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## RESEARCH ARTICLE

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## Legislation and its impact on curbing human organ trafficking Qatari Law No. 15 of 2015 regarding the regulation of the transfer and transplantation of human organs as a model

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\*Correspondence: [yassir@qu.edu.qa](mailto:yassir@qu.edu.qa)**ABSTRACT**

This paper will make provisions on legislation and the effort towards halting human organ trafficking concerning Qatar's Law No. 15 of 2015 as modern legislation. Among its chief objectives, the law sets out to control transactions and transplants of organs and defend the donor's rights, proposing that for any transplant operation, the donor should be fully aware of the implications and be given a right to rescission. The study also shows the role of local and international legislation in combating the issues of the black market of organs and Qatari law, which is a successful example of finding the middle ground in achieving the maximum therapeutic impact while minimizing the potentially dangerous risks. The study's findings also indicate that Qatari law should be followed by other legislations, which should also include the recommendation of increasing the range of countries and creating international organizations for cooperation to adapt legal rules for the model to the world. It also affirms the need to improve the performance of the law through increasing medical research to supply human organs and acknowledging that organ transplantation is an exceptional, sophisticated therapeutic exercise that does call for strict consciousness of the risks and returns. The study also shows that Qatar's Law no. 15 / 2015 is a successful example of achieving the therapeutic interest and, at the same time, protecting the individuals, and it is helpful to eliminate the buying-selling of organs and tissues while respecting the principles of justice and human rights.

**KEYWORDS:** Human organ trafficking, Qatari Law No. 15 of 2015, Organ transplantation regulation, Organ donation ethics, Organ trafficking penalties, Organ commodification, Organ donation consent, Organ donation laws Qatar, Human organ bank initiative

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## 1. Introduction

It is possible to learn about dozens of experiments made by doctors for the transplantation of organs or some parts of a human or animal body to the other one as attempts to save patient's lives but which failed. Nevertheless, due to the increased success of organ transplantation and donation procedures, an ethical, religious, and legal dilemma arises as to the source of the human organs to be transplanted or donated. As medical technology has progressed to organ transplantation as a viable form of treatment, a whole new business boomed, performed by organized international bands worldwide for the supply of human spare parts, so to speak, using kidnapping children, women and the less fortunate in society (Ambagtsheer, 2021), or through deception, anesthetizing these poor souls and harvesting their organs, with or without consent, for a trifling sum of money (Duguay et al., 2020).

This has, in turn, created a dispute that has stretched between the health profession, which has been productive in making organ transplants a successful operation, and the ethical and religious concerns on the other end. This controversy brings out the negative factor of the reality that there cannot be a situation where human body integrity is not violated on the one hand and the blatant violation of the human body's integrity on the other. This has brought a reversal of the natural order, which states that every person is equally valued; what happened to the dignity of a person who gives an organ for transplant in contrast with a person to whom an organ is harvested (Mohamed, 2020)? This has led international organizations and national laws to re-establish new treatment modalities that act as substitutes for treatment through medication and surgeries. The new and universal principle is that no life can be preserved at the cost of the loss of another life. It is, therefore, still in conflict if waiting for a regulated law that does not rely on the conscience of doctors or on ethics or religious instructions that are usually adjusted according to the pocket of an individual. Humanity can only be rectified by a just law (Severino, 2022). This is what Qatari legislators did by passing law No. (21) of 1997 towards regulating the transfer and transplantation of human organs following the repeal of the former law by passing Law No. (15) of 2015 concerning the regulation of transfer and transplantation of human organs, which will form the subject of our study with update, one of the most significant of them being the rights of Qatari citizens.

### 1.1 The Importance of Research

This leads to an appreciation of the need for a strict law to locate realistic solutions to the problem. Now, it does not end merely by criminalizing the act but by regulating organ donation in a way that makes human organ transplantation wholly controlled from the mechanisms of supply to that of demand. Consequently, in the event of making human organs available by legal means, there will not be a market for organs to be sold. Could that happen, or is it just an imagination? We could address this question by referring to the model Qatari legislator provides. It appears it was organized in an ideal way to link the law with the phenomenon's existence. The Hamad Medical Corporation adopted the task of offering human organs to abolish the vice of organ trafficking, and the policy set was an actual depiction of what the law regarding the transfer and transplantation of human organs in Qatar meant to achieve.

