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## Modern Orthodox organ-donor campaign slammed

By JUDY SIEGEL-ITZKOVICH  
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Bilvavi organ-donor card called unnecessary, wasteful and harmful to transplantation.

A voluntary organization of strict modern-Orthodox Israeli Jews is sending representatives to synagogues, hesder yeshivot and women's seminaries to register donors for a Bilvavi organ-donor card – even though it has been called unnecessary, wasteful and harmful to transplantation by the government's Israel Transplant Center and ADI organization.

The campaign has drawn considerable controversy as Israel Transplant has extended by three months (until the end of March) an offer of higher priority to ADI donorcard signatories, instead of waiting a few years to earn such a benefit personally and for first-degree relatives.

The Health Ministry's Israel Transplant, which coordinates and supervises organ donation and transplantation in the public hospitals, told *The Jerusalem Post*, which investigated the matter, that having a Bilvavi ([www.bilvavi.co.il](http://www.bilvavi.co.il)) card does not provide any priority in obtaining an organ.

The transplant coordinating center also said that identifying information of registrants is not stored in ADI's data bank of nearly 700,000 Israelis.

Prof. Rafael Beyar, a leading interventional cardiologist, director-general of Haifa's Rambam Medical Center and chairman of Israel Transplant, said he welcomed every initiative that will increase the number of potential Israeli organ donors from every sector that signs ADI cards. But, he said, Bilvavi is not needed, because those with ADI cards can already stipulate that the family of a brain-dead patient with the potential to donate organs may consult with any clergyman before they agree to it, and the transplant is performed.

Bilvavi, established with funds from the family of the late Bilha Hirshberg, has trained a cadre of rabbis about what constitutes lower-brain death, and created a round-the-clock (including Shabbat and festivals) phone center that accepts calls and contacts doctors and rabbis affiliated with the organization. It was initiated by pediatric neurologist Prof. Avraham Steinberg, an Orthodox rabbi who received the Israel Prize for his work in Jewish medical ethics, ethicist Rabbi Yigal Shafran and others.

The option of ADI's clergyman clause was initiated by Shaare Zedek Medical Center Director-General Prof.

Jonathan Halevy when he was chairman of Israel Transplant, before Beyar was appointed by the ministry 18 months ago.

Halevy, who is modern Orthodox, said that "in principle, I am for every legitimate initiative that will increase the number of signatories on donor cards – as long as the initiative is coordinated with Israel Transplant. If not, and the number of potential donors it adds is minimal, it is not worth the dissension and division to have another database and card.

“Having a unilateral second organization just creates dissension and suspicion. There is no need for yet another database that is not part of the official national database.

There are enough physicians around the country who have been specially trained to declare a patient brain dead, using objective medical equipment.

No more are needed, and any family can consult with any clergyman they trust,” said Beyar.

Most organ transplants cannot be performed when the person’s heart stops beating; the organs are viable if the heart continues to beat, but the lower brain is dead.

Three-and-a-half years ago, Steinberg and colleagues gave support for a Knesset bill written by Kadima MK Otniel Schneller to regulate the determination of lower-brain death. Although many physicians argued that it was unnecessarily strict and would introduce rabbinical interference into medical procedures, for which doctors were responsible, it was passed.

But even though the rabbis got the law they wanted, they still want more restrictions, maintained Beyar. The Schneller law led to the training of dozens of senior physicians in the use of medicalequipment tests for determining brain death that is available at every hospital in the country.

Steinberg said there is an “apparently large population who listen to rabbis who want brain death to be supervised by ‘another pair of eyes,’” – the rabbis trained specially by Bilvavi. He insisted that none of the 165 volunteer rabbis is paid for their work, even though they are on call at all times.

The “clergyman consultant” clause that may be chosen by ADI card-bearers means that the family can choose any rabbi, even one who has no training in brain-death issues, said Steinberg. If they sign on with Bilvavi, they have at their disposal dozens of rabbis called areivim (guarantors) who ensure that no errors occur to give families peace of mind. But Steinberg, who has his own ADI card, could not point to any errors (i.e.

patients who were declared brain dead and were found not to be) since the law went into effect.

The potential “audience” for Bilvavi does not include secular Jews, and certainly not haredi Jews – who according to the rulings by centenarian rabbinical arbiter Yosef Shalom Elyashiv, and others, may not donate their organs.

