice the way social practices are represented. Given this framework, I found a transformation of MZB's work through the linguistic representation by nine out of the 12 participants (75%) who mentioned MZB. In this case, I found that the majority of the ulama raised the status of MZB's work by representing it as a fatwa to legitimate MZB's position in support of organ donation.

From a CDA perspective, MZB's choice of not labelling his work on organ donation as a fatwa plays an important role in shaping how it is perceived and engaged with by the audience. MZB's decision might reflect an intention to present his work as more of a scholarly discussion rather than a religious decree. By not labelling his work as a fatwa, MZB is able to present it as scholarly work to make it more accessible and acceptable to a wider audience, including those who might be hesitant to engage with a document perceived as strictly religious. Not calling it a fatwa would also help MZB avoid some of the controversy or resistance that can accompany fatwas. The inclusion of the caveats further serves to enhance the perceived credibility and trustworthiness of his statements.

However, his work has been referred to as a fatwa by the media (section 2.4.3) perhaps because it provides a religious ruling on organ donation from an Islamic perspective, which is typical of a fatwa. Since the term fatwa carries authority and legitimacy within the Muslim community, individuals may use the term fatwa to emphasise the religious significance of his work, which can be particularly relevant in discussions about the legitimacy and authority of his work. Moreover, labelling the work as a fatwa could increase its influence within the Muslim community. People may be more likely to follow the guidance provided, when framed as a religious ruling. This perception of his work as a fatwa highlights the role that religious language and framing play in shaping community attitudes and practices.

Looking beyond this transformation, I moved on to focus on other evaluative words and phrases through a closer reading of the wider texts wherein MZB's work was discussed. His work was described as *amazing*, *remarkable*, *important*, *precise*, *academic*, *a great achievement*, *a unique piece of history for the UK from*

a Deobandi IndoPak sub-continent and *a fatwa [that could not be refuted] based on arguments*.

Although these words and phrases represent MZB's work in a positive light, they do not explain the reason why MZB's work was represented as a fatwa. Consequently, I searched for instances using van Leeuwen's framework of means-oriented purpose constructions. Accordingly, I found one telling instance from Parveen where the use of the word fatwa appears to have been based on "potential" (van Leeuwen, 2008, p. 129). Van Leeuwen explains that actions can be constructed as objects to represent a purpose, which can be constructed in terms of its potential for serving certain purposes. Parveen mentioned that MZB's contribution was purposeful and effect-oriented:

> *Parveen* We have guidance for people … for them to be able to refer back to … So you know the fatwa by … Mufti Butt and others come in really handy because actually you can guide people to the promotional material and then hope that they are able to make an informed decision that's based on best practice

The effect that is highlighted in this comment is that once people, including the ulama, have read MZB's work, they would be able to make an informed decision. The notion that MZB's work will allow HCPs and Muslim faith leaders to provide guidance on organ donation makes its potential similar to that of a fatwa, both providing guidance from an Islamic perspective.

I then moved on to analyse the way MZB's work was represented by way of association with social actors. In subsection 6.4.4 I explained that MZB was associated with medical experts and ulama. One detailed explanation was shared by Chakir (a chaplain in the NHS at the time of the interview[68]) where he was challenged by other ulama for his support of MZB's viewpoint:

[68] Details of the participants and their occupations are detailed in 5.2.

Chakir [A]fter Mufti Zubair's fatwa came out it was about three years ago I went to a program in [anon] to participate not to speak and we were sitting on [sic] the food table with the ulama from the Darul Uloom fraternity and they all ganged up on me and they said you know you supported Mufti Zubair's fatwa?
So erm you know if so I think it's it becomes a barrier the fatwa of a predecessor who's held in high esteem like even Mufti Taqi sahib's position can be used as a barrier by other people Yeah Whereas I use it as an ingredient So in that conversation I was having at the dinner table with these people why has Mufti Taqi sahib not said no? He's Deobandi? And he's one of the pillars of fatwa in our community why has he not said no? Why has he sat on the fence you're telling me I am wrong You got to tell Mufti Taqi sahib first that he has to be clear that it's haram but he didn't say that So that becomes an enabler actually more than the barrier Yeah So those kinds of things become an enabler Mufti Zubair sahib's fatwa becomes an enabler

This account told by Chakir conveys a number of points related to MZB's work. Analysing the transcript in chronological order, firstly Chakir appears to self-represent as an equal to his Deobandi peers when he joined them. This representation is realised in terms of spatial discourse (subsection 6.4.5) in close proximity "at the dinner table'. Notably, he begins his account by describing his company to consist of "ulama from the Darul Uloom fraternity". Later in the text, however, he genericises this group as "people" rather than by their functional roles as ulama. On the basis of the social actor framework, according to van Leeuwen (2008, p. 36), genericisation could symbolically remove the function of social actors from the readers' mind and represents such groups as distant others (van Leeuwen, 2008, p. 36). By use of this genericisation strategy, Chakir appears to self-represent as being better qualified than his peers to comment on MZB's view - being situated professionally as a Chaplain in health care. Yet despite this position, Chakir explains that he was challenged. The idiom "ganged up on me" relates to the point about those in support of MSU's fatwa using authority of conformity strategy (subsection 6.3.5) to legitimate the view that

organ donation should remain prohibited. The idiom also portrays Chakir as an outlier not conforming to the majority.

However, Chakir responds to this legitimation with the same strategy of using the personal authority of Mufti Taqi, who despite being an authority figure among the most senior of Deobandi scholars as well as being the son of MSU, did not explicitly support the prohibition of organ donation. In terms of spatial elements, Mufti Taqi was described to be “sitting on the fence”, an idiom which is understood to mean being “undecided in opinion or neutral in action” (OED, 2022f). This stance taken by Mufti Taqi appears to have created a divide between Deobandi ulama and Chakir. The former interprets Mufti Taqi’s silence as approval of prohibition whereas Chakir interprets it as a sign of indecisiveness, which gives ground to the notion that perhaps MSU’s fatwa is not practical for the British context. Using this interpretation, Chakir mentioned that he took advantage of the silence and used it as an ingredient to promote organ donation and support MZB’s position.

Lastly, the account ends with Chakir stating that “Mufti Zubair sahib’s fatwa becomes an enabler”. This endorsement from an NHS chaplain like Chakir adds credibility to MZB’s work. Although the account does not provide quantifiable data on the number of ulama Chakir was with, an interesting point to note is that not all ulama are NHS chaplains. Yet all three NHS chaplains that took part in the interviews supported MZB. Chihab shared that he had “not come across a more well researched and comprehensive Islamic understanding of this particular topic”. Perhaps, this difference in views between the general ulama and NHS chaplains was best explained by Chaplain Chams:

Chams Although I do sort of get the idea that he's saying it's okay … I have a sense of understanding of what that is but I think the fatwa itself is very it's using very specialised language so although the fatwa is there I'm not sure if imams or other Muslim faith leaders have understood the fatwa Because I’ve discussed this fatwa with other colleagues And they've said as well they've not understood it or

> there are different interpretations of this fatwa … [MZB's] book it's it's about 110 pages [with] very specialised language so again the audience is very limited

Based on this explanation by Chams, the picture that is painted is that for the general ulama to understand MZB's work would require some training and further education related to the NHS and health care and the specialised language used in relation to organ donation. Since the majority of ulama are not NHS chaplains, this might explain why the status quo remains as it is - because the alternative viewpoint has not been understood. On the other hand, given that three NHS chaplains all favoured MZB's view, the likelihood is that other ulama who are also NHS chaplains are also likely to be in favour of MZB's view as they are more likely to understand the language used.

Having analysed the social actors related to MZB's work, I moved on to consider associated social actions (see Table 6.4). My focus was to explore what his work does as well as what other social actors did with this work. I concentrated on actions that were mentioned in this regard by closely reading wider texts related to MZB's work. I found four transitive verbs telling of MZB's work as (i) being an enabler, (ii) dealing with barriers (subsection 6.3.5), (iii) tackling concerns, and (iv) changing the game. The first three phrases were said by Chihab and the fourth by Asad.

Firstly, Chihab mentioned that "Mufti Zubair sahib's fatwa becomes an enabler" although he does not specify what is enabled, the comment was made in response to Q16 which asked - what barriers or enablers are there within Islam that support or are against organ donation? In this context, the inference would be that MZB's work is an enabler that supports organ donation. Secondly, Chihab viewed MZB's work to "deal with most of the … barriers from both a juristic and also from a logical … perspective". This comment represents the work as being based on Islamic sources in a logical way as opposed to being grounded only on clinical data for instance, or based on legitimation strategies that rely on authority of conformity in a way that would not allow critical thinking. Thirdly, among the reasons for promoting MZB's work, Chihab explained, that it "tackled most if not

[the] majority of what people have been [concerned about]". Lastly, Asad shared that in his opinion, he found MZB's fatwa to be "a game changer".

Accordingly, MZB's work is described as "tackling" the barrier of "confusion and difference of opinion" and as such, would serve as a "game-changer'. The object of these verbs in general English tends to be problematic situations. To illustrate, the Spoken BNC2014 shows within a span of 5:5, strong collocations of the phrase "deal with" to be *menopause* (MI 10.49) and *stress* (MI 8.40). As with both these medically-related collocations, the same phrase is used by Chihab, in relation to the need of fatwa to address the medical problem of organ shortage. The Oxford Collocation Dictionary shows the verb *tackle* to collocate with "dealing with something difficult" (McIntosh, 2009, p. 783). In this sense, the two phrases are shown to be synonymous. However, the Spoken BNC2014 contains 59 instances of *tackling* - based on a collocation analysis within a span of 5:5, I found that the object of the verb *tackling* was *problem* (MI 7.75):

1	: group well well first of all wait wait wait if what you're saying is it should be just cos they're	**tackling**	the same **problem**	in
2	ɨ doesn't it's like sort of looking like they're doing something without doing anything to yeah	**tackle**	the actual **problem**	it
3	ɨ also if you want to stop people offending in the first place or reoffending then you need to	**tackle**	this **problem** yeah	ar

Despite the synonymy, I found the difference between the collocations of *dealing with* and *tackling* to be that the former appears to be related more to personal health matters whereas the latter is used in relation to difficult social problems. If these same meanings could be used to interpret the metaphors in the IC, then perhaps the inference would be that dealing with organ shortage is a personal problem but the resistance toward permitting organ donation is a social problem within the BSAM community.

Lastly, the phrase "game-changer" is described in the OED (2022g) as an extended sporting metaphor to mean an "event, idea, or procedure that produces a significant shift in the current way of thinking about or doing something". If tackling is also taken as a sporting metaphor, then the social condition of BSAMs could be viewed as a game in which they were losing. However, MZB's work is seen as containing an idea that could potentially lead to a paradigm shift and change the course and outcome of the game.

The ontological metaphors describing MZB's fatwa as "tackling" and "game-changer" legitimises organ donation by framing the religious edict in a dynamic and impactful manner. The verb tackling implies an active engagement with an issue. By using this metaphor, it suggests that the fatwa is directly addressing and dealing with the complexities and challenges of organ donation. Describing the fatwa as a "game-changer" frames it as an innovative and transformative decision that has the potential to change existing perceptions and practices. This metaphor highlights the importance and impact of the fatwa, suggesting that it brings a new perspective that can alter the status quo. By framing the fatwa as tackling and changing the game, these metaphors create a positive and assertive image of the fatwa, suggesting that it is not merely a passive or traditional stance but a forward-thinking and active solution. This can help shift public perception towards viewing organ donation as a legitimate and morally acceptable practice.

To summarise, I used a range of frameworks by van Leeuwen assisted by corpus tools to explore the way MZB's work was represented in the IC. MZB's work was evaluated positively by 30% of participants including all three chaplains that took part in the interview. Furthermore, the three chaplains explicitly supported MZB's view. The majority of the participants (75%) who discussed MZB's work referred to it as a fatwa. The main merit of the work appears to be the fact that MZB collaborated with medical experts, ulama, and that it used logical arguments. By combining a range of expressions to describe the action of MZB's work, it could be summarised as a work that could potentially be about social change in the BSAM communities.

The overall implication of the analysis showed that according to the participants, MZB's work is better suited to British Muslims than the fatwa of MSU for several reasons. Firstly, MZB's work addresses the specific cultural and societal context of British Muslims, making it more relatable and applicable to their everyday lives. Furthermore, MZB integrates religious teachings with contemporary medical practices, providing a balanced perspective that aligns with both religious values and modern healthcare. These factors collectively contribute to the perception

that MZB's work is more aligned with the needs, values, and context of British Muslims, enhancing its relevance and acceptance.

6.4.6 Summary of representations

At the beginning of this chapter, I set out to find answers to the overarching question - how did the interview participants view the fatwas by Mufti Shafi and Mufti Zubair? MZB's opinion on organ donation was considered to be thought-provoking and credible enough to be considered by the participants especially the two NHS chaplains, to serve as an alternative to MSU's fatwa. MZB as a scholar as well as his opinion are legitimised and praised. The legitimisation is linguistically realised by representing MZB's opinion as a goal-oriented and impactful fatwa. MZB's view is further legitimised by the collocating social actors that advocated his view; these social actors are represented by way of functionalisation to highlight their value as NHS chaplains as well as ulama. Moreover, criticism was levelled at the ulama who insist on following MSU's fatwa and who continue to discourage organ donation for Muslims in the UK.

6.5 Conclusion

Based on a corpus analysis using Wmatrix5, I found that fatwa discourse was salient within organ donation discourse. Using the statistical data offered by Wmatrix5 as a starting point. I used a range of corpus tools to help assist with CDA approaches to analyse the fatwa discourse in the Interviews Corpus. The main reason for the need for MSU's fatwa on organ donation appears to be to clarify the position on organ donation in principle. According to MSU, organ donation is seen to be prohibited based on the notion that interference with funerary rites results in a violation of the deceased. However, a need was identified for British Muslims to address the problem of organ shortage. To address this need, MZB was represented as a highly qualified mufti and evaluated positively by a third of the participants; 75% of whom referred to his work as a fatwa based on his work as an NHS chaplain as well as his outreach in the community and collaborations with medical experts and other ulama. His work was viewed positively.

The orientational metaphors “putting trust in Allah” and “leaving matters in the hands of Allah” help legitimise organ donation by framing it as an act of faith and devotion, aligning the practice with religious values and making it more acceptable. The ontological metaphor of sacrifice portrays organ donation as a generous, life-saving gift, further endorsed by divine approval, encouraging participation and viewing it as a virtuous act. The metaphor “stuck at the haram” emphasises the need to seek permissible alternatives, framing organ donation as a positive and adaptable solution within religious principles. Lastly, describing a fatwa as “tackling” and a “game-changer” presents it as an active and transformative decision, reinforcing the legitimacy of organ donation. These metaphors collectively frame in familiar and respected contexts, promoting its acceptance and practice in the community. Through these cognitive structures, organ donation is framed as positive and acceptable in ways to which BSAMs can relate.

Chapter 7. Seeking medical treatment

7.1 Chapter overview

This chapter provides a detailed discussion of the importance of seeking medical treatment from an Islamic viewpoint, based on the *Interviews Corpus* (henceforth, IC). First, I will provide a sketch of the semantic category *B3 medicines and medical treatment* in the IC including its most frequently occurring words (7.2). I then analyse the contexts in which the lemma TRANSPLANT was discussed (7.3). I also explain the topos of *amana* (trusted responsibility) that was discussed in the IC to legitimise maintaining good health (7.4). Then I discuss that when clinical need is established, Sharia law places a religious responsibility on patients to seek medical treatment (7.5). In section 7.6, I discuss how four social actors related to providing medical treatment are represented in the IC; these social actors are medical doctors (7.6.1), the NHS (7.6.2), the UK Government (7.6.3), and Muslim doctors (7.6.4).

As in the previous chapter, van Leeuwen's (2008) CDA framework (discussed in section 3.6) are used for analysing social actors, social actions, legitimation in discourse, and purpose constructions. Reisigl & Wodak's (2012) DHA framework (discussed in section 3.5.2) is used to analyse perspectivisation and argumentation strategies. A summary of the discursive construction of legitimation strategies mentioned in this chapter are summarised in Table 6.1. Likewise, a summary of the numerous representation strategies from the social actor framework is summarised in Table 6.2. In this chapter, three additional strategies from the social action framework are mentioned. These strategies are summarised in Table 7.1:

Table 7.1

Summary of social actor representation strategies mentioned in Chapter 7

Discourse strategy	Representation of social action	Examples from the IC
Deactivation objectivation	*as* nominalisations so that priority can be given to another action	*if that's the only cure and you need it then take the cure* (discussed in subsection 7.5.1)
Behavioralised semiotic interactions	*As a transactive verbal process*	*our Prophet sall-Allahu alayhi wa sallam was very healthy and very much fit He prescribed some food* (discussed in subsection 7.5.3)
Transitive	*As having a goal that is a phenomenon*	*people get drunk ingesting alcohol from places where they shouldn't be ingesting from* (discussed in subsection 7.4)

Additional strategies and terms will be explained in their contexts where they are discussed in this chapter.

7.2 Semantic category B3 medicines and medical treatment in the IC

The NHS leaflet on Islam and organ donation, included in Appendix II, mentions a fatwa which states that both receiving and donating organs is permissible. The reasoning behind the fatwa is that if there is a strong enough need to seek medical treatment, which would otherwise be prohibited, then from a sharia perspective, there is scope to seek such a treatment. Equally, proponents of those who consider organ receipt and donation to be permissible[69] argue that, in principle, if a treatment is considered to be prohibited and there is no necessity for it, then to provide the treatment would not be permitted. For instance, with regard to the use of pig valves in humans (which would generally be prohibited for clinical use in Sharia law), the former chief mufti of Saudi Arabia, Sheikh bin Al-Uthaymin (d. 2001) emphasised that “The most important factor to consider concerning clinical need is what is best for the patient—as such, if a synthetic

[69] For further details on the permissibility of organ reception and donation, read Position 2 in Ali & Maravia (2020, pp. 9-13).

valve does not agree with the patient but a pig valve does, then the latter could be used" (bin Al-Uthaymin, 2017, p. 13)

Wmatrix5 (a corpus analysis and analytical tool, discussed in subsection 5.3.2) revealed that included in the top five semantic categories in the IC (see Table 5.7) is category B3 medicines and medical treatment. Wmatrix5 also showed that the theme of giving (category A9-) has a higher relative frequency in the IC than B3 and therefore warrants more attention than category B3 from a quantitative aspect. However, having engaged in discussion with the participants and considering the above-mentioned interdiscursive approach (subsection 3.4.2) I prioritised exploring the discussion on seeking medical treatment from a sharia perspective (5.3.2). Moreover, a more comprehensive picture of the views of the participants on seeking medical treatment from a sharia perspective in the IC would be helpful in understanding the value for British South Asian Muslims (henceforth BSAMs) to seek organ transplantation for medical treatment purposes.

I began my analysis of the theme of medicines and medical treatment by using Wmatrix5 to generate a word list related to this category. The list consists of 119 word types, (see Appendix XI for full word list), with a total of 792 occurrences providing a relative frequency of 0.81%. As discussed in section 5.2, Wmatrix5 failed to detect a number of words related to the category *S9 Religion and the supernatural* probably due to the words not being in the lexicon used by the system. To check if the same issue occurred with category B3, I manually checked the wordlist for category Z99 to see if any words belonged to category B3. On this occasion, however, I found that Wmatrix5 did not include any words in the Z99 category that belong to category B3. As such, I found that Wmatrix5 is better able to handle data related to category B3 than S9. Perhaps, the main reason for this difference is that category B3 contained English words only, which were present in Wmatrix5's existing lexicon. Islamic terms, in Arabic, on the other hand, along with their English equivalents, are absent from Wmatrix5's lexicon. However, the acronym NHS (The National Health Service), which occurred 276 times across all texts was also conspicuously absent from the B3 category. The NHS is a publicly funded healthcare system in England and one of the four NHS

systems in the UK. The NHS provides mostly free healthcare to all UK residents[70]. Manually adding the word NHS to category B3, therefore, seemed appropriate for my analysis on the topic of seeking medical treatment.

When conducting a concordance analysis (discussed in 3.8.1.1) of a selected word in Wmatrix5, its different word forms are displayed separately. For instance, a simple search for the word *transplant* in the IC shows 233 instances. However, this result accounts for the word *transplant*, as it is spelt and accounts for its occurrences such as singular nouns (e.g. a heart transplant), and first-person verbs (e.g. if we transplant, when you transplant). However, the result excludes other word forms that differ due to person, number, or tense such as *transplants*, *transplanting*, and *transplanted*. The basic form (typically the entry found in dictionaries) of these words is TRANSPLANT and is called a lemma. Wmatrix5 does not group the different word forms for a particular lemma but instead displays each word form separately.

In SketchEngine (Kilgarriff et al., 2004, discussed in subsection 5.3.4), however, placing an asterisk after a search term allows a lemma search. For example, a search for *transplant** would return all instances of *transplants*, *transplanting*, *transplanted*, *transplantation* etc). A wordlist for the lemma TRANSPLANT would provide all instances of these different forms as one list. The advantage of using SketchEngine's lemma search function is, thus, that these different, yet related, entries are consolidated. Using SketchEngine, the frequency of lemmas becomes visible, which also aids in concordance analysis. From the list of 792 words related to category B3, I found the lemmas TRANSPLANT, NHS, and DOCTOR to yield the most instances. Table 7.2 shows these words along with their different word forms in the IC.

[70] For a brief historical overview of the NHS in the context of surveying contemporary social and political events relevant to healthcare in the UK, see Baker et al., 2013, pp. 4-9.

Table 7.2
Words from category B3 medicine and medical treatment that recurred more than 200 times.

Lemma	Word forms	Total	RF
TRANSPLANT*	*transplant, transplants, transplantation, heart transplant, transplanted, transplantations, transplant things, transplanting*	342	0.15
NHS	*NHS, NHSBT*	276	0.13
DOCTOR*	*doctor(s)*	216	0.10

The table helps to infer the aboutness of the IC i.e. that in terms of medicine and medical treatment, the IC contains information about transplants, the NHS, and doctors. Because the IC focuses on organ donation, this finding is expected. Nevertheless, the point to note is that participants discussed medicine and medical treatment from a clinical as well as from an Islamic perspective. Category B3 was discussed less (relative frequency of 0.81%) than the latter category S9 Religion and supernatural (relative frequency of 1%). Furthermore, Table 6.3 shows that in relation to category S9, the participants were found to make distinctions between *imams*/*alim*, *Quran*/*hadith*, and they chose to discuss issues using either Arabic terms or English equivalents, or code switch, as in *masjid*/ *mosque*, *ruh*/ *soul*, and *prophet*/*nabi* (section 6.1). By contrast, the three highest frequency words in category B3 are quite general in their meanings and none of these words are Arabic.

Nevertheless, highly frequent words are unlikely to be monosemous. According to Zipf (1945), the principle of least effort is explained to be speakers preferring to use particular words for multiple meanings to conserve lexical storage space to allow speakers to use already known words by simply extending their meanings (Gyori, 2002). Looking at the most frequent collocations of words (subsection 3.8.1.4) can reveal a difference in meanings through the association of words with other words. As such, a collocation analysis helps to establish important ideas shared between words, uncover ideological constructions and

representations, and thereby, help to better understand meanings (Baker 2006, p. 96).

To discover such collocations, Stubbs (1995, p. 29) suggests that for corpus queries, a preferable window span is five words to the right and left of the key word. To measure collocation, an association measure is used. I will use Mutual Information (Baker et al., 2006, p. 120), a common measure used in corpus linguistics to show the strength of collocation between two words. MI gives a score for this attraction. Collocates with an MI score greater than 3 are considered to be strong whereas those with an MI score greater than 6 are considered to be very strong (Hunston, 2007, p. 71). Accordingly, in my collocation analysis, I looked for words within a span of 5:5 with an MI score greater than 3. Additionally, word lists commonly include many grammatical words such as AND, BUT, and OR. which are generally indicative of style rather than content. However, when lexical words co-occur with grammatical words in high frequency, they form a paired construction, which warrant a closer examination (Renouf & Sinclair, 1991). Baker (2006, p. 71) explains that examining clusters (subsection 3.8.1.3) helps to “take into account the context that a single word is placed in”. Focusing on lexical collocates, I show in Table 7.3 strong collocates of words from category B3. In the analysis of the lemmas themselves, however, I will also consider grammatical words acting as collocates.

Table 7.3
Collocates of the most frequent category B3 words (MI >3)

Lemma	Freq	RF	Collocates (measured by MI)
TRANSPLANT*	342	0.16	*pig (7.45), kidney (6.54), heart, (6.36), Need (3.75), but (3.13)*
NHS*	276	0.13	*fear (7.31), privatised (8.95), government (3.93), Muslims (3.56)*
DOCTOR*	216	0.10	*Muslim (6.31), said (4.67), trust (6.51), death (3.89), know (3)*

The table shows that the lemma search that yielded the most results from category B3 is TRANSPLANT*. Therefore, in the next section, I will provide an overview of the discussion on transplants in the IC. The analysis and discussion of the lemmas DOCTOR and NHS will follow in subsections 7.6.1 and 7.6.2 respectively in relation to medical doctors working in the NHS and their role in assessing clinical outcomes when BSAM patients seek medical treatment.

7.3 TRANSPLANT

SketchEngine identified 342 instances for the lemma TRANSPLANT across 27 texts. Using an MI measure of >3, I found the most informative collocates of TRANSPLANT to be *pig* (MI 7.45), *kidney* (MI 6.54), *heart*, (MI 6.36), and *need* (MI 3.75). Additionally, a strong collocating grammatical word with TRANSPLANT in the IC is *but* (MI 3.13). In this section, I will begin with an analysis of the pragmatic use of the conjunction *but* to help explain general truths discussed in the IC (subsection 7.3.1), followed by a discussion on the use of heart in the context of heart transplants (7.3.2), and then an analysis of the word *pig* (7.3.3), which was also used in the context of heart transplants.

7.3.1 But

Coordinating conjunctions allow linking ideas. The conjunction *but* mainly represents two different contrastive relations (Lakoff, 1971). For instance, the Spoken BNC 2014[71] contains the following semantic use of but:

> *she was nice but I was awful*

In this example, *but* is used to indicate simple contrast between the adjectives *nice* and *awful* i.e. the speaker compares themself to another individual and says *but* to show that they have opposite characteristics. Because *nice* and *awful* have opposite meanings, the function of *but* is semantic contrast.

[71] Speaker S0529 from 2015. Document number 1004: Flatmates talking about life at university.

Another function of *but*, and one which is more relevant to the IC, is to indicate pragmatic contrast (Lakoff, 1971). For instance, the Spoken BNC 2014[72] contains the following sentence:

he was Jewish but he was married to an Aryan

In this sentence, there is no lexical contrast between being Jewish and being married to an Aryan. Therefore, there is no semantic contrast in the sentence. On closer examination of the text, the speaker was referring to Victor Klemperer, a German literary scholar (d. 1960), who was married to Eva Schlemmer, an Aryan German in 1906. The context draws on the idea that during the Nazi Government, Jewish people and Aryan Germans were expected to avoid intermarriage (Raggam-Blesch, 2019). Therefore, the use of *but* in the sentence shows a pragmatic contrast between expectations of the speaker/listener and the actual situation.

An analysis of the pragmatic use of *but* in the IC can, therefore, potentially help to reveal related ideas such as preconceived notions of transplantation, which might influence the expectations BSAMs have of the NHS transplant process. Linked to these expectations are corrective ideas which could violate these expectations. Finding these corrections from participants in the IC could help BSAMs to rethink their expectations and be better informed about the actual situation and facts around the transplantation process in England. I therefore examined the pragmatic use of *but* in the IC.

The conjunction *but* occurred as a connective 23 times within a 5:5 span of the lemma TRANSPLANT across 13 texts, five of which occurred in the interview with GP Jamila[73]. Below, I present a selection of 17 examples in which *but* has a pragmatic function.

[72] Speaker S0327 from 2015. Document number 338: Lunch.
[73] Details of the participants and their occupations are detailed in 5.2.