### 1.2 Research Problem

This leads to another question laden with many implications: Can this law as a model meet the need for human organs for those in dire need while curtailing cases of human organ trade on the other end? Or is all of that just an imaginary thought in the mind? Therefore, the fundamental question in our study is: How can a realistic national law be legislated to regulate organ donation in the country become a reference for self-sufficiency at the national level? However, does adopting such a model in other countries also result in the prevention of human organ trade internationally? This is what we would like to clarify in due course:

## 2. Literature Review

Of interest, the Qatari legislator has employed the terms "organ transplantation" and "organ grafting" in the repealed law as well as in the current law. Both are delicate medical procedures that involve trying to substitute an inefficient or harmed organ in the human body with a good one donated by another individual. While the terms are primarily synonymous, a reason for their differentiation about a specific medical act might exist.

## **2.1 A Model for Balancing Benefits and Risks According to Qatari Law**

In light of this, the promulgation of legislation on the regulation of human organ transplantation must bear the realism and credibility of This is because the legislator's act of issuance of legislation regulating the issue of human organ transplantation cannot deny realism and credibility of attaining the policy consideration of the benefits against the risks inherent in the procedure (Aboelazm, K. S., Dganni, K. M., Tawakol, F., & Sharif, H., 2024). Good legal work and written texts of the law are two essential prerequisites for achieving this balance. It is also crucial that, as a society, there is some sense of a genuine benchmark by which we can measure benefits and risks appropriately. This balance Law No. (15) of 2015 about the rules for the transfer and transplantation of human organs in Qatar will be examined as proof that these criteria work and that the desired balance is maintained between the expected benefits and expected risks. The Adopted Standard: First, we work out what the proper standard is consisting of the evaluation of the expected gains contrary to the actual risks, after which we determine what the Qatari legislator has chosen as the standard or to what extent she or he has conformed to the model standard. Of course, the actualization of the standard model is only partially categorical because it cannot be assigned to the subjectivism of the mere whim of the donor or the recipient. However, as an ideal, it obtains its cues from such locations. The personal Standard Model standard is assessed based on parties, in other words, the donor party and the recipient party, to balance the benefits and risks.

### **2.1.1 The Legitimacy of the Personal Criterion from the Donor's Side**

This balances the benefits and risks, which must be defined before deciding what is being donated and to whom. In this form of giving, the reasonable private return is the patients' desire to heal from a particular disease and the attempts to prolong their life or ease the pain as much as possible (Tawakol, F., Dganni, K. M., & AlFil, N. Z., 2024). This standard allows for blood, tissues, renewable organs, and anything the body can make up for. However, when it comes to donating a non-renewable organ such as a kidney or heart, the criterion of pure personal benefit does not allow the donor to donate an organ that exposes himself to risks that some of whose effects are beyond imagination they are known to God alone. He may encounter issues resulting from the removal of an organ that cannot be replaced.

### **2.1.2 The Legitimacy of the Personal Criterion from the Recipient's Perspective**

The personal benefit herein that the recipient in the human member possesses and seeks is the restoration for healing from a condition that could be beyond the pharmaceuticals and scalpel. The personal standard in this way is valid if what is donated does not in any way affect the donor except to a small measure, for instance, donating blood (Ramadan, S. A., 2023). However, when the treatment involves performing surgery in which an organ is harvested from another individual to replace the patient's failing organ, it is impossible to determine the surgery based on a standard that has been established from the recipients' (patients') perception because of the benefit that is represented by the patient's interest in seeking a cure for a given ailment (Dalal, 2015). The personal standard can make the measures of all the benefits and risks free from regulation. When evaluated from the point of view of the donor in absolute terms, it will look like sacrificing something that the person does not have; when evaluated from the point of view of the beneficiary in absolute terms, it will look egotistical (Sambuc, 2012). The Standard of Objective Modeling is standard is assessed from the point of view of human social functioning, including all benefits and risks.