However, he also ruled that if lifesaving organs are already available, haredim may take them.

Deputy Health Minister Ya’acov Litzman (a Gur hassid) has not intervened in the ADI-Bilvavi conflict because it is not relevant to the haredi community; his director-general, Prof. Ronni Gamzu, deals with organ-transplant issues.

Asked whether Bilvavi intended its members to take advantage of the “extra points” to would-be donors calculated when Israel Transplant decides on organ allocation, Steinberg said it was not in favor of this and had not demanded it. “We regard it as a violation of Jewish medical ethics to get priority for signing a card,” he said. “We also think that ADI’s giving an extra-point system priority for signatories is a gimmick and not practical. If two potential organ recipients, both ADI members, meet the same physical criteria, how will having a card benefit when an organ becomes available?” So far, just 3,000 Bilvavi cards have been issued.

Steinberg said that if 10,000 were signed annually, that would justify the existence of the organization. But the ADI campaign offering priority for those who sign now has brought in some 50,000 new signatories in just a few months, Beyar countered.

Beyar said that the Health Ministry’s legal department has refused to recognize Bilvavi signatories for the higher-priority bonus; only ADI members are.

A health system source told the *Post* that if Bilvavi had been recognized by the ministry, it would have lead to a dozen more organizations demanding the right to issue its own cards. It could be, he said, that they would be signed, but their rabbis would be so strict about meeting brain-death criteria that no member would actually donate organs. However, because they signed a card – if it were recognized by the ministry – he or a family member would be eligible for priority in receiving an organ.

The source said that Bilvavi initially said it wanted priority for receiving organs, but when it saw the ministry was so adamant against it, the organization now states that no preferential treatment is received by those

who sign its card – and in fact, nothing about priority is mentioned in its website.

Prof. Jay Lavee, a leading transplant surgeon and board member of Israel Transplant, said Bilvavi “raises doubt in the mind of potential donors that Israel Transplant and ADI are not good enough, that they have made mistakes.

But this is absolutely untrue. The brain-death law set down unnecessary procedures; it’s a bad law that serves as a break on organ transplantation,” he insisted. “There are more potential donors, but fewer cases of recognized brain death.”

Lavee, who has been negotiating with Bilvavi initiators for two or three years, said that a medical team that “harvests organs” has absolutely no vested interest in getting them for desperate patients. The team that removes organs is completely separate from the team that performs the transplant, he said.

“And there hasn’t been a single reported case of errors in the system. If the money for running a second databank, the Bilvavi phone center and campaigning for signatures were instead invested in encouraging organ donations, that would be money well spent.”

The surgeon said that if religious people signed both ADI cards and Bilvavi cards, “the ADI card would count and be registered with Israel Transplant; the other card would not mean anything, as the family could consult with any rabbi, including those affiliated to Bilvavi, if they like.”

Kyrill Grozovsky, the Israel Transplant Center’s transplant coordinator at Hadassah University Medical Centers in Jerusalem, explained that system worked well before the brain-death law was passed, but it since established uniform criteria for removing all organs.

“Before that, objective instruments were used only in certain situations. Now, every suspected brain-death case involves testing by at least one instrument, which ranges from Doppler ultrasound and angiography to computerized tomography and SPECT isotopes in complicated cases,” Grozovsky said.

But meeting the “unnecessary criteria set down by Bilvavi only delays the process, and then some organs are not usable – meaning that there are fewer transplants.

And having more than one recognized organization causes division among Israelis. Any rabbi chosen by the family can immediately receive results of tests and give them his opinion.

Everything is already in place,” said the Jerusalem transplant coordinator.

Grozovsky said he suspected that Bilvavi’s motivation is “very strange.”

“There is some hidden interest behind it that the organizers don’t want to reveal. Having a second or third or fourth donor card gives the general public an impression that the additional ones are ‘better,’ and that ADI and Israel Transplant have a problem. But there is no such thing. It all works very professionally.”

Tens of thousands of Israelis joined ADI in recent months not because they had been against registering as potential donors, he concluded.

“They were in favor, but they just didn’t get around to it.

The publicity campaign gave the incentive to do what they intended to anyway.”

Meanwhile, Israel Transplant announced this week that in 2011, 89 families donated organs that saved the lives of 261 patients. Between 49% and 55% consented to give organs.



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