1	ı had gone down to like I don't know 5% 10% or something like that So he'd erm got a	transplant	but after like three years of dialysis	and dialysis was really hard they tried all the chemot
2	ore donors from our South Asian community because otherwise people still get and a	transplant	is still successful	but they might have to wait longer or they will reduce their chances of r
3	xenotransplantation So and it also encourages an alternative	but again would animal	transplant	heart transplants any organ would it really replace anything as great as a human organ?
4	have confidence in it yes Some Muslims tend to think look You know in Saudi they do	transplants	Yes In Malaysia Yes	But these are Muslim countries	you know those are Muslim countrie
5	; if we take an example of kidney there is an alternative dialysis	but for example heart	transplant	liver such there is no alternative	besides death so to speak so you are literally saving the
6	; So for things like a heart transplant I can't think of any other examples	But yes heart	transplant	okay you can only take that from a dead person	But there are people who are donating tl
7	>out brain yet	but I wouldn't be surprised if one day that does happen>	but yeah heart	transplant	lung transplants kidney transplants erm Yeah I've not had a bowel transplant yet I wouldr
8	ıe person's organs and shifting it to the that person's body it is allowed	But like hetero	transplantation	like taking organ of one human and and transferring it to another human	that's the questi
9	a bowel transplant yet I wouldn't be surprised if it happens one day	but you know just	transplanting	one important organ from one person to another	Okay [Q5] So you have explained what
10	; a very detail for the research scholars and for the professionals who are doing organ	transplantation	But one should be very brief and very summarize for the layman for the students	for the
11	ıard one because people may not have explicitly said when I die I want to have organ	transplant	But whenever for example you know they were very nice kind charitable people	and they
12	is alien to it So there are very few organs where you don't see that	but for most organ	transplants	you will see some activity	because unless your immune system is controlled And that's h
13	; if you are happy to take blood from another human then maybe you can consider pig	transplant	But I think that it's an individual's comfort level	because if I'm a patient it's my choice Wh
14	applies Like I am again bias My own child has a heart condition erm It doesn't require	transplant	but if it did hand on heart I will take that heart	There would be no question about it So yo
15	>und that we were a little bit restricted in how we think about it	but we still believe that	transplant	is the right way and donation is the right way forward	But then I was shocked by the Sou
16	ıething so I think the ulama who give all these fatwas they need to be not just how the	transplanting	works	but who you will be donating to You know that that's what we need to know	(..) An
17	donation works in the UK?</s><s>Okay by the way how many times have you had to	transplant	?</s><s>Three	But now if you can tell me as much or little each time what the process v

Figure 7.1. Concordance lines in the IC in which BUT has a pragmatic function

The use of *but* can be divided into two categories: (a) to correct misunderstandings where the expectation is that transplantation is without problems and challenges (lines 1, 2, 3, 4, 5, 6, 7, 9, 10 12, 16, and 17 - across nine texts) and (b) to promote the idea that organ transplantation - despite its challenges - is still a viable solution (lines 5, 11, 13, 14, and 15, across five texts).

Preconceived notions that could be said to exist within the BSAM communities as shared by the participants relate to four areas. These notions or misconceptions are related to:

1) the availability of organs
2) the organ donation process
3) side-effects after receiving an organ
4) processing information.

Firstly, with regards the availability of organs, there exists the idea that all human organs are available for transplant (line 7) which can be retrieved from living donors (5,6).

Secondly, in relation to the organ donation process, misconceptions include ideas such as the NHS regulations on organ transplantations are the same as those in Muslim majority countries (4); that the organ donation process is generally the

same in each case (17); that a donor can always choose the recipient (16); that dialysis patients are not required to wait long for a kidney transplant (1 and 2); and that animal organs can be as effective as human organs (3).

Thirdly, another misconception is that there would be no side-effects after receiving an organ transplant (12).

Lastly, with regards processing information there appears to be the misconception that Muslim jurists permit organ donation because it is believed to be the same as *autotransplantation*[74] (9); and the misconception that laymen, students, and patients are able to understand the complex language that surrounds organ transplantation (10).

To correct these misconceptions, participants added the conjunction *but* to share important corrective information. Accordingly, participants provided the following five corrections.

Firstly, with regards the availability of organs, not all human organs are available for transplant - such as brain and bowel transplant (7); not all donations are retrieved from living donors because a heart transplant (and corneal transplants in most cases) come from deceased donors (5,6).

Secondly, organ donation rules and regulations that the NHS follow differ from those in Muslim majority countries (4). Rafiq confirmed that he received a kidney three times in his life and yet each time the process and experience was different (17). Whereas a donor would know to whom they are donating their organ in the case of a living donation, a donor willing to donate after death cannot bequest or determine the recipient of his donation (16). There is no guarantee that a dialysis patient will receive a kidney quickly. Instead, they may be required to wait for three years or more during which time the chances of being fit to receive an organ decrease (2). With regards to the effectiveness of xenotransplantation, Chakir

[74] Autotransplantation is the transplantation of organs, tissues, or even proteins from one part of the body to another in the same individual.

questioned, “would animal […] heart transplants [or] any organ [from an animal] would it really replace anything as great as a human organ?” This rhetorical question suggests that the BSAM community cannot rely on xenotransplantation as the most effective alternative to human organs (3).[75]

Thirdly, the major side-effect experienced by organ recipients is their bodies rejecting the organ, which in turn makes the recipient dependant on anti-rejection drugs (12).

Fourthly, whilst autotransplantation might be understood to be acceptable to Muslim scholars, Asad pointed out that “taking organ of one human and transferring it to another human; that’s the question - it is in my humble opinion […] not allowed in Islam” (9). Asad’s view shows that not all ulama view allotransplantation to be the same as autotransplantation.

Lastly, Asad also advised that the NHS organ donation promotional material “should be very brief and very summarise [sic] for the layman, for the students, [and] for the patients so that they can have a very clear-cut guidance” (10). This comment suggests that the said audience is unlikely to be familiar with the complex language and ideas related to organ transplantation.

The above points relate to misunderstandings where the expectation is that transplantation is without problems and challenges. I will now turn to cases where participants used *but* to share corrective information in order to promote the idea that organ transplantation - despite its challenges - is still a viable solution.

Lamya pointed out that although a pig heart or valve transplant might be uncomfortable for Muslim patients, porcine transplants should not be immediately dismissed for Muslims because each individual has an “individual’s comfort level” and so despite being a Muslim, a patient might be willing to accept a porcine transplant (13). Views on porcine transplants can change, if for instance,

[75] For more information on how Islamic theological anthropology and juridical perspectives inform the usage of animals for human benefit, particularly in medical treatment, see Ali et al. (2023) for a Sunni Islamic perspective, and Aramesh (2023) for a Shia Islamic perspective.

parent/guardians are faced with a life and death situation. Parveen shared that if her child ever required a heart transplant, she would certainly accept a heart donation for her child (14). Ultimately, if an option exists, Jamila suggests that it should be explored. Jamila further explained that although bowel transplantation is currently not practised, “just transplanting one important organ from one person to another [is] okay”. Jamila’s comment suggests that any transplantation is acceptable due to its importance. Chihab reiterates this importance by stating that for a cardiac patient, without a heart transplant “there is no alternative besides death” and so in such a case, a transplantation is the only solution and is highly rewarding because “you are literally saving the life of a person” (5).

In relation to presumed consent, Jamila points out that BSAMs may require explicit prior consent from a deceased person, however an alternative to explicit consent could be the deceased person’s charitable conduct and generosity in life and using that memory as a tool to measure whether or not the deceased would have consented (11). Othman added that the general view in Middle Eastern Muslim majority countries appears to be that “transplant is the right way and donation is the right way forward” (15). Lastly, Jamila shared that as a result of the success of organ transplantation, there is hope for brain transplants in future.

To summarise, an analysis of the collocation in the IC between TRANSPLANT and *but* helps to identify a number of misconceptions that exist around organ transplantation in BSAM communities; mostly suggesting an oversimplification of the transplantation process - whereas in reality the process is far more complex. Nevertheless, despite these misconceptions, an examination of the IC further reveals that five participants (Lamya along with four HCPs) encouraged the idea that organ transplantation is effective and that organ donation is rewarding.

7.3.2 Heart

Continuing with the analysis of collocates for the lemma TRANSPLANT (see Table 7.3), I now turn to the collocate *heart*. The IC showed the word *heart* to co-occur 40 times within a 5:5 span of the lemma TRANSPLANT across 20 texts, six of which occurred in the interview with Lamya, who shared a personal story about heart transplant. By contrast, *kidney* co-occurred less frequently with TRANSPLANT with 27 instances across 11 texts, of which6 instances were drawn from my interview with Rafiq, himself a kidney recipient. Figure 7.2 shows instances where four participants shared stories of kidney or heart transplants.

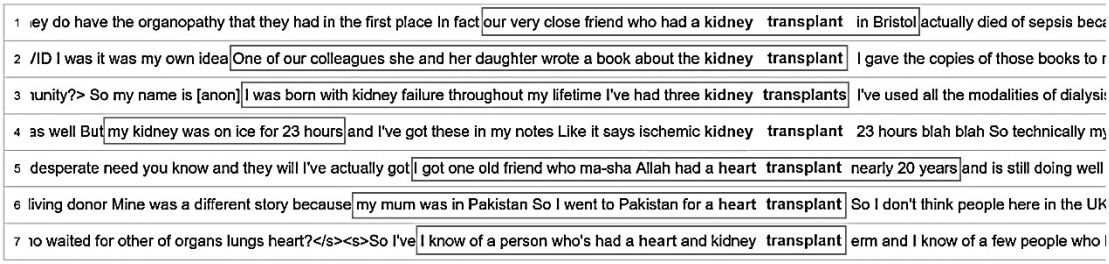


Figure 7.2. Concordance lines for *heart* and *kidney* as collocates of TRANSPLANT in the IC

Lamya (donor) and Rafiq (recipient) both shared stories of themselves or their family members receiving a kidney or a heart transplant. With regards to accounts of kidney transplants, Anis (an Anaesthetist) also mentioned that he had a close friend who had a kidney transplant. Regarding accounts of heart transplants, Isa (an alim), mentioned that he had a friend who more than two decades ago received a heart transplant. On compilation of these accounts, and contrary to my expectation, the number of shared experiences for kidney and heart transplants was three each.

A closer reading of these accounts in the IC helped to identify differences between stories related to heart transplants and those related to kidney transplants. To elaborate, the IC helps to make sense that for patients with renal failure, there is the option of dialysis or receiving a human kidney from either a living or a deceased donor. However, for a cardiac patient, unlike a renal patient who could be provided with a dialysis machine, there is no alternative. Moreover, unlike kidney donations, which can be obtained from living and deceased donors,

a human heart may only be retrieved from deceased patients, which limits the number of heart donations. Additionally, each deceased donor can provide two kidneys, whereas only one heart can be donated, further impacting the availability of heart transplants. These factors together contribute to the lower frequency of heart transplants compared to kidney transplants. Quantitatively, the number of stories in the IC were three each, however, examining the qualitative data provides the insight that issues related to heart transplants differ from issues related to kidney transplants.

7.3.3 Pig

I now turn to the word *pig*, which collocated with the lemma TRANSPLANT (see Table 7.3). As explained in subsection 5.2.5, on January 7, 2022, xenotransplantation made world news with the first genetically modified pig transplant in the US. The procedure was carried out by a Muslim surgeon of Pakistani origin.[76] In the IC, the collocate *pig* co-occurred with TRANSPLANT a total of 23 times across 12 texts. Every instance of *pig* was used in a bundle to refer to pig heart transplant; with 12 instances across 10 texts in the sequence *pig heart* + TRANSPLANT and 7 instances of the bigram *pig* TRANSPLANT across 4 texts. Lamya said *pig heart transplant* three times and *pig transplant* four times; Entara also used both phrases. On closer inspection, the use of the bigram "pig transplant" appears to be preferred on some occasions as it was quicker to say rather than the longer phrase "pig heart transplant". This tendency to shorten the phrase likely reflects a preference for brevity in casual conversation or when the context has already established that the specific transplant being discussed involves the heart.

In any case, the NHS organ donation promotional material does not mention pig heart transplants and so the inclusion of this issue appears to be influenced by the headlines in the media.

[76] Dr Muhammad Mohiuddin, professor of surgery at the University of Maryland School of Medicine.

An examination of the instances of *pig heart* + TRANSPLANT and *pig* + TRANSPLANT in the IC shows that the participants questioned and discussed whether or not porcine transplants are permissible in Sharia law and even if it was, whether it is an acceptable alternative to receiving a human heart. As mentioned, the idea of genetically modified pig heart transplants is neither discussed in the NHS material nor provided by the NHS so it is, therefore, a hypothetical point in the UK. However, the participants pondered over the matter as a matter of principle and ethics.

For instance, Ammar questioned, “Why do you have to have an organ?”, whereby he reflects on a fundamental query about the necessity and obligation to undergo medical treatment. The comment also challenges the assumption that seeking an organ transplant is always the required or desirable course of action. On the other hand, Parveen said that if her child ever required a transplant then “There would be no question about it”. Parveen’s comment suggests that the question would be: “If a patient requires a heart transplant, must they consent to receiving a pig heart?” In her statement, she expresses a readiness to pursue whatever medical treatment is necessary for her child's survival, indicating that she sees an ethical or emotional obligation to seek the best possible care.

These questions and perspectives reveal the complexity of decision-making in medical contexts, particularly in relation to religious and ethical principles. The points raised by Ammar and Parveen about seeking medical treatment, consent, and potential blameworthiness all revolve around the balance between religious beliefs, medical necessity, and personal choice.

Related to the point of seeking medical treatment is the occurrence of the verb *need* as a strong collocate of TRANSPLANT in the context of heart transplants (MI 3.75, 15 instances across 8 texts). To understand the way a pig heart transplant was contextually legitimated, I viewed the texts using van Leeuwen’s approach to the discursive construction of legitimation. Van Leeuwen explains that legitimation can be grounded on truths which are generally understood as “the way things are” (van Leeuwen, 2008, p. 116). This strategy is known as ‘theoretical rationalisation (see Table 5.1 Summary of legitimation strategies); one

way it can be linguistically represented is through an explanation which provides an answer to why things are the way they are.

> *Lamya* If you need a heart transplant how do they resolve that? […] if there's no deceased donors
> *Ammar* Heart transplant you need a transplant I don't think you need a kidney there is dialysis for that

These two participants explain that the reason a heart transplant is needed is because there is no alternative. The only reasonable option that is available to survive is to accept a heart from a deceased human or a pig. This perspective serves to legitimate heart donation based on theoretical rationalisation.

Bearing in mind the lexical relationship of TRANSPLANT with its strongest collocates, as well as noting the above-mentioned issues that have been uncovered on closer reading, I wanted to explore the theme of seeking medical treatment in further detail. As such, I sought to investigate the following questions:

Q1. From a sharia perspective, why is maintaining good health and seeking medical treatment important? (section 7.4)
Q2. Does Sharia law place any responsibility on a patient to seek medical treatment? (7.5)

The answers to these questions would provide insight into whether organ donation requires promotion within BSAM communities, as a medical treatment that should be sought. As mentioned previously in section 6.2, the data from the IC must be interpreted with caution as each comment helps to understand one voice among many voices. Viewpoints may be unique to individual participants and one should not simply ascribe these viewpoints to all or other participants without a warrant to do so. In this case, as the participants share a faith community, I use individual viewpoints and comments to help to gain a sense of the faith community they are part of.

7.4 Health represented as a trust in the IC

In this section, I will focus on representations in the IC that will help to explain, from a sharia perspective, that maintaining good health and seeking medical treatment is viewed as a responsibility on the grounds of divine trust entrusted by Allah to every individual. Exploring these issues from a sharia perspective can provide (i) a foundational context for understanding organ reception as a duty and (ii) the way such framing influences the decision-making process in BSAMs to become an organ donor.

Seeking medical treatment in order to save one's life or to improve the quality of one's life requires autonomy to make that decision. Autonomy according to Western ethics is epistemologically based on philosophical science, reason, and experience. On the other hand, the Islamic view of autonomy is rooted in religious texts.

The Quran (17:36) states that Allah will hold accountable each human if they abused their senses of hearing, sight, and intellect. Another verse (2:195) reads, "Do not throw yourselves into destruction with your own hands". Another verse (114:1-3) describes Allah as "the Lord of people, the Master of people, the God of people". In light of these verses, Al-Bar and Chamsi-Pasha define "personal autonomy" as "self-rule free from being controlled by others and from inadequate understanding that prevent meaningful choice" (Al-Bar and Chamsi-Pasha, 2015, pp. 107-118). The secular liberal notion of autonomy, as noted, differs from the Islamic paradigm. Imam and author on Islamic medical ethics van Bommel (2013, p.19) writes "For a Muslim patient, absolute autonomy is very rare, there will be a feeling of responsibility toward God". Accordingly, Muslim jurists infer from such verses of the Quran that humans are stewards and agents that are entrusted and empowered by Allah to do good, and with the gift of the human body and its senses comes responsibility and accountability. The Islamic view implies that Muslims are not free to do as they wish with their bodies but are obliged to use them in positive ways. Moreover, Muslims are prohibited from using them to cause harm to themselves or others. Muslims, therefore, subscribe to the notion that they have limited autonomy and freedom over the use of their bodily functions (Sachedina, 2005, p. 176).

Bearing in mind this notion of responsibility, I turned to the IC to look for representations by the participants related to the "responsibility of taking care of one's health". I attempted a search using lemmas and abbreviated words related to the theme of responsibility and accountability such as TAKE CARE, *responsib**, *accountab** and it's Arabic equivalent *hisab*, as well as *trust* along with its Arabic equivalent *amana**. The search yielded 161 examples. A collocation analysis revealed that strong collocations of these words are *body* (7 instances, MI 5.01) and *health* (5 instances, MI 5.36). Examining these words in context, I found that all seven instances of *body* were used alongside *amanat* and the five instances of *health* were used along side *trust* and *take care*. Moreover, these 12 instances came from five of the ulama participants. This finding helps to take into account that the human body being an *amana* is a notion that was not discussed by HCPs but by the ulama.

1	enablers are there within Islam that support or are against organ donation?</s><s>I think the main one is	amanat	organs your body is an amanat and for Muslims i
2	that support or are against organ donation?</s><s>I think the main one is amanat organs your body is an	amanat	and for Muslims it's important to fulfil this amanat
3	mahram's responsibility to make sure that her body is not exposed to non mahram that body is now in the	amanat	of the family not to have it treated with disrespect
4	one thing but they might do something else with the organs there's no amanat in that they just don't have	amanat	never mind the body itself is an amanat what do
5	else with the organs there's no amanat in that they just don't have amanat never mind the body itself is an	amanat	what do they understand what amanat is?</s><s>
6	see it is the qiyamat of this country when a minister can't be trusted by his own family How can the families	trust	the health system with their families?</s><s>Why
7	body that then goes into your kidneys that goes to your liver and it's causing havoc in your body So it's an	amanat	this body Like I said before it's amanat Why do w
8	r role in the community?> Okay So my name is [anon] and I am the head chaplaincy at [anon] health NHS	trust	I've been a chaplain since 1998 and then I went f
9	r seen it so I don't know I trust the doctors That's me being somebody who's in the health care I've always	trusted	the doctors Yes There might be one or two incide
10	s>Yes So the main thing is look like I said in Islam Allah subhanahu wa Tala has given us this body It's an	Amana	That's why we can't just eat anything we want You
11	ealth issues ? Health issues?</s><s>Imams guide on the health issues because it's a Prophet's sunnah to	take care	of your health hai na?</s><s>We have Islamic m
12	some food for the ummah like ajwa and like kalonji and all these things black seeds like So it's a sunnah to	take care	of your health diet and nutrition Okay Now some

Figure 7.3. Concordance lines for *body* and *health* as collocates of TRUST and AMANA* in the IC

The notion of *amana* is explained in three different ways. Firstly, in terms of the responsibility Sharia law prescribes related to the handling of a deceased person's body (lines 1 and 2). Secondly, and related to the first, is the notion of responsibility of treating a human body, living or deceased, in a dignified manner (lines 3 and 6). Thirdly, and directly related to health and medication is the individual responsibility of ensuring a healthy nutritious diet (lines 7, 10, 11, and 12). The contexts in which comments related to healthy diet were made are provided in full below:

Irfan (line 7) Look at the Prophet sall-Allahu alayhi wa sallam he drank milk directly from the camel fresh not this skimmed milk and all this See what we have today Is not natural It's everything is processed Everything has become a (..) Something to sell and They try to give you food which is easy to digest So you're not even using your natural digestive system because it's already digested it's already broken down for you So everybody's digestion is going weak you are just putting things more and more food into your body that then goes into your kidneys that goes to your liver and it's causing havoc in your body So it's an amanat this body Like I said before it's amanat Why do we have long intestine? Because the way Allah subhanahu wa Tala has created the body the body is it takes time everything takes time allow the body the time to break the food down if we're going to eat things which is pre-digested keep eating then why did Allah give you a long intestine? Go straight into the blood stream then and that's what some people do inject food injections straight into the blood stream people get drunk ingesting alcohol from places where they shouldn't be ingesting from

Ajmal (line 10) The main thing is look like I said in Islam Allah subhanahu wa Tala has given us this body It's an Amana That's why we can't just eat anything we want

Asad (lines 11 and 12) Imams guide on the health issues because it's a Prophet's sunnah to take care of your health hai na? We have Islamic medicine So an imam should guide the people on the health issues because if you are physically fit then you can perform ibada and you perform your duties Well if you're not fit happy perform salah and how can you perform Hajj? And our Prophet sall-Allahu alayhi wa sallam was very healthy and very much fit He prescribed some food for the ummah like ajwa and like

> kalonji and all these things black seeds like So it's a sunnah to take care of your health diet and nutrition

Using van Leeuwen's social actor framework, I identified two types of social actions (a) behavioralised semiotic interactions (van Leeuwen, 2008, p. 57) meaning verbal processes, by the *Prophet* (i.e. Muhammad) who *prescribed* and *said* on matters related to health care and (b) transitive actions that are interactive; meaning actions that have an impact (van Leeuwen, 2008, p. 60); these actions include *drinking* and *ingesting* alcohol and were described as the causes of liver damage; and *smoking* which was represented as damaging the lungs. Noting that these participants linked dietary and recreational habits to the responsibility of maintaining health, I searched in the IC to look for more details related to *food* (see Figure 7.4).

1	#3	/ by qudra it reacts to natural foods The body is designed to absorb and digest natural foods All these	artificial	**foods**	causes disruption in the body There was a study in Australia that people are drinking all these erm vitamin dri
2	#3	jive you a long intestine?</s><s>Go straight into the blood stream then and that's what some people do inject		**food**	injections straight into the blood stream people get drunk ingesting alcohol from places where they shouldn't
3	#3	/e specialised in health care we need to ask what are people eating?</s><s>And why is everyone eating	junk	**food**	?</s><s>We need to go back to the sunnah we to eat what Allah subhanahu wa Tala has created for us Thin
4	#3	ready broken down for you So everybody's digestion is going weak you are just putting things	more and more	**food**	into your body that then goes into your kidneys that goes to your liver and it's causing havoc in your body So
5	#3	ater These are things need to eat drink not	kebabs fizzy drink	**foods**	The body is designed to absorb and digest natural foods All these artificial foods causes disruption in the bod
6	#3	o look at how our akabir salaf saliheen what they used to What do they eat?</s><s>They would have natural		**food**	Look at the Prophet sall-Allahu alayhi wa sallam he drank milk directly from the camel fresh not this skimmed
7	#15	re are many other people to help Why why are people reaching these diseases to begin with?</s><s>Lack of		**food**	there is no proper food Another thing is that people of faith they have a lot more respect for the deceased tha
8	#17	</s><s>And our Prophet sall-Allahu alayhi wa sallam was very healthy and very much fit He prescribed some		**food**	for the ummah like ajwa and like kalonji and all these things black seeds like So it's a sunnah to take care of
9	#3	Tala has created the body the body is it takes time everything takes time allow the body the time to break the		**food**	down if we're going to eat things which is pre-digested keep eating then why did Allah give you a long intestin
10	#3	e good for you The things that Allah creates for you you're not addicted you are just naturally inclined to those		**foods**	So wheat water These are things need to eat drink not kebabs fizzy drink because your body by qudra it reac

Figure 7.4. Concordance lines for *food* in the IC

Three ulama, Irfan, Ammar, and Asad shared dietary advice that was related to three categories:

i) Foods that people should avoid: these include avoiding *junk* food (line 3), *kebabs* and *fizzy drinks* (5), *skimmed milk* (6), *artificial foods* because they disrupt the body (1), and *ultra-digested food* because they can harm the digestive system (9), and that lack of proper and natural foods can be harmful (6).

ii) Manner of consumption: advice related to this point includes avoiding the use of alcohol enemas (2) and overeating (4).

iii) Recommended diet: to consume *natural* foods because the human body is designed to absorb such food (8), food prescribed by sunnah like *ajwa* dates and *black seed oil* (kalonji) (8), and *wheat* and *water* (10).

Two actions that were objectivised were *injection* and *ingestion*. By nominalising these verbs, the focus was placed on the consequences of these actions which were said to be weakening the digestive system and causing intoxication. The use of these interactive actions help to understand the idea that poor health can be caused deliberately by lifestyle choices. Likewise, another representation that emerged was that bad health was self-inflicted. This idea was represented in the IC through the use of *agentialisation*, which is where the agent of the action is human. Agentialisation was used in the IC to show that humans allow themselves to be punched in the face such as in boxing and cause themselves ill-health by eating and drinking unhealthy foods and drinks. Each of these actions build the picture that ill health at times is self-inflicted. On the note of self-harm, Ammar elaborated:

> But if this is because people are not eating right [and] they're not checking their blood pressure they're not keeping their sugar levels under control then that's just stupidity

Similar criticism was shared by Imam Imran that people, instead of eating natural foods, recklessly consume products that are being promoted by fast food industries. Imran rhetorically asked the question: *"Why are people's organs failing these days? … and whose failure is that?"* Ammar believed that broadly speaking, organ failure could occur mainly due to the following two reasons:

> One is genetic you can't help that two because of an accident [that] happened something like you got stabbed or whatever but it's very rare Maybe I would say if there was a genetic problem or there was some sort of force that caused it then maybe you're excused

In light of the foregoing comments, three causes can be listed of which two can be excused i.e. genetic (subsection 2.2.3) and accidental organ damage, whereas keeping an unhealthy diet is viewed as being irresponsible.

I will now move on to present my analysis of the social actors[77] related to the topic of taking responsibility for one's health. Notably, two groups of people are suppressed (a) those who make ultra-digested foods, presumably large food industries, and (b) those who drink alcohol, a group simply referred to as *they*. Two social actors that are repeated intertextually include Allah and the Prophet. Firstly, *Allah* is described as the One who created and entrusted the human body. On the note of creation, a specific point was made by Imam Irfan about the long intestines being designed to allow time to digest, which was described to be more natural than seeking gratification by the administration of alcohol enemas. Secondly, the *Prophet* is described as someone who took care of his health and as someone who drank fresh camel milk.

Van Leeuwen explains that if the answer to the question "why should we do this?" includes "because a particular role model has this kind of behaviour or belief" then the legitimation strategy[78] is referred to as *role model authority* (van Leeuwen, 2008, p. 107). Using this lens, through a close reading of the texts, I found four instances across two texts where this legitimation strategy is used. Firstly, Asad described the Prophet with endorsing language as someone to be "very healthy" and "very much fit". Secondly, Imam Irfan praised the Prophet's dietary habits of drinking fresh camel milk. Furthermore, the Prophet is represented as a role model by two alims in two ways (a) by reference to the Prophet's sunnah (meaning mannerisms and traditions) to take care of one's health and (b) by quoting the Prophet saying that "if you have hair then you should comb it [and] not look like a devil". This hadith appears to be an exaggerated example to indicate that since the sunnah encourages one to take care of their appearance, taking care of internal bodily organs is even more important.

Likewise, Chihab also quoted a hadith which provides a broader understanding of health care from an Islamic perspective:

[77] A summary of the numerous representation strategies from Van Leeuwen's social actor framework applied in this chapter can be revisited in Table 7.1.
[78] A summary of the discursive construction of legitimation strategies mentioned in this chapter can be revisited in Table 6.1.