### **2.1.3 The Legitimacy of the Objective Standard from the Donor's Perspective**

If the range of assessment is expanded from the angle of the standard of benefits and risks from the social function standpoint, this broadening will enable the donor to sacrifice for others. The experience can be compared to an infantryman who fights for his nation. However, the donor's sacrifice will not be allowed to become equal to the soldier in battle, but less. The law will not allow the donor to be disabled or die as a result of a transplant since this will be deemed as overburdening them with risk as much as they benefit from the transplant. Culturally, from the perspective of donation, it remains unthinkable for a person to die to save the life of another person. However, it cannot be a mirage and turns into one if a particular individual is permitted to donate tender organs such as the heart and lungs, among others, without a thorough assessment of the effects of the removal of such vital bodies on the health of the donor (Al-Zuhaili, 1997). In general, there is a shift to the recipient rather than

the individual's or source's health. To maintain the purity of the standard, its application must reflect the risks as opposed to the benefits, and in the case of the law, harm prevention must come before good. As soon as a surgeon finds out that the donor will suffer from this operation, his health or psychological state will worsen, and his life will be significantly better (Dalal, 2015). He must stop because it is forbidden to improve one man's life at the cost of another man's suffering (Mader, 2010).

#### **2.1.4 The Legitimacy of the Objective Criterion from the Recipient's Perspective**

If viewed from the standpoint of the medical condition, the criterion of benefits and risks legitimates this criterion as the obligation to find a treatment for this condition becomes an obligation on the part of the healthcare institution in question (de Raymond, 2001). However, the patient's attitude toward organ transplantation will not be among the criteria because the patient is hardly ever in a state where he or she can make a reasonable decision. He may flatly refuse to accept any organ transplanted from a family member for fear of the donor's life. From experience, one expects this fear to diminish when one realizes the donor is an unknown person. Still, religious, ethical, and cultural differences will determine the degrees of self-interest and the survival instinct revealed during the planned activities. As such, the objective standard cannot be biased between the doctor and the patient (Morizot, 2014).

#### **2.1.5 Al Aligned between the Extent of Anticipated Benefits and Expected Risks**

The criterion by which we will measure the expected benefits and the expected risks must also be specified, such as the moment at which the balance should occur, and who will be evaluated on the criterion. According to Sambuc and Le Coz (2012), the principle of rational proportionality weighs the potential benefits the recipient might expect against any potential disadvantages for the donor (Sambuc & Le Coz, 2012).

### **2.2 A Model Moment of Balance**

The proper balance can only be achieved after fully informing the fully competent donor, by a third party, not the patient, their companion, or the surgeon and his team, of the organ that will be harvested and the risks and consequences that follow organ donation. Article seven of Qatari law states that Such risks include any possible as well as the future realized health risks that may be experienced by the recipient of an organ, part of it, tissue, or cell donated by the donor, and such information must be in writing provided to the donor by a specialized medical team after having conducted a thorough examination of the donor. The donor can, at any time and before the removal procedure, revoke his/her willingness and opt out from donating unconditionally. According to Article Five of the Qatari law, the donor must provide details in writing and only take action before the two competent witnesses. This acknowledgment is not binding, and the firm can withdraw the contract whenever they feel like it. The moment of weighing options will be present up to the pre-stage of removal. The donor has the right to question everything and will be completely free to withdraw the gift till the very last moment before they are put into surgery to start the process of extractions. What one surrenders is not a thing that has a price; it is a matter of a different order. Thus, Law No. (15) of 2015, which concerns the regulation for transfer and transplantation of human organs, has Article 7 that states the following. Nevertheless, who will demand it to make a balance?

### **2.3 Balance evaluator model**

Who balances this, and when? Should only a surgeon evaluate, or is the formation of a specialized committee required? Article 6 of Law No. (15) of 2015 states that the specific medical role that authorizes the donation procedures has to be certain that the consent is not vitiated and that the donor and the recipient are related within the fourth degree. With permission from the medical ethics committee, it is allowed to donate to individuals other than relatives if the patient requires a transplant urgently and desperately. Nevertheless, the issue remains on the drawing board; no matter how sophisticated the scientific analyses are, spontaneity can occur at any time. At that point, we can ask: Is the risk/benefit balance struck before the procedure, or is there a burden on the surgeon in cases where the donor suffers adverse effects?

