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Editorial Desk**Requirement for Uniform Declaration of Death as a Legislation in India**

The standard definition of death in India like many other countries defines death as an irreversible cessation of circulatory and respiratory functions. However with the advent of brain death in the 1960s death was redefined to include neurological criteria of death. Over the last 50 years organ donation after brain death has been an important source of scarce organs, but the demand has far exceeded the number of organs procured from these donors. To overcome this short supply many countries set up systems like 'presumed consent' and 'mandated choice' on the driving license to ensure that organs in brain death situation are optimally utilised to save lives of organ failure patients. The possibility of getting organs from brain death also lessened the pressure on the living donation programme in many countries.

In India, the government accepted brain death as a form of death in 1994 through the Transplantation of Human Organs (THO) Act for the purpose of organ donation. Unlike the standard definition of death where only one doctor is required to certify death, in brain death four doctors are required for death certification and this is required to be done twice, six hours apart. The 'required request' law from 2014 amendment of the THO Act requires the doctors and transplant coordinators in the ICU to ask for organ donation in the event of brain death. In such a situation the family may either agree or refuse for organ donation.

In the event of a family refusing to donate organs, discontinuation of ventilation and handing over the body has posed a problem in many hospitals, especially in the private sector. Sometimes the family wishes continuation of ventilation in the hope of a 'miracle' and can get belligerent if the doctor's advise against it. Due to the general lack of trust in the healthcare system in India, hospitals in such situations have yielded to the wishes of the relatives and continued unnecessary ventilation of the dead. As the ventilation gets prolonged the issues related to care of such deceased gets more complicated. These new ethical and financial challenges of ventilating someone who is declared brain dead, but is not an organ donor requires delinking brain death from organ donation. Many hospitals that have faced problems have either written off the bill in such situations or faced the wrath of the media.

To tackle these issues it becomes mandatory for the government of India to look at how death is defined and to have a 'uniform definition of death' to include both the circulatory and neurological criteria of death. Delinking brain death from organ donation will help avoid any ambiguity in the interpretation of the law and help free ventilator beds in difficult situations. A uniform legislation on death has been incorporated in many other countries too that faced similar problems.

At present death is an important component in three different Laws in India:

1. The Registration of Births and Deaths Act, 1969
2. Section 46 of Indian Penal Code
3. Transplantation of Human Organs Act of 1994

The death certificate itself is available in 2 different formats:

1. The Registration of Births and Deaths Act, 1969
2. Transplantation of Human Organs Rules 1995

Uniform legislation on death will require mentioning brain death as a form of death in the 'Registration of Births and

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Summit on Organ Trafficking and Transplant Tourism held at the Pontifical Academy of Sciences, Vatican City



Delegates at the summit on Organ Trafficking and Transplant Tourism in Vatican City



Delegates from across the world at the summit



Dr. Sunil Shroff and Dr. Sandeep Guleria in Vatican City

A Summit on Organ Trafficking and Transplant Tourism was held in the Vatican City at the Casina Pio IV, the headquarters of the Pontifical Academy of Sciences on 7-8 February 2017.

The agenda at the summit focused upon the worldwide experience of organ trafficking and compelling solutions for government and agencies to combat this illegal practice. There were 75 leaders representing over 60 countries at the summit. Chancellor Marcelo Sánchez Sorondo chaired the meeting that was conducted by Dr. Francis Delmonico, past president of 'The Transplantation Society' and a renowned world leader in the field of transplantation.

At the conclusion of the summit, the following recommendations on Organ Trafficking were proposed to national, regional and municipal governments, ministries of health, to the judiciary, to the leaders of the major religions, to professional medical organizations, and to the general public for implementation around the world:

1. That all nations and all cultures recognize human trafficking for the purpose of organ removal and organ trafficking, which include the use of organs from executed prisoners and payments to donors or the next of kin of deceased donors, as crimes that should be condemned worldwide and legally prosecuted at the national and international level.
2. That religious leaders encourage ethical organ donation and condemn human trafficking for the purpose of organ removal and organ trafficking.
3. That nations provide the resources to achieve self-sufficiency in organ donation at a national level – with regional cooperation as appropriate – by reducing the need for transplants through preventive measures and improving access to national transplant programs in an ethical and regulated manner.
4. That governments establish a legal framework that provides an explicit basis for the prevention and prosecution of transplant related crimes, and protects the victims, regardless of the location where the crimes may have been committed, for example by becoming a Party to the Council of Europe Convention against Organ Trafficking.
5. That healthcare professionals perform an ethical and medical review of donors and recipients that takes account of their short- and long-term outcomes.
6. That governments establish registries of all organ procurement and transplants performed within their jurisdiction as well as all transplants involving their citizens and residents performed in another jurisdiction, and share appropriate data with international databanks.
7. That governments develop a legal framework for healthcare and other professionals to communicate information about suspected cases of transplant-related crimes, while respecting their professional obligations to patients.
8. That responsible authorities, with the support of the justice system, investigate transplants that are suspected of involving a crime committed within their jurisdiction or committed by their citizens or residents in another jurisdiction.
9. That responsible authorities, insurance providers, and charities not cover the costs of transplant procedures that involve human trafficking for the purpose of organ removal or organ trafficking.
10. That healthcare professional organizations involved in transplantation promote among their members awareness of, and compliance with, legal instruments and international guidelines against organ trafficking and human trafficking for the purpose of organ removal.
11. That the World Health Organization, the Council of Europe, United Nations agencies, including the United Nations Office on Drugs and Crime, and other international bodies cooperate in enabling a comprehensive collection of information on transplant-related crimes, to yield a clearer understanding of their nature and scope and of the organization of the criminal networks involved.

India was represented by Dr. Sunil Shroff, President of Nephrology, Urology & Transplantation Society of SAARC, Vice President of Indian Society of Organ Transplantation and Managing Trustee, MOHAN Foundation and Dr. Sandeep Guleria, Senior Transplant Surgeon from Indraprastha Apollo Hospital, Delhi. Dr. Guleria gave the Indian perspective of the organ donation programme and Dr. Shroff spoke about 'Why does organ commerce take place in India despite a stringent law.'