> The heart has great significance [from] an Islamic perspective you know that for example the famous hadith that if the heart is rectified in the body [then the entire body is sound] … what is the meaning of the heart? … I've mentioned that you know it's less to do with the physical heart but more [to do with] the spiritual heart

This comment is in reference to a hadith which explains that if the heart is kept healthy then the whole body would be healthy and if it is weakened or diseased then the whole body would suffer the same (Al-Bukhari, n.d.). Commentators of this hadith understand the heart in this context to refer to both the physical organ as well as the spiritual heart. This commentary implies that in order to make the point about maintaining a spiritual heart, the Prophet based the advice on the idea that is universally accepted, which is the importance of a healthy physical heart. Intertextually, by referring to the Prophet's ways and quoting him, the ulama present him as a role model for Muslims.

Using the Prophet as a role model authority, the above-mentioned ulama legitimised the idea that Muslims are to take responsibility for maintaining good health. The Prophet is described as having managed his health by drinking fresh organic milk, which in his geographic location happened to be camel milk. Whereas consuming alcohol through unnatural means and smoking are represented as unhealthy and as a betrayal of trust. The diet of the Prophet is represented as strongly recommended for those seeking a healthy diet, by including fresh and healthy camel milk, which is free of additional substances like additives or preservatives. The action that is legitimated, therefore, is that the Prophetic dietary choices should be followed. In the context of 21st century Britain, this argument was made by three ulama in the IC to delegitimate negligence in maintaining one's health by consuming unhealthy foods and drinks that contain non-nutritional and harmful substances.

The representation of the importance of health care shared by the participants discussed in this subsection is also in agreeance interdiscursively with Ghanbari & Bahadorimonfared (2020, p. 1) who point out that Muslims are required to "stay healthy, protect their physical, mental and social health, prevent diseases,

manage chronic diseases, and ensure their health after discharge from hospital". As such, the foregoing discussion establishes from an Islamic perspective that maintaining good health is part of fulfilling one's responsibility of taking care of the body.

Framing the importance of maintaining good health can be elaborated by the DHA topos of *responsibility*. This topos is realised by the conditional that "because a state or a group of persons is responsible for the emergence of specific problems, it or they should act in order to find solutions of these problems" (Reisigl & Wodak, 2005, p. 78). In the context of my study, the topos relies on the conditional that "because we are responsible for taking care of our health, we should act in order to find solutions for health problems". From an Islamic perspective, this topos in the foregoing discussion could be labelled as the topos of *amana* i.e. this topos relies on the conditional that "because the body is a trust from Allah, one should fulfil that trust by keeping the body healthy". On that basis, a theological argument for the Muslim community emerges as follows: maintaining good health is a way of fulfilling Allah's trust and it would be considered praiseworthy by Muslims. Therefore, if maintaining good health is done with the sincere intention to fulfil Allah's trust then such an act would be praiseworthy (Figure 6.4). Hence the conclusion that BSAMs should maintain their health with the sincere intention of fulfilling Allah's trust.

Having established that Sharia law emphasises the importance of maintaining good physical health, I sought to understand to what extent Sharia law places any responsibility on a patient to seek medical treatment when their health deteriorates. This exploration ties directly into the broader aims and research questions of the thesis, as it highlights the ethical and religious considerations influencing medical decisions and organ donation among BSAMs. By addressing these questions, we can better understand the intersection of religious principles and healthcare decisions, and how these factors shape organ donation discourse and decisions within the BSAM community. The next section will explore the data in the IC which provides guidance on what a Muslim is required to do from a sharia viewpoint when their physical health deteriorates.

7.5 Sharia viewpoint in the IC of the responsibility to seek medical treatment

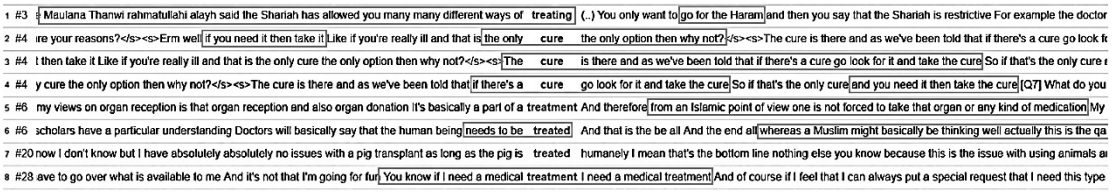
In this section, I examine the views of the participants in relation to the question: Does Sharia law place any responsibility on a patient to seek medical treatment? To gain a reasonable understanding of the religious responsibility to seek medical treatment, this section focuses on three aspects of seeking treatment from a sharia perspective: understanding the difference between cure and treatment (subsection 7.5.1), understanding clinical need (7.5.2), and the importance of a clinical outcome assessment before seeking the treatment (7.5.3).

7.5.1 Representations of cure and treatment in the IC

Turning to the IC, my initial search was for the lemma TREAT, for which there were 60 occurrences. Additionally, I searched for the lemma CURE which had 12 occurrences. Having examined these 72 occurrences across 20 texts, I excluded seven instances that were unrelated to medical treatment. For instance, the occurrence of TREAT in “Muslim doctors are treated badly in the NHS” was related to social treatment and not medical. I found the medical contexts in which cure and treatment was discussed to be related to three categories:

1) autonomy (27 occurrences, 40%) e.g. Anis: “I won't try and treat that”
2) reality (20 occurrences, 28%) e.g. Ishaq: “Organ transplantation is not seen as the cure it's seen as a treatment”
3) culture (18 occurrences, 25%) e.g. Ajmal: “in Islam you should treat the dead person in the same way as you would treat a living person”

This distribution shows that the participants focused mostly on the topic of autonomy. A further examination of the texts revealed that out of the 27 comments related to autonomy, 19 of these (72%) across seven texts (23% of participants) focused on matters related to seeking medical treatment. In Figure 7.5, I have selected eight comments from five participants, which will help to identify subthemes related to autonomy and seeking treatment. I will first explain the legitimation strategy used by participants and then analyse the related social actions.



1	#3	Maulana Thanwi rahmatullahi alayh said the Shariah has allowed you many many different ways of	treating	(..) You only want to go for the Haram and then you say that the Shariah is restrictive For example the doctor
2	#4	ıre your reasons?</s><s>Erm well if you need it then take it Like if you're really ill and that is	the only cure	the only option then why not?</s><s>The cure is there and as we've been told that if there's a cure go look fo
3	#4	t then take it Like if you're really ill and that is the only cure the only option then why not?</s><s>The	cure	is there and as we've been told that if there's a cure go look for it and take the cure So if that's the only cure
4	#4	y cure the only option then why not?</s><s>The cure is there and as we've been told that if there's a	cure	go look for it and take the cure So if that's the only cure and you need it then take the cure [Q7] What do you
5	#6	my views on organ reception is that organ reception and also organ donation it's basically a part of a	treatment	And therefore from an Islamic point of view one is not forced to take that organ or any kind of medication My
6	#6	scholars heve a particular understanding Doctors will basically say that the human being	needs to be treated	And that is the be all And the end all whereas a Muslim might basically be thinking well actually this is the qa
7	#20	now I don't know but I have absolutely absolutely no issues with a pig transplant as long as the pig is	treated	humanely I mean that's the bottom line nothing else you know because this is the issue with using animals a
8	#28	ave to go over what is available to me And it's not that I'm going for fur	You know if I need a medical treatment	I need a medical treatment And of course if I feel that I can always put a special request that I need this type

Figure 7.5. Concordance lines for TREAT and CURE in the IC

In concordance line 1, to legitimise seeking medical treatment, Imam Irfan represents Maulana Ashraf Ali Thanwi (d. 1943) as an expert authority. Maulana Thanwi (see footnote 12) is highly praised by Deobandi-affiliated BSAMs. For instance, Mufti Taqi (A renowned Deobandi Scholar from Pakistan[79]) mentions in the biography of his father, MSU[80], that the latter spent 26 years with Maulana Ashraf Ali Thanwi. Moreover, the honourification of “Hakeem ul-Ummah” was conferred on Maulana Thanwi by Deobandi ulama (Usmani, 1964). The title means the “Spiritual healer of the Muslim nation”. Moreover, his work *Bihishti Zewar* (Metcalf, 1997) is described to be “the most widely published Muslim publication on the subcontinent after the Quran” (Robinson, 2008, p. 263). Chakir, in his interview, referred to the scholar as “Mufti Ashraf Ali Thanwi rahmatullahi alay” where the honourification *mufti* precedes his proper name followed by the Arabic phrase which translates as - May Allah have mercy on him.

Taking Maulana Thanwi as an expert authority, Imam Irfan quotes him as saying that “sharia [law] has allowed you many many different ways of treating” (Figure 7.5, line 1). Maulana Thanwi, represented as an expert himself also legitimises seeking medical treatment using Sharia law as impersonal authority. Moreover, Maulana Thanwi’s view is corroborated and elaborated on by the views of five participants displayed above in Figure 7.5. The IC helps to identify three points made by three participants:

1) Seeking medical treatment is encouraged by the sharia itself (line 1). Imam Irshad, referring to a hadith, says that Muslims are told to seek treatment (2, 3, and 4). This legitimation is constructed by using expert and impersonal authority i.e. medical treatment should be sought because the

[79] Also discussed in subsection 2.4.4, 6.3.5, 6.4.3, and 6.4.5
[80] See 2.3.4

sharia and the Prophet Muhammad said so. Seeking medical treatment can be regarded a religious responsibility that arises from a sense of duty take to care of one's health.

2) Seeking medical treatment is encouraged only when there is a clinical need (lines 2, 4, 6, and 8). This viewpoint implies that where no clinical need is established, seeking medical treatment is not required; for instance, seeking treatment for minor illnesses is not mandatory.
3) In relation to life-threatening illnesses for which clinical need would be established, an exemption can be made for treatments that are prohibited in principle by Sharia law (line 5). This last point is important because it implies that Sharia law values life more than general prohibitions i.e. in order to save a life, exemptions allow the flexibility of allowing prohibited acts.

I will now discuss the social actions mentioned in Figure 7.5. In terms of van Leeuwen's discursive strategies, participant comments represent treatment and cure as objects instead of verbs, a strategy called deactivation objectivation (van Leeuwen, 2008, p. 63). The verb is presented in noun form so that the focus can be placed on a more important action. In this case, the noun *treatment* is represented as the object of several cognitive actions such as to *go for* (1), *take* (2,3,5), *look for* (line 3,4), and *need* (8,2,6). The subject of these actions is always agentialised i.e. the one engaged in these cognitive processes is always a human. There is also a goal to be achieved through the process which is to be cured of a disease. Treatment is also represented as a collaborative process in which HCPs offer the treatment (6) and patients consider the available medical options (8).

The foregoing discussion in the IC helps to foreground clinical need as a major factor in determining when seeking medical treatment becomes a religious responsibility. In the next section, I will explore representations of clinical need in the IC.

7.5.2 Representations of Dharura (clinical need) in the IC

To provide an overview of the concept of need from a sharia perspective, the term used for *need* is *dharura*. The term is derived from the Arabic noun *dharar* which means harm; dharura means having to bear this harm (Lane, 1863, p. 1777). Likewise, another derivative noun *idhtirar* means to have harm imposed upon someone, indicating a state of compulsion or necessity where an individual faces harm with little to no choice but to endure it. People might find themselves in a situation where they have no choice but to benefit from an option that is, in principle, prohibited and thus an individual may find themself in a dilemma whereby they feel they have to choose between pleasing Allah and maintaining good health. To remove the stigma of benefiting from a prohibited matter - in a state of idhtirar*,* the Quran categorically repeats the exemption to allow consuming food and drink items that are prohibited in principle.[81] Accordingly, Muslim jurists developed the ethical-legal maxim “al-dharuraat tubeeh al-mahduraat”*,* meaning “necessity permits that which is prohibited” (Deuraseh, 2022, p. 6, see also Figure 7.6, line 6). In Figure 7.6 are 10 occurrences from six participants (five ulama and one GP) in which dharura is discussed in the IC.

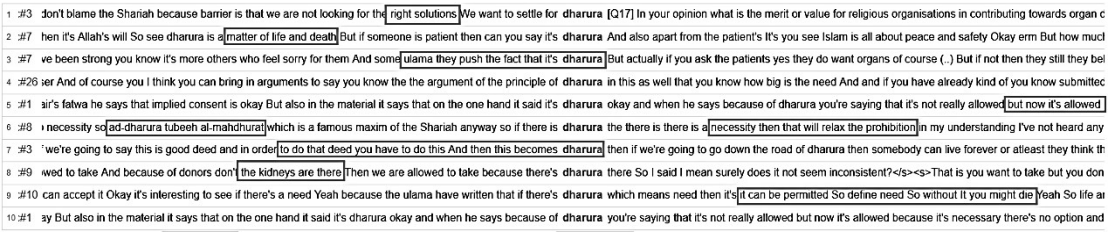


Figure 7.6. Concordance lines for *dharura* (need) in the IC

In the context of organ transplantation, the representation of the concept of dharura is a situation that is not ideal and requires alternatives and solutions (lines 1, 10); dharura applies to urgent and pressing circumstances related to death and safety (2), and also includes renal failure (8); Muslim jurists suspend sharia-based prohibitions during dharura (3, 5, 6, and 9), especially when medical treatment is the last resort (4), and there are no other options (10), and dharura is established when the purpose of seeking medical treatment is that once health is restored, the individual is able to do good deeds (7). In terms of van Leeuwen’s

[81] The Holy Quran: 2:173; 5:3; 6:119; and 6:145.

legitimation strategies, if an action should be done “because a person – because of their status or role - said so”, this legitimation strategy is known as personal authority (van Leeuwen, 2008, p. 106). In relation to dharura, Imam Irshad used personal authority strategy to legitimate seeking treatment:

> *Irshad* Well if you need it then take it like if you’re really ill and that is the only cure the only option then why not? The cure is there and as we’ve been told that if there’s a cure go look for it and take the cure so if that’s the only cure and you need it then take the cure

Imam Irshad’s comment is framed from the perspective of a collective group which is realised by the use of *we*. Taking an interdiscursive approach, I assumed that by *we*, Irshad meant Muslims based on the hadith which states: “Allah has sent down both the disease and the cure, and He has appointed a cure for every disease, so treat yourselves medically” (Al-Sijistani, n.d.). The personal authority strategy is realised by stating that one should seek medical treatment because the Prophet said so.

Despite the above comments highlighting the point that clinical need warrants an exemption, there appears to be a disparity between the belief that Sharia law encourages seeking medical treatment on the one hand yet on the other hand, the status quo of BSAMs (subsection 2.3.5) being that organ donation cannot warrant an exemption. Although an answer to this issue is not explicitly provided in the IC, the comment above by Irshad provides a clue in the conditional sentence *if that’s the only cure and you need it then take the cure*. Nevertheless, the exemption can be understood in Irshad’s choice of words wherein he uses the noun *cure* instead of its synonym *treatment*. Is a cure the same as treatment? If not, then does the exemption that is warranted by Sharia law based on clinical need apply to cures and treatments, or to just one of these?

To explore the difference, I analysed the use of the lemmas TREATMENT and CURE in the Spoken BNC2014 using WordSketch. I found that the lemma TREATMENT collocates with medical tools and methods such as *laser, nano-needle, non-surgical,* and *chemotherapy*. By contrast, the lemma CURE collocates with

adverbs including *miraculously, realistically, automatically,* and *absolutely.* As a noun, *cure* collocates with *disease* and *cancer*. As such the difference appears to be that TREATMENT is focused on the steps taken to eradicate a health problem without taking into account the clinical outcome. On the other hand, CURE appears to take into account the clinical outcome of the treatment and is used when the disease is actually eradicated. The Merriam-Webster dictionary also supports this distinction; the definition therein reads "Cure usually refers to a complete restoration of health, while treatment refers to a process or procedure that leads to an improvement in health or the recovery from injury*"* (Merriam-Webster, n.d.). Moreover, the Former Imam of the Great Haram mosque in Mecca, Sheikh Adil Al-Kalbani (SBC Channel, 2019) explained that on the one hand, "Shifa leaves no illness and on the other hand, dawa might or might not bring any change". The parallel in English and Arabic suggests that both languages make a distinction between the tools taken to bring about ending an illness (English: treatment, Arabic: dawa) and the end result when the illness has been eradicated (English: cure, Arabic Shifa).

Returning to the above-mentioned hadith relied on by Imam Irshad, Muslims have a sense of religious responsibility when they are made aware that a cure is available. Whether or not a treatment will bring about cure requires an assessment of clinical outcomes. I, therefore, examined the IC further to find representations of clinical outcomes to see the way such assessments determine the degree of religious responsibility for Muslims to seek medical treatments. Accordingly, In the next section, I will focus on the discussion in the IC related to clinical outcomes.

7.5.3 Seeking medical treatment based on assessments of clinical outcomes

The National Center for Advancing Translational Sciences (NCATS) has a foundational role in bridging biomedical research and patient care. Established in 2011, NCATS focuses on translating scientific discoveries into practical health solutions, addressing critical gaps in the process. In their "Toolkit for Patient-Focused Therapy Development", NCATS define *clinical outcome* to be "a measurable change in symptoms, overall health, ability to function, quality of life, or survival outcomes that result from giving care to patients" (NCfAT Sciences,

n.d.). Clinical outcomes are used in hospitals or at a doctor's office "to measure the success of care or to assess a person's response to an already approved treatment" (NCfAT Sciences, n.d.). I will now discuss the importance of considering clinical outcomes to help determine, from a sharia perspective, when medical treatment brings about a sense of religious responsibility for Muslims.

I approached my analysis of the discussion on clinical outcome by searching for the lemma OUTCOME in the IC. The search showed 10 occurrences across four texts, with 6 occurrences from Chaplain Chihab. After a wider reading of the texts, I found four additional texts focusing on clinical outcomes. The analysis in this section is based on data from a total of eight participants, which consisted of three imams, two chaplains, two HCPs, and an organ recipient. This range suggests that the importance of clinical outcomes is not exclusive to the participants that were HCPs.

Ikram You're allowed to do some things if they're going to work and you're going to save someone's life but if there is shakk there is doubt then …

Chakir So lots of different things that chaplains need to get a grip of and read lots of different schools of thought … and speak to doctors as well about trying to understand the medical framework …

Irshad And if it's a healthcare thing which I feel like a doctor will be more appropriate for this question I'll direct them to a doctor … Erm and in terms of prescribing medication if erm people asked me for what should I do for this? Then I wouldn't prescribe prophetic medication and direct them to a doctor

Entara They are quite reluctant to give a straightforward fatwa and they might give a clause to either consult a doctor

Using van Leeuwen's social actor framework, two social actors *doctors* (five mentions) and *chaplains* (once) are mentioned explicitly in the comments. Social actors that are backgrounded include muftis who write fatwas, and imams, which Irshad represents. Among the social actions mentioned is *doubt*, a cognitive action. Imam Ikram implies that if the treatment is "going to work" or that it is

"going to save someone's life" then seeking the treatment is permitted. However, the question arises, who makes the clinical assessment? Whereas Entara (as a physician) commented that muftis "might (expressing possibility) advise patients to consult a doctor, Irshad said (as an imam) that he "will" direct them to a doctor, indicating certainty. However, Chakir (a chaplain and someone who was more likely to be asked such medical questions than Irshad) responded that he would tell the questioner to "speak to doctors". A directive such as *speak to* carries the illocutionary force of suggestion or instruction (Han, 1999, p. 2). These actions indicate a shift of focus away from the ulama toward HCPs. The linguistic representations suggest that making clinical assessments is not the domain of the ulama but that of doctors. Nevertheless, the comments also indicate that the role of faith leaders is to signpost patients to medical doctors.

Moreover, the comments also imply that the role of Muslim jurists would not necessarily be to review the clinical evidence first-hand but instead to consult the expert opinion of a doctor. Focusing on HCPs in the IC, I found additional comments from three HCPs discussing levels of confidence:

Othman They're more likely to deteriorate They're more likely to actually succumb on the waiting list

Entara As an ENT doctor we come in where we can check the brainstem response You can check whether the brainstem is responding to noise to see if that part is functioning So based on that we can sort of predict … whether he would survive or not it won't be a 100% accurate but there is that I mean near … chance of him erm recovering is quite low

Badria I mean that can easily from a medical point of view be argued against the closer the matches the better chance … closer matches the better the chances of survival and better quality of life

All three comments are related to the probability of the success of a treatment. None of the three participants used language to indicate certainty. Instead, the clinicians used words and phrases like *more likely* and *won't be 100% accurate,*

sort of predict and described *chance* as being *quite low* or *better*. As such, the three HCPs chose vocabulary related to likelihood and probability. These comments suggest that to determine whether a treatment would be successful or not or whether the side effects would be certain, the probability of success must be determined by physicians and considered by Muslim jurists, and patients. Although the phrases mentioned do not provide a systematic way of measuring an outcome, the choice of words suggests that the threshold is not that HCPs determine a clinical outcome to be successful beyond reasonable doubt. Rather, the threshold appears to be related to a balance of probabilities. The decision to proceed with a recommended treatment, however, ultimately rests with the patient.

Although the IC does not contain a clear measure for determining a successful outcome, the comments examined in this section show that focusing on the outcome of a treatment is important. The IC also helps to recognise that the role of the ulama is to highlight the importance of considering whether or not an organ transplant will be successful before accepting or donating an organ. The ulama, however, avoid measuring outcomes and encourage relevant parties to first consult HCPs. In any case, should an HCP state with confidence that on the balance of probabilities, the outcome will be positive, then some ulama might argue that the exemption can be applied i.e. that organ donation and reception would be permitted; with the topos of amana (discussed previously in section 7.4) being the rationale for the exemption. The topos helps Muslims to understand the idea that because the body is in trust from Allah, one should fulfil that trust by keeping the body healthy – especially if on the balance of probabilities, receiving an organ will greatly improve the recipient's health.

The foregoing discussion has helped to answer the two questions raised at the end of subsection 7.3.3. To summarise, the underlying reason for seeking medical treatment is to maintain good health, which is understood as an entrusted responsibility from Allah (Q1). Sharia law places a moral responsibility to seek medical treatment for life-threatening illnesses when the outcome, on the balance of probabilities, could be that life can be saved (Q2).

Returning to Table 7.2, Wmatrix5 wordlist for category B3 shows a total of 276 occurrences of the lemma NHS with a relative frequency of 0.13, and DOCTOR with a total of 216 occurrences and a relative frequency of 0.10. This high frequency suggests that the IC has further discussion on the NHS and doctors. Therefore, in the next section, I have included an analysis of the representations of the NHS and doctors as the providers of the medical treatment being sought.

7.6 Representation of medical treatments providers

In this section, I discuss the way four social actors related to providing medical treatment are represented in the IC; these social actors are *medical doctors* (7.6.1), the *NHS* (7.6.2), the *UK Government* (7.6.3), and *Muslim doctors* (7.6.4).

7.6.1 Representation of medical doctors in the IC

Noting that the participants made the relation between clinical outcomes and medical doctors i.e. that clinical outcomes are assessed by medical doctors, I examined the participant's representations of medical doctors. Doctors were discussed by 25 participants. Wmatrix5 revealed the lemma DOCTOR in the IC to have a relative frequency of 0.10 with 216 occurrences. Turning to SketchEngine for a collocation analysis and using an MI measure of >3, I found the most informative collocates of DOCTOR to be *Muslim* (MI 6.31, 22 occurrences across seven texts, discussed in subsection 7.6.4), *know* (MI 3, 19 occurrences across 14 texts), *trust* (MI 6.51, seven times across six texts), *said* (nine occurrences, MI 4.67), and *death* (MI 3.89).[82]

The verb *know* collocated with DOCTOR 19 times. On closer examination of its use, I found that the verb was actually used in the phrase *you know*. If omitting this phrase in a sentence makes it incomplete then the phrase is used semantically. For example, interview question number seven was, - What do you know about Keira and Max's law? if the phrase *you know* is omitted, the remaining structure - What do about Keira and Max's law? - becomes grammatically

[82] The co-occurrence of *doctor* with *death* and *said* was mainly in the context of doctors having the role of verifying, declaring, and certifying a person as deceased. However, declaring an individual deceased is not within the scope of this chapter, which focuses on seeking medical treatment.

incorrect. In this instance, the function of *you know* is semantic, where *you* refers to the second person singular pronoun and *know* is the cognitive state of having knowledge. On the other hand, if by removing the phrase, the utterance remains grammatical, then the function of the phrase is pragmatic. For example, in the sentence, “They don’t ask about you know organ transplantation”. In this sentence, if the phrase *you know* is omitted, the remaining structure - They don’t ask about organ transplantation - remains a grammatically sound sentence and its meaning remains intact. As such, the phrase *you know* in this sentence is a discourse marker that has a pragmatic function to make conversation more engaging.

In terms of the pragmatic function of *you know*, Schiffrin (1987, p. 267) suggests that the phrase has two possible composite meanings: (1) information X is available to the recipient(s) of talk, (2) information X is generally available’. Exploring texts wherein “*you know* occurs can be helpful to learn about “general consensual truths which speakers assume their hearers share through their co-membership in the same culture, society, or group” (Schiffrin, 1987, p. 274). Moreover, the use of *you know* in arguments helps a speaker to present support for a disputable position (Schiffrin, 1987, p. 279). Figure 7.7 consists of seven truths where the information is negative, and is realised by the use of *you know*:

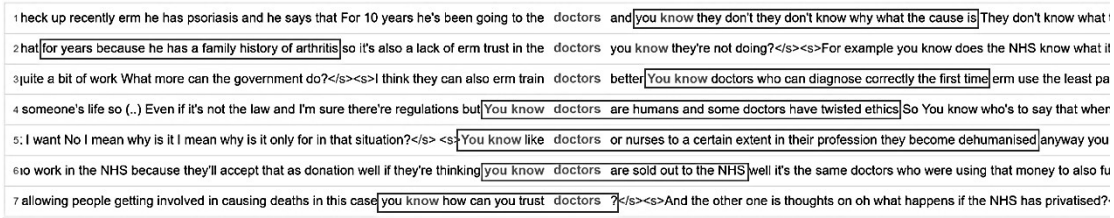


Figure 7.7. Concordance lines for the phrase *you know* used to indicate negative truths about doctors

The negative truths associated with doctors in the IC across five texts include the following ideas: that some NHS doctors are incompetent (line 2) because they are unable to correctly diagnose illnesses (1,3). Furthermore, some doctors are viewed as becoming *dehumanised* (5) and unethical for wanting to euthanise patients rather than save them (4). The speaker uses the discourse marker *you*

know to present the idea as agreeable that doctors can be unethical because they are human. Another general truth that appears to be accepted in the IC is that doctors have become dehumanised and unethical because they are under instructions from the NHS (6).

At this point in the analysis, a third question arises in addition to the two questions already explored: (Q3) Is the timing of seeking medical treatment for BSAMs affected by who provides the service? If so, an additional factor that affects the timing of seeking medical treatment would be that a group with particular characteristics must provide the treatment. I will, therefore, in the next section, analyse representations of the NHS in the IC to provide further context of the mistrust of the NHS discussed in the IC.[83]

7.6.2 Representation of the NHS in the IC

The discussion in the IC about the mistrust of the NHS and NHS doctors came from participants at particular moments using different choices of words and expressions. To locate these texts, I relied on close reading and annotations of the IC. Corpus methods are helpful in gathering quantitative information and what the IC data suggests as a whole. However, the discussion on NHS doctors did not follow a set pattern of words at group level and so the analysis required a qualitative approach by using close reading to examine individual contexts. To elaborate, the strongest collocates of NHS* in the IC in a span of 5:5 are *money* (MI 6.09), *save* (MI 5.33), *saving* (MI 5.18), and *privatised* (MI 8.95). These results suggest that the IC contained a language pattern wherein the NHS was focused on saving lives. Further examination of the collocates *save* and *saving* revealed that the object of saving was money rather than patients. Moreover, due to the rising costs of running the NHS (subsections 2.2.2 and 5.3.2), there were discussions around the possibility of the NHS getting privatised. In light of this quantitative information, the IC shows that some participants discussed the economic challenges faced by the NHS. However, this chapter is about seeking medical treatment and not NHS budgeting decisions. The quantitative data

[83] In subsection 7.6.4, I will return to representations of 'Muslim doctors' in the IC to help understand the way participants mitigate the concerns raised about doctors in general.

seems to give rise to the idea that perhaps the NHS is providing poor services to save costs. However, I knew this impression of the discussion around the NHS in the IC to be misleading. My understanding is based on the qualitative data which includes concerns the participants had of NHS doctors, which were actually related to non-financial matters. I have, therefore, presented below five texts selected from the IC related to mistrust which reflect this.