The medical result is only known after using the data leading to the outcomes; in other words, it is tested to get its effects and translate the abstract into the concrete. Potential risks and deviations are only revealed at

the middle or end of the scale. In this respect, the matter shall remain still on speculation as to what will occur, which is as likely to be wrong as it is to be correct. Thus, relying on the analysis of the risks expected or comparison with potential benefits based on operations in this area in other countries, scientific progress, and the application of high-tech tools, it is necessary to simplify the situation and make no attempt to shut down the operations of organ transplantation (Shroff, 2009). Hence, it is mission-critical to rest on the best science possible, which evolves with the scientific process. However, who has the competency in risk assessment qualifications? What person or organization was given the power to set those standards?

There is a perception that the Qatari legislator interferes with this regard by setting standards that are not within the legislator's domain but instead placed in a faculty of a specialized scientific council that compares the risks and damages of treatment with the risks and damages of disease by relying on acquired data (Coudreau, 2006). It is imperative to point out that risks are not limited in any way and are not the same for every person or in every context. From cases of mere psychological pressure, a person may find him or herself in such a challenge to donate for, say, ethical or financial reasons when otherwise would not have volunteered, especially when the donation involves an organ that is not easily replaceable as a kidney. These inconveniences are reduced when body parts that the body can regenerate are donated, and it is associated with the donor's health. This has a significant implication on the risk-to-benefit ratio.

## **2.4 A Model for Preventing the Commodification of Human Organs**

Earlier human organs were not recognized. They have their utility and can be transplanted individually. However, with the development of reliable organ transplantation technology to replace medication, the market for stolen human organs has appeared as well, and laws have been gradually introduced to outlaw this act. This is in contrast to another situation where people voluntarily sell their organs because they need money to pay bills, among other expenses. As a result, human organs have been traded as materials in the black-marketing market. This phenomenon will not cease by merely increasing the penalties but by decreasing the illegal demand for human organs through its legitimate supply; each country should have a human organ bank.

### **2.4.1 Criminalization of the Sale of Human Organs**

Qatari law is wary about the transplantation of human organs, It should be: especially when the transfers are for a fee; the intent is to save the life of the recipient without infringing on the principle of the donor. By then, a donor will have a higher level of awareness than a person seeking to benefit from the sale of their organs. When a person donates one of the organs they are allowed, they fully understand the worth of what they are giving out of the blue, expecting nothing in return and making the decision voluntarily. On the other hand, the folk who sell an organ want awareness fenced and bound by the desire to receive something in exchange for the mere thing. So, he becomes a victim of fraud, gets involved in a rinsing bargain, and cannot meet the demands of the organ trade brokers. The crime is higher for those who carry out the surgical operations, including the surgeon and those who assist in the surgery operation (Nguyen, 1988).

This type of donation of organs, tissues, or cells is banned by Article 4 of Law No. (15) of 2015 as follows: "The transfer of any organ tissue or cells from one person to the other living person is prohibited save for the cases when it is required to save the life of the recipient or cure the person of a disease, and the transfer is the only possible method to address the mentioned necessity, and Besides, an organ removed for science and medicine may not be taken from a living individual, as provided for in this law. In any event, organ, tissue, or cell transplants can only be done through approved specific physicians based on medical tests recommended by the medical ethics committee. Below are the provisions of article 10 of Law No. (15) of 2015, which broadened the network of involved persons in the organ trade as its promotion and the act are unlawful. The law mentioned above also bars doctors and other healthcare workers from being involved or funding organ removal operations secretly. Article 11 states that: "It is forbidden to doctors, establishments and other health care personnel to engage in any manners for the removal of organs, tissues or cells or their transplantation or preservation if they know that such actions are involve prohibited dealing under the provision of this law." Natural and juridical persons are also prohibited from funding the transport and transplantation of an organ, tissue, or cell provided that they know this and must report it to the appropriate authorities as soon as they know it.