Renowned actor Padma Shri Dr. Mohanlal appointed Goodwill Ambassador of Kerala Network for Organ Sharing



Renowned actor, Padma Shri Dr. Mohanlal receiving donor card from Dr. Noble Gracious, Nodal Officer, Kerala Network for Organ Sharing (extreme right)

On 4th December 2016, All Kerala Mohanlal Fans & Cultural Welfare Association organised the 100th day celebration of the movie 'Oppam' in which renowned actor Padma Shri Lt. Col. (Hon) Dr. Mohanlal has acted. 1000 Mohanlal fans attended the function. The Government of Kerala has appointed Dr. Mohanlal as the Goodwill Ambassador of Kerala Network for Organ Sharing (KNOS) – Deceased Donor Organ Transplantation Programme for promoting awareness on organ donation. At the function, Dr. Noble Gracious, State Nodal Officer, KNOS handed over the donor card to Dr. Mohanlal. All his fans supported the noble cause by pledging their organs too.

First liver transplant performed in a public sector hospital in Rajasthan

The first liver transplant in a public sector hospital in Rajasthan was performed at the Sawai Man Singh (SMS) Hospital, Jaipur on 18th February 2017. The transplant came to fruition after three years of preparation. A 30-year-old person, who met with an accident, was declared brain dead at SMS Hospital on Friday 17th February morning. The family was counselled about organ donation and they gave their consent according to Dr. U.S. Agarwal, Principal of SMS Medical College. After the consent was received from the family, the SMS Medical College administration immediately contacted Institute of Liver and Biliary Sciences (ILBS), Delhi for their support in performing the liver transplant. ILBS sent a 15-member expert team of doctors and other staff headed by Dr. Vinayendra Pamecha, who performed the liver transplant. They also retrieved the kidneys (transplanted at SMS Hospital) and heart (flown to Delhi and transplanted at AIIMS).

First Simultaneous Pancreas Kidney transplant in Western India performed in Pune

The first Simultaneous Pancreas Kidney (SPK) transplant in Western India was performed on 6th November 2016 at Deenanath Mangeshkar Hospital (DMH), Pune. The recipient, Mr. Pavan Motwani, was only nine years old when he was diagnosed with Type I diabetes. He said that now at 29 the transplant had wrought a miraculous change in his life.

Mr. Motwani's condition had deteriorated in the last five years. His kidneys had started failing after years of diabetes and he was on dialysis.



Mr. Pavan Motwani (seated) Simultaneous Pancreas Kidney transplant recipient with (left to right) Dr Vrishali Patil, Ms Shilpa Barve, Mrs Arati Gokhale

The unstable and uncontrolled diabetes resulted in his sugar levels either drastically dropping or spiking dangerously at the slightest variation of insulin doses. In addition there were other diabetic complications involving the eyes, heart and nerves. "The transplant has simply given him a new lease of life," said Dr. Vrishali Patil, multi-organ transplant surgeon at DMH who headed the team that performed the transplant.

First Heart Transplant successfully performed in Aurangabad, Maharashtra

The first heart transplant was successfully performed in Aurangabad, Maharashtra on 1st February 2017, making it only the second city after Mumbai in the state to have achieved this feat. The heart transplant took place at CIIGMA Hospital.

The donor, Anil Patil, a 45-year-old school teacher, was declared brain dead after he suffered serious injuries when his bike collided with another two-wheeler. The doctors counselled Patil's family to donate his organs. The family members said it was an irreparable loss for them, but they could draw consolation that he gave a fresh lease of life to four people.

The kidneys were transplanted into two patients also in Aurangabad and the liver was transplanted in Sahyadri hospital, Pune. A green corridor was created from Aurangabad to Pune to transport the liver. The distance of over 230km, which usually takes six hours, was covered in three hours and 10 minutes.

Eminent ophthalmologist Dr.G.N. Rao lends his support for organ donation in Rajasthan

Dr. G.N. Rao, Founder-Chair, L.V. Prasad Eye Institute, Hyderabad visited Jaipur on 15th February 2017 and lent his support for organ donation in Rajasthan. He was felicitated by Mrs. Bhavna Jagwani, Convenor, MOHAN Foundation Jaipur Citizen Forum (MFJCF) and the entire team during his visit. Mrs. Jagwani started the eye donation programme almost 15 years ago in Jaipur. Dr. Rao was her teacher and mentor for this important venture.



Dr. G. N. Rao endorsing organ donation. To his left is Mrs. Bhavna Jagwani, Convenor, MFJCF

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Donation after circulatory death – Challenges in India



Dr Ashish Sharma
Prof & Head, Dept of Renal
Transplant Surgery,
PGIMER, Chandigarh

Introduction

What are non-heart beating donors or cardiac dead donors?

The first terminology used for these donors was “Non-heart beating donor” to differentiate it from brain dead donor where the heart is still beating. This was later disregarded to include death in the terminology and replaced by “Donation after cardiac death” in contrast to “Donation after brain death” but with further progress and reports of cardiac transplantation after donation after cardiac death, the terminology has now been changed to “Donation after circulatory death” (DCD) to reflect the correct status of heart which can still be viable and used. Before the introduction of legislation defining brainstem death in the 1970s, all deceased donor transplants were performed using non-heart beating donors. The conventional brain dead donors have lost all brain function, but blood still circulates to the other organs providing sufficient time to organise organ donation. On the other hand, the non-heart beating donors have suffered circulatory death with the heart no longer pumping blood to the organs. In this situation, organ retrieval has to start as soon as possible after death has been determined and preferably within the next 60 minutes. There are two broad categories of non-heart beating donors according to the circumstances of cardiac arrest –

- 1) Uncontrolled – Where cardiac arrest occurs suddenly and is unexpected. The time taken to retrieve organs and put them in ice (Warm ischaemic time) from these uncontrolled non-heart beating donors is much longer.
- 2) Controlled – Where elective withdrawal of ventilation in an end of life situation leads to cardiac arrest. The warm ischemia time in these donors is much less and can be controlled, therefore are better suited for this type of donation.

Whereas a few countries like Spain, France, Italy use organs from uncontrolled donors, controlled donation has been mainly used to increase donor pool worldwide and contributes up to 10 donations per million population in countries like Netherlands, UK. In the Indian context, we are yet to reach a donation rate of 1 per million population from brain dead donors.

There are a few reasons for increase in donation after cardiac death across the globe.