Ismail Especially after Brexit and you know since 9-11 and when 7/7 happened? So they do fear things like not like not being diagnosed properly Not deliberately but it's just maybe they feel like they're not (..) The doctors surgeons may not take them as seriously so there's a greater chance of negligence
In Morecambe just hear in Morcombe there was a there was a scandal erm And it's these things that put people off And I know the majority are not like this But again when it comes to the vaccines everyone's talking about Wakefield that's the reason why people are opting out It just takes one incident especially in a time erm when we trust the government the most One incident is enough to put everybody off

Entara Back in India like my place because of the private hospitals being quite like a corporate system there is this there's this fear that once you get into that system they might declare you dead just for the process of harvesting the organs I don't have any evidence for that … but that's one of the concerns they put forward

Chams There's a high level of distrust in this government there have been scandals there was the Alder Hey scandal how did it even get to that stage of the scandal when the government is responsible for hospitals also you notice during the coronavirus when the vaccines came out there was hesitancy among South Asians not because they are saying that vaccines are not good for you it's the you know its what's in it for the government?

Parveen Look at the Bristol heart scandal or the Mid Staffordshire or the Alder Hey a lot of these things happen because there were no quality assurance processes

Ismail There're also stories that go round of negligence For example there was a story about this nurse who accidentally threw away a kidney erm and then they found the kidney afterwards but it wasn't in the condition to be transplanted so the family sued erm the hospital … but I think it was in the US but that's not to say that it couldn't happen here But unless everything was going perfectly and there were none of these horror stories then maybe but then you still have those erm the uncertainty around organ donation which is a barrier

These comments contain discursive strategies that represent the attitudes that might exist in BSAM communities toward the NHS as well as toward the UK Government. Firstly, social actions include spreading of *stories*, especially *horror stories*, and the *suing* of a *hospital*, and leading members of the public being in *fear* of seeking medical treatment. In terms of social actors, *private hospitals* are described as *corporate systems* whereas doctors and surgeons are represented collectively as not taking their patients seriously or not diagnosing them properly. Moreover, a nurse was described as having "thrown away" a kidney. HCPs working in the hospitals are functionalised as doctors, surgeons, and nurses, which indicates that these are groups of people who think and make their decisions deliberately. On the other hand, the body which they work for is not a identified as a human but as a location (hospitals), which is a non-human social actor, lacking the ability to think. To explain underlying attitudes in representations, an analysis of the discourse prosodies of phrases can be helpful (Baker, 2006, p. 87). Accordingly, I turned to the Spoken BNC2014 to check the discourse prosody of corporate (discussed in subsection 7.6.2.1) and throwing away (in 7.6.2.2).

7.6.2.1 Discourse prosody of corporate

The Spoken BNC2014 contains 45 instances across 32 texts for the use of *corporate*. Examining these instances in context, I noted the following 11 lines which imply criticism:

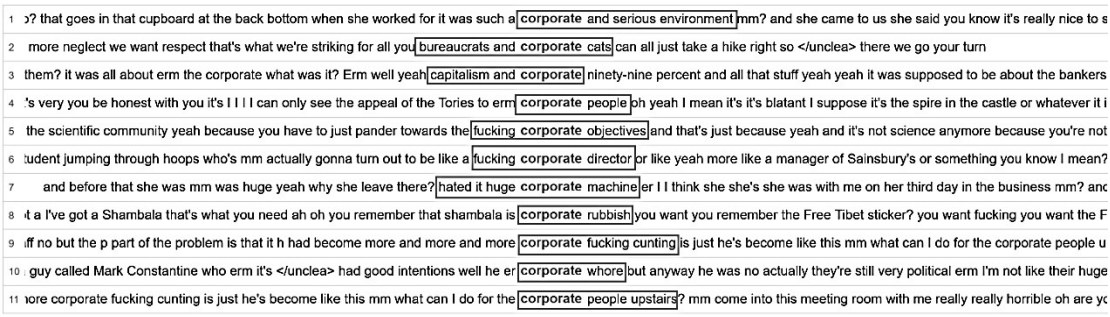
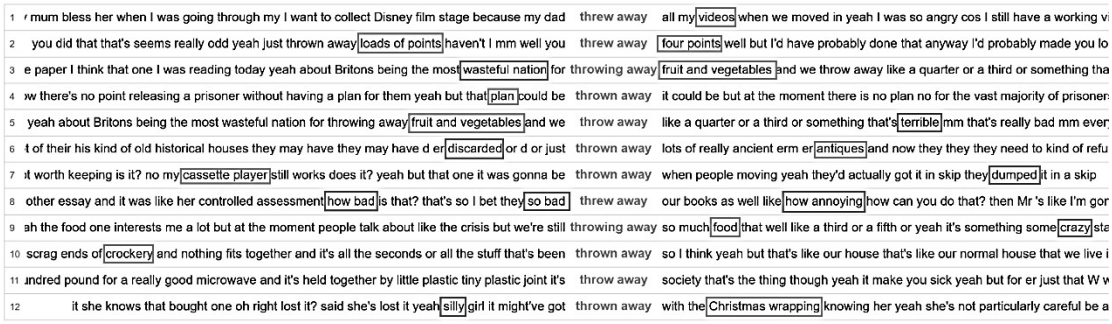


Figure 7.8. Concordance lines for *corporate* in the Spoken BNC2014

In Figure 7.8, *Corporate* as an adjective is used to describe *environment* (line 1), *people* (4, 6), and *machines* (7) and is also linked to the pejorative evaluations *hated* (7), *rubbish* (8), *cunting* (9), and *whore* (10). Furthermore, the word *fucking* is used twice (5, 6) as a modifier for corporate. Other words associated with corporate are related to strength and power; *bureaucrats* (2), *capitalism* (3), and *people upstairs* (11). The profile these concordance lines create of the noun *corporation* is that they are powerful organisations run by people who create an environment that is controlling, despised and hateful. Based on the use of the noun *corporate* in general spoken English, the same meaning of controlling in a hateful way could be inferred from the texts in the IC when the NHS and its managed service providers are described as “corporate systems”.

7.6.2.2 Discourse prosody of throwing away

Similarly, across 44 texts in the BNC2014 are 57 instances of the phrase to THROW AWAY. Looking through these instances in context, I observed 12 lines which implied unfortunate events.



1	r mum bless her when I was going through my I want to collect Disney film stage because my dad	threw away	all my videos	when we moved in yeah I was so angry cos I still have a working vi
2	you did that that's seems really odd yeah just thrown away loads of points haven't I mm well you	threw away	four points	well but I'd have probably done that anyway I'd probably made you lo
3	e paper I think that one I was reading today yeah about Britons being the most wasteful nation for	throwing away	fruit and vegetables	and we throw away like a quarter or a third or something tha
4	ow there's no point releasing a prisoner without having a plan for them yeah but that plan could be	thrown away	it could be but at the moment there is no plan no for the vast majority of prisoner
5	yeah about Britons being the most wasteful nation for throwing away fruit and vegetables and we	throw away	like a quarter or a third or something that's terrible	mm that's really bad mm ever
6	t of their his kind of old historical houses they may have they may have d er discarded or d or just	thrown away	lots of really ancient erm er antiques	and now they they they need to kind of refu
7	it worth keeping is it? no my cassette player still works does it? yeah but that one it was gonna be	thrown away	when people moving yeah they'd actually got it in skip they dumped	it in a skip
8	other essay and it was like her controlled assessment now bad is that? that's so I bet they so bad	threw away	our books as well like how annoying	how can you do that? then Mr 's like I'm gor
9	ah the food one interests me a lot but at the moment people talk about like the crisis but we're still	throwing away	so much food	that well like a third or a fifth or yeah it's something some crazy sta
10	scrag ends of crockery and nothing fits together and it's all the seconds or all the stuff that's been	thrown away	so I think yeah but that's like our house that's like our normal house that we live i
11	undred pound for a really good microwave and it's held together by little plastic tiny plastic joint it's	throw away	society that's the thing though yeah it make you sick yeah but for er just that W v
12	it she knows that bought one oh right lost it? said she's lost it yeah silly girl it might've got	thrown away	with the Christmas wrapping	knowing her yeah she's not particularly careful be a

Figure 7.9. Concordance lines for THROW AWAY in the Spoken BNC2014

Firstly, from the perspective of emotions, concordance line 1 describes an instance where the speaker felt *angry* because their father had thrown away all their videos. Line 2 also contains a sense of feeling *odd* when points were thrown away. In line 3, the speaker says that living in a "throw away society" is *sickening*. Secondly, some of the instances reveal the attitudes of the speakers. Subjects who throw away are represented as *wasteful* (line 3), *terrible* (5), *bad* (8), *annoying* (8), *crazy* (9), *silly* (12), and being *careless* (12). Additionally, throwing away is mentioned alongside the verbs *discarded* (6) and *dumped* (7). Examples in the Spoken BNC2014 of items that are thrown away include a *collection of films* (1)*, points* (2)*,* food items including *fruit* and *vegetables* (3)*, a plan* (4)*, antiques* (6)*, cassette player* (7), *books* (8), and *food* (9), *crockery* (10), and *Christmas shopping* (12). The general sense that can be gathered from these examples is that the items are valuable. Based on the use of the phrasal verb *throw away* in general spoken English, the same meaning of *wastefully* disposing of something valuable could be inferred wherein the phrase is used in a similar context. As such, a nurse working in a hospital is represented in the IC by Ismail as careless. The hospital is intertextually represented to act like a "corporate system" wherein doctors and nurses "declare people dead simply to harvest their organs". The healthcare system is also portrayed as being influenced by a powerful and controlling government.

Returning to the five comments quoted above at the beginning of subsection 7.6.2, they also contain discursive strategies related to time and space. In terms of time, the distrust appears to be increasing over a period, beginning with 9/11 (2001) and increasing after the London bombings on July 7, 2005. Both of these

events are also linked to the increased negative representation of Muslims in the British Press (Baker et al., 2013, pp. 102-103). The participants appear to suggest that such incidents might be the cause for the distrust some British Muslims' have of the UK Government and the NHS.

In terms of space, references were made to locations around the UK, especially the Northwest. For instance, one comment was related to Morecambe, a seaside town in the Lancaster district of Lancashire. The comment reads, *In Morecambe just hear in Morecambe there was a there was a scandal*. Other locations include Alder Hey, which was mentioned by three participants. Two other locations include Mid-Staffordshire and Bristol. The common link between all these locations is the occurrence of medical scandals. Notably, the IC contains 32 occurrences of the lemma SCANDAL across 13 texts. Taking into account these occurrences, the issue of mistrust appears to be a point of focus for 43% of participants. From the 32 occurrences of *scandal*, the strongest collocates within a span of 5:5 include *medical* (seven occurrences, MI 10.04) and *government* (five occurrences, MI 9.46).

Notably, in my analysis, I was unable to find any explicit negative association between scandal and the NHS although the implication is clear that the scandals took place within the NHS. Instead, scandals were attributed by participants to the UK Government. Looking through the lens of interdiscursivity, a plausible argument for the lack of association is as Gideon Skinner, Head of Political Research at Ipsos in the UK, said that "the NHS remains top of the lists of reasons to be proud to be British" (Ipsos Mori, 2016). Furthermore, Roger Taylor (Co-founder and director of research at Dr Foster[84]) writes:

> The NHS is part of our national story. It is part of our national myth. We think it says something important about who we are. We love our health service. We love it in a way that has no parallel in other countries. Compared with the rest of the world, few people in Britain call into

[84] *Dr Foster Intelligence* is an organisation that aims to make healthcare data better and improve the quality of care. They are the leading provider of healthcare information and benchmarking solutions in England - and increasingly, worldwide. Dr Foster is owned by the telecommunications company Telstra.

> question the healthcare system … It is not unusual to hear people protest that they "will not hear a word said against" the NHS. Criticism can quickly become blasphemy. (Taylor, 2013b, p. 7)

Furthermore, Baker et al. (2019, p. 5) highlight the fact that "Along with issues like education and immigration, it regularly features amongst the top three voter concerns in national surveys carried out in the run-up to UK General Elections". The participants in the IC also uphold this British value by not explicitly describing the NHS as scandalous but instead, hold the UK Government accountable for the scandals.

7.6.3 Representation of the *UK Government* in the IC

Relying further on close reading and interview notes, I noted the participants share historical and political scenarios to voice their concerns about the UK Government's poor approach to tackling Islamophobia in the UK. A standard 5:5 collocation span search, however, showed no relationship between the government and islamophobia because large amounts of text were produced to detail these scenarios. Gabrielatos & Baker (2008, p. 6) suggest that for close analysis of areas of interest at times would require expanding concordances and in some cases whole texts. The relationship between the words *government* and the lemma ISLAMOPHOBIA was detected in collocation when the search span was extended to 60:60 which displayed 13 co-occurrences across 5 texts shown in Figure 7.10.

1	#19	strust of the community and the government but it's not but	more another kind of layer	for the Muslim community is Islamophobia agenda erm you know the kind of
2	#2	ut free schools and faith schools but in the end it's they run it the way they want to run it Because look at this in an Islamophobic	and secular nation You now	suddenly want to start talking about faith I feel they are manipulating our vi
3	#6	to push a certain agenda Islam is good but there are other issues that	we need sorting out What is the definition of Islamophobia	for example you know why don't you support us in other ways first?</s><s>Erm So we're not going to h
4	#2	the	government need to realise the damage they are causing within the Muslim community	because otherwise an Islamophobic government cannot sincerely help Muslims even these Muslim mayors and councillors complain someti
5	#19	the leader of the	Scottish labour party So the Scottish government erm is more accessible to Muslims	yet we have Islamophobia here Absolutely I mean America had a black president doesn't mean anything in reality for the lived exp
6	#7	discrimination against female Muslim doctors this is partly because the	government erm has still not defined what Islamophobia is	so when when a Muslim is discriminated they'll just say Oh isn't It isn't it's not really Islamophobia it's
7	#19	member who did it but it was for in Scotland because we were always said oh your racism isn't as bad as Scotland	Islamophobia	isn't as bad as Scotland but actually no that's not the case In reality That's not the case It's changed Yo
8	#19	o because say more manual jobs or	auxiliary nurses or bank nurses And they face a lot of difficulties	here So yeah Islamophobia is everywhere I unfortunately But saying that I would rather live in Scotland and England in terms of the
9	#7	defined what Islamophobia is so when when a Muslim is discriminated they'll just say	Oh isn't it isn't it's not really Islamophobia	it's unfortunate it was just a banter or or whatever whatever it is I don't know But I think the government
10	#19	ı what comments some people have made is that the government is and again it ties back to what you're saying by Islamophobic	So until now Shariah in the media is something negative	It's something you know brutal it's backward it'
11	#12	ver then suddenly yeah you know here's your faith and it's all good but if you really	cared about us	then what about Islamophobia that needs to be addressed So that's it goes beyond healthcare and So there's a bigger problem here</
12	#19	our government you know So whether that's talking about vaccinations COVID response whether it's talking about Islamophobia	we can as the Muslim community it's easier for us to be at That table it's like easier access to get at tha	
13	#19	ause I can't I don't think I can answer that because we're not when you say that question to me you know issues of Islamophobia	you come into recently needs to come into a health inequality	needs to come into it And that whole syst

Figure 7.10. Concordance lines for ISLAMOPHOBIA collocating with GOVERNMENT in the IC

From the participants' viewpoint, members of the British Muslim community are represented as relying on the UK Government for *support* (line 3) and *care* (11), however, the British *media* (10) and the UK *Government* (4,6) are said to be *causing damage*. The Government is reported to be discriminating against *Muslim mayors* and *councillors* (4). The cause of Islamophobic crimes is described as being overlooked as a result of the Government's failure to define exactly what constitutes Islamophobia (3, 6). The Government is also represented as lacking seriousness regarding Islamophobic crimes; when a crime is reported on grounds of Islamophobia, the Government is described as likely to say, "Oh it's not really Islamophobia" (9). The discourse marker *oh* (subsection 5.4.2) could be inferred to mean frustration and disappointment of the participant with the Government. The future tense in "they'll just say" reveals a lack of trust - leaning toward the likelihood that the Government is inattentive to the concerns of British Muslims. The concern of British Muslims, therefore, is described to go *beyond healthcare* (11); the implication being that the NHS is only as good as the people that manage it i.e. the UK Government, which is described as the *bigger problem* (11).

Reisigl & Wodak's work (2012, p. 94, also discussed in subsection 3.5.2) describe intensification as a discourse strategy to emphasise ideas. Intensification is realised by the use of intensity markers such as particles (e.g. really and very). In Figure 7.10, a range of intensity markers are used. Scandals are reported to have added *more* mistrust and to have added *another* layer to the problem (1). Islamophobia is reported to have been experienced not only by *a lot of* (8) nurses but *even* by Muslim mayors and councillors (4). These intensification strategies show that the problem of Islamophobia is emphasised.

In terms of spatial discourse, the IC contains scenarios related to Islamophobic incidents that occurred across different locations in the UK. Scottish Asian Muslims are described as *facing* more Islamophobia (8) than their English counterparts despite their access to the Scottish Labour Party (5)[85]. Additionally,

[85] The interviews were completed in April 2022, a year later in March 2023, the UK saw the Scottish Asian Muslim Humza Yousaf as the First Minister of Scotland. The views of the

in terms of the discourse of time, the UK Government is further criticised in the IC for the timing of the law change on organ donation. The law change occurred during a time when the definition of Islamophobia had *still* not been defined (6) and when *health inequalities* were *recent* (13). Furthermore, at the time of the law change, Badriya (10) explains that the media had until that point portrayed Sharia law negatively. In light of this context, the Government at the time was characterised as having a right-wing agenda (1). Another criticism is expressed by Imam Imtiaz's use of the adverb *suddenly* (2) to suggest that Sharia law was previously never a consideration for the Government, however, to promote organ donation, they framed organ donation as an act of faith.

BSAM patients feel that doctors may not serve in their best interest. On this note, I broadened my analysis of ISLAMOPHOBIA in the IC (the previous search for Islamophobia was limited to when it collocated with government). I found 40 occurrences across 11 texts discussed by ulama as well as HCPs. In Figure 7.11, I have provided a sample of concordance lines that highlight some memorable cases of Islamophobia in the UK.

1	:#26	campaigns whether it's health-related whether it's you know any other event that related to the community advocacy	Islamophobia	awareness so they just want to be involved And of course health is one
2	:#3	and family support encouraging people to do sabr Nothing can be achieved without sabr and also tackle problems like	Islamophobia	Many people have problems at work they say I'm facing this problem I ha
3	:#25	you know it's not mahram so yeah I can imagine that being an argument some people would have as well There's also so much	Islamophobia	in the NHS And but I don't know whether like you just kind of accept it in
4	:#8	place you know? and is there an element of truth to this? that on the one hand you know people feel that erm there is a lot of	islamophobia	and undoubtedly there is you know but then on the other hand where it s
5	:#19	topic because I can't I don't think I can answer that because we're not when you say that question to me you know issues of	Islamophobia	you come into recently needs to come into a health inequality needs to c
6	:#20	We are here you know?</s><s>So it's the idea you want to promote I think those who you know who want to promote that concept of	Islamophobia	it does exist I'm not saying it doesn't but if they want to promote it and th
7	:#4	hear about mosques being attacked you hear about the mosque in Edinburgh that was petrol bombed There's so much racism	Islamophobia	in Glasgow and women face even more than men So what are the chan
8	:#19	I can't remember who did it but it was for in Scotland because we were always said oh your racism isn't as bad as Scotland	Islamophobia	isn't as bad as Scotland but actually no that's not the case In reality That
9	:#2	that the brain has stopped You know a lot of people would probably be worried about that because of all the racism and the	Islamophobia	that you have You know people would think that they would just declare
10	:#8	sort of akhlaq will is the I think the only way that this Islamophobia will truly then go down because on the one hand the	Islamophobes'	mentality is he or she is the enemy they are bad they are negative peopl
11	:#19	may do because say more manual jobs or auxiliary nurses or bank nurses And they face a lot of difficulties here So yeah	Islamophobia	is everywhere I unfortunately But saying that I would rather live in Scotla

Figure 7.11. Concordance lines for ISLAMOPHOBIA in relation to *government* in the IC

With regards to Islamophobia, the phrases *many people* (line 2) and *so much* (3) characterises Islamophobia by quantity i.e. Islamophobia exists to a high degree in the NHS and is experienced by many Muslim HCPs. Additionally, Islamophobia is reported to be faced even more by women (7). Behaviouralised interactive action is used to describe a mosque being attacked with a *petrol bomb* (7), and

participants, therefore, do not take into account any possible changes in attitude of BSAMs toward the Scottish Government after this political change.

the NHS staff facing *a lot of difficulties* (11). Behaviouralised interactive action helps to understand that these actions are caused deliberately by people.

Through the lens of van Leeuwen's (2008) discursive construction of purpose framework, a purpose of an action being to prevent something from happening is referred to as a goal-oriented purpose construction (van Leeuwen, 2008, p. 128, also discussed in subsection 5.4.3). Islamophobia is discussed in the IC in two ways: (a) for victims of Islamophobia to simply accept that such abuse is tolerated within the NHS or (b) for British Muslim HCPs to be goal-oriented and raise awareness of the existence of Islamophobia (6). Moreover, when concordance lines from Figure 7.10 are read in conjunction with those from Figure 7.11, line 7, more details can be realised. For instance, the discrimination against women (Figure 7.11, line 7) is believed to be caused by the Government not having defined Islamophobia (Figure 7.10 line 6). Likewise, Islamophobic incidents in Scotland (Figure 7.10, line 7) are described to have taken place specifically in Edinburgh and Glasgow (Figure 7.11 line 7). This additional information suggests that Islamophobic incidents have occurred at places of worship and against women - in highly populated cities.

Lastly, in relation to the discussion about Islamophobia in the IC, I looked at additional concordances lines wherein Islamophobia was discussed in a political context:

1	:#26	campaigns whether it's health-related whether it's you know any other event that related to the community advocacy	Islamophobia	awareness so they just want to be involved And of course health is one of
2	:#3	and family support encouraging people to do sabr Nothing can be achieved without sabr and also tackle problems like	Islamophobia	Many people have problems at work they say I'm facing this problem I hav
3	:#25	you know it's not mahram so yeah I can imagine that being an argument some people would have as well There's also so much	Islamophobia	in the NHS And but I don't know whether like you just kind of accept it in or
4	:#8	place you know? and is there an element of truth to this? that on the one hand you know people feel that erm there is a lot of	islamophobia	and undoubtedly there is you know but then on the other hand where it sui
5	:#19	topic because I can't I don't think I can answer that because we're not when you say that question to me you know issues of	Islamophobia	you come into recently needs to come into a health inequality needs to cor
6	:#20	We are here you know?</s><s>So it's the idea you want to promote I think those who you know who want to promote that concept of	Islamophobia	it does exist I'm not saying it doesn't but if they want to promote it and they
7	:#4	hear about mosques being attacked you hear about the mosque in Edinburgh that was petrol bombed There's so much racism	Islamophobia	in Glasgow and women face even more than men So what are the chance
8	:#19	I can't remember who did it but it was for in Scotland because we were always said oh your racism isn't as bad as Scotland	Islamophobia	isn't as bad as Scotland but actually no that's not the case In reality That's
9	:#2	that the brain has stopped You know a lot of people would probably be worried about that because of all the racism and the	Islamophobia	that you have You know people would think that they would just declare yo
10	:#8	sort of akhlaq will is the I think the only way that this Islamophobia will truly then go down because on the one hand the	Islamophobes'	mentality is he or she is the enemy they are bad they are negative people
11	:#19	may do because say more manual jobs or auxiliary nurses or bank nurses And they face a lot of difficulties here So yeah	Islamophobia	is everywhere I unfortunately But saying that I would rather live in Scotland

Figure 7.12. Concordance lines for ISLAMOPHOBIA in a political context in the IC

This set of concordance lines further helps to interpret previous concordance sets. With regards to the definition of Islamophobia, Sheikh Hakim Murad from Cambridge is nominalised. Another nominalisation is Lindsay Taylor, who is described as trying to get a definition approved at the Government level. These

two individuals are interesting in that neither are BSAMs. Sheikh Abdal Hakim Murad is an English imam (born Timothy Winter) and founder of the independent higher education institution Cambridge Muslim College (Jawad, 2012, p. 116). Lindsay Taylor is a Scottish Muslim who made news headlines in 2020 when she spoke out against Islamophobia in Glasgow, where she faced “Hitler salutes, terrorist jibes and [was even] spat on” (Hutcheon, 2020). The mention these two individuals in the IC intensifies the issue of Islamophobia in the sense that if a non-Muslim ethnically Scottish person faces criticism for speaking up against Islamophobia, then BSAMs are believed to be even more likely to face discrimination.

Badriya's remark points to an intersectional experience of discrimination: whereas a Scottish Muslim woman might face Islamophobia along with gender discrimination, an Asian Muslim woman is described as facing compounded discrimination on three levels—(i) ethnicity, (ii) faith, and (iii) gender.

In view of these comments, the participants shared their thoughts and views as HCPs, as BSAMs, and as citizens of the UK. In view of the representations discussed in this section, the key factor that the participants described that appear to have given rise to medical mistrust of doctors in the NHS is due to the occurrence of a series of medical scandals within the UK. Additional factors include the government allowing negative representation of British Muslims in the press and not making what the participants consider to be satisfactory effort to address Islamophobia. A survey by Azam et al. (2024) provides empirical evidence that supports the experiences and observations shared in the preceding discussion about Islamophobia. The survey results show that 40% of Muslim physicians in the UK felt targeted for their religious identity and 44% reported experiencing regular discrimination since completing medical school, which corroborates the personal experiences and societal observations about discrimination against Muslims in the IC.

This section focused on the social and political factors discussed in the IC that help to understand that the UK Government’s inaction against Islamophobia has to some extent given rise in BSAM communities to mistrust the government-led

NHS. A further examination of the impact of Islamophobia on the decision of BSAM to seek medical treatment from the NHS helped to understand that for BSAMs, who provides the service might have a bearing on when to seek medical treatment. To mitigate this concern, the participants focused on Muslim doctors. In the next section, I will examine further representations by participants to explore mitigation strategies used by participants to overcome the issue of mistrust.

7.6.4 Representation of Muslim doctors in general in the IC

In the IC, another strong collocate of DOCTOR* is *Muslim* (22 co-occurrences, MI 6.31). From these, *Muslim* occurred at position L1 16 times as an adjective of DOCTOR*. Figure 7.13 shows 10 instances across seven texts.

1	religious ulama the religious scholars in Islam the second most important group of people are the doctors So yes I think	Muslim doctors	and ulama should work together But find a good way of helping people not by cutting them
2	Hina Shahid who is from the MDA she's written this book called erm 'exclusion on the frontlines' and she talks about how	Muslim doctors	are treated badly in the NHS so when these experiences come out it's very difficult to pron
3	obably in masajid as well I assume So it could become a wider theme We have a network and an umbrella group of many	Muslim doctors	association or something So yeah So [Q18] In your opinion what role should the ulama pla
4	that so that might be a good place to talk about it not the masjid however I think if there are organisations like the MDA	Muslim Doctors	Association there's also BIMA If they reached out to the committees and said that here's a
5	have to survive for their survival They should have organ transplantation in a Shariah compliant way like a board of	Muslim doctors	could assist when a person is in dire need a board of Muslim doctors and muftiyane kiram
6	don't identify with Erm then you've got all these YouTube videos I thought those videos were good because those were	Muslim doctors	from BIMA who are South Asians Indians and Pakistani talking about organ donation prom
7	bunch of students there And obviously the hospital has Muslims in [anon] group which is basically I think around 40	Muslim doctors	in the hospital Yeah I think that's most of my erm Islamic communities community activity I
8	from a pig but this dr who was a Muslim Pakistani I think doctor who did this transplant in the USA I raise my voice that	Muslim doctors	they are brilliant doctor they are transplanting from a pig so why they are not shift their focu
9	ce an imam to collaborate to local doctors and ideally that's what would happen You know there's too much pressure on a	Muslim doctor	to make that decision because they may not understand the fiqhi aspects and it's too much
10	donation erm So yeah it's now definitely a changing but people still ask or assume and doctors don't necessarily know or	Muslim doctor	will not necessarily know either We need to educate our healthcare professionals as well [

Figure 7.13. Concordance lines for MUSLIM DOCTOR* in the IC

Through the lens of van Leeuwen's legitimation framework, I will explain strategies used by participants to represent Muslim doctors as playing a crucial role in helping to encourage BSAMs to seek medical treatment.

