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NEW MIDDLE EASTERN REVIEWS

Our Bodies Belong to God: Organ Transplants, Islam, and the Struggle for Human Dignity in Egypt

Sherine Hamdy

Berkeley, University of California Press, 2012, 370 pp., \$34.95 (Paperback)

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In a nuanced study of dialysis and transplantation in Egypt, Sherine Hamdy locates the decisions and processes of living with and dying from acute renal failure within a broader schema of necropolitics, an application of biopower through which sovereignty is expressed by allowing to live or exposing to death and bodies hover somewhere in the middle according to their particularities (Mbembe 2008). Between 2001 and 2004, Hamdy conducted participant-observation at hospitals, medical and religious conferences, and dialysis units in Tanta, Mansoura, and Cairo, as well as interviews with patients in renal failure, physicians, hospital workers, scholars, and journalists (10). Her case selection lends itself to expanding the scope of traditional bioethics: that organ failure cannot be treated on an individual scale with individual costs and benefits renders the case illustrative of the web of normative horizons and power structures integrated in the treatment of disease in a single body or organ. Hamdy's ethnography of transplant medicine and dialysis in Egypt highlights the interconnectedness of religion, inequality, nationalism, kinship ties, and postcolonial legacies at the cellular level, pushing the boundaries of bioethics to contextualize life and death in terms of culture and power.

In her introduction and first chapter, Hamdy lays out her conceptual framework, contextualizing transplant medicine in Egypt and critically engaging the orthodoxy of bioethics in the United States, which seeks to establish and systematically apply a core of ethical principles to patients undergoing transplants that both circumscribes ethical transplant practices to the individual and treats these practices as universally transferrable. In the subsequent six chapters and conclusion, she argues that enforcing such narrow boundaries around the scope of transplant medicine results in an ontological shift of biomedicine's costs and benefits, obscuring patterns of inequality in healthcare. Through a thorough examination of the religious, economic, and familial constraints on transplant medicine in Egypt in the second and third chapters, Hamdy problematizes concepts that Western bioethics attempts to universalize: the legitimacy of brain death, the treatment of human remains, the use of extraordinary measures to preserve life, and the procurement of organs from living, dead, and brain-dead donors. She surveys multiple sources of religious authority, including religious

scholars and state-appointed muftis, who use jurisprudence – formal processes of legal reasoning – to issue fatwas – rulings – after weighing the circumstances of organ failure and the societal benefits of transplantation against the harm of such an extreme intervention in the human body, living or dead. Conversely, the popular discursive framing around transplant surgery comes from Muhammad Mutwalli Sha’rawi, who delivered the famous polemic that kidney transplants are *haram* – forbidden – because “the body belongs to God” (120).

Hamdy is careful to avoid falling into a clash of civilizations dialectic or essentializing the public positions of religious figures in Egypt; instead, she grounds them in broader sociopolitical trends. Shaykh Sha’rawi, the “Shaykh of the People” whom Hamdy portrays in the fourth chapter, draws part of his popular appeal from a perceived independence from the Egyptian government, which, due to its dismantling of the welfare system, its mismanagement of public hospitals, and its failure to address and prevent pollution in poor, rural areas, is viewed as not only passively neglecting but actively poisoning its citizens, while the state-appointed muftis appear to legitimate a nationalist and even imperialist agenda in their efforts to modernize Egyptian biomedicine. However, as Hamdy notes, Shaykh Sha’rawi’s public prominence arose from state support during former President Anwar Sadat’s overtures to the Islamist movement as a bulwark against Nasserism, while several of the state-appointed muftis, with the notable exception of Shaykh Muhammad Sayyid Tantawi, resisted efforts to establish a national transplant program using cadaveric donations.

Though these complex and often contradictory ethical patterns suggest “crises of authority” among Egyptian sources of bioethics, in the final three chapters, Hamdy frames the question of whether and how to pursue transplantation in terms of scale and access (21). In the fifth chapter, entitled “Transplanting God’s Property: The Ethics of Scale,” she cites an illuminating case in which a patient refuses the rare opportunity to receive a transplant for religious reasons then experiences a change of heart after a single visit to Cairo’s military hospital. The patient, when temporarily removed from the realities of the poor standard of care at his dialysis clinic in Tanta, his familial responsibility, and the hospital staff’s normalization of transplant surgery, found himself amenable to the procedure. Crucially for Hamdy, the changing circumstances and scope of the patient’s condition changed his *interpretation* of the competing discourses of the body belonging to God: when he learned that his wife was not a tissue match and that could not serve as his donor, he again viewed transplantation as *haram*.

Rather than a manipulation of belief to suit circumstance, Hamdy views this discursive flexibility as a process of making meaning by mapping religion onto the body. Through this insight, she affords a degree of agency to patients and their families, whom her larger argument would otherwise cast as passive sites of contestation for the forces of poverty, social and political marginalization, religiosity, state power, and global inequalities. The majority of patients do not have the resources to undergo transplantation through a family donor or through Egypt’s thriving black-market organ trade. For Hamdy, however, the choice to receive lifesaving biomedical treatment (transplantation or otherwise), though functionally a product of context, is a choice because it is subject to an array of interpretations. In “Conclusions: Where Cyborgs Meet God,” she understands religious ethics as “an embodied aspect of the self that is contingent on dynamic social processes,” and though she concedes that not all Egyptians are devout, the key implication is that semiotic fluidity arising from

competing normative horizons allows for selective participation even in systems as encompassing and embedded as the ones that dictate transplantation in Egypt (244). In deploying multiple interpretations of the body in the face of inescapable structural monopolies over who lives and dies, patients in renal failure rearrange the markings of power on their bodies.

Hamdy's ethnography is an exhaustive undertaking that offers both a portrait of the structures, discourses, and inequalities of Egypt's public health system and an analysis of systems of power that allows the marginalized to speak back through meaning-making. As such, *Our Bodies Belong to God* constitutes an interpolation in the study of biopower that is especially helpful in complementing existing literature that views normativity as essentially coercive.

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