- 1) Improved intensive and neurosurgical care now prevents brain death in devastating brain injuries as the brain is decompressed by craniotomy/craniectomy.
- 2) Wider acceptance of futility of continuing care in end of life situations where a decision is taken to withdraw life support in terminally ill patient. The decision to donate organs is then taken after the family and treating physician have accepted withdrawal of care.
- 3) Limited availability of critical care beds, avoidable expense associated with critical care of terminally ill patient are other factors favouring withdrawal of life support in these situations. In developed countries, patients themselves have an advance directive as to what to do when faced with irrecoverable end of life situation.

Our experience

We performed our 1st donation from a DCD patient in 2011 who was 51 yrs female with terminal interstitial lung disease and her family decided against further treatment and approached us for organ donation. She had a cardiac arrest in ICU and was immediately shifted to OT, which was kept ready and kidneys retrieved. The total warm ischemia was 90 min. Unfortunately, one of these kidneys never functioned and the second had suboptimal function with the best creatinine of 2.3 mg%. It made us realise that it is not possible to retrieve organs within the limits of 60 minutes of warm ischemia in our setup and some form of organ preservation is necessary during this period. No further donation took place for the next three years in view of the poor outcomes. In 2014, the family of a 22 yr old potentially brain dead donor had consented for organ donation, but could not be declared brain dead as brain death certification committee wanted correction of electrolytes (Na 180, K 2.3). He had a cardiac arrest and this time, the ICU team was advised to continue CPR till operation theatre could be arranged. With a total manual CPR of 65 minutes, we could retrieve organs with a warm ischemia of 80 minutes. One of the two recipients backed out after second thoughts considering the outcome of first donation. The recipient who underwent transplant had a prolonged DGF for 4 weeks, but eventually recovered normal kidney function and still maintains a current creatinine of 0.9 mg% after 3 years of transplant. Another two donations were done in the next year, one without CPR and one with manual CPR and it was realised that the outcomes were better if CPR was continued. Later on, an automated CPR machine was bought which continues to be used for these cases at our hospital till now. The donors underwent rapid iliac artery cannulation with infusion of preservative cold solution and immediate surface cooling of organs during retrieval surgery. Prior femoral cannulation was not used in any patient. Finally we could procure double balloon catheter which is another asset in this situation as cooling of organs could be greatly expedited with its use thereby reducing warm ischemia time. 9 such donors had kidneys retrieved after cardiac arrest so far at PGI Chandigarh. Only in one such donor, kidneys could not be utilised due to prolonged warm ischemia.



Outcomes of patients who have undergone transplantation from DCD donors

S No	Recipient	Age	Sex	Donor age	Donor Sex	Donor Diagnosis	Induction	Day 0 output (ml)	Days to reach baseline	Best creatinine (mg%)	Hemodialysis
1	UD	39	Female	51	Female	Inst Lung ds	ATG	25	Primary nonfunction		Yes
2	AS	22	Male	51	Female	Inst Lung ds	ATG	3450	60	2	Yes
3	VS	41	Female	18	Male	Head injury	ATG	7500	13	1.1	Yes
4	UC	49	Male	18	Male	Head injury	ATG	450	25	2	Yes
5	HS	25	Male	22	Male	Head injury	Simulect	25	28	1	Yes
6	SKS	54	Male	35	Male	Head injury	ATG	1150	21	1.3	Yes
7	AS	31	Male	35	Male	Head injury	ATG	4200	10	1.7	Yes
8	SK	43	Male	22	Male	Head injury	ATG	470	30	1.38	Yes
9	KR	45	Male	22	Male	Head injury	ATG	13200	5	0.9	NO
10	HG	46	Male	20	Female	Head injury	ATG	1485	30	1.6	Yes
11	NK	45	Female	20	Female	Head injury	ATG	5000	13	0.77	NO
12	KD	41	Female	42	Female	Head injury	ATG	70	25	1.8	Yes
13	AT	45	Male	42	Female	Head injury	ATG	990	14	1.5	Yes
14	NK		Male		Female	Head injury	ATG	Still Recovering			
15	DS		Male		Female	Head injury	ATG	Still Recovering			
Mean		40.5		30.62				2924	22.8	1.42	11/13
SD		9.25		12.57				3860.11	14.39	0.42	

There are a number of challenges in DCD. Whether it is ethically justified to withdraw life support for obtaining organs? It is amply clear that decision to withdraw support has to be separate from organ donation and only when decision to withdraw support has been taken by the family and the physician, the talk about organ donation starts. There are issues about when and where to withdraw life support. In some countries, life support is withdrawn inside the operation theatre whereas in others, it is done in a separate room close to the theatre in presence of family members. Whereas withdrawal in theatre limits warm ischemia, it is not the best solution ethically speaking. How long should one wait with asystole to declare death? The time has ranged from 2 – 10 minutes across different countries, but 5 minutes is probably a wider accepted time. Whether one should do any antemortem interventions like prior femoral cannulation to reduce ischemic injury to organs is also a subject of ethical dilemma.

In India, the biggest challenge to DCD donation is lack of clarity in law and there is no practice of withdrawal of life support in end of life situation, thereby limiting this mode of donation. Moreover, there is no mention of use of organs after circulatory death in the THOA 1994 and its subsequent modifications. Therefore, it can only be used in unanticipated circulatory arrests where there are more challenges in terms of doing transplantation on emergency basis. That's the reason for surgeons being reluctant to go ahead with this form of donation in the country especially when recovery times for the recipients is also likely to be much delayed. But 5-10% of brain dead donors do suffer from cardiac arrest before organ retrieval can take place and

in most centres, these organs go waste. These are the donors where we stepped in and utilised their organs with good outcomes. These formed nearly 10% (13/128) of our deceased donor transplants since we regularly started this activity. In our country, we are likely to touch 1000 donations per year quite soon and even a 5% addition to this pool would mean 100 additional kidney transplants every year.

The long term outcomes after DCD kidney transplants is similar to transplants done from brain dead donors with 74% 10 year-graft survival in patients undergoing their first kidney transplants from these donors. That is the reason it is increasing worldwide in view of ever increasing demand for organs. Further progress in storage techniques like Warm perfusion and ECMO for resuscitation may provide further impetus to this form of organ donation.