Van Leeuwen (2008, p. 127) explains that a goal-oriented action can be realised either explicitly by a purpose clause with *to, in order to, so as to* etc. or remain implicit. The latter type can be realised by inserting a purpose link. The comment in line 1 above reads that Muslim *doctors and ulama should work together*, and that Muslim doctors *reached out to the committees and said that here's a training erm for the mosques* (line 4) and *imam[s] to collaborate to [sic, with] local doctors* (9). However, these constructions lack a clear purpose link i.e. Why should Muslim doctors and ulama work together? Why did Muslim doctors reach out to committees? And why should imams collaborate with local doctors? In these instances, inserting a purpose link can help establish the goal. Taking each

instance in turn using intertextual cues, the following purpose links can be inserted:

> i. Local Muslim doctors should reach out to the mosque committees to provide training for the imams.
> ii. And so, Imams should collaborate with local doctors so that they can be trained.
> iii. Taking line 5, the purpose of the training is made explicit that *a board of Muslim doctors could assist when a person is in dire need*.

These comments legitimise the idea that to promote organ donation, Muslim doctors are required. A question that arises here is why the participants legitimate Muslim doctors as opposed to groups wherein individuals are Muslim but not doctors or doctors who are not Muslim?

Muslim doctors are described as a group that has position and authority within BSAM communities that makes it easier for them to support BSAMs. The same level of influence is not possessed by Muslims who are not doctors, or by doctors who are not Muslims. The authority of Muslim doctors is realised through the participants use of abstraction strategy. Van Leeuwen (2008, p. 126) explains that abstraction strategy is when actions can be moralised by means of “expressions which distil, from the actions to which they refer, particular, often seemingly peripheral aspects or qualities”. Participants in the IC legitimise the authority of Muslim doctors using role model authority (explained in section 7.4), which can be realised through representations of “significant others” in a “broader cultural environment” (van Leeuwen, 2008, p. 108). The significance of Muslim doctors as an authoritative group is realised in the IC through their existence as representative Muslim bodies. For instance, the Muslim Doctors Association (MDA) and the British Islamic Medical Association (BIMA, subsection 2.5.2) are regarded as two organisations of Muslim doctors that have authority because they represent BSAMs. This representation of Muslim doctors shows that their role of representing BSAMs is the way it is and is natural to BSAMs.

This representation of Muslim doctors forming organisations in the UK also suggests additional qualities that Muslim doctors are believed to possess. On the one hand, imams are not described in the IC as belonging to any organised group or a group that has addressed the issue of Islamophobia. On the other hand, Muslim doctors are aggregated as “40 Muslim doctors in the hospital” and also as a “network” and forming “an umbrella group”. The contrast suggests that Muslim doctors proactively make an effort to work in groups and then for these groups to work with each other.

Another difference that is represented in the IC between Muslim doctors and imams is through the construction of space. Imam Ismail explained that BIMA (2.5.2) reach out to mosque committees. This comment suggests that Muslim doctors and imams are in different spaces. However, BIMA is described to be a Muslim doctors’ group that made the transition and reached out to the mosques and to the imams but not vice versa. In this vein, imams are represented as being static. This direction of movement also suggests that Muslim doctors have shown a greater need to communicate with imams but not the other way round. From an intertextual viewpoint, imams have been described as directing patients to HCPs. The action of imams to redirect patients to Muslim doctors further legitimises the latter’s authority. Moreover, Imam Ismail praised Chairperson of the Muslim Doctors Association and GP Dr Hina Shahid for her work on “exclusion on the frontlines”.[86] This praise further suggests that addressing Islamophobia within the NHS is a role that Muslim doctors are better qualified to address rather than the ulama. Furthermore, Ajmal’s comment that “the second most important group of people” further legitimates the idea that the ulama are respectful of the authority of Muslim doctors in medical matters.

The categorisation of Muslim doctors helps to infer that individuals who possess both these characteristics are viewed by participants in the IC to have privileges that make it easier for them to influence BSAMs. Two privileges can be inferred from the IC. Firstly, the interview comments in Figure 7.13 suggest that BSAM

[86] The correct title of the document is ‘Excluded on the Frontline: Discrimination, Racism and Islamophobia in the NHS’ (Shahid & Ali, 2021).

communities are said to be better able to relate to Muslim doctors than non-Muslim doctors and that they are likely to have more confidence in the medical opinion of Muslim doctors than an assessment of a Muslim who is not a doctor. This representation is realised in Chams' comment that he found the NHS' promotional YouTube videos on organ donation *good* because they showcased Muslim doctors to promote the idea. Likewise, line 8, Asad relates to the faith of the doctor who performed the pig-heart transplant in the US and further relies on the surgeon being a Muslim to validate his opinion that Muslim doctors are *brilliant*. Imam Ismail explains that another privilege Muslim doctors are said to have is having greater access to mosque committees.

Returning to the issue of clinical outcomes, the IC helps to show that when there is mistrust of doctors, their medical assessment lack value, which in turn impacts negatively on the experience of BSAMs seeking medical treatment. Reisigl & Wodak's work (2012, p. 94; see also subsection 3.5.2) describes mitigation as a discourse strategy to downplay ideas. Mitigation can be realised qualitatively in arguments. In the IC, a mitigation strategy can be realised in the argument put forward by participants that finding a Muslim doctor (at least such a doctor for a second opinion) might help to alleviate concerns. To note, the criticism against the NHS might give the impression that no doctor in the NHS can be trusted. Yet such an outlook would be an oversimplification. On closer examination of the IC, the discussion focuses on the steps BSAMs can take to remain positive and ensure that they are being offered the best medical treatment. The representation of Islamophobia helps to show that a BSAM might be afraid that a doctor might not serve in their best interests. However, the positive representation of Muslim doctors in the IC provides the insight that consulting a Muslim doctor could help mitigate those fears. In relation to countering and mitigating fears, Ahmad suggested that:

> *Ahmad* Maybe one thing that could be included in the literature [are] case studies … maybe more testimonials or just having more community events where people who've received organs or are in needs of organs - the imams need to see them

Muslim doctors, however, are not represented in the IC as being knowledgeable about Sharia law. The IC helps to show that although a patient might be unable to change this reality, Muslim doctors, on the other hand, could be more proactive on a social level by educating themselves on matters of Sharia law by visiting the ulama.

7.7 Conclusion

The appeal for organ donation in England could be supported by having a clear justification for organ transplants. Based on a corpus analysis using Wmatrix5, I found the issue of seeking medical treatment in the IC to be considered in depth by participants. Using the statistical data offered by Wmatrix5 as a starting point, I used a range of corpus tools to assist with CDA approaches to analyse the discourse on seeking medical treatment in the IC. My analysis of this discourse revealed further support for the interdiscursive idea that Muslim jurists believe that taking care of one's health is a religious responsibility. The obligation of seeking medical treatment to improve one's health, however, depends on the balance of probability that the treatment would be successful. The IC also helps to recognise that according to the participants, medical treatment should be sought when doctors agree that a medical treatment has a high chance of success in saving life or significantly improving the quality of one's life. Should a patient develop mistrust based on experiences of Islamophobia, then the participants recommended that the opinion of a Muslim doctor be sought. An assessment of a clinical outcome can be reviewed by the ulama to further assess if an exemption can be applied to treatments that are generally viewed as prohibited.

Chapter 8: Conclusion

8.1 Chapter overview

In this study on the discourse on organ donation in the UK, I sought to understand the way the NHS presented the organ donation material to British South Asian Muslims (BSAMs). The outcome of the NHS's appeal for organ donation was anticipated to be positive if the interview participants from the BSAM community promoted organ donation. Alternatively, if the participants discouraged the idea of organ donation, this could indicate that the NHS' appeal on organ donation has been unsuccessful in the BSAM community. In this chapter, I answer the following research questions, which help to explain the findings of my study:

Textual level:
RQ1. How are keywords used by the NHS and BSAM to represent the organ donation material?
RQ2. What do discursive patterns reveal about differences and similarities in organ donation discourse between the NHS material and the Interviews Corpus?

Discursive level:
RQ3. What are the underlying arguments in the NHS promotional material and the interviews corpus, and in what ways are they being reproduced by the participants?
RQ4: What do these arguments reveal about how organ donation is perceived by BSAMs?
RQ5. How do the representations of social actors by participants contribute to the discourse on organ donation within the BSAM communities?

Social level:
RQ6: What do representations of arguments and social actors reveal about BSAM attitudes toward organ donation?

After discussing these research questions, I revisit the two overarching questions that I was concerned with in this thesis:

i) How was organ donation presented to British South Asian Muslims (BSAM)? (8.8)
ii) What impact did the NHS promotional material have on the attitude of BSAMs toward organ donation? (8.9)

After discussing the findings, I share my reflections on my methodology for this study (8.10). I then discuss the limitations of my methodology (8.11).

I then conclude the thesis with some recommendations for future research (8.12) along with recommendations for the NHS Blood and Transplant (NHSBT) team, Muslim scholars, Muslim healthcare professionals (henceforth HCPs), and the Government (8.13).

8.2 RQ1 - Keywords

RQ1. How are keywords used by the NHS and BSAM to represent the organ donation material?

To explore the way keywords are used by BSAM participants to represent organ donation, I employed the corpus-assisted critical discourse analysis (CA-CDA) approach (3.8), using Wmatrix5 to categorise words into semantic domains (3.8.1.5 and 5.3.2). This method helped identify distinctive themes and topics within the IC. A comparison with the NHSBT site highlighted two primary focus areas in the IC: 1) religious beliefs and 2) seeking medical treatment for specific failing organs.

Firstly, in relation to religious beliefs, participants referred to religious texts and authorities to seek guidance on organ donation. Terms like *halal, haram, Allah subhanahu wa Tala, the Prophet, Quran, hadith, and fatwa* are frequently mentioned (Table 6.3), demonstrating that attitudes are framed within the context of what is permissible (halal) and forbidden (haram). For instance, Imam Imran's comment, "Unless you don't look for alternatives you'll always be stuck at the

haram" shows that the discourse on organ donation was guided by comparing the halal with the haram (6.4.3). The frequent references to religious terminology indicate that attitudes toward organ donation are deeply rooted in religious beliefs and teachings, which highlights the importance of sharia rulings in the discourse on organ donation for BSAMs.

The word *fatwa* and its variants occurred 157 times in the IC (Table 6.3). The collocation analysis (3.8.1.4) showed strong associations with the proper nouns of two muftis *Zubair, Shafi,* and the institute of *Deoband*, (see footnote 12) indicating the centrality of these social actors in the fatwa discourse (6.3.5). Reference to respected religious figures Mufti Shafi Usmani (henceforth MSU) and Mufti Zubair Butt (henceforth MZB) shows that their verdicts shape the community's stance on organ donation.

In addition to religious beliefs, practical considerations also played an important role in the way the participants responded to the NHS's appeal for organ donation. Keywords related to anatomy such as *heart* (co-occurring with transplant 40 times across 20 texts) and *kidney* (co-occurring with transplant 27 times across 11 texts) helps to see that the participants reflected on the practical considerations and concerns of the BSAM community related to organ transplantation (7.3.2, Figure 7.2). For instance, Ammar (an alim[87]) stated that "heart transplant - you need a transplant" (7.3.3). Such emphasis on hearts as well as kidneys rather than other organs like tissue or pancreas suggests a prioritised importance based on perceived necessity in the community.

This analysis reveals that the interplay between religious beliefs and practical considerations shapes the BSAM community's discourse on organ donation. The acceptance of fatwas that permit organ donation under certain conditions might encourage BSAMs to reconcile their faith with the need for medical intervention. By considering both religious and practical aspects, the participants shared their thoughts to relate to information that is not only medically sound but also spiritually fulfilling, reflecting the multifaceted nature of their identity and values.

[87] The role of each participant is discussed in 5.2.1. For instance, Ammar, Adam, Asad, Ahmad, Aliya, Asad. The difference between an alim, a mufti, and a chaplain is discussed in 2.3.

8.3 RQ2 – Similarities and differences

RQ2. What do discursive patterns reveal about differences and similarities in organ donation discourse between the NHS material and the Interviews Corpus?

The analysis of key semantic domains (3.8.1.5) from the NHSBT site and the Interviews Corpus (IC) reveals notable similarities and differences in the way organ donation is discussed and represented by these sources.

8.3.1 Similarities in Discourse

The analysis of key semantic domains from both the NHSBT site and the IC reveals a shared understanding of the financial considerations and the importance of organ donation in saving lives (and the necessity of efficient budgeting, suggesting that financial sustainability is crucial for promoting organ donation in the UK. While the NHSBT site emphasises the need for efficient budgeting and cost-saving measures, the participants appreciate the economic rationale behind the NHS's outreach to various faith communities. Additionally, the IC contains discussions of the religious and ethical imperatives to maintain health through organ donation, emphasising successful treatment outcomes (7.5.3). This convergence illustrates a common goal of promoting organ donation in order to benefit individuals and the wider community.

8.3.2 Differences in Discourse

Key semantic concepts from the NHSBT site are more focused on statistical data, financing, and regulatory compliance (Table 5.6). This pragmatic approach contrasts with the IC, which discusses specific organs and ethical considerations, reflecting practical concerns about transplant success and moral implications. For instance, the NHSBTs focus on cost-saving and budgeting indicates an institutional approach, while the ICs focus on specific organs like heart and kidney alongside issues related to trust emphasises personal and ethical considerations.

Additionally, the IC includes detailed discussions on specific organs and metaphysical concepts like the soul. For instance, Chaplain Chihab said, “The departure or the removal of the soul from the body - but then what that means?”

The chaplain shows that the timing of the departure of the soul is an added factor to be considered from an Islamic jurisprudential viewpoint (5.3.1). This reveals participants' practical considerations about the moral implications of organ donation. For instance, Chaplain Chakir questioned the efficacy of animal organ transplants compared to human organs, indicating a practical approach to understanding the demand for transplantable organs (7.3.1).

Moreover, the IC emphasises the need for trust-building, especially in the context of Islamophobia. (7.6.3, Figure 7.10, 7.11, and 7.12). Chaplain Chams highlighted that in the BSAM community “There’s a high level of distrust in this government” due to “scandals” (7.6.2). This distrust leads to reluctance in engaging with organ donation, as individuals fear that their needs may not be prioritised. Participant comments in the IC highlight the necessity of establishing a foundation of trust before engaging in discussions about organ donation (7.6.4). The perception represented in the IC that the government does not respect cultural values is a barrier to organ donation (7.6.3). This concern calls for the NHS to build trust through culturally sensitive communication. Accordingly, the IC reveals the complex interplay between trust, cultural values, and the healthcare system.

By contrast, the NHSBT site implies that medical professionals should be trusted based on regulatory compliance and quality assurance. The NHSBT site does not focus on individual responsibility or trust-building, implying that medical professionals should be trusted. For instance, the NHSBT site reads, “We are accountable to the Department of Health for the standard of our products and services” (NHSBT, n.d.-b). The NHSBT site primarily focuses on regulatory compliance, quality assurance, and the collective responsibility of the healthcare system. For instance, the site emphasises the importance of adhering to strict regulations set by external agencies like the Care Quality Commission (CQC) and the Human Tissue Authority (HTA). Accordingly, there is less emphasis on individual responsibility or trust-building with patients.

Overall, the presence of more differences than similarities in the organ donation discourse between the NHSBT site and the IC is meaningful because it highlights

the multifaceted nature of the discourse. While both sources share common goals in promoting organ donation, they differ in their focus and approach. The NHSBT site adopts an institutional and regulatory perspective, emphasising financial and compliance aspects, whereas the IC explores personal, ethical, and cultural considerations, highlighting the importance of trust-building and community engagement. Recognising and addressing these differences is crucial for developing effective communication strategies that resonate with BSAMs and promoting organ donation more successfully.

8.4 RQ3 – Underlying arguments

RQ3. What are the underlying arguments in the NHS promotional material and the interviews corpus, and in what ways are they being reproduced by the participants?

The objective of RQ3 is to elucidate the underlying arguments related to the promotion of organ donation among the BSAM community. The study reveals two key arguments: (i) the intention to please Allah (6.3.1) and (ii) the moral responsibility to seek medical treatment (7.5.3). These arguments are constructed and reinforced through authoritative religious discourse, shaping the community's perceptions and practices around organ donation.

8.4.1 Intention (Niyyah)

This argument focuses on the significance of intentions, or *niyyah*, in determining the moral permissibility of organ donation. Islamic teachings assert that actions are judged by their intentions (6.3.4), making niyyah a pivotal factor in the discourse. Participants articulate that the intention behind donating organs should be altruistic and aimed at pleasing Allah (6.3.1). Accordingly, the concept of niyyah is not merely a procedural formality; it embodies the deeper spiritual and ethical motivations behind the act of organ donation.

Othman noted, “the ethos of Islam promotes it… you are saving somebody's life”, connecting organ donation to spiritual rewards and suggesting that the moral value of the act is enhanced when performed with the right intention. This perspective aligns with scholars and fatwas, which highlight the interpretation that

donating an organ with a sincere intention is considered noble and charitable (6.3.1). Participants indicated that as long as the intention serves a higher moral purpose, the act itself is justified, irrespective of clinical outcomes (6.3.4).

The discussion on niyyah, derived from interviews and texts, reveals that participants' views are influenced by traditional Islamic teachings and contemporary interpretations. This nuanced understanding of intention contrasts with rigid interpretations focusing solely on the act of organ donation, allowing for a more flexible and compassionate approach to organ donation. The argument for niyyah bridges religious obligations and modern medical practices, advocating for a perspective that prioritises the moral and spiritual dimensions of organ donation.

8.4.2 The moral responsibility to seek medical treatment

The second underlying argument revolves around the religious responsibility to maintain health and seek medical treatment, which extends to organ donation. At the textual level, interviews frame organ donation as an act of faith. The emphasis on *amana* (trusted responsibility, 7.4, Figure 7.3) positions seeking medical treatment, including organ donation, as a religious obligation, particularly when there is a high probability of success (7.5.3). This aligns with Islamic principles that prioritise the preservation of life (Figure 4.2).

Islamic teachings and historical fatwas reinforce this argument, highlighting health as a sacred duty (7.5.1). These texts serve as intertextual references, legitimising the act of seeking medical treatments. The discourse suggests that seeking medical treatment is not merely a personal choice but a religious obligation rooted in Sharia law (7.4). The IC portrays Sharia law as encouraging Muslims to seek treatments when needed; treatments that are generally considered impermissible, justified by the concept of *dharura* (7.5.2, Figure 7.6), which allows exceptions in cases of serious health risks.

This moral responsibility to seek medical treatment is articulated through authoritative participants such as imams and scholars, who cited hadiths and Quranic verses to legitimise seeking medical care (Table 6.3 and 7.5.1).

Justifying the pursuit of medical treatment, such as seeking organ transplants, lays the foundation that inherently promotes organ donation. For instance, Lamya commented, “if you are happy to receive it why? You know it is coming from somewhere … What's stopping you from donating it?” Lamya’s comment highlights the expectation that individuals should not only accept medical help but also contribute by donating organs, reinforcing collective moral responsibility.

Overall, the IC helps to understand that the discussion of organ donation in the BSAM community is shaped by underlying arguments of religious responsibility and intentions. These arguments are constructed through authoritative religious discourse, emphasising the duty to maintain health and seek medical treatment, and the significance of niyyah. The integration of these arguments into the community's religious and ethical framework promotes organ donation as a commendable and morally significant act, transforming a potentially contentious issue into one of community benefit and spiritual fulfilment.

8.5 RQ4 – BSAM perception of organ donation

RQ4: What do these arguments reveal about how organ donation is perceived by BSAMs?

8.5.1 Intention

In terms of Searle's (1976) speech acts (see 3.3), an *expressive* is a speech act that conveys the speaker's feelings or attitudes (Searle, 1976, p. 12). For instance, by apologising, congratulating, or thanking, the speaker conveys appreciation, approval, or other reactions towards a situation. Expressives help to signal values and expectations and reinforces the importance of practices and encourages others to follow suit. An example of an expressive in the IC in relation to organ donation can be found in participant Adam’s (an alim) citation of the Quranic verse “saving a life is like saving all of humanity” (Figure 4.2). Participants expressed feelings of moral obligation and spiritual fulfilment associated with organ donation when performed with the intention of pleasing Allah (6.3.4). This emotional dimension reinforces the idea that organ donation is not only a practical decision but also a deeply personal and spiritual one.

Using Reisigl & Wodak's Discourse Historical Approach (DHA), the argument for organ donation is legitimised by the topos of theophilia (6.3.1) and contextualisation.

The discourse employs the topos of theophilia, which posits that actions should be performed with the intention of seeking Allah's pleasure (Figure 6.4). This framing legitimises organ donation as a morally commendable act, as it aligns with the Islamic principle that deeds are judged by intentions (6.3.1). Additionally, the topos of usefulness (6.3.4) emphasises the positive outcomes of organ donation, such as saving lives and contributing to public welfare, further legitimising the act within the community.

The discourse situates organ donation within the broader context of Islamic teachings and cultural values. By referencing religious texts and principles, such as the importance of saving lives (Figure 4.2), the argument provides a framework that legitimises organ donation as a moral and ethical act. The discourse further draws on historical narratives and examples from Islamic history that emphasise charity and altruism (6.3.4). The historical context reinforces the legitimacy of organ donation as an extension of these values.

8.5.2 Seeking medical treatment

The argument of the morality of seeking medical treatment indicates that this act is not only a personal choice but also a religious responsibility, as emphasised by the participants in the study (7.5.3). This perspective aligns with the Islamic principle that maintaining good health is an amana meaning a divine responsibility entrusted by Allah to every individual (7.4), which legitimises the act of seeking medical treatment, including organ donation, as a moral obligation (7.5.3).

Interpreted through Reisigl & Wodak's Discourse Historical Approach (DHA), the discourse employs the topos of amana (responsibility, 7.4), which posits that seeking medical treatment, including organ donation, could be considered a moral obligation rooted in Islamic teachings. This framing legitimises organ donation as a commendable act, as it aligns with the principle that one should preserve life and health (Figure 4.2). Additionally, the topos of benefit (6.3.4)

emphasises the positive outcomes of organ donation, such as contributing to public welfare, further legitimising the act within the community.

The discourse further addresses counter-narratives and concerns about organ donation, such as mistrust in the healthcare system (7.6.2) and fears of exploitation (2.3.4). By acknowledging these concerns and emphasising the value of seeking medical treatment, the argument seeks to mitigate fears (7.6.2) and promote a more positive perception of organ donation.

Overall, the argument of intention and the argument surrounding the morality of seeking medical treatment indicates that organ donation is perceived by the BSAM community as a morally significant act. The emphasis on *niyyah* not only shapes individual attitudes towards organ donation but also calls for a more culturally and religiously informed approach to public health initiatives aimed at increasing donor rates within this community. The expressive speech acts found in the IC contribute to legitimising organ donation, while Reisigl & Wodak's DHA approach contextualises the argument within historical, social, and cultural frameworks, ultimately supporting the notion that organ donation can be represented as a commendable act when performed with the right intentions.

8.6 RQ5 – Representation of social actors

RQ5. How do the representations of social actors by participants contribute to the discourse on organ donation within the BSAM communities?

The representations of social actors by participants in the BSAM communities play a crucial role in shaping attitudes and perceptions regarding organ donation. These representations are influenced by cultural, religious, and social factors.

8.6.1 Muftis and imams

The representation of social actors reflects the existing social hierarchies within the BSAM community. Participants discussed how the opinions of higher-status figures, such as muftis, carry more weight than those of laypersons (2.3). The discourse highlights the significant role of imams and religious scholars as key social actors within the BSAM community. Participants often refer to the opinions

and fatwas of influential figures who are represented either as authoritative voices supporting or opposing organ donation, which affects community perceptions and decisions. The two most important social actors identified in relation to fatwas are MSU (6.4.2) and MZB (6.4.4).

MSU's fatwa against organ donation is viewed as a strong deterrent (6.4.3). Asad's (an alim) comment reflects this aspect by saying, "the majority of South Asian scholars… consider organ transplantation prohibited" (2.3.5 and 6.3.5). This representation of religious authority as a barrier reinforces the perception that organ donation is not aligned with Islamic teachings, thereby discouraging BSAMs from considering it. However, the data in the IC shows that participants challenged this status quo by highlighting scholars who support organ donation. For example, framing organ donation to be permissible based on the principle of saving lives (Figure 4.2) shifts the discourse towards a more positive view. As an authoritative text, MZB's work is considered a *fatwa* (Figure 6.6*)* and provides a permissive stance, which can be seen as a potential pathway to the acceptance of organ donation by BSAMs (6.4.5).

This dual representation of prohibition and permissibility illustrates the complexity of religious authority in shaping community beliefs. Nevertheless, educational institutions are other social actors that are represented as safe spaces to provide further support in favour of organ donation.

8.6.2 Educational Institutions

Mosques were mentioned as platforms for educational sessions and workshops aimed at raising awareness about organ donation (7.6.4). These institutions were viewed as safe spaces for learning and discussion in which misconceptions could be addressed and accurate information could be disseminated. By involving mosques, the participants aimed to create a supportive and inclusive environment that encouraged organ donation among BSAMs.

8.6.3 Healthcare Professionals

Doctors and transplant surgeons are represented as important actors in the organ donation process (7.6.2). These professionals are portrayed as social actors who

can either build trust or increase scepticism. For instance, Dr Badriya (also a Member of the Blood and Organ donation team) expressed confidence in the NHS and its regulations, stating that “the system that we have is an ethical and fair system”. This positive representation encourages individuals to view organ donation as a safe and beneficial practice. However, there are also representations of mistrust towards HCPs, particularly regarding concerns about exploitation and medical negligence. For example, horror stories about medical negligence (7.6.2) can shape distrust towards healthcare providers, which in turn influences the community's willingness to engage with organ donation initiatives. The way these narratives are framed can either perpetuate fear or encourage dialogue about the benefits of organ donation (7.6.2). Such representations can contribute to a narrative of scepticism to engage in organ donation.

To address the scepticism, BSAM NHS staff, including doctors, nurses, and other HCPs, were identified as important social actors in outreach and education (7.6). They were portrayed as empathetic and dedicated professionals who understood the cultural and religious sensitivities of the BSAM community. Their presence is portrayed as helping to build credibility and trust within the healthcare system for BSAMs, making it easier to convey the medical and ethical benefits of organ donation to BSAMs. Organisations like the British Islamic Medical Association (BIMA) and the Muslim Doctors Association (MDA) were also mentioned (7.6.4, Figure 7.13). These voluntary organisations are represented as advocates for BSAM communities, working to amplify their voices, influence policies, and promote equality, diversity, and inclusion within the NHS. Their efforts are seen as ensuring that the concerns and needs of the BSAM community are recognised and addressed.

8.6.4 Community members with lived experience

The discourse also includes representations of community members, particularly those who are potential recipients of organ donations (7.5.3). Participants often emphasised the human aspect of organ donation by sharing stories of individuals in need, which evoke empathy and a sense of moral obligation. The portrayal of community members who have successfully donated or received organs serves as a powerful source of testimonials that normalise the practice. Participants who

share personal experiences, such as donating a kidney to a family member (7.3.2), help to demystify the process and encourage others to consider organ donation as a viable option.

The discourse also reflects a collective identity among BSAM participants, where social actors are represented in ways that emphasise community values and shared beliefs. This representation provides a sense of solidarity and encourages community engagement in discussions about organ donation. For instance, when participants highlight the importance of seeking medical treatment as a religious duty (7.5.3), it aligns organ donation with broader community health goals, thereby legitimising the practice within a religious framework.