## 2.4.2 Regulating the Donation of Human Organs

There can be no justification for the surgeon's work, which simply involves removing an organ from the body of the donor and transplanting it onto the body of an individual who requires the said organ with the consent of the donor. At times, it involves manipulation, such as when the patient's relatives, doctors, and friends appeal to the donor, feeling that it makes him dedicated to serving their society. This matter is associated with several factors, which are the function of specific phenomena, for example, alertness, attention, memory, mind, and pain, and the capacity to express oneself cogently if interrupted may reduce or prevent one from providing explicit and unencumbered consent. As a result, we have the following: Eventually, we discover that any moral pressure or making people's emotions work, which does not let them think, are all factors that temporarily deprive the donor of contact with reality. In this relationship, we cannot affirm the existence of satisfaction with awareness and understanding of the consequences. To prevent getting to that point, the donor should be given all the relevant details, especially when donating organs that are unique to him/ her. They should be free to request constant advice and receive information on what they will be required to do before, during, and after an operation to remove the affected body part.

According to Article 12: "It is prohibited to transfer an organ, tissue or cells from a living person, even with his consent, if this leads to his death or the permanent disruption of one of his natural bodily functions". It is the responsibility of the specialist doctor to test the organ, tissue, or cells to be donated, get consent from the recipient patient, and ensure that the organ, tissue, or cells to be donated cannot harbor any disease and is compatible with the receiving party as a result of the health condition. The doctor may not mask something from the donor; for example, they will be confined to their homes after donating and cannot go to work; they will have to take specific drugs and drill down the availability, cost, and side effects of the drugs that he or she is to take.

All this needs to be known in order not to change the donor's decision and the resulting level of satisfaction. Also, informing them that there are regular tests they have to bear, for instance, donating blood to determine the effects of the drug on their health, which may require them to donate blood severally, and tests taken daily or weekly while on a particular diet. Finally, this regime may not be without several more irritating factors, such as anxiety, fleeting discomfort, and nausea. In this way, it is possible to get a clear big picture of the dangers of donation (Abdul & Al-Qurashi, 2003). The law to require a donation and then explain all of this to the donor serves to frame the law with a model; everything has become clear as to the adverse effects of the removal process. The donor is, in a way, similar to a soldier on a war front, which may result in his/her death or getting to be hospitalized. This is done by outlawing the sale yet permitting the donation. This puts the donor in much better standing as they give something without strings attached; thus, the standard is exceptionally sensible. Qatari law also stipulates that all presented here is not to be mere ethical recommendations and that no surgery of any part of this organ should be done unless in a licensed fashion. This was made clear by Article 14 of Law No. (15) of 2015 stipulates that "it shall be unlawful to transfer any organ or tissue or cell, except in licensed hospitals". The minister will decide which conditions and procedures have to be followed in the licensed hospitals to perform the mentioned surgeries.

## 2.5 A Model for Self-Sufficiency

Organ trafficking would cease if the question of acquiring human organs was removed from the supply and demand equation. It will stop the practice of organ trafficking, and it will be possible to speak about the natural balance of opportunities and threats at once. The lesson here is not only legal regulation but also its realistic application. This is what we can observe in Qatari law: contribution, in any form, is the foundation and is always done without expecting anything in return.

### 2.5.1 There is No Monetary Compensation for Human Organs

The donation issue has been addressed for Qatari law to become autonomous. Article 5 states that a person with full legal ability may give or leave behind one or more of his bodily tissues, cells, or organs by utilizing a written statement attested to by two legally qualified witnesses. A personal identity card containing proof of this will be used to make the bequest. But the mechanism's finality can only be reached if the donor understands its implications, and that understanding needs to be based on baseline knowledge, level of complexity, and

language comprehension. Is it appropriate advice to inform a man who, let's say, came from an elementary ethno-cultural background that certain organs exist and that these intricate things are occurring to them problems he has never heard of that these are complicated issues? These folks will opt to leave it to the doctor because you have a greater degree of faith in them. Therefore, the person in charge of informing the donor about the potential risks associated with certain surgical procedures, the effectiveness of the therapy, and any complications should always be someone with no personal connection to the donor. Taking care of all these issues will aid in striking the right balance (Hammer, 2006).