Summary

Kidneys from donors after cardiac arrest can serve as a useful adjunct in deceased donor programme. Strategies to limit ischemic damage to organs should be used. A good infrastructure and on call support is required to successfully run this programme. Newer preservation and viability assessment methods for organs may change the dynamics in the near future. However, withdrawal of care guidelines for terminally ill patients is desperately required in our country for promoting DCD. These guidelines would also provide a dignity of death in an end of life situation and not keep these individuals in an ICU on a ventilator for an extended period.



MOHAN Foundation Organises Organ Donation and Transplantation Symposium at the 6th National Bioethics Conference, Pune



Symposium on Organ Donation and Transplantation in India – Ethical Challenges and Solutions



Dr. Sunil Shroff speaking on Brain death and the need for Uniform declaration of death in India at a plenary session



Dr. Dominique Martin, Deakin University, Australia speaking on Transplantation Ethics at the symposium

The 6th National Bioethics Conference (6th NBC) was held from 13th-15th January 2017 at YASHADA, Baner Road, Pune. The theme of the 6th NBC was Healing and dying with Dignity: Ethical Issues in Palliative Care, End of Life Care and Euthanasia. One of the sub-themes was 'Organ donation and body donation in the context of end-of-life care decision making.' The importance of this sub-theme was underscored by the release of an anthology titled 'Organ Transplantation – Compassion and Commerce.' The articles in the collection have appeared in the Indian Journal of Medical Ethics over the 25 years that it has been published.

MOHAN Foundation was one of the collaborating bodies and organised a symposium on 'Organ Donation & Transplantation in India – Ethical Challenges and Solutions' at the 6th NBC from 2 pm - 3.30 pm on Saturday 14th January 2017. The facilitators were Dr. Sunil Shroff, Managing Trustee and Dr. Sumana Navin, Course Director. The audience comprised doctors, transplant coordinators and social workers.

Background of the symposium

Organ donation and transplantation in India is fraught with ethical challenges and dilemmas. Living donation was synonymous with organ commerce till the law makers stepped in to regulate it. In spite of this, scandals repeatedly surface and the recent incidents in private hospitals in Delhi and Mumbai have thrown up more questions than answers. Given that the requirement for organs is not going to go down anytime soon, living donation is something that one has to live with. This means that the ethical concerns surrounding living donation need to be addressed. Deceased organ donation and transplantation needs to be examined just as carefully, if not more, since altruism is the cornerstone here. The ethics with regard to the needs of the families of deceased donors, transparency in organ allocation, directed donation, uniform declaration of death, validity of the pledge form, information about recipients need to be clarified.

Proceedings

The symposium began with an overview of **Transplantation ethics by Dr. Dominique Martin, Deakin University, Australia**. She set the tone by outlining some ethical challenges –

- 'Hurting the healthy' – living organ donation (for e.g. in South Korea 83 Living Donor Liver Transplants were from paediatric donors in 2015)
- 'Death as opportunity' – deceased donation (a time critical opportunity to give life)
- 'One for all and all for one' – framing and implementing guidelines for organ allocation
- 'Selling body parts' – the global stand on organ trafficking influences local issues

She said that Transplantation ethics was a dynamic field and that the internet was now a key influencer in terms of donor recruitment, travel for transplantation and trust in organ donation and transplantation.

The next session was on **Living donation: can we get it right?** The three topics covered here were –

1. Overview of current living donation scandals in hospitals & Falsifying relationship documents – should doctors be held responsible? – Dr. Sunil Shroff

Dr. Shroff started with a case study – the kidney scandal in Hiranandani Hospital, Mumbai and the perspectives of the various players. He spoke about how one could identify document discrepancies, many a time, by creating a master chart with details of different proofs of identification. He added that it was important for the doctors to spend time with the potential donor and recipient. In addition, the hospital authorisation committee needed to remain extremely vigilant.

2. Effect of living donation scandals on Donation after Brainstem Death – Dr. Atul Mulay, Ruby Hall Clinic, Pune

Dr. Mulay said that sensational headlines regarding organ trade in the media had an

adverse impact on the deceased donation and transplantation programme. There was a fear of removal of organs without consent and that doctors would sell the donated organs. He said that this fear could be countered by increasing public awareness, transparency about the deceased donation process and participation of public hospitals.

3. Role of a hospital based ethics committee – Mrs. Arati Gokhale, ZTCC – Pune

Mrs. Gokhale spoke about who were the members of a hospital based ethics (authorisation) committee and their role as per the legal framework in India. She also detailed the procedure in vetting a living donor and potential recipient.

The last session was on **Deceased donation: dilemmas and decisions**. The four topics in this session were –

1. "Dead enough to donate organs, but not dead enough to discontinue ventilation" – Should Brain stem Death declaration be made mandatory? – Dr. Sushma Patil, Ruby Hall Clinic, Pune

Dr. Patil pointed out that brain stem death certification needed to be done to avoid unnecessary prolongation of treatment. In India, since brain stem death certification is mentioned in the context of organ transplantation it has led to untenable situations. Transparency and rigorous adherence to protocols could help circumvent such situations to a certain extent, but in the long run greater clarity from the lawmakers is required.

2. Directed deceased donation – are there any ethical challenges? – Surg Cmde (Dr) C S Naidu, AFMC, Pune

Dr. Naidu said that living donation is usually directed (to a specific recipient), while deceased donation is governed by a societal and legal framework and therefore is largely non-directed. Some of the questions raised were – Does this mean that autonomy can be exercised only when one is alive? Who decided that the 'gift of life' is

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The Man Who Believes “The Times They Are a-Changin’” – Dr. George Thomas

He’s a successful orthopaedic surgeon in Chennai, a fan of English literature and rock music – Bob Dylan and Jimi Hendrix are his favourites. Eclectic interests, but his passion is ethics – meet Dr. George Thomas. In our freewheeling conversation, he did not mince words and said it like it is.

His interest in ethics started when he was a medical student at Kilpauk Medical College in the late 1970s. When he started clinical work he realised that there was a wide gap between what was taught and what was practised – the altruism seemed to be missing. He was lucky in the sense that many of his peers thought the same way. One of them in particular, Dr. J. Amalorpavanathan (former Member Secretary, Transplant Authority of Tamil Nadu), who was a year ahead has been a great influence through the years and a comrade-in-arms.