Overall, the representations of social actors by participants in the discourse on organ donation within the BSAM communities contribute to shaping perceptions and attitudes. By discussing religious leaders, community members, and cultural contexts, participants create a multifaceted narrative that promotes organ donation. These representations highlight the importance of culturally and religiously sensitive approaches, which influence the way organ donation is perceived and accepted within the community.

8.7 RQ6 – Attitudes of BSAM toward organ donation

RQ6: What do representations of arguments and social actors reveal about BSAM attitudes toward organ donation?

This question looked at the way the given representations reveal attitudes of the BSAM population toward organ donation, highlighting the practical implications of the discourse.

In examining the discourse on organ donation within BSAM communities through the lens of Fairclough's social dimension (3.4.3), which emphasises that language is not only a means of communication but also a tool that shapes and reflects social change and behaviour. Below are some apparent ways in which the speech acts (3.3) in the IC reflect social change and behaviour.

8.7.1 Participant commitments

Speech acts can serve as powerful indicators and drivers of social change by reflecting and influencing how people communicate, interact, and understand their social world (3.3). A *commissive*, as explained by Searle (1976, p. 7), is a speech act in which the speaker commits to a certain course of action. Below are two examples from the IC:

Ahmad If somebody starts talking about organ donation you know in a group chat then yeah I will get involved I've shared an article I will promote the idea through Instagram Facebook Snapchat

Jamila If I am in a situation where someone brings up organ donation then I would definitely want to engage in kind of helping them understand the pros and cons a bit better at least signposting them to where they can get a bit more information like for example that NHS website

Ahmad, an alim, commits to discussing organ donation on social media platforms like Instagram, Facebook, and Snapchat. By sharing articles and promoting the idea through these channels, he offers to use his social influence to reach a broad audience. His engagement would help to spread awareness and normalise the conversation around organ donation. Jamila, a GP, on the other hand, commits to engage in conversations about organ donation whenever the topic arises. She aims to help others understand the benefits and drawbacks of organ donation, providing balanced information, and directing them to the NHSBT website, which is accepted as reliable. Jamila's willingness to engage shows a supportive attitude, encouraging others to be more open to discussing and considering organ donation.

The above comments from Ahmad and Jamila show their commitment to educate others about the importance of organ donation, which reflects a proactive stance towards increasing awareness and acceptance of organ donation.

8.7.2 Declarations

In the context of organ donation, *declarations* can be made by religious leaders or community figures to assert the permissibility or moral obligation to participate in organ donation based on Islamic teachings (3.3). For example, when a mufti, MZB, states that organ donation is permissible under certain conditions (6.4.5), this declaration not only conveys information but also changes the legal and social status of organ donation within the community, especially when his work is seen as a fatwa (Figure 6.6). Such declarations legitimise the act by framing it as aligned with Islamic teachings. For instance, in the context of organ donation, Imam Irshad applies the Quranic verse, “saving a life is like saving all of humanity” (Figure 4.2). This declaration serves to frame organ donation as a noble act aligned with Islamic values. Such declarations can influence community perceptions and encourage individuals to consider organ donation positively.

The orientational metaphors (6.3.1) “putting trust in Allah” and “leaving matters in the hands of Allah” help legitimise organ donation by framing it as an act of faith and devotion, aligning the practice with religious values and making it more acceptable. Ontological metaphors of *life-saving* and *sacrifice* portray organ donation as altruistic and positively highlights the community's evolving conceptualisation of organ donation. For instance, Adam (an alim) stated that organ recipients “can say that this is the gift of life God's given me”. Adam then described the act of organ donation as passing that “gift of life to someone else” (Figure 4.2). By describing the donation as passing this divine gift to someone else, the act is portrayed as an extension of God's will and benevolence. This religious framing aligns the act of organ donation with spiritual values, making it more acceptable to those who prioritise religious teachings. Likewise, Aliya (an alima) declared organ donation to be “optional charity” (Table 4.1). Framing organ donation as a charity helps to present organ donation not only as a medical act but as a voluntary altruistic deed that earns spiritual merit. Metaphorical declarations like those from Adam, and Aliya play a crucial role in legitimising organ donation within the BSAM community, as they help frame the act in a religious and ethical context that resonates with the community's values and beliefs. Likewise, metaphors like *tackling* and game-changer presents MZB’s fatwa on organ donation as transformative and reinforces the legitimacy of organ

donation. Overall, these metaphors in the IC further reflect changes in the way that the participants positively conceptualise organ donation.

8.7.3 Directives

Directives are speech acts that aim to get the listener to do something. In the discourse surrounding organ donation, directives can be observed in the advice given by imams and HCPs. For instance, when an imam instructs community members to consult medical professionals about organ donation or to consider becoming donors, these directives serve to guide behaviour and encourage action. For instance, Asad (an alim) mentioned in relation to educating BSAMs about organ donation that “it should be included as a part of a curriculum”. Incorporating organ donation into educational curriculums helps normalise the concept from a young age and ensures that accurate information is disseminated widely, encouraging long-term acceptance of organ reception and donation.

Asad also mentioned that when a “person is in dire need of organs and the family has a compatible donor then they should donate because there is [sic] no alternatives” (7.5.2). Emphasising the necessity of organ donation in life-saving situations highlights the moral responsibility to help others when possible, framing donation as a compassionate act.

An imam, Irshad, stated that if he is questioned about organ donation from a sharia perspective he would “ask them to go to a mufti to answer that question” (5.2.4). Whereas if the questioner sought a clinical opinion then he would “direct them to a doctor”. Directing individuals to a mufti for sharia perspectives on organ donation ensures that religious concerns are addressed by authoritative figures, providing reassurance that organ donation can align with Islamic principles.

However, recognising the diversity of opinions among Islamic scholars is important (6.3.5, 6.4.1, and 7.6.4). If a mufti does not cite or believe in the permissive fatwas regarding organ donation, it could create a barrier for the BSAM community. For instance, Lamya (a living donor) and Adam (an alim) explained the importance of diverse opinions as follows:

Lamya It's important that [sic] to bring on board everybody from different sects from different communities from different school on board to so that because they had people listen to them and people follow them they are influential

Adam You could have different organisations every open to everyone. So we can get their opinions from across the board, across the spectrum

As such, efforts to promote organ donation by engaging multiple scholars to reach a broader consensus, and increasing awareness and facilitating dialogue among scholars about the medical, ethical, and religious aspects of organ donation could be more impactful than the fatwa or advice of an individual scholar.

In addition to directing BSAMs to these muftis and HCPs, Chaplain Chams added that “it’s really good that BIMA and the NHS [have] published all this literature so I would direct them to that”. Highlighting and directing people to existing literature from BIMA and the NHS provides accessible, trustworthy resources that support informed decisions.

8.7.4 Language in JBIMA

The Journal of the British Islamic Medical Association (JBIMA) primarily focuses on educational and advocacy efforts within the BSAM community in relation to health matters. Since its first edition in April 2019 through to its 17th edition in August 2024, the journal has published over 20 pieces, in the form of letters and articles, related to organ donation and transplantation. Prior to Max and Keira’s Law, which was introduced in May 2020, the focus of the articles was primarily on raising awareness and addressing religious and ethical concerns about organ donation within the BSAM community. Articles such as “Let’s Talk about Organ Donation; from a UK Muslim Perspective” (Ali et al, 2020) and “Organ Donation and Transplantation: Islamic View” (Chamsi-Pasha et al. 2020) emphasised educating the community, clarifying religious misconceptions, and engaging with religious scholars to provide authoritative guidance. These efforts were aimed at building a foundation of understanding and acceptance for organ donation, highlighting it as a permissible and compassionate act within Islamic teaching.

Following the implementation of the opt-out system in May 2020, the discourse in JBIMA articles shifted towards the practical aspects of the new law, including its implementation and impact. For instance, the article “Continued Efforts to Raise Awareness About Organ Donation in the BAME[88] Community” (Asghar, 2024) highlights the ongoing need to address disparities in organ donation rates among ethnic minorities and to ensure that community members are fully informed about the new system.

A consistent theme throughout JBIMA publications, both before and after the law change, is the focus on education, religious guidance, and community engagement. However, while the earlier articles concentrated on building awareness and dispelling religious concerns, the later articles have shifted towards addressing practical challenges related to implementation as well as the need to evaluate the effectiveness of ongoing educational efforts. Overall, JBIMA publications reflect a supportive stance towards organ donation within the BSAM community. The articles collectively work to create a supportive framework by addressing religious, ethical, and practical aspects of organ donation. This indicates a positive social change, with increasing acceptance and participation in organ donation driven by educational and advocacy efforts.

In summary, the articles published in JBIMA demonstrate a thoughtful and progressive approach to promoting organ donation within the BSAM community. Moreover, increased openness in discussing organ donation, which is a taboo subject (see 4.2.4), reflects changing social attitudes and greater acceptance. Such literature shows that community members from BSAM communities are now more willing to engage in conversations about death and organ donation.

Overall, the directives in the IC complemented by the publications in JBIMA together create a comprehensive and supportive framework that legitimises organ donation by integrating it into educational systems and providing accessible resources, while addressing religious and medical concerns. Moreover, as community members look to the ulama and HCPs for guidance on

[88] See footnote 20 in relation to the termination of the use of the term BAME.

matters of religious and moral importance, the endorsements in JBIMA along with the participant's endorsement of JBIMA can potentially sway opinions. The shift in the focus of the JBIMA articles after the law change suggests a normalisation of organ donation, at least in those who contribute to and/or edit the journal. By analysing these linguistic changes, it becomes evident that language serves as a powerful indicator of the evolving social behaviours and cultural norms within the BSAM communities regarding organ donation. These shifts not only reflect changing attitudes on organ donation but also contribute to the ongoing dialogue about health, identity, and community responsibility.

Having discussed the research questions, the next two sections address the two overarching aims:

> Aim 1: How is organ donation presented to BSAMs? (8.8)
>
> Aim 2: What impact has the NHS promotional material had on the attitude of BSAMs toward organ donation? (8.9)

8.8 Presentation of Organ Donation to BSAMs

Organ donation was presented to BSAMs through a culturally and religiously sensitive lens, particularly in the form of the NHS promotional materials (3.2) developed prior to the implementation of Max and Keira's Law (2.2). The material engaged the participants by addressing their unique concerns and beliefs regarding organ donation. The promotional content includes a leaflet on Islam and organ donation (NHSBT, n.d.-a also see Appendix II), MZB's fatwa (Appendix V), and a series of 20 videos (NHS Organ Donation, 2019a), and online resources (NHSBT, n.d.). Framing organ donation as a charitable act can make it align with Islamic values, emphasising the moral imperative to save lives. Imam Irshad highlighted that "The material is really a good contribution because firstly it's written by a British Muslim chaplain who has first-hand experience of organ donation and has not only used Islamic texts but also scientific papers and scientific research" (6.4.4).

The material also sought to clarify misconceptions surrounding organ donation, particularly the notion that it violates the sanctity of the human body (2.3.3), which is a concern within the community. By highlighting the ethical and life-saving aspects of organ donation, the NHS aimed to provide a more positive perception of organ donation among BSAMs. Additionally, the involvement of respected religious figures and scholars in the discourse was crucial, as their endorsements appear to have lent credibility to address community concerns and encourage community acceptance (6.4.5).

Organ donation was also presented by the NHS to British Muslims by combining the NHS promotional material with community engagement and educational initiatives. The NHS made efforts to involve community figureheads, including religious scholars to address the cultural and religious concerns surrounding organ donation. Participants noted that the NHS's willingness to engage with the community through various means has been beneficial. For instance, GP Jafar mentioned, “there has been that willingness from NHS to engage with community through various means”. GP Jafar reported in relation to the “significant chunk” of attendees of an organ donation event that the attendees said that “this particular event gave us a better understanding” i.e. on matters related to organ donation. This approach aimed to create a more relatable and understanding environment for discussions about organ donation.

Participants also noted that the NHS material on organ donation was designed to be culturally relevant, which helped to dispel myths and misconceptions (2.5.4). For instance, Parveen (a paediatrician) mentioned that “As one participant noted, the NHS is trying to … make it seem a bit more personal”, suggesting that personal engagement has encouraged a more favourable attitude toward organ donation. These comments indicate that community events utilising NHSBT materials were effective in raising awareness.

8.9 Impact of the NHS promotional material on the attitude of BSAMs toward organ donation

The promotional materials appear to have contributed to a better understanding of organ donation within the BSAM community. The endorsement of organ

donation by respected religious figures, such as MZB, has also been effective in legitimising the practice within the community. Imam Irshad highlighted that the material was written by a British Muslim chaplain who had “firsthand experience” with organ donation, which added credibility to the message (6.4.4). MZB’s fatwa, which supports organ donation under certain conditions, has been positively received by a number of participants in this study (6.4.5), indicating that religious authority plays a crucial role in shaping attitudes.

Despite these positive aspects, the idea of registering on the organ donation register has been met with criticism and scepticism. Some community members remain hesitant due to deeply rooted cultural beliefs and fears about the NHS (7.6.2), including concerns about the sanctity of the body (6.3.3) and the potential for exploitation (2.3.4 and 7.6.2). The existence of horror stories and negative narratives surrounding organ donation continues to influence attitudes, leading to a cautious approach.

While the promotional materials appear to have made progress in improving attitudes, some participants felt that more work is needed. Critiques included the need for more engaging formats and the inclusion of personal testimonials to further connect with the community.

With regards to the type of language that should be used in publications, Asad suggested that the NHS organ donation promotional material should be “very brief” with “very clear-cut guidance” for the “laymen”, “students” and “the patients” (Figure 7.1, line 10). Simplified, concise promotional materials from the NHSBT team could ensure that the public, including laypersons, students, and patients easily understand and make informed decisions about organ donation. Additionally, Ahmad suggested that “case studies” and “community events where people who've received organs” (7.6.4) could enhance understanding and acceptance.

The status quo described in the IC is that most South Asians did not believe organ donation was permissible. This sentiment was echoed by Asad, who stated that the “Majority of the South Asian scholars unlike the Arab scholars … consider

organ transplantation prohibited" (6.3.5). However, the positive language in the IC suggests that the discussion on organ donation has shifted toward focusing on the steps that can be taken to make the organ donation process sharia-compliant, and thereby permissible. On this note, Dr Othman highlighted that "the ulama have to be aware that it's not just about a strict religious ruling" (6.4.4). Othman thereby suggests a re-examination of the rulings on organ donation in light of medical research. Nevertheless, the NHSBT promotional material has positively influenced the attitudes of BSAMs toward organ donation by tackling mistrust, addressing cultural sensitivities, engaging community leaders, and increasing awareness.

8.10 Suitability of the methodology

The assemblage of theories and methods used in this study regarding organ donation within the BSAM community appears to be suitable for addressing the complex interplay of cultural, religious, and social factors influencing attitudes toward organ donation. Here are several points that highlight the appropriateness of the chosen theoretical frameworks:

The study employs a combination of Fairclough's three-dimensional framework (3.4), Reisigl & Wodak's Discourse Historical Approach (3.5), and van Leeuwen's social actor theory (3.6). This approach allows for an analysis of the promotional material and interview data at three levels: text-level, discursive level, and social practice. By integrating these frameworks, the study addressed the complexities of language, social context, and power relations inherent in the discourse surrounding organ donation.

The use of CA-CDA helped to enhance the analysis by allowing for a more systematic examination of the IC than would have been feasible through manual analysis alone. This method helped to uncover linguistic patterns (3.8.1) and discursive strategies that were not immediately apparent through smaller-scale qualitative analysis, thereby providing a better understanding of the discourse. CA-CDA helped to strengthen the overall findings. Moreover, the corpus tools enabled a comparative analysis between the interview data and the NHSBT

promotional material, providing insights into how the two discourses intersected and diverged (5.3.2).

The study incorporates a deliberative research approach, which emphasises the active involvement of participants in providing informed and considered opinions regarding the NHSBT promotional material. This method is particularly suitable for capturing the nuanced perspectives of the BSAM community, as it encouraged participants to engage with the material and thereby, articulates their views in a meaningful way. The deliberative approach also helped to identify the role of fatwas in relation to organ donation and the importance of seeking a cure as opposed to accepting illnesses as the main themes related to organ donation. The emphasis on social actors, particularly the role of imams and BSAM HCPs, was helpful in understanding the power dynamics and social hierarchies within the BSAM community (2.3).

8.11 Limitations

The study has its limitations. While 30 participants provided a substantial amount of data, the sample size is limited, and the findings cannot be generalised to the entire BSAM population. The views expressed do not capture the full spectrum of beliefs and attitudes of BSAMs, especially given that demographics like age, level of education, sectarian affiliations are underrepresented. Moreover, if the participants who engaged with the study did so because they are in favour of organ donation and other members of the BSAM community refrained from taking part in the study because they are opposed to organ donation, then bias could arise - the study may be skewed towards more positive views on organ donation. Accordingly, the findings may inadvertently portray a level of cultural homogeneity within the BSAM community, overlooking the diversity of beliefs and practices. For instance, despite the widely publicised fatwa of MZB supporting organ donation, other prominent scholars might have reservations about it.

The interview sample is skewed towards participants who were relatively engaged with religious and community discussions, and who were at least willing to discuss organ donation. The sample underrepresents BSAMs who are disengaged from mosque-based networks or from engaging with the NHS

promotional material on organ donation. As a result, the BSAM Interviews Corpus is best understood as representing discourses circulating among more engaged and institutionally connected community members (including imams and HCPs), rather than the full demographic spread of BSAMs in England.

These imbalances have implications for frequency-based measures such as keyness. Recurrent items and patterns in the Interviews Corpus (for example, references to medical expertise, NHS trust, particular fatwas, or religious duty) reflect the language of comparatively informed and engaged BSAMs, and underrepresents discourses of distrust, apathy, or strong opposition that might be present among non-participants. Consequently, keywords and collocations in this study should be interpreted as indicators of matters of concerns within this engaged subgroup, not as exhaustive indicators of all BSAM perspectives on organ donation. For this reason, the quantitative patterns identified through keyness and other corpus measures in this study are to be treated as suggestive rather than fully generalisable. As such, the findings highlight prominent discourses within a particular segment of the BSAM population, which future research with a larger sample would need to test and refine.

Nevertheless, the representations of the 30 participants still hold value in various ways. Other members of the BSAM community who were invited to the study refused to participate for different reasons, which is not limited to being opposed to organ donation (4.2.2). The main reason given for not participating in the study was that the topic of organ donation is largely related to medicine. Those potential participants who declined to participate for this reason redirected me to imams and HCPs whom they believed to be influential in advising the community in this regard (7.6.4).

As such, the study provides useful initial data and insights into common themes and areas of interest that warrant further exploration. Moreover, the detailed qualitative data obtained from a smaller group provides a reasonable understanding of individual experiences and perspectives. Additionally, conducting this study helped to build trust and rapport within the BSAM community, which is essential for engaging more participants in future research.

This study further shows a willingness in the BSAM community to participate in the discussion on organ donation, which is an indication that there would be a willingness to engage in other pilot studies and programs.

8.12 Future Research

In light of this study, the findings provide a foundation for the following hypotheses that could be explored in future research regarding organ donation within the BSAM community:

1. The acceptance of organ donation among BSAM individuals is significantly influenced by cultural and religious beliefs, particularly the interpretations of fatwas by respected religious authorities.
2. Educational interventions that address misconceptions about organ donation and provide clear information about its religious permissibility will lead to an increase in the willingness to donate organs among BSAM individuals.
3. The level of trust in healthcare providers, particularly Muslim HCPs, positively correlates with the likelihood of BSAM individuals opting for organ donation.
4. Increased community engagement and dialogue about organ donation within BSAM communities will result in a more favourable attitude towards organ donation and higher rates of participation in organ donation programs.
5. The portrayal of organ donation in media targeted at BSAM communities affects public perception and willingness to engage in organ donation, with positive representations leading to increased acceptance.

The insights gained from the current study can serve as a basis for developing targeted research methodologies and frameworks to explore these hypotheses in depth.

As mentioned in the previous section, one of the limitations of the current study is the relatively small sample size of 30 participants, which does not fully represent the diverse views within the BSAM community. Future research should

aim to include a larger and more diverse sample that encompasses various demographics, such as age, gender, sect affiliation, socio-economic status, and geographical location. This broader approach would provide a more comprehensive understanding of the factors influencing organ donation decisions across different segments of the BSAM community.

This thesis primarily focused on seeking an organ for transplant rather than on the act of donating. This perspective is important for understanding the patient experience, the urgency of their needs, and the emotional and physical impacts of waiting for an organ transplant. However, along with discussions related to fatwas and seeking medical treatment, another semantic theme with a high relative frequency in the IC is *giving* (relative frequency 1.31%). By prioritising the discussion on *seeking medical treatment* from a sharia perspective in the IC, I was able to explore the understanding of BSAMs in relation to the need for organs. Having established this need, to compliment the perspective of seeking, future research could be based on the large quantity of relevant data in the IC related to *giving* to explore the motivations to donate an organ or to register as a donor.

A recommendation on this note for corpus linguists would be to remain mindful that Wmatrix5 does not always accurately code terms, particularly those terms used in Islam or other non-English words. This limitation necessitates a manual recoding of such vocabulary to ensure accurate analysis. Furthermore, the IC data is fixed and based on participant availability during specific periods. As such, the IC is reflective of a particular time and does not capture future shifts in opinions as a result of ongoing political and medical developments. A monitor corpus (Hunston, 2007, p. 31) is suggested for tracking such changes over time. The study aimed to gather participant views to refine promotional material relevant to its research period.

Conducting longitudinal studies could provide valuable insights into how attitudes toward organ donation evolve over time, particularly in response to changing societal norms, legislative changes, and public health campaigns. By tracking the same individuals or groups over an extended period, researchers can assess the

impact of specific interventions, such as educational programs or community outreach initiatives, on attitudes and behaviours related to organ donation.

Future research could benefit from employing mixed methods approaches that combine quantitative and qualitative data collection techniques. For instance, surveys could be created to gather quantitative data on attitudes and beliefs about organ donation, while in-depth interviews or focus groups could provide qualitative insights into the underlying reasons for these attitudes. This combination would enable researchers to triangulate findings and gain a more nuanced understanding of the complexities surrounding organ donation within the BSAM community. Furthermore, incorporating corpus-assisted analysis alongside traditional qualitative CDA methods could enhance the examination of discourse and language used in discussions about organ donation.

8.13 Recommendations

The findings of this study on organ donation within the BSAM community highlight the need for a collaborative and culturally sensitive approach to increase organ donation rates. The unique challenges faced by the BSAM community include navigating different interpretations of Islamic jurisprudence in relation to organ donation along with cultural mistrust of the government. Accordingly, the following recommendations are directed towards the NHS Blood and Transplant (NHSBT) team, Muslim scholars, Muslim HCPs, and the government to enhance engagement and address the unique concerns of the BSAM community.

8.13.1 Recommendations for the NHSBT team

The NHSBT team could develop promotional materials that are both informative as well as culturally and religiously sensitive. Such material would also require using language that BSAMs find relatable (6.4.5) as pointed out in the comment below:

> *Cadim* Show Muslims in their lay language what's permissible what's not permissible [because] that would be very helpful actually to increase the awareness of people regarding this organ donation issue

As such, cardiothoracic surgeon Cadim suggests that the NHS would benefit from using clear, accessible language that resonates with the BSAM community. The materials should address common misconceptions (discussed in 7.3.1) related to the organ donation process and emphasise the religious and ethical justifications for donation, particularly in the context of needing to save lives (Figure 4.2).

The NHSBT team should actively engage with community leaders, including imams and respected figures within the BSAM community (7.6.4), to facilitate discussions on organ donation. By involving these leaders in the creation and dissemination of promotional materials, the NHSBT team can better align their messaging with the values and beliefs of British Muslims. To monitor the effectiveness of such engagement, establishing feedback mechanisms to gather insights from the BSAM community regarding the effectiveness of promotional campaigns can be helpful. The NHSBT team could conduct regular surveys and focus groups to assess the perceptions and attitudes of British Muslims towards organ donation, allowing for continuous improvement of outreach strategies.

To enhance the effectiveness of promotional materials, the NHSBT team should develop content that is not only informative but also culturally and religiously sensitive. This aligns with the need for relatable language, as highlighted in subsection 6.4.5, where the importance of using clear and accessible language that resonates with the BSAM community is emphasised. Addressing common misconceptions about the organ donation process, as discussed in subsection 7.3.1, is crucial. The materials should also emphasise the religious and ethical justifications for organ donation, particularly the imperative of saving lives, as illustrated in Figure 4.2.

Furthermore, actively engaging with community leaders, including imams and respected figures within the BSAM community, is essential for facilitating meaningful discussions on organ donation (section 7.6.4). Involving these leaders in the creation and dissemination of promotional materials can help their messaging align with the values and beliefs of British Muslims. To monitor the effectiveness of such engagement, it is recommended that the NHSBT team

establish feedback mechanisms to gather insights from the BSAM community regarding the impact of promotional campaigns. Conducting regular surveys and focus groups will allow the NHSBT to assess perceptions and attitudes towards organ donation among BSAMs, thereby enabling continuous improvement of outreach strategies. This approach is supported by the findings that underscore the significance of community involvement and tailored communication in addressing the barriers to organ donation within the BSAM population.

8.13.2 Recommendations for Muslim Scholars

To address the concern that Butt's fatwa is difficult to comprehend (6.4.5), Muslim scholars should work towards issuing clear and accessible fatwas regarding organ donation that address the concerns of the BSAM community. These fatwas should take into account contemporary medical practices and the ethical implications of organ donation, providing a balanced perspective that aligns with Islamic teachings. Furthermore, as discussed in 7.6.4, Muslim scholars could initiate educational programs aimed at both religious leaders and the general public to discuss the permissibility of organ donation in Islam. These programs could include workshops, seminars, and online resources that explain the theological basis for organ donation as well as address common objections. Consultant Kidney Specialist Kazim suggested that:

> If you are a Muslim organisation maybe [you could have] a mosque or a group or a faith group … organ donation should be part of your constitution to talk about it.

This comment suggests that Muslim organisations, mosques, and faith groups should consider incorporating discussions about organ donation into their core principles and activities. The idea is to make organ donation an important topic within BSAM communities, encouraging open conversations and potentially increasing awareness and acceptance of organ donation from a religious perspective. By having discussions related to organs, these groups can help educate and guide BSAM communities to understand the importance and benefits of donating organs to save lives.

Moreover, Ajmal (an alim) suggested that “Muslim doctors and ulama should work together … find a good way of helping people” (see Figure 7.13, line 1).

Ajmal emphasises the importance of collaboration between Muslim doctors, and by extension HCPs, and the ulama to find effective ways to help people in the context of organ donation. By working together, these two groups can combine medical knowledge with religious guidance, ensuring that the solutions they develop are both scientifically sound and aligned with Islamic principles. This collaboration can help address concerns and misconceptions within the BSAM community and promote actions that are both beneficial and acceptable from a religious standpoint.

8.13.3 Recommendations for Muslim HCPs

Building on the previous recommendation, Muslim HCPs should take an active role in advocating for organ donation within their communities. Their positions provide them with a platform to educate patients and families about the value of organ donation and the compatibility of this practice with Islamic values (7.6.4). In this regard, Dr Badria (also a member of the Blood and Organ donation team) commented:

> An imam to collaborate [with] local doctors and ideally that's what would happen You know there's too much pressure on a Muslim doctor … because they may not understand the fiqhi aspects and it's too much pressure on local imam and local scholars to make that decision It requires collaboration.

Badria’s comment highlights the importance of collaboration between imams and local doctors to address medical issues within the Muslim community. It suggests that relying solely on either Muslim doctors or local imams to make decisions can be challenging due to the complexity of both medical and religious knowledge. Muslim doctors might not fully understand the fiqhi (Islamic jurisprudence) aspects, and imams might not have the medical expertise to make informed decisions (6.4.1). Therefore, working together can alleviate the pressure on both parties and result in better, more holistic solutions that consider both medical and religious perspectives. This collaboration can ensure that healthcare decisions

are both scientifically and religiously sound, ultimately benefiting the community as a whole.