To conform to human dignity and the voluntary nature of the donation, Article 6 calls for verifying the donor; the donor is informed that there is no cash equivalent for the product. According to it, "the medical authority that carried out the donation procedures has to make sure there is consistent consent without defects of the donor's will, and there is relative kinship with the recipient up to the fourth degree. It can be given to those unrelated to the patient in case of necessity in the transplant taking place in critical conditions and if the medical ethics committee permits it. The committee's work must be more formal; it is necessary to fully establish the donor's free will and ensure that the donor understands all the risks associated with his donation, to the maximum extent possible, comprehensively. That gives physical and mental risks, compared to the objective risks that emerge from it, such as (Serious physical and psychological harm and temporary damages) in case of these harms' realization or possibility, donation must be prohibited equally to the corresponding financial losses, disregarding any financial losses. In any way, the lesson is not in whom sets the standards but in who uses them genuinely to assess the risks and rewards. Thus, to conduct this, there must be a medical committee distinct from the surgeon and unrelated to the donor or the recipient (Barbiéri, 1994).

Indeed, for conscious donation to become fully sustainable, donations to non-relatives should be subsidized, and the donor's name or identity should not be disclosed. Moreover, this is by Article 9, which posits that "identification of the donor by name, or otherwise, is barred save in the case of directed donations; nevertheless, such information becomes permissible for the physician to the extent as may be required in instances where the physician has a therapeutic need for such information. All of this will help prevent contact between the donor and the recipient, removing any material gain or moral pressure on the donor.

### **2.5.2 Not Assuming Consent for the Procurement of Human Organs**

The Qatari legislator did not consider the donor's consent; however, it expected their consent in a lifetime and after death through bequeathing goods. This is done by personally affording a written statement to two witnesses. This is what Article 5 stipulates: a person of full legal competency shall make a written statement of his/her intentions on donating or bequeathing one or more of their body parts, tissues, or cells in circumstances that meet the following conditions: According to the recommendation section, the improvement to the personal identification card should contain what, to demonstrate this. That is, for instance, to remove some organ from the body of a person declared as a brain-dead individual, the consent of relatives up to the second degree must be secured. This is clarified in Article 13: Except as provided in Article 5 of this law, the removal of organs or parts of organs, or tissue, or cells from the body of the deceased shall be done with the consent of those who were present at the time of death of the next of kin who are sane up to the second degree. Moreover, if several candidates are within the same rank, they all need consent".

In all cases, the approval must be in the form of a written declaration witnessed by two fully competent witnesses, taking into account the following. First, a written report signed by three specialists is required to prove the death: a neurologist, a therapist with a certificate of specialists in translatology if the person performing the procedure is not one of them, and no family members of the deceased or donor patient. Additionally, the report must be signed by the person with an interest in the death. Secondly, the person who became a donor in violation of their life should not express their objection. The new privilege of Qatari law is that it has provided a legal way of organ donation for both Qatari citizens and foreigners in the country while providing treatment to both categories of patients. As noted in Article 17, necessary treatment and healthcare may be provided free of charge within the state for donors and recipients of donated organs permanently residing in Qatar. This embraces any previous preparatory examination and treatment that may be conducted before the transplant and any test or treatment that may be done to the recipient after the transplant to ensure the health of the transplanted organ".

The drive of the Qatar Organ Donation Center “Hiba,” initialized in 2012, has been activated to deliver human organs. Interestingly, its initial purpose is to educate people about organ donation culture and enlist them for the organ donation trunk. Since its inception, the center has enrolled nearly 500,000 donors through campaigns conducted all year (Al-Watan newspaper, 2024). The effectiveness of the given work is illustrated by the increase in the number of donors within 11 years since the foundation of the Organ Donation Center and the subsequent positive impact on the growth of the number of organ transplants in the State of Qatar (Suleiman & Fadel, 2021). This moral reward given to the donor is called the ‘Medal of Altruism’ depending on article number 16 of the Qatari law that says ‘the council shall confer medals to the donors of their organs, or parts or tissues or cells ‘Medal of Altruism’. As regards the transplantation of organs from deceased persons, the medal is issued in the name of the departed and presented to their next of kin. As appropriate, donors or their relatives shall be granted therapeutic, insurance, and material benefits; for this, the minister’s decision shall define the mentioned benefits and the regulation of controls and procedures of their provision.