Dr. Thomas first read the National Medical Journal of India (NMJI) when he was working at Railway Hospital, Trichy. This was in 1989 or thereabouts; he then became a regular reader of the NMJI and was particularly impressed by Dr. Sunil K. Pandya’s writing in a section called Letters from Mumbai. It was ‘Luck by Chance’ when he went to Mumbai to learn flap covers for open bone exposures where he met a general surgeon, Dr. Muralidhar who knew Dr. Pandya. They were all involved in the ethics movement, and Dr. Thomas became a part of it as well.

In 1993 Dr. Pandya started what was simply a newsletter entitled “Medical Ethics,” and Dr. Thomas not only subscribed, but also wrote for it. But Dr. Pandya’s vision was meant to soar to greater heights. The bulletin was transformed into a journal in an initiative that was spearheaded by Sandhya Srinivasan, Consulting Editor, and was christened Indian Journal of Medical Ethics (IJME) in 2004 when Dr. Samiran Nundy, an eminent surgical gastroenterologist was editor of the journal. Taking over the reins thereafter, Dr. Thomas was editor of IJME for six years from 2005 to 2011. It was during this time that a landmark event took place in IJME’s history – it got indexed with the National Library of Medicine (NLM)*. Call it serendipity or what you will, but this was how it came about – two researchers working in the Kennedy Institute of Ethics at Georgetown University, one of the most prestigious bioethics institutes in the world had a grant, part of which they used to get IJME indexed. They felt IJME was a good journal on ethics from the developing world and gave NLM the IJME metadata**. Unfortunately, when the grant money ran out, IJME went off the index for a while. But one can’t keep a good thing down for long, and NLM decided to do the metadata themselves. Dr. Thomas in his stint as editor widened the scope of the journal. He is of the opinion that medical ethics cannot be narrowly

limited to the medical profession alone and as he succinctly puts it, “Less of philosophy and more action oriented!”

I spotted a book on Dr. Thomas’ table titled “The Righteous Mind” by Jonathan Haidt and discovered yet another facet to Dr. Thomas – his interest in social science research and the eternally fascinating questions of what defines morality and why people behave the way they do!

In a recent editorial ‘Medical education – the way forward’ in IJME in 2016, Dr. Thomas quoted Abraham Flexner (who had critiqued medical education in America in his Flexner Report in 1910), “Medical education is a social function, it is not a proper object for either institutional or individual exploitation.” Given the debate about the state of medical education today, I asked him if medical ethics should be taught in medical colleges. The answer was an unequivocal ‘yes’ because it was important to expose people to those ideas, he said, otherwise they simply wouldn’t know that they existed. He added that ethics is not frozen in time.

Dr. Thomas has been writing on organ donation and transplantation in IJME since 1995 and has put forth strong arguments against the sale of organs. He admitted that it was difficult to get evidence when both parties were complicit, but he was emphatic in saying “when the legal system is violated, I will do what’s possible, rather than do nothing.” He felt that the recommendations from the recent summit on organ trafficking and transplant tourism held at the Pontifical Academy of Sciences, Vatican City were good since they exerted tremendous influence in the social sphere. With regard to deceased organ donation, he stressed the need for strong education programmes for both the doctors and the public. He said that for doctors to feel comfortable about turning off the ventilator in brain stem death required a much greater measure of trust from the public. At present the social reality is that there is cynicism about the medical profession and hospitals. For the families of deceased donors, he felt that social recognition was important. Any form of compensation, monetary or otherwise, he felt was an inducement.

The interview ended on a positive note with Dr. Thomas, a hardcore optimist, saying that the world was getting better and better and that the way forward was to practice, talk, debate, and improve practice in the light of evidence and opinions.

Some articles on transplantation by Dr. George Thomas published in IJME (www.ijme.in):

1. Problems arising from kidney transplantations. 1995 July-September



2. Organs for sale, philosophy for hire. 1996 July-September
3. The case against kidney sales. 2001 April-June

*The National Library of Medicine (NLM), on the campus of the National Institutes of Health in Bethesda, Maryland, USA is the world’s largest biomedical library, NLM maintains a vast print collection and produces electronic information resources on a wide range of topics that are searched billions of times each year by millions of people around the globe.

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Dr. Sumana Navin

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Sd/-

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Indian Organ Donation Week

Celebration of 7th Indian Organ Donation Week

To commemorate 7th Indian Organ Donation Day, the government hospitals in Chennai and Madurai (Tamil Nadu) in collaboration with Transplant Authority of Tamil Nadu (TRANSTAN) and MOHAN Foundation organised a series of events in the month of November 2016 to spread awareness among the general public.



Mr K Veera Raghava Rao, IAS, The Collector, Madurai District flagging off the awareness rally

Madurai Medical College & Government Rajaji Hospital, Madurai

An awareness campaign spread over three days was conducted at the Madurai Medical College & Government Rajaji Hospital, Madurai from 24th to 26th November 2016. The campaign comprised a number of events such as awareness rally, signature campaign and competitions for school and college students. Over 600 students and the general public in and around Madurai participated in the campaign to show their support.



Signature campaign held at the Madurai Medical College



Students participating in the awareness rally



Students participating in the Rangoli competition

Rajiv Gandhi Government General Hospital (RGGGH), Chennai

A two day awareness campaign was organised at the Rajiv Gandhi Government General Hospital (RGGGH), Chennai to create awareness among the public. An information and awareness kiosk was put up at the hospital campus on 23rd November 2016. The visitors were explained the concepts of organ donation and its importance, role of family in making a decision about organ donation with IEC materials such as brochures, videos, PowerPoint presentations. On 24th November 2016, a group of MOHAN Foundation's student volunteers performed street theatre on "Want to become a Hero? Donate your Organs" at different locations within the hospital campus. Street theatre, as a form of communication deeply rooted in our tradition, helped in reaching more than 1500 people including student doctors, paramedical staff and the public.



General public watching the street play performance near the Institute of Neurology and Neurosurgery



Street play performed near the Multi Specialty Block



Students performing near the post office inside the RGGGH campus

Day in Government Hospitals in Tamil Nadu

Government Stanley Medical College & Hospital (GSMCH), Chennai

The awareness campaign organised at the Government Stanley Medical College & Hospital (GSMCH), Chennai had a sensitisation programme conducted for medical and paramedical students on 25th November 2016. Various competitions on organ donation were also organised for the nursing students as a part of the campaign. On 26th November 2016, a human chain was organised at the GSMCH campus in which more than 1500 participants comprising doctors, paramedical staff, students and the general public participated and expressed their support for the cause.