As such, HCPs in general can benefit from training in cultural competence to better understand the beliefs and values of the BSAM community. This training would enhance their ability to communicate effectively with Muslim patients and address their concerns regarding organ donation. Furthermore, establishing support networks for patients and families considering organ donation can provide a platform for sharing experiences and alleviating fears. Muslim HCPs can facilitate these networks at clinics, offering guidance and support throughout the decision-making process.

8.13.4 Recommendations for the Government

Increased funding for community-based initiatives aimed at raising awareness about organ donation among BSAMs as well as ethnic minorities in general is essential. The Government could support programs that engage with local communities, providing resources for educational workshops and outreach activities. Furthermore, the government could implement monitoring and evaluation frameworks to assess the effectiveness of organ donation campaigns within minority communities. This data could inform future strategies and ensure that efforts are tailored to meet the needs of diverse populations.

The Government should also revise its policies that specifically address religious discrimination and accommodate the religious needs of Muslim physicians. When Muslim physicians feel supported and respected in their workplace, they are more likely to trust the healthcare system and cooperate with organ donation initiatives. This trust can lead to increased willingness to advocate for and participate in organ donation programs. Imam Irshad and GP Badriya highlight the point that the government should revise its policies to address religious discrimination and accommodate the religious needs of Muslim physicians:

> *Irshad* What would you say to people who might say look in the media Islam is always portrayed negatively right? … some people would take offence to that when it suits the government to push

a certain agenda Islam is good but there are other issues that we need sorting out [like] what is the definition of Islamophobia for example you know why don't you support us in other ways first? Erm So we're not going to help you unless you sort all these other issues up

Badriya Islamophobia, MEND are doing some really good work … I know they're quite they're doing quite a lot of stuff down South as well but in Scotland where the chair is Lindsay Taylor and she's been really doing a lot of good work about getting the definition of Islamophobia recognised in councils here and actually the first step Isn't it just to recognise that this is this exists this is a real reality and it's not about the colour of your skin it's about how Muslim you'd look or you don't look at NHS … So yeah Islamophobia is everywhere I unfortunately

Imam Irshad's perspective highlights the broader issue of Islam being portrayed negatively in the media and the need for the government to address issues like Islamophobia before expecting cooperation from the community on organ donation. Irshad's comments suggest that a supportive and respectful approach towards the Muslim community is essential for building trust. On the other hand, Badriya, shares her perspective as a GP and directly discusses Islamophobia within the NHS. Her mention of the efforts by MEND to get the definition of Islamophobia recognised by councils further illustrates the need for systemic changes to address religious discrimination. Both perspectives underpin the importance of creating an environment where Muslim physicians feel supported and respected. When their religious concerns are acknowledged and addressed, trust can be built in the healthcare system. This trust can, in turn, lead to Muslim physicians feeling valued and respected, which could help to increase the willingness for Muslim physicians to advocate for and participate in organ donation programs.

Therefore, the government revising its policies to specifically address religious discrimination and accommodate the religious needs of Muslim physicians is

crucial for building this trust and encouraging participation in organ donation initiatives.

8.13 Conclusion

In summary, addressing the unique challenges in relation to organ donation faced by the BSAM community requires a thoughtful approach that emphasises clarity, accessibility, and cultural relevance. By using simplified language, clear structures, relatable examples, and engaging community leaders, promotional material and health initiatives could resonate with the community and promote a more informed understanding of organ donation.

Appendix I. Timeline of medical breakthroughs, fatwas and establishment of organisations

YEAR	Development/ Islamic verdicts on bioethical discussions
1869	First skin transplant performed
1899	First defibrillators in Switzerland
1906	First transplant of a cornea performed
1925	Abdur Rahman Al-Sa'di - discussion on organ transplantation
1937	Abdul Majid Saleem - in favour of autopsy
1948	NHS Established
1949	Egypt Fatwa committee permit blood transfusion
1950s	Positive Pressure Ventilation
1951	Husnain Makhluf permits organ donation
1954	First living kidney donation
1957	Peter Safar - ABC of Resuscitation (basis for mass training of CPR)
1959	Hasan Mamun - fatwa on blood transfusion
1959	Grand Mufti of Egypt permitted corneal transplant
1959	Hasan Mamun - cornea transplants from cadavers
1962	First kidney, lung, and liver transplants recovered from deceased donors
1963	First organ recovery from a brain-dead donor
1965	Mufti of Perlis, Malaysia permitted corneal transplant
1966	Ahmad Haridi - permits cornea transplants
1966	First successful pancreas transplant performed
1967	First successful heart transplant performed in South Africa
1967	First successful liver transplant performed
1967	First U.S. heart transplant performed
1967	Muhammad Shafi Uthmani - fatwa against organ donation
1967	Grand Mufti of Egypt permitted organ transplant
1967	First simultaneous kidney/pancreas transplant performed
1968	Neurological death introduced (ad hoc committee, Harvard)
1969	Malaysia conference
1969	The Islamic Conference permitted organ transplant
1972	Algiers Islamic Council permitted organ transplant
1973	M. Khatir – permits skin grafting
1973	Muhammad Safi – permits blood donation
1976	UK Brainstem death [Conference of Medical Royal Colleges]
1978	Saudi Scholars' Council permitted corneal transplant
1979	Haqq, JAAJ fatwa

1980	Kuwait Fatwa Council permitted organ transplant
1982	Saudi Scholars' Council permitted organ transplant
1985	Islamic Fiqh Council permitted organ transplant
1986	Singapore Islamic Council permitted organ transplant
1987	Muhammad Mitwalli Al-Sha'rawai - argues against all forms of organ transplantation
1987	Sunbhuli argues against organ donations
1987	IIFA (OIC) - considers 'Brain Death' legal death at their 3rd conference
1988	Abu Zaid argues against cadaver donations
1988	IFC - Resolution No. 26 (14) concerning "Organ transplant from the body (dead or alive) of a human being on to the body of another human being"
1988	IIFA 4-1 Organ transplant1988
1988	Qabbani argues against organ donation
1988	Sukkari argues against organ donation
1988	India Islamic Fiqh Academy permit living donations
1988	Fahmi Abu Sunnah - argued against living donations
1988	Muhammad Abdur Rahman - argued against living donors
1988	1988.11.11- IIFA (OIC) – 4th conference, Contributions from: Abu Zayd, Al-Abbadi, Albar, Ali, Almees, Al-Buti, Safi, Shadhili et al.
1989	Khalid Sayfullah Rahmani supports organ donation at the IFA seminar
1989	1989 India Islamic Fiqh Academy permitted organ transplant
1991	M. Akhtar Raza Khan - fatwa against organ transplantation and blood transfusion
1992	Kamaluddin Bakru argues against organ donation
1995	Zaki Badawi - fatwa Organ Transplant
1997	Ghumari argues against organ donation
2000	ECFR Fatwa. Final Statement of the Sixth Ordinary Session of the European Council for Fatwa and Research (Islamic Center Dublin August 28,2000)
2004	Kawthari offers various positions on organ transplantation
2005	NHS Blood and Transfusion (NHSBT) established
2007	Singapore fatwa supporting organ donation
2009	Tantawi forbids selling organs
2009	Malaysian Society of Transplantation supports organ donation
2009	Mujahidul Islam Qasmi supports organ donation
2009	Qardhawi supports organ donation
2011	Qaradaghi supports organ donation
2013	Mf. Radhaul Haq discusses organ transplantation
2013	Taqi Uthmani offers various positions on organ transplantation
2018	Faraz Adam supports organ donation
2019	Butt supports organ donation

Appendix II. NHS Leaflet: Islam and organ donation

Appendix III. Badawi fatwa (1995)

By: Dr. Zaki Badawi

with a preface by M. Afifi al-Akiti

"O' servants of Allah, seek treatment for your ailments, for surely He who has created the disease has also given a cure for it. Those who are knowledgeable will be able to discover this cure." (Related by Bukhari)

Aisha' narrated that the prophet (s.A.w.) said:

"Indeed the Believers would be hardly pressed, and indeed every believer who is to suffer even from a sting or pain, Allah would as a reward, erase one of his sins and increase his rewards a degree." (Related by Ahmad, Ibn Sa'd, al-Bayhaq & al-Hakim)

The opinion among most *Fuqaha* (jurists) is that seeking medical treatment is either recommended (*Mandub*) or obligatory. There are many Ahadith which encourage the Muslims to seek medical treatment. Therefore it is up to the patient to decide whether or not if he or she wants to undergo organ transplant.

In regards to the prohibition of violating and mutilating the dead, it has been narrated that a man was digging a grave and he stumbled on some bones, the Prophet of Allah (s.A.w.) said:

"Breaking the bones of the dead is like breaking the bones of the living."

(Related by Ahmad, Abu Dawud & Ibn Majah)

It is a general rule in Fiqh in which it is prohibited to violate, harm or mutilate the dead body whether it is a Muslim or non-Muslim cadaver, as an act of revenge, showing disrespect or doing so without any good reason. There are exceptions to this general rule especially in the light when there is a Necessity (*Darurah*).

"The Fuqaha of the Maliki and the Hanbal schools state that it is impermissible to dissect a dead pregnant lady in order to retrieve the baby, as it is difficult to determine whether the baby is alive. Because of this uncertainty, it should not be

a cause to violate the sanctity of the dead. On the other hand, the Fuqaha of Shafi'i allows this dissection to be carried out. Besides, to dissect a dead body in order to remove valuable goods is allowed according to *Jumhur* (majority of scholars or the three *Madhdhabs* as opposed to just one) except the Hanbal school."

(Ad-Durr al-Mukhtar 3/246)

Nowadays, it is possible for medical authorities to determine whether the baby is alive or not when such cases arise. The uncertainty that some Fuqaha had, is thus removed.

In Fiqh al-Islam wa Adillatuh (7/3), the author concludes:

"Based on the rulings which allows dissection on dead bodies in specific cases, therefore any dissection or operation done on the dead body due to a significant necessity is allowable. For example, dissection for the knowledge of medicine and dissection in order to find the cause of death to convict criminals by which there are no other avenues to come to the truth (*al-Haq*). These are based on the Shari'ah principle of establishing justice *('Adil*) in any ruling given by the court, in order to avoid injustice (*Dhalim*) from happening to the innocent or to ensure the guilty not to escape from the punishment as a result of his crimes.

Even though such dissections are allowed, it should be done within necessary limits without overdoing it. Besides, the sanctity of the dead body has to be respected and handled properly. After the investigation, bits and pieces should be gathered, the body should be closed by suturing it up and finally shrouding the body.

It is also allowable to perform any organ transplant such as the human heart or the eye. This must be with the condition that the donor is proven to be dead by a specialist in the field. This is because the priority is given to the living. The success of recovering vision for a human is a wonderful gift and is demanded by the Shara'."

In *al-Ifta'*, The Permanent Committee for Legal Rulings (*Fatawa*) in Saudi Arabia conclude the following regarding dissection on dead bodies:

1. Dissection to discover if there is a criminal act causing the death is sanctioned.
2. Dissection to see if there is a contagious disease and to then conclude how to stop its spread is sanctioned.
3. Dissection for educational and training purposes is accepted.

The following is another legal ruling about organ transplant.

Wabillah al-Tawfiq.

M. Afifi al-Akiti,

Belfast, 18 March 1996.

The Council which consists of scholars from all the major Muslim Schools of Law in Great Britain, together with three distinguished lawyers has considered the issue of organ transplant and resolved that:

- The medical profession is the proper authority to define the signs of death.
- Current medical knowledge considers brain stem death to be a proper definition of death.
- The Council accepts brain stem death as constituting the end of life for the purpose of organ transplant.
- The Council supports organ transplant as a means of alleviating pain or saving life on the basis of the rules of Shari'ah.
- Muslims may carry donor cards.
- The next of kin of a dead person, in the absence of a donor card or an expressed wish of the dead person to donate his organs, may give permission to obtain organs from the body to save other people's lives.
- Organ donation must be given freely without reward. Trading in organs is prohibited.

M A Zaki Badawi, Chairman.

Organ Transplant Ruling:

List of the Ulama' and Scholars who participated during the consultation and then approved the statement on Organ Transplant:

1. Dr M A Zaki Badawi Principal, The Muslim College, London Chairman, The Muslim Law (Shari'ah) Council UK.
2. Dr Jamal Sulayman, Professor of Shari'ah, The Muslim College, London.
3. Dr A A Hamid, Professor of Hadith, The Muslim College, London.
4. Dr Fazel Milani, Professor at The International College of Islamic Sciences London.
5. Dr S M A Shahristani, Principal, The International College of Islamic Sciences London.
6. Moulana Abdul Hadi Umri, General Secretary, Jamia-te-Ahl-e-Hadith (UK).
7. Moulana Qamaruzzaman Azami, Chief Imam, North Manchester Central Mosque & General Secretary, The World Islamic Mission.
8. Mufti Mohammed Yunus President, The World Islamic Mission & Imam, Woking Mosque.
9. Mufti Mohammed Muniruzzaman, Imam, Munir-ul-Islam Mosque, Rochdale.
10. Dr Abdul Halim, Senior Imam, The Islamic Cultural Centre and London Central Mosque, Regent's Park London.
11. Mufti Alauddin, Head Imam, Brick Lane Central Mosque, London.
12. Moulana Hafiz M Khalid, Head Imam, Sparkbrook Islamic Centre, Birmingham.
13. Moulana Mumtaz Ahmed, Imam of Bradford.
14. A A Bashiri Esq. Barrister-at-Law.
15. R Abdullah Esq. Barrister-at-Law.
16. Dr Safia Safwat, Barrister-at-Law.
17. Moulana M Shahid Raza, Director, Islamic Centre Leicester & Secretary, The Muslim Law (Shari'ah) Council UK.
18. Mr S G Syedain, General Secretary, Imams & Mosques Council UK.
19. Dr. Manazir Ahsan, Director of the Islamic Foundation

Islam holds that Man consists of two essential elements, one material which is the body, the other spiritual which is the soul. Life exists in the human body as long as the soul is joined to it, and it ceases when the soul departs from the body.

“Who made all things good, which He created, and He began the creation of man from clay then He made his seed from a draught of despised fluid. Then He fashioned him and breathed into him of His Spirit, and He appointed for you hearing and sight and hearts. Yet small thanks do you give for it!” (32:7-9)

Thus the cessation of life means the departure of the soul from the body:

“Allah recalls souls at the time of their death, and those who have not died, during their sleep. He holds on to anyone whom death has been decided for, and sends the others back for a specific period.” (39:42)

The soul is a mysterious thing and nobody has been able to discover its nature. Its presence in the body results in life which is observed by the movement and the other conventional signs of life. The departure of the soul from the body results in death, which is associated with certain physical signs arrived at as a result of medical observations and knowledge.

The signs of death which the ancient medical doctors have listed are: lack of consciousness, loss of body temperature, cessation of pulse and breathing, glazing of the eyes, parting of the lips, sagging of the nose, and slackening in the muscles of the hands and feet. The heart used to be considered as the centre of life in the body. When it stopped completely it was assumed that death occurred. But if it regained its functions through first aid practices life is assumed to have returned.

The last five decades have witnessed a big leap in medical science bringing great benefits and skills which were unthinkable before. It is now possible to transplant organs from one body into another, which would help the recipient to continue to live.

The significance of the heart has also changed as it is no longer considered the most important organ with regard to life and death. Medical opinion now considers the brain to be the central and crucial part which controls the entire body and its functions.

When it is damaged partially or totally the body will suffer either partial or total deterioration. As a consequence of the present development in medical knowledge and skills a number of questions have arisen. These are:

- Is it allowed to remove an organ like the kidney from the body of a living person and transplant it into the body of a sick person whose life depends on it?
- Is it permissible to remove an organ from the body of a dead person to be used to save the life of a living person?
- Is a person allowed to donate his body or part of it to be used after his death in saving the life of other people?
- Does Islam recognise the new definition of death that is brain stem death?
- If it does is it permissible to remove from brain stem dead persons organs for transplant while there are signs of body functions like heart beat temperature and breathing?

Before answering these questions it is important to note the following principles of Islamic Jurisprudence (Usul-Fiqh):

- A person has the legal authority over his own body, attested by the fact that he can hire himself for work which might be difficult or exhausting. He may also volunteer for war which may expose him to death.
- A person is forbidden from harming himself or others (It is not legitimate in Islam to inflict harm on others or to suffer harm from them - Hadith).
- In case of Necessity certain prohibitions are waived as when the life of a person is threatened the prohibition on eating carrion or drinking wine is suspended.

“He has only forbidden you what has died by itself, blood and pork, and anything that has been consecrated to something besides God. Yet anyone

who may be forced to do so, without craving or going too far, will have no offence held against him; for Allah is Forgiving, Merciful." (2:173)

- Confronted with two evils a person is permitted to choose the lesser of the two, as in the case of a starving person whose life could be saved by either eating carrion or stealing from another person's food. He would be permitted to opt for the latter.
- Islam made it an obligation upon the sick to seek treatment.

In the light of the above principles the Council is of the opinion that:

1. It is permissible for a living person to donate part of the body such as the kidneys to save the life of another, provided that the organ donated would not endanger the donor's life and that it might help the recipient.

The Prophet (s.A.w.) says,

"Whoever helps a brother in difficulty, God will help him through his difficulties on the Day of Judgement."

2. It is permissible to remove the organ of a dead person to be used to save the life of a sick person.

3. It is permissible for a person to donate his body or parts of it to be used after death to treat those who need transplants. So it is permissible for Muslims to carry a donor card.

4. In the absence of a donor card carried by the dead person it is sufficient to obtain the consent of the next of kin.

5. The proper authorities will act in lieu of relations if they are not known.

Regarding brain stem death, the Council, having discussed the matter over a number of meetings with Doctors and specialists, and having studied the safeguards instituted by the Ministry of Health in Great Britain, went further and

examined the research done by trustworthy Muslim Doctors and noted the following:

If the heart stops beating then lack of consciousness and the cessation of breathing will follow immediately.

If however the person is helped by massage of the heart (CPR) or through the use of electric shock (defibrillation) within four or five minutes the heart may restart.

If the flow of the blood to the brain ceased for more than a few seconds damage may occur, although some of the cells will remain alive for four or five minutes. On the other hand if the brain stem ceases to function it cannot be made to restart.

After the brain stem is dead it is possible to preserve some organs functioning for a period from six hours to two weeks. The presence of pulse or movement after the death of the brain stem is not a sign of life. We know that a hanged or beheaded person continues to have pulse and movement for a brief period. But they are not considered to be alive and it would not be possible to bring them back to life.

Based on the above the medical profession concludes that life ceases as a result of brain stem death.

The Council is of the opinion that trustworthy Doctors are the proper and authentic authority when it comes to defining the signs of death.

After a thorough consideration regarding medical opinion and several edicts issued by different religious bodies, the Council arrived at the following conclusions:

After trustworthy Doctors certify that the brain stem has died organs needed to save others' lives might be taken from the body, and then the life support machine may be switched off.

While the Council recognises the need for benefiting from the advances of medical science in alleviating the suffering of the sick and saving lives, it wishes to remind everyone especially Doctors of the following points:

Human beings are the most honoured creature on earth. Their dignity in life and death must be maintained.

“We have dignified the Children of Adam and transported them around on land and at sea. We have provided them with wholesome things and favoured them especially over many of those whom We have created.” (17:70)

Human life is sacred. To terminate the life of one person is equivalent to the termination of the life of all humanity. Conversely the saving of one life is regarded as the saving of all humanity.

“Whosoever kills any person without another soul being involved or for causing corruption in the earth, it shall be as if he had killed all mankind and whosoever saves the life of one it shall be as if he had saved the life of all mankind.” (5:32)

The Council is of the opinion that human organs should be donated, and not sold. It is prohibited to receive a price for an organ.

26 August 1995

Appendix IV. Timeline of key events leading to Max and Keira's Law 2020

Year	Event
2020 May 20	Max and Keira's Law - England
2020	1800 BAME (PEOPLE FROM ETHNIC MINORITY BACKGROUNDS) on waiting list
2019	83 living donors + 56 deceased donors / 433 recipients (British South Asians)
2019	BAME (PEOPLE FROM ETHNIC MINORITY BACKGROUNDS): 114 donors, 901 recipients
2019	JUNE: MZB fatwa
2019, May	The University of Warwick hosts the 5th International Transplant Conference to promote the commonwealth games motto 'Tribute to life'
2019	Ali's extrapolation of the 6 major fatwas
2019	Journal of British Islamic Medical Association (JBIMA) established
2018	1 in 5 on average died on waiting list from BAME (PEOPLE FROM ETHNIC MINORITY BACKGROUNDS)
2018 Nov	Mufti Faraz Adam's fatwa supports organ donation
2017 Dec	Mohammed, A.M. (2017). Harvesting the human traditional sunnī islamic perspective. The Institute for the Revival of Traditional Islamic Sciences, The Olive Foundation.
2016	Ali's interview of 3 British South Asian muftis
2016	Muslim UK population exceed 3m
2015	Human Transplantation Act Wales
2015	Chandia objects to opt-out law
2013	SEPT: Amjid Ali's campaign with 56 ulema
2013	JUNE: BIMA established
2013	MAY: Faith engagement and OD action plan
2013	Padela & Rasheed suggest discussion with ulema
2013	Mufti Radhaul Haq discusses organ transplantation
2013	Mufti Muhammad Taqi Uthmani offers various positions on organ transplantation
2011	4.8% of UK population Muslims/ 51% South Asians identified as Muslims
2011	Qaradaghi supports organ donation
2010	NHS saves £316m through the transplant programme
2009	Organ donation consultation UK
2009	Malaysian Society of Transplantation supports organ donation
2009	Qaradhawi supports organ donation
2009	Mujahidul Islam Qasmi supports organ donation (India)
2008	Dec: Organ Donation Taskforce (ODT) set up
2007	Singapore fatwa supporting organ donation
2005	NHS Blood and Transfusion (NHSBT) established
2004	Mufti Muhammad Adam Kawthari offers various positions on organ transplantation
2002	Amritsar scandal worth £19.4m (Bombay)
2000	AUG: European Council for Fatwa and Research permits organ donation after brainstem death
1999	Katme objects to Wales opt-out law
1995	53 scholars visit Queen Elizabeth hospital and Badawi permits organ donation after brainstem death
1991	M. Akhtar Raza Khan - fatwa against organ transplantation and blood transfusion
1989	Khalid Sayfullah Rahmani supports organ donation at the IFA seminar
1985	MCB established

Appendix V. Summarised version of Butt's fatwa (2019)

دار الإفتاء

Institute of Islamic Jurisprudence

بسم الله الرحمن الرحيم

15th Shawwāl 1440
18th June 2019

Organ Donation and Transplantation in Islam

Further to compiling a comprehensive fatwa on organ donation and transplantation, the following represents a summary of my current opinion:

- The use of prostheses is permissible.
- The transplant of pure animal organs and tissue is permissible, but the transplant of impure animal organs and tissue is not permitted unless there is no permissible alternative.
- Replant and autotransplant of human organs and tissue is permissible.
- Living/altruistic organ donation is permissible provided harm to the donor is negligible or relatively minor that it does not disrupt the life of the donor.
- Organ donation after circulatory determination of death (DCDD) is permissible provided the point of elective irreversibility has lapsed.
- Organ donation after neurological determination of death (DDDB) following complete and irreversible loss of brain function, is permitted only once the point of elective irreversibility has lapsed and the heart has stopped.
- Deceased organ donation and transplantation of all organs/tissues besides the gonads is permissible.
- It is permitted to donate stem cells from adult tissue, tissue of a minor with parental permission, cord blood, a miscarried foetus, a foetus aborted for a reason valid in shariʿa, and a surplus embryo incidental to the process of IVF. However, stem cells obtained through therapeutic cloning are not permitted.

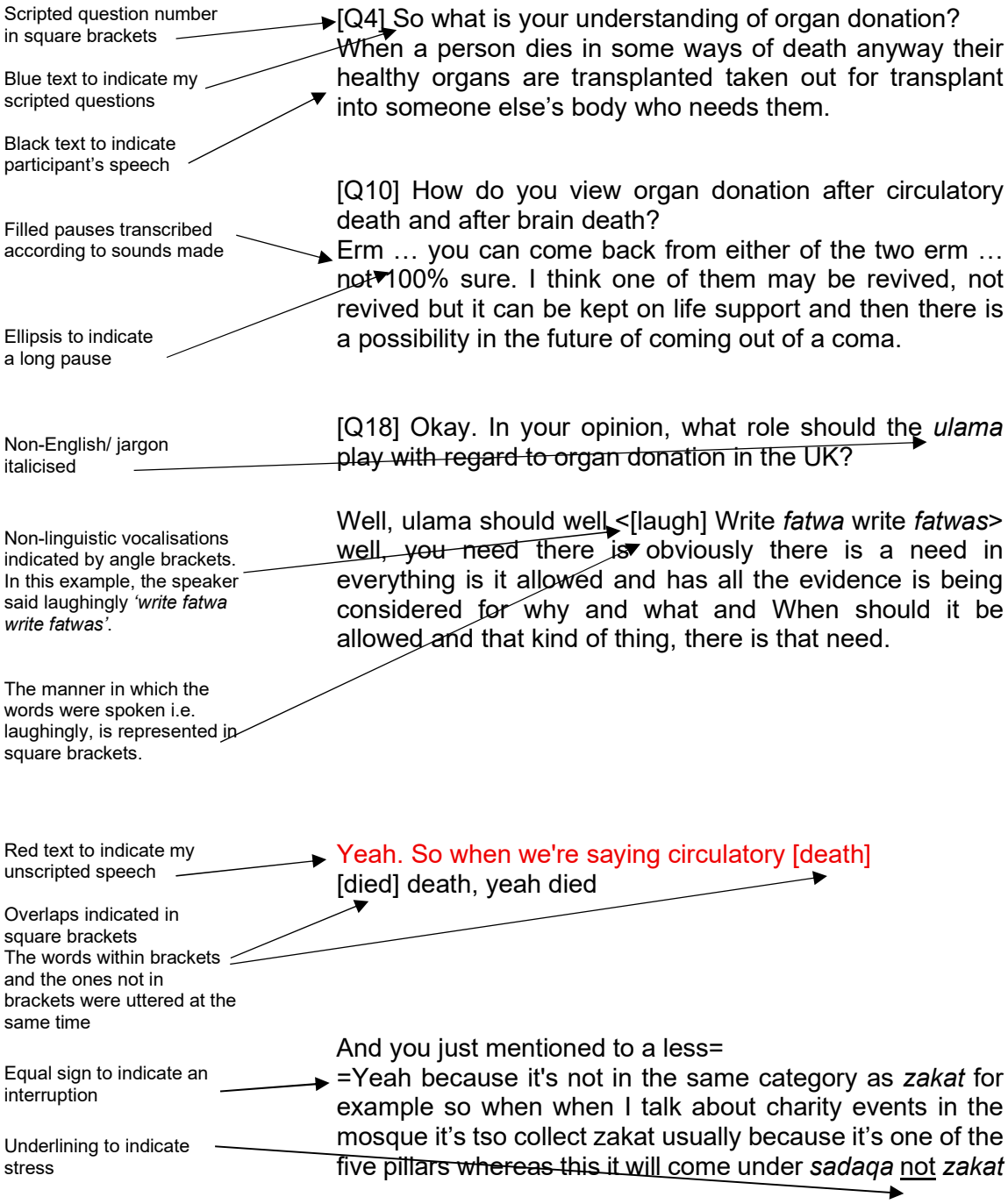
Permissibility of organ and tissue donation and transplantation presupposes that:

1. The situation is one of medical necessity.
2. There is a reasonable chance of success.
3. The organ or tissue is donated with the willing consent, whether express or implied, of the deceased.
4. The procedure is conducted with the same dignity as any other surgery.

And Allāh knows best.
Mufti Mohammed Zubair Butt
Senior Jurisconsult
Institute of Islamic Jurisprudence, Bradford

Appendix VI: Mark-ups used in my transcripts

Appendix VII: Mark-ups used in my transcripts



Appendix VIII: Love's shortened list of eight filled pause sounds.