### **3. Methodology**

This study uses the qualitative approach to determine the effects of legislation in the fight against human organ trafficking in light of Qatari Law No. 15 of the year 2015. One of the data collection methods implemented is the review of literature in governmental and legal texts, periodicals, academic papers, reports, and publications of international organizations that have released material related to human organ trafficking. Therefore, legislation and strategic documents, including government policies, international conventions with or without accommodation, and regional accords, are examined to judge the efficiency of statutory instruments. The research analyses the provisions of the law, with special regard to the mechanisms to enforce them and how they are compliant with international human rights instruments. Data collected from peer-reviewed articles, case analysis, and legal cases are analyzed to assess the effects the legislation has had on the rates of organ donation, the processes of transplantation, and the required prevention of the trafficking of human organs. The study also focuses on the relevant aspects and attitudes connected with the efficiency of organ donation based on the legal requirements and providing help to people in need. Data analysis is performed using content analysis to point out several themes, patterns, and trends regarding legislation related to organ trafficking. This method enables the detailed assessment of the impact of legal actions and their enforcement. This study has several limitations; for instance, this analysis has depended on secondary data, and thus, information may not be as comprehensive as data obtained from real-life enforcement scenarios.

### **4. Analysis and Discussion**

This paper sought to examine the role of Qatar Law No. 15 of 2015 in regulating organ transplantation and, simultaneously, preventing the illicit trade of human body organs in the country. This legislation is one of the most extensive ones in this area, which is meant to give straightforward regulation of legal organ donation and transplantation matched with the threats of illicit organ trading. This is because, unlike similar legislation proposed in other nations, this law does not simply ban the commercialization of human organs but also provides procedures for donation and a structure for informed consent. One of the most essential accolades of the law is the importance it places on the concept of informed consent. The law requires that an organ donor understand the implications of the procedure he is willing to undertake, including the risk inherent in the process, the benefits of becoming an organ donor, donor, and the legal consequences of his action (Dalal, 2015). Such a principle avoids forcing and coercion, which is typical for organ trafficking situations; moreover, it ensures that all donations are made willingly. To ensure the donation is only done with the consent of the donors, the consent can be withdrawn at any time before the operation is conducted. It also makes the process very transparent and ethical. Consequently, this legislation corresponds to human rights standards worldwide and underlines Qatar’s interest in safeguarding both the donor’s and the recipient’s rights.

Furthermore, the legislation has a functional role in the criminalization of organ trafficking. By prohibiting the sale of organs, it addresses a significant source of organ trafficking: the manipulation of individuals for monetary gains. However, it is worth noting that Qatar’s law draws a line between the authorized legal donation of kidneys as a result of human beneficence and resulting from the willing volunteers’ informed consent and the purchasing of human body organs by any unlawful means. The consequences of these laws are stiff, and



this discourages other medical personnel as well as the intermediaries from engaging in trafficking in organs by enforcing organ trafficking. The law also stipulates how those encouraging such transplants – doctors or agents – shall be charged (Nguyen, 1988).

However, the challenge arises as to how these legal frameworks are enforced. Nevertheless, the effectiveness of the legislation carefully addressed in the article, namely Qatar's Law No. 15 of 2015, highly depends on the concern of the institutions that implemented it. Most of the legislation that supports the prohibitive measures may be sound legally. However, enforcement measures require constant qualitative enhancement to prevent the black market for the sale of human organs. Published data from foreign-based monitors show that while the number of incidents involving organ trafficking in the Country has relatively reduced, there is the likelihood that criminal activities may still take place in newly proposed sectors or by other unknown networks. Therefore, the government needs to provide funding capacity for law enforcement and healthcare agencies to implement the law entirely.