Human Chain flagged off by Dr. Issac Christian Moses, Dean, GSMCH



Entries for the poster competition designed by the nursing students



Slogans promoting organ donation displayed during the awareness campaign

Government Kilpauk Medical College & Hospital (KMCH), Chennai



Organ Donation Awareness Rally



Ms. A. T. Sunitha Velankanni, Transplant Coordinator along with the student volunteers at the awareness exhibition



Model on "Green Corridor" at the awareness exhibition

An organ donation awareness rally was organised at the Government Kilpauk Medical College & Hospital, Chennai on 26th November 2016. About 300 doctors, paramedical staff from various departments as well as nursing students participated in the rally. As a part of the event, an exhibition on organ donation and transplantation was also organised for the general public. Models on various aspects of organ donation and transplantation were kept at the exhibition. The highlight of the exhibition was a model on "Green Corridor" which attracted the visitors.

Government Royapettah Hospital (GRH), Chennai

To promote deceased organ donation, a signature campaign – the first of its kind in the hospital was organised at the Government Royapettah Hospital (GRH), Chennai on 26th November 2016. The doctors and paramedical staff of the hospital signed on the banner and took a pledge to be an organ donor. An information kiosk was also set and manned by the Transplant Coordinator of the hospital.



Signature campaign at the Government Royapettah Hospital, Chennai

Training Programme

MOHAN Foundation conducts Transplant Coordinators' Training Programmes in Guntur, Pune and Bengaluru under the aegis of NOTTO

Under the aegis of National Organ and Tissue Transplant Organisation (NOTTO), Directorate General of Health Services, Ministry of Health and Family Welfare, Govt. of India, MOHAN Foundation in collaboration with state organ donation and transplantation bodies and local hospital partners successfully conducted one week Transplant Coordinators' Training Programmes in Guntur, Pune and Bengaluru. The participants received completion certificates with a unique registration number from NOTTO. MOHAN Foundation faculty included Mrs. Lalitha Raghuram, Country Director, Dr. Sumana Navin, Course Director, Ms. Pallavi Kumar, Executive Director Delhi-NCR, Ms. Sujatha Suriyamoorthi Manager-Information Systems and Ms. Ann Alex, Programme Associate.



Dignitaries with the faculty and participants at the inaugural function, Guntur

Guntur, Andhra Pradesh

The training was conducted in collaboration with Jeevandan, Govt. of Andhra Pradesh and Ramesh Hospitals from 14th to 18th November 2016 at Ramesh Hospitals, Guntur, Andhra Pradesh. 35 candidates from Andhra Pradesh, Telangana, Tamil Nadu, Karnataka and Kerala attended the training. This was the 41st training programme conducted by MOHAN Foundation and the seventh in partnership with NOTTO.



Dr. Vani, Ramesh Hospitals, giving a talk on 'Kidney diseases and dialysis'

Prof. Dr. Vimal Bhandari, Director, NOTTO, Dr. T. Ravi Raju, Chairman, Appropriate Authority for Cadaver Transplantation, Jeevandan, Govt. of Andhra Pradesh, Dr. G. Krishna Murthy, Chief Transplant Coordinator, AACT Jeevandan, Govt. of Andhra Pradesh and Dr. P. Ramesh Babu, Managing Director, Ramesh Hospitals were present at the inauguration.



Inaugural Function (right to left) – Mrs. Lalitha Raghuram, Country Director, MOHAN Foundation, Prof. Dr. Vimal Bhandari, Director, NOTTO, Dr. T. Ravi Raju, Chairman, Appropriate Authority for Cadaver Transplantation, Jeevandan, Govt. of Andhra Pradesh, Dr. G. Krishna Murthy, Chief Transplant Coordinator, AACT Jeevandan, Govt. of Andhra Pradesh and Dr. P. Ramesh Babu, Managing Director, Ramesh Hospitals



Dr. Raju Naidu handing over a completion certificate to Ms. Rajya Lakshmi from Queen's NRI Hospital, Visakhapatnam

Dr. Jayanth Reddy speaking about 'Pancreas and Small Intestine Transplant'

Pune, Maharashtra



Inaugural Function (left to right) – Mrs. Arati Gokhale, Central Coordinator ZTCC-Pune, Maj. Gen. Sandeep Biswas (Retd) Chairman, ZTCC-Pune, Mrs. Lalitha Raghuram, Country Director, MOHAN Foundation, Prof. Dr. Vimal Bhandari, Director, NOTTO

The training was conducted in collaboration with Zonal Transplant Coordination Centre (ZTCC) – Pune from 16th to 20th January 2017 at Deenanath Mangeshkar Hospital (DMH), Pune, Maharashtra. There were 51 participants not only from different places in Maharashtra, but also Tamil Nadu, Karnataka, Kerala, Telangana, Rajasthan, Madhya Pradesh and Bihar. This was the 42nd training programme conducted by MOHAN Foundation and the eighth in partnership with NOTTO.

Dr. Vimal Bhandari, Director, NOTTO, Maj. Gen. Sandeep Biswas (Retd), Chairman ZTCC – Pune, Mrs. Arati Gokhale, Central



Prof. Dr. Vimal Bhandari handing over a certificate of completion to Mr. Mathur Aryan. Also present (left to right) Mrs. Arati Gokhale, ZTCC, Dr. Atul Mulay Member ZTCC, Pune, Dr. Sumana Navin, Course Director, MOHAN Foundation



Training Programme



First prize winner - Poster competition • Dr. Dominique Martin, Deakin University Australia with Mrs. Lalitha Raghuram • Miss. Srushti, a school student speaking about organ donation at the valedictory function • Participants working on their poster

Coordinator ZTCC – Pune were present at the inauguration.

At the valedictory function, Miss. Srushti, a student of IX Std. at St. Helena's High School in Pune spoke about organ donation. Her mother Dr. Sushma Patil, an intensivist at Ruby Hall Clinic said that Srushti had picked the topic on her own for her Speaking Skills class in school. What she quoted, in a way, captured the essence of the training programme, "What you leave behind is not what is engraved in stone monuments, but what is woven into the lives of others."



Participants at the training in Pune

Bengaluru, Karnataka



Inaugural function (left to right) Dr Nitish Shetty, CEO, Aster CMI Hospital, Dr. Kishore Babu, ZCCK and Mrs. Lalitha Raghuram, MOHAN Foundation



Faculty & participants at Transplant Coordinators' Training Programme, Aster CMI Hospital, Bengaluru

The training was conducted in collaboration with Zonal Coordination Committee of Karnataka for Transplantation (ZCCK), and The Integrated Liver Care Foundation (ILC) from 13th to 17th February 2017 at Aster CMI Hospital, Bengaluru, Karnataka. 34 candidates from Karnataka, Kerala, Delhi-NCR, Maharashtra and Tamil Nadu attended the training. This was the 43rd training programme conducted by MOHAN Foundation and the ninth in partnership with NOTTO.

Dr. Kishore Babu, Honorary Secretary, ZCCK, Dr. Nitish Shetty, CEO, Dr. Chandil Kumar, COO and Dr. Sonal Asthana, HPB and Multi organ Transplant Surgeon, Aster Integrated Liver Care (ILC) group, Aster CMI Hospital were present at the inauguration.



Participants at the training in Bengaluru



Mrs. Gayathri B receiving her certificate from Prof. Dr. Vimal Bhandari along with (L to R) Dr. Sunil Shroff, Dr. Sonal Asthana and Dr. Sumana Navin



Dr. Kishore Babu handing over a certificate of appreciation to Dr. Sanjay A Pai



ACP Kasim Raja, Nodal Officer Karnataka explaining about Green Corridor

Editor's note: The training programmes in Guntur and Pune were supported by Tata Trusts. The training programme in Bengaluru was supported by SBI Foundation.



Indian Organ Donation Day

MOHAN Foundation felicitated by NOTTO on 7th Indian Organ Donation Day

NOTTO (National Organ & Tissue Transplant Organisation) celebrated the 7th Indian Organ Donation Day on November 30, 2016 at the Constitution Club of India at Rafi Marg, New Delhi. Representatives from the Ministry of Health and Family Welfare, various hospitals (both private and government), NGOs, families of organ donors, recipients, media persons etc. attended the event.

Dr. Vimal Bhandari, Director, NOTTO welcomed the guests at the event. Bollywood Star, Mr. Randeep Hooda was the Guest of Honour for the event. He pledged to donate his organs and encouraged everyone present to do the same for the greater good of society. The Chief Guest, Mr. J. P. Nadda, Union Minister for Health & Family Welfare, lauded the efforts of the NGOs across the country working in this area and promised government support to these organisations in their effort to generate awareness and meet the needs of those waiting for transplants. At the event, NOTTO felicitated individuals and organisations that have made significant contributions to the field of organ donation.

MOHAN Foundation was felicitated as an NGO that has made great contribution in this area. Ms. Pallavi Kumar, Executive Director Delhi NCR and Dr. Muneet Sahi, Programme Manager received the award on behalf of the Foundation.



The Union Minister for Health & Family Welfare, Mr. J. P. Nadda addressing the gathering

Other felicitations included –

- Felicitations of Best State – Tamil Nadu
- All-India recognition award for deceased organ donation programme – Maharashtra
- Felicitations of Best Hospital – Ruby Hall Clinic, Pune
- Felicitations of Best Transplant Coordinator – S. Senthil Kumar, Tamil Nadu, Second prize – Mrs. Surekha Joshi, Pune
- Felicitations of emerging states – Madhya Pradesh, Rajasthan
- Felicitations of donor families – Two Mumbai teenagers Vaibhav and Ravi Sanghvi, who donated their mother's organs, were among the donor families who were felicitated.



Ms. Pallavi Kumar and Dr. Muneet Kaur Sahi receiving the felicitation on behalf of MOHAN Foundation by NOTTO on 7th Indian Organ Donation Day



The Union Minister for Health & Family Welfare, Mr. J. P. Nadda presenting Emerging state award to Dr. Manish Sharma, Nodal Officer, Rajasthan Network for Organ Sharing

NOTTO organises Walkathon for 7th Indian Organ Donation Day



Ms. Pallavi Kumar receiving Donor Card from the Union Minister for Health & Family Welfare, Mr. J. P. Nadda at the walkathon

Dr. Jagdish Prasad, Director General of Health Services speaking at the Walkathon. Also present (extreme right) Dr. Vimal Bhandari, Director, NOTTO

On November 27, 2016, MOHAN Foundation Delhi-NCR team participated in the walkathon organised by NOTTO in association with NDTV and Fortis Group of Hospitals. The 1 km walk from India Gate to Nirman Bhavan saw the participation of thousands of people from various public and private hospitals, NGOs, NCC cadets and others.



MOHAN Foundation Delhi team participating in the walkathon



Organ Transplant Summit 2016, Raipur, Chhattisgarh

On November 19, 2016, Dr. Sunil Shroff, Managing Trustee and Ms. Pallavi Kumar, Executive Director Delhi NCR, MOHAN Foundation were invited to speak at the first ever Organ Transplant Summit 2016 organised by DKS Post Graduate Institute & Research Centre Raipur, Chhattisgarh. This was in association with Dr. B.R.A.M Hospital, Pt. J.N.M Medical College and Directorate of Medical Education. The initiative to organise the summit was taken by Dr Punit Gupta, Medical Superintendent and Academic In charge, DKS. Post Graduate Institute & Research Centre Raipur. The Summit was aimed to sensitise and educate medical and non-medical representatives on the various aspects of organ donation and transplantation and had experts from various fields from across the country to address the participants. The Honourable Chief Minister of Chhattisgarh, Dr. Raman Singh (Chief Guest) along with Honourable Health Minister, Mr. Ajay Chandrakar (Guest of Honour) inaugurated the summit. In his address, Dr. Raman Singh assured that the Chhattisgarh government would fully support the transplant program going forward. He acknowledged that while there has been a delay, the state will soon adopt the Transplantation of Human Organs Act and begin whatever work that is required to start transplantations in the state. He also expressed gratitude to all the experts who had come for the summit to deliver lectures and said that going forward, their help and guidance would be sought. The Health Minister echoed the sentiments of the Chief Minister and assured everyone present of full support from the government. The experts who took the sessions were Dr. Yash Javeri, Dr. Georgi Abraham, Dr. Manish Jain, Dr. B. Suryaprakash, Dr. Ramdip Ray, Dr. Rahul Chandola, Dr. Sunil Keswani, and Dr. Vikas Mittal. Close to 600 people attended the full day summit.

छत्तीसगढ़ में जल्द लागू होगा अंग प्रत्यारोपण कानून, तैयारी शुरू



News article on Organ Transplant Summit 2016 in Chhattisgarh



Dr. Sunil Shroff and Ms. Pallavi Kumar at the Organ Transplant Summit 2016, Chhattisgarh



Dr. Sunil Shroff receiving a memento from Dr. Raman Singh, Chief Minister of Chhattisgarh. Also seen (extreme left) Dr. Punit Gupta

International Tissue Banking Workshop held in Jaipur



Dignitaries on the dais

An International Tissue Banking Workshop was hosted by MOHAN Foundation and Navjeevan-MFJCF team in Jaipur on Monday, 28 November 2016. Looking into the need for Tissue Banking in Rajasthan, the workshop addressed all the queries related to establishment, processing and maintaining standards of a Tissue Bank. 48 doctors and others attended the workshop. The workshop was inaugurated by Dr. U. S. Agrawal, Principal SMS Medical College and Affiliated Hospitals. After the traditional lighting of the lamp, Mrs. Bhavna Jagwani, Convenor, MFJCF, welcomed the esteemed guests, speakers and panelists. Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation elaborated on the need for a Tissue Bank in Rajasthan. The experts who participated were –

- Dr. Akila Chandrasekar, Consultant in Transfusion Medicine in NHSBT, Fellow of Royal College of Pathologists, past Chair of the British Association for Tissue Banking Clinical Special Interest Group from 2006-2009 and member Specialist advisory Committee for Care and Selection of Donors in 2010.
- Dr. Ajay SM, Dip in Tissue Banking (Barcelona), Department of Orthopaedics, M S Ramaiah Medical College and Hospitals, QCO M S Ramaiah Tissue Bank.
- Dr. Swati Tomar, Corneal surgeon and Medical Director, Eye Bank Society of Rajasthan.



Dr. Akila Chandrasekar



Dr. Ajay S M



Dr. Swati Tomar

Dr. Akila Chandrasekar spoke on 'Requirements to Establish Tissue bank, Tissue processing & Maintaining Standards.' The session ended with a Panel Discussion – Establishing a State of the Art Tissue Bank in Rajasthan moderated by Dr. Manish Sharma, Nodal Officer, Rajasthan Network for Organ Sharing.



Awards

MOHAN Foundation wins Award for Best and Most Popular Website of the Year India 2016 under Health Category

The Website of the Year India 2016 award which is India's most important people's choice award for websites was revealed on websiteoftheyear.co.in

This year 252 websites were nominated in 21 categories. More than 95,000 votes were cast between 19th September and 28th October 2016. In each category there are two prizes to win: the title 'Best Website of the Year' is awarded to the website with the highest average score on content, navigation, design and recommendation intention. The title 'Most Popular Website' is awarded to the website with the highest number of votes.

MOHAN Foundation was privileged to have won both, the 'Most popular' and the 'Best Website' of the Year India 2016 under the Health Category.



Rajasthan Gaurav Award 2016 presented to Mrs. Bhavna Jagwani, Convenor, MFJCF

Rajasthan Gaurav Awards were presented to various personalities who have been doing work in different fields for human welfare and society nationally as well as internationally. It is a matter of pride that Mrs. Bhavna Jagwani, Convenor, MOHAN Foundation Jaipur Citizen Forum (MFJCF) was also honoured. She received Rajasthan Gaurav Award given by "Sanskriti Yuva Sansthan" on 18th December 2016 for her excellent work in organ donation in Rajasthan. Mrs. Bhavna Jagwani after receiving the award acknowledged it saying that this award is for MFJCF team.

Mrs. Bhavna Jagwani, Convenor, MFJCF with Maharani Padmavati Devi

Dr. Ashok L. Kirpalani receives The La Renon TANKER Foundation Lifetime Achievement award 2017

Dr. Ashok L. Kirpalani, renowned nephrologist received The La Renon TANKER Foundation Lifetime Achievement Award 2017 at TANKER Foundation's 24th Annual Charity & Awards Nite on 25th January 2017. The award is presented to an Indian nephrologist who has done exemplary work in the field of Nephrology and carries a cash prize of Rs. one lakh, citation and gold medallion. Dr. Kirpalani is currently Prof & Head, Dept of Nephrology Bombay Hospital Institute of Medical Sciences. He is also the Administrative Head of Depts. of Artificial Kidney Unit, Kidney Transplant, Hypertension and Clinical Nephrology. He is the Treasurer and Founder of MDRI (Marrow Donor Registry of India) – a charitable organisation which assists patients needing Bone Marrow Transplantation in searching for a donor for transplant, completely free of charge. Dr. Kirpalani has done enormous service to the poorer sections of society. He is the Patron and Founder of a 22 bedded free dialysis centre in Ulhasnagar (near Mumbai) at Swami Sarwanand Hospital.

Dr. Kirpalani very generously donated the prize money of Rs. one lakh to MOHAN Foundation for the committed work that the Foundation has been doing over the past two decades. When MOHAN Foundation Mumbai was set up by Mrs. Malathi Venkatesan, Trustee, MOHAN Foundation, he played a pivotal role in it. He is also on the editorial committee of the Indian Transplant Newsletter that is published by MOHAN Foundation. Dr. Kirpalani said that his mentors were Dr. M. K. Mani, one of the pioneers of Nephrology in India, and his father. He recollected what his father had told him – "Be the best, Serve society."



TANKER Foundation Awards Nite – Dr. Ashok L. Kirpalani (on the right) handing over his Lifetime Achievement award cheque to Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation

... continued from page 3

SAMARTHAN 2016 – Doctors singing in aid of Organ Donation

On 6th November 2016, MOHAN Foundation (MF) organised an awareness event, "SAMARTHAN 2016 – Doctors singing in aid of Organ Donation," at Zorba, MG Road, New Delhi. The event presented a unique opportunity to witness doctors of various specialties from leading hospitals across Delhi-NCR come together and sing in their melodious voices, old & popular Bollywood numbers in aid of organ donation. The doctors who regaled the audience with their talent were Dr. Ashok Rajgopal