Expression	Usual interpretation	Sound
Ah	realisation, frustration or pain	has the vowel found in "father" or a similar vowel
Oh	mild surprise or upset	has the vowel found in "road" or a similar vowel
Eh	uncertainty, or "please say again?"	has the vowel in "bed" or the vowel in "made" or something similar, without an "R" or "M" sound at the end
er	uncertainty	a long or short "er" or "uh" vowel, as in "bird"; there may or may not be an "R" sound at the end
erm	thinking	as for "er" but ends as a nasal sound
Mm	agreement	has a nasally "M" or "N" sound from start to end
huh	surprise	like an "er" but with a clear "H" sound at the start
uh	success or realisation	two shortened "uh" or "er"-type vowels with an "H" sound between them

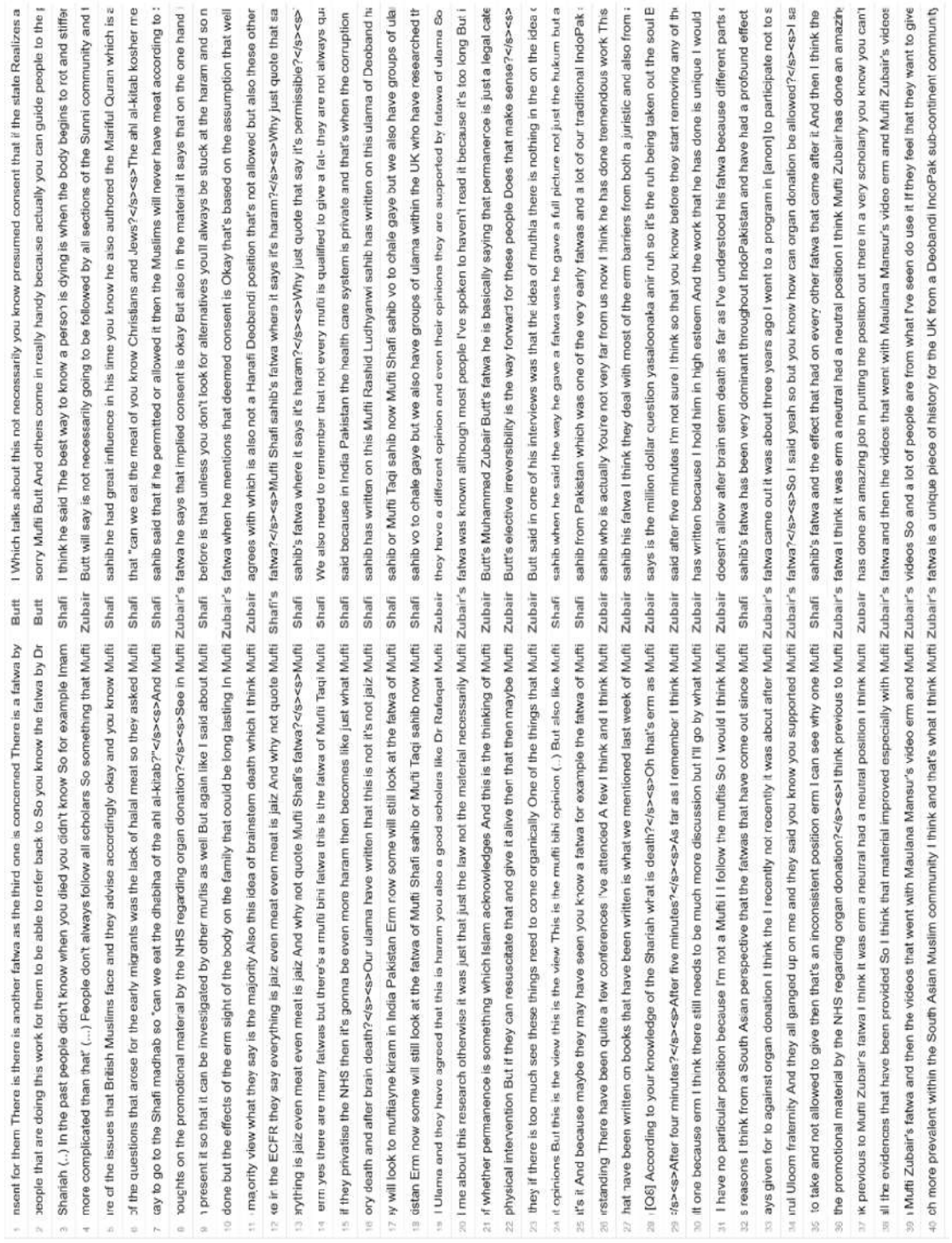
* Adapted from Love (2020, p. 119)

Appendix IX: Top 498 nouns in the IC

A list of the top 498 keywords (generated by SketchEngine as ‘nouns’) in the IC compared to the Spoken BNC. Log-likelihood ranged between 2772.38 and 22.5

organ	1663	regard	100	condition	46	q6	30	sadaqa	21	peace	14
people	1180	case	99	masjid	45	q14	30	let	20	this	14
donation	1024	perspective	93	BIMA	45	q15	30	Scotland	20	teacher	14
death	661	discussion	93	contribution	45	England	29	request	20	association	14
thing	646	religion	90	man	45	medium	29	call	20	element	14
community	599	decision	89	healthcare	44	q7	29	living	20	article	14
Erm	574	sense	89	India	44	brainstem	28	specialist	20	balance	14
person	424	information	88	one	44	procedure	28	America	20	tv	14
way	416	knowledge	88	nobody	43	guy	28	response	20	Asia	14
Life	390	money	85	video	43	stem	28	step	19	meeting	14
donor	387	place	83	moment	43	definition	28	ruling	19	couple	14
brain	351	etc	81	event	43	wish	28	paper	19	sport	14
time	348	term	80	merit	42	islamophobia	28	line	19	Saudi	13
family	340	end	80	option	42	test	28	street	19	table	13
heart	340	fact	79	hour	42	scandal	28	race	19	water	13
opinion	331	list	77	chance	42	function	27	mistrust	18	myth	13
body	328	situation	75	anyone	42	register	27	centre	18	light	13
something	309	majority	73	Zubair	41	consensus	27	future	18	news	13
okay	308	experience	72	generation	41	congregation	27	order	18	autonomy	13
Lot	299	member	71	trust	40	q17	27	page	18	marriage	13
imam	293	Quran	70	alternative	40	respect	27	datum	18	madhab	13
kind	285	awareness	70	anybody	40	q1	27	anti-rejection	18	butt	13
question	282	campaign	70	recipient	40	covid	27	website	18	ignorance	13
issue	273	area	68	play	39	wife	27	tissue	18	general	13
blood	267	British	68	society	39	q2	27	intention	18	Taqi	13
transplant	254	idea	67	mind	39	population	27	alayhi	18	reading	13
somebody	253	aspect	66	support	39	leader	27	dharura	17	suit	13
kidney	249	everyone	66	hadith	38	pressure	27	opportunity	17	prayer	13
year	243	background	66	human	38	non-Muslim	26	operation	17	dad	13
NHS	243	research	66	lung	37	effort	26	adult	17	I	13
example	233	laugh	66	home	37	q3	26	mum	17	solution	13
someone	232	team	65	job	37	month	26	responsibility	17	privatisation	13
Need	220	max	65	benefit	37	practice	26	resource	17	profit	13
Islam	212	care	65	Asians	37	field	26	pain	17	youth	13
doctor	210	stuff	65	principle	36	purpose	26	husband	17	road	13
law	204	thought	64	friend	36	GP	25	whole	16	gift	13
government	202	leaflet	62	look	36	father	25	harm	16	transfusion	13
UK	194	Keira	62	education	36	failure	25	result	16	essence	13
ulama	192	regulation	61	food	35	liver	25	sallam	16	ma-sha	13
faith	191	side	60	stop	35	professional	25	amount	16	document	13
Muslims	187	individual	60	approach	35	fiqh	25	basis	16	vaccination	13
scholar	184	concern	59	literature	35	rest	25	head	16	university	13
process	181	charity	59	minute	35	Darul	25	behalf	16	infection	13
health	175	surgery	58	soul	35	activity	25	front	16	duty	13
view	175	school	57	sahib	34	public	25	check	16	voice	13
patient	174	course	57	change	34	language	24	company	16	will	13
bit	169	world	56	culture	34	stage	24	thinking	16	comment	13
consent	168	quality	56	belief	34	subhanahu	24	damage	16	YouTube	13
reason	167	ruh	56	week	34	cancer	24	sall-Allahu	16	Afghanistan	12
Muslim	163	medicine	56	lack	34	factor	24	permission	16	council	12
mufti	163	parent	56	context	33	dead	24	today	16	connection	12
conversation	162	answer	56	cell	33	age	24	door	16	office	12
system	147	story	56	treatment	33	nurse	24	Uloom	16	face	12
fatwa	144	other	55	minority	33	fear	24	book	16	amanat	12
country	144	wa	55	tala	33	board	24	cost	15	ghusl	12
day	144	value	54	brother	33	state	24	risk	15	Deobandi	12
number	141	reception	53	kid	32	detail	24	deceased	15	percentage	12
part	137	enabler	53	participant	32	form	24	project	15	conference	12
sort	136	nothing	53	medication	32	game	24	Manchester	15	racism	12
Allah	134	advice	52	favour	32	agenda	23	program	15	London	12
right	134	type	52	NHSBT	32	authority	23	rafaqat	15	Shia	12
organisation	131	argument	52	chaplain	32	alcohol	23	b	15	half	12
south	125	cause	52	q20	31	concept	23	access	15	Hindu	12
work	124	surgeon	52	dignity	31	sign	23	fund	15	jaiz	12
shariah	122	match	52	period	31	ethic	23	say	15	circle	12
point	122	topic	51	hand	31	committee	22	theatre	15	theory	12
difference	118	matter	51	beating	31	bone	22	interpretation	15	study	12
group	116	level	51	effect	31	so	22	circumstance	15	workshop	12
child	115	machine	51	being	30	Shafi	22	teaching	15	promotion	12
haram	115	woman	51	statistic	30	student	22	valve	15	touch	12
mosque	114	name	50	q13	30	prophet	22	bias	15	ummah	12
problem	114	drug	50	q8	30	impact	22	rejection	15	use	12
anything	113	choice	50	animal	30	dr	21	start	15	profession	12
understanding	113	transplantation	50	q12	30	expert	21	ventilator	14	deed	12
barrier	112	message	49	q16	30	environment	21	train	14	guidance	12
everybody	112	god	49	q4	30	evidence	21	alhamdulillah	14	north	12
dialysis	110	disease	49	q9	30	rule	21	alim	14	dua	12
role	104	talk	48	q19	30	reality	21	attitude	14	Deoband	12
Asian	102	Pakistan	48	q5	30	service	21	outcome	14	reward	11
everything	102	word	47	criterion	30	house	21	meat	14	retrieval	11
hospital	102	position	47	q11	30	eye	21	channel	14	zakat	11
material	102	yes	47	q18	30	diabetes	21	humanity	14	mother	11
pig	101	vaccine	46	q10	30	son	21	unit	14	can	11

Appendix X: Concordance lines showing honourification of MSU and MZB



1	nsent for them There is there is another fatwa as the third one is concerned There is a fatwa by	Butt	I Which talks about this not necessarily you know presumed consent that if the state Realizes a
2	people that are doing this work for them to be able to refer back to So you know the fatwa by Dr	Butt	sorry Mufti Butt And others come in really handy because actually you can guide people to the
3	Shariah (...) In the past people didn't know when you died you didn't know So for example Imam	Shafi	I think he said The best way to know a person is dying is when the body begins to rot and stiffe
4	more complicated than that' (...) People don't always follow all scholars So something that Mufti	Zubair	Butt will say is not necessarily going to be followed by all sections of the Sunni community and
5	ire of the issues that British Muslims face and they advise accordingly okay and you know Mufti	Shafi	sahib he had great influence in his time you know he also authored the Mariful Quran which is a
6	of the questions that arose for the early migrants was the lack of halal meat so they asked Mufti	Shafi	that "can we eat the meat of you know Christians and Jews?</s><s>The ahl al-kitab kosher me
7	ay to go to the Shafi madhab so 'can we eat the dhabiha of the ahl al-kitab?"</s><s>And Mufti	Shafi	sahib said that if he permitted or allowed it then the Muslims will never have meat according to
8	oughts on the promotional material by the NHS regarding organ donation?</s><s>See in Mufti	Zubair's	fatwa he says that implied consent is okay But also in the material it says that on the one hand
9	present it so that it can be investigated by other muftis as well But again like I said about Mufti	Shafi	before is that unless you don't look for alternatives you'll always be stuck at the haram and so n
10	done but the effects of the erm sight of the body on the family that could be long lasting In Mufti	Zubair's	fatwa when he mentions that deemed consent is Okay that's based on the assumption that well
11	majority view what they say is the majority Also this idea of brainstem death which I think Mufti	Zubair	agrees with which is also not a Hanafi Deobandi position that's not allowed but also these other
12	ea ir the ECFR they say everything is jaiz even meat even meat is jaiz And why not quote Mufti	Shafi's	fatwa?</s><s>Mufti Shafi sahib's fatwa where it says it's haram?</s><s>Why just quote that sa
13	anything is jaiz even meat even meat is jaiz And why not quote Mufti Shafi's fatwa?</s><s>Mufti	Shafi	sahib's fatwa where it says it's haram?</s><s>Why just quote that say it's permissible?</s><s>
14	erm yes there are many fatwas but there's a mufti bini fatwa this is the fatwa of Mufti Taqi Mufti	Shafi	We also need to remember that not every mufti is qualified to give a fat- they are not always qua
15	if they privatise the NHS then it's gonna be even more haram then becomes like just what Mufti	Shafi	said because in India Pakistan the health care system is private and that's when the corruption
16	ory death and after brain death?</s><s>Our ulama have written that this is not it's not jaiz Mufti	Shafi	sahib has written on this Mufti Rashid Ludhyanwi sahib has written on this ulama of Deoband ha
17	ay will look to muftiayne kiram in India Pakistan Erm now some will still look at the fatwa of Mufti	Shafi	sahib or Mufti Taqi sahib now Mufti Shafi sahib vo to chale gaye but we also have groups of ula
18	istan Erm now some will still look at the fatwa of Mufti Shafi sahib or Mufti Taqi sahib now Mufti	Shafi	sahib vo to chale gaye but we also have groups of ulama within the UK who have researched th
19	I Ulama and they have agreed that this is haram you also a good scholars like Dr Rafeqat Mufti	Zubair	they have a different opinion and even their opinions they are supported by fatawa of ulama So
20	I me about this research otherwise it was just that just the law not the material necessarily Mufti	Zubair's	fatwa was known although most people I've spoken to haven't read it because it's too long But i
21	of whether permanence is something which Islam acknowledges And this is the thinking of Mufti	Zubair	Butt's Muhammad Zubair Butt's fatwa he is basically saying that permanence is just a legal cate
22	physical intervention But if they can resuscitate that and give it alive then that then maybe Mufti	Zubair	Butt's elective irreversibility is the way forward for these people Does that make sense?</s><s>
23	they if there is too much see these things need to come organically One of the things that Mufti	Zubair	Butt said in one of his interviews was that the idea of muftia there is nothing in the en the idea
24	opinions But this is the view this is the view This is the mufti bhi opinion (...) But also like Mufti	Shafi	sahib when he said the way he gave a fatwa was he gave a full picture not just the hukum but a
25	it's it And because maybe they may have seen you know a fatwa for example the fatwa of Mufti	Shafi	sahib from Pakistan which was one of the very early fatwas and a lot of our traditional IndoPak
26	rstanding There have been quite a few conferences I've attended A few I think and I think Mufti	Zubair	sahib who is actually You're not very far from us now I think he has done tremendous work This
27	hat have been written on books that have been written is what we mentioned last week of Mufti	Zubair	sahib his fatwa I think they deal with most of the erm barriers from both a juristic and also from
28	[06] According to your knowledge of the Shariah what is death?</s><s>Oh that's erm as Mufti	Zubair	says is the million dollar cuestion yasaloonaka anir ruh so it's the ruh being taken out the soul E
29	/s><s>After four minutes?</s><s>As far as I remember I think Mufti	Zubair	said after five minutes I'm not sure I think so that you know before they start removing any of th
30	ilt one because erm I think there still needs to be much more discussion but I'll go by what Mufti	Zubair	has written because I hold him in high esteem And the work that he has done is unique I would
31	I have no particular position because I'm not a Mufti I I follow the muftis So I would I think Mufti	Zubair	doesn't allow after brain stem death as far as I've understood his fatwa because different parts
32	s reasons I think from a South Asian perspective that the fatwas that have come out since Mufti	Shafi	sahib's fatwa has been very dominant throughout IndoPakistan and have had a profound effect
33	ays given for to against organ donation I think the I recently not recently it was about after Mufti	Zubair's	fatwa came out it was about three years ago I went to a program in [anon] to participate not to s
34	rul Uloom fraternity And they all ganged up on me and they said you know you supported Mufti	Zubair's	fatwa?</s><s>So I said yeah so but you know how can organ donation be allowed?</s><s>I sa
35	to take and not allowed to give then that's an inconsistent position erm I can see why one Mufti	Shafi	sahib's fatwa and the effect that had on every other fatwa that came after it And then I think the
36	the promotional material by the NHS regarding organ donation?</s><s>I think previous to Mufti	Zubair's	fatwa I think it was erm a neutral had a neutral position I think Mufti Zubair has done an amazin
37	ik previous to Mufti Zubair's fatwa I think it was erm a neutral had a neutral position I think Mufti	Zubair	has done an amazing job in putting the position out there in a very scholarly you know you can't
38	all the evidences that have been provided So I think that material improved especially with Mufti	Zubair's	fatwa and then the videos that went with Maulana Mansur's video erm and Mufti Zubair's videos
39	Mufti Zubair's fatwa and then the videos that went with Maulana Mansur's video erm and Mufti	Zubair's	videos So and a lot of people are from what I've seen do use it If they feel that they want to give
40	ch more prevalent within the South Asian Muslim community I think and that's what I think Mufti	Zubair's	fatwa is a unique piece of history for the UK from a Deobandi IndoPak sub-continent communit

41	a link up them saying that you know I went for it and then written something in defence of Mufti	Zubair	So I just read it again last week So I was quite proud of that One of the arguments that was put
42	ould say within Islamic tradition you would say a barrier is a precedent of a fatwa Like with Mufti	Shafi	sahib's becomes a barrier because he's held in extremely really high regard I've always said tha
43	n enabler actually more than the barrier Yeah So those kinds of things become an enabler Mufti	Zubair	sahib's fatwa becomes an enabler And then all the other arguments that are there that Allah sul
44	ow organ donation after circulatory death brain death?</s><s>So for example when I read Mufti	Zubair's	fatwa it seems clear that if someone is has died of circulatory death then he seems to say that t
45	en on this Whether the NHS have read it or not we don't know Something else I read was Mufti	Zubair's	fatwa Which to be honest I would need somebody who's studied both fiqh and medicine to expl
46	ell they've not understood it or there are different interpretations of this fatwa Then there's Mufti	Zubair's	fatwa which is about 110 pages And what I've just told you is the summary of it Now the book its
47	some sort of reasonable agreement about what is death?</s><s>Yeah Also the work that Mufti	Zubair	has done and the work Sheikh Mansur has done needs to be simplified So that most of the Ular
48	it so it needs to be even more simplified so that a lay person can understand exactly what Mufti	Zubair	is saying because that doesn't make sense to me either like you have to read it three four times
49	to be appealing and engagement too So that's probably the best way of doing it I thought Mufti	Zubair's	fatwa was important in dealing with the main misconceptions or not misconceptions in dealing w
50	re all giving permission And it's just due to the lack of certain issues being addressed that Mufti	Zubair	thought it appropriate for another one to be put on the table We saw the recent ground-breaking
51	ow the expertise required to come to conclusions has to be across the board So okay fine Mufti	Zubair	Butt came up with his fatwa but perhaps it's not that useful that it's attributed to one person Pert
52	nore authoritative and would make you more convincing because end of the day although Mufti	Zubair	is a chaplain I believe And he works in the right field appropriate field which is great erm And ye
53	government is making some regulations and some Shariah scholars are working for it like Mufti	Zubair	sahib but I'm not very much in touch with it I don't have a very concrete knowledge about the re
54	ow we don't know where the open comes from It's anonymous In principal it is allowed but Mufti	Shafi	sahib mentioned that do you know Mufti Shafi?</s><s>He was the father of Mufti Rafi Uthmani
55	It's anonymous In principal it is allowed but Mufti Shafi sahib mentioned that do you know Mufti	Shafi	?</s><s>He was the father of Mufti Rafi Uthmani has mentioned that blood and organs it is pret
56	Right We mentioned earlier about the promotionall material The most important material is Mufti	Zubair	sahib's fatwa So what did you think of this fatwa?</s><s>Yeah even I havent read the whole fat
57	avour of organ transplantation I am also always read research of those who allowed it and Mufti	Zubair	Butt sahib who wrote a detailed fatwa I will read it these days his fatwa So through the conversa
58	long time And they have had research like what they say did and has some video stuff for Mufti	Butt's	and the other so it's they are depending on people who had experience in this issue and bioethi
59	doing this work for them to be able to refer back to So you know the fatwa by Dr Butt sorry Mufti	Butt	And others come in really handy because actually you can guide people to the promotional mat
60	a fatwa today you know you will see 90% or more of ulama coming out in favour because Mufti	Butt	Sahib has you know kind of given a Fatwah although he's ma-sha Allah influential and he's got
61	nation But there are few who are we have done a remarkable job in convincing people like Mufti	Zubair	and Rafaqat Rashid there was another and there are other scholars like Jawed Ghamidi and the
62	grounds erm it's contribution of these great people like Mansur Ali and Rafaqat Rashid or Mufti	Zubair	and so they play a significant role And because people want to listen to them people want advic
63	something which Islam acknowledges And this is the thinking of Mufti Zubair Butt's Muhammad	Zubair	Butt's fatwa he is basically saying that permanence is just a legal category that was made in It's
64	some of it last last week so there are those fatwas especially the fatwa from mufti Muhammad	Shafi	sahib rahmatullahi alayh they you know with the whole a team of scholars in Pakistan I think tha
65	holars such as the Islamic fiqh academy of India allow live donations only the Mufti Muhammad	Zubair	Butt Muslim council of Britain Therefore it is very clear that in Islam organ donation is a very per
66	e and one should consider seeking the opinion of a scholar of their choosing Mufti Muhammad	Zubair	But that said then it says 'that said' I was just I don't know what they there you know it just confu
67	w that and we're aware that the Hanafi madhab doesn't allow it so would it be okay to go to the	Shafi	madhab so "can we eat the dhabiha of the ahl al-kitab?"</s><s>And Mufti Shafi sahib said that
68	s not brought up in any specific madhab I know that my background is more in keeping with the	Shafi	sort of you know background My wife is stressed on that when we got married but over time we
69	I would be ready for the next day of school around seven o'clock And yeah it was a pain in the	butt	but I did use it to my advantage [laugh] but I'm not going to talk erm but yeah I was a curious te
70	omplicated than that" (...) People don't always follow all scholars So something that Mufti Zubair	Butt	will say is not necessarily going to be followed by all sections of the Sunni community and then
71	ner permanence is something which Islam acknowledges And this is the thinking of Mufti Zubair	Butt's	Muhammad Zubair Butt's fatwa he is basically saying that permanence is just a legal category t
72	ing which Islam acknowledges And this is the thinking of Mufti Zubair Butt's Muhammad Zubair	Butt's	fatwa he is basically saying that permanence is just a legal category that was made in It's not re
73	l intervention But if they can resuscitate that and give it alive then that then maybe Mufti Zubair	Butt's	elective irreversibility is the way forward for these people Does that make sense?</s><s>How c
74	there is too much see these things need to come organically One of the things that Mufti Zubair	Butt	said in one of his interviews was that the idea of muthla there is nothing in the on the idea of mu
75	expertise required to come to conclusions has to be across the board So okay fine Mufti Zubair	Butt	came up with his fatwa but perhaps it's not that useful that it's attributed to one person Perhaps
76	f organ transplantation I am also always read research of those who allowed it and Mufti Zubair	Butt	sahib who wrote a detailed fatwa I will read it these days his fatwa So through the conversation
77	such as the Islamic fiqh academy of India allow live donations only the Mufti Muhammad Zubair	Butt	Muslim council of Britain Therefore it is very clear that in Islam organ donation is a very persona

Appendix XI: A list of 119 word types in the IC related to category B3 Medicine and medical treatment

A list of the 119 word types, with a total of 792 occurrences with a relative frequency of 0.81% in the IC (generated using Wmatrix5's Semantic tagging using USAS and sorted by frequency).

Word	Freq	Relative freq	Word	Freq	Relative freq	Word	Freq	Relative freq
transplant	87	0.09	resuscitating	2	0	anaesthetic	1	0
dialysis	69	0.07	primary care	2	0	anaesthetised	1	0
doctors	63	0.06	physicians	2	0	registrar	1	0
medical	61	0.06	healthcare profession	2	0	ecg	1	0
doctor	49	0.05	general practitioner	2	0	operating table	1	0
hospital	33	0.03	clinical	2	0	transfusion	1	0
medicine	27	0.03	aseptic	2	0	transplanting	1	0
surgery	23	0.02	blood donor	2	0	doctor based	1	0
transplants	22	0.02	implanting	2	0	anaesthetising	1	0
drugs	18	0.02	consultant	2	0	booster vaccines	1	0
medication	17	0.02	private hospital	2	0	conspiracy vaccine	1	0
vaccines	17	0.02	surgeries	2	0	treatments	1	0
surgeon	16	0.02	diagnosed	2	0	injecting	1	0
surgeons	14	0.01	tablets	2	0	IVF	1	0
treatment	13	0.01	hospital chaplain	1	0	pharmacist	1	0
transplantation	12	0.01	medics	1	0	check-ups	1	0
health care	12	0.01	diagnose	1	0	on the medical side	1	0
gp	12	0.01	vaccinated	1	0	paediatric	1	0
healthcare	11	0.01	dentists	1	0	catheter	1	0
hospitals	11	0.01	dentist	1	0	prescribed	1	0
resuscitate	9	0.01	booster	1	0	antidepressants	1	0
cure	9	0.01	inject	1	0	blood tests	1	0
medications	8	0.01	nursing	1	0	drug	1	0
medically	7	0.01	post mortem	1	0	blood test	1	0
surgical	7	0.01	healthcare thing	1	0	biopsy	1	0
vaccine	7	0.01	prescribing	1	0	ultrasound	1	0
heart transplant	6	0.01	prescribe	1	0	prescription	1	0
nurses	6	0.01	clinics	1	0			
life support	5	0.01	pharmaceuticals	1	0	Added words:		
injections	5	0.01	pills	1	0	NHS	276	0.13
blood transfusion	5	0.01	paramedics	1	0			
transplanted	4	0	ventilators	1	0			
ventilator	4	0	circumcision	1	0			
chemotherapy	4	0	circumcised	1	0			
painkillers	3	0	health services	1	0			
injection	3	0	physician	1	0			
anaesthetist	3	0	gps	1	0			
nurse	3	0	extraction	1	0			
healthcare profession	3	0	nursing staff	1	0			
vaccination	3	0	hospitalisation	1	0			
orthopaedic	3	0	therapy	1	0			
paediatrics	3	0	transplantations	1	0			
intensive care unit	2	0	contraception	1	0			
public health	2	0	vaccinations	1	0			
palliative	2	0	transplant things	1	0			
blood transfusions	2	0	medical schools	1	0			

List of abbreviations

The thesis includes the following acronyms:

1. **B3** - Category related to Medicine and Medical Treatment
2. **BSAM** - British South Asian Muslims
3. **CDA** - Critical Discourse Analysis
4. **DHA** - Discourse Historical Approach
5. **HCP** - Healthcare Professionals
6. **IC** - Interviews Corpus
7. **MI** - Mutual Information
8. **MSU** - Muslim Scholars Union
9. **MZB** - Mufti Mohammed Zubair Butt
10. **NHS** - National Health Service
11. **NHSBT** – NHS Blood & Transplant
12. **Q** - Question (used in the context of interview questions)
13. **RQ** – Research question
14. **S9** - Category related to Religion and the Supernatural

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