The second important discovery is in the field of public awareness and perception. The programs, namely the Qatari Organ Donor Regi and several other campaigns represent increasing trends in the culture of organ donors in the country. One of the main strategies of this work is the "Medal of Altruism" project, which implies the encouragement of persons who voluntarily agree to be donors and the explanation that such a step is a worthy act in light of modern society's values. Such measures have resulted in a more registered number of donors, and this, in effect, means that the call for trafficked organs is reduced. The public campaigns also focus on explaining the aspects of the legal and ethical framework of organ donation so that the public knows what the law is about, whom it protects, and from whom (Suleiman & Fadel, 2021). Nevertheless, cultural and religious factors remain problematic regarding organ donation in Qatar and most parts of the Middle East. Although Qatar's legislation supports Islamic law, which allows organ donation in some situations, public doubt still exists regarding cultural norms and values regarding the human body. Some of the concerns have been addressed thanks to religious scholars and religious leaders. However, there is still a lot to be done to include the cultural aspect in the framework of public education. Despite these hurdles, the law has had relatively good results in changing people's attitudes, and maybe dialogue with religious leaders can further overcome these hurdles (Mohamed, 2020).

Another progressive tendency of the law is its international perspective. With globalization in mind, Qatar's legislation urges more international cooperation efforts to address the VPB issue. Apart from enhancing local enforcement, the partnerships called for by the law support an international fight against organ trafficking (Ambagtsheer, 2021). Consequently, this study has revealed that Qatar's legal model could be an example of what other countries in similar circumstances could emulate. Perhaps the development of regional organ donation agencies akin to that of Qatar may go a long way in minimizing cases of unlawful trafficking of organs since the number of legal transplants will have risen (Ambagtsheer, 2021). Also, the law has encouraged the establishment of improved healthcare facilities in Qatar. By creating stone-hard tendencies of medical transplant and maintaining sophisticated standards for transplant operations, Qatar has improved its status in organ transplantation. More people turn to organ donor lists, and medical centers expand. The country is steadily approaching the point of embodied autochthonous organ donation. This, in turn, relieves procurement stress on using illegitimate methods, which, in effect, breaks the black market.

## **5. Conclusion**

Legislation plays an essential role in curbing human organ trafficking, and when discussing Qatari law, we can assess its implications. Firstly, Enhancing awareness has helped to reduce human trafficking in human organs, giving a voice to individuals on their rights whenever they are donating a body organ for transplantation, and receiving organ transplantation, emphasizing the need for organ donation but legally. Secondly, Organizing the process of organ donation includes implementing measures on legal and ethical grounds for organ donation and transplantation. Thirdly, Criminalizing human organ trafficking of course particular measures should be accurately provided by the legislation to describe the actions of human organ trafficking, to ban these actions, and to describe the punishments for such actions (Tan et al., 2024). Fourthly, International cooperation is done by promoting cooperation between countries in the prevention and fight against human organ trafficking, sharing information and best practices among countries, and increasing cooperation between various authorities. It has

also improved the culture of organ donation involving citizens and expatriates in the country.

However, overreliance on legislation should not be the only solution for eliminating this phenomenon. Instead, efforts should be drawn from all the relevant stakeholders, including governments, IOs, CSOs, and citizens, to achieve a protective environment within and outside any given country that takes into consideration the dignity and rights of all human beings (Yas, N., Al-Bayati, Y., Sarhan, M. I., & Abdijabar, Z. G., 2024). Hence, the most useful suggestion that may be recommended is to improve the efficiency of Law No. 15 of 2015, which concerns the regulation of the transfer and transplantation of human organs in the MS of Qatar, to save the lives of many patients and fight against the trade of human organs. It may be done by increasing the studies in the medical field concerning the sources of human organs and always realizing that the question of whether organ transplantation is an exceptional treatment method stirs disproportionate concerns about the actual threat involved. Therefore, it is possible to say that the term “expected benefits and risks” may fit the organ donation process better so that the donor will not be shocked if some risks are possible. The knowledge that such risks are possible will enable them to act based on understanding, and in this way, they will be free to participate or refuse to participate (Lassaunière & Dunet-Larousse, 2002). We recommend that a human organ bank be established in Qatar based on the donor registry. We also recommend connecting the human organ bank in Qatar to similar banks in neighboring countries, which will increase the possibilities of assisting those in need of those organs in all the countries participating in the linked banking system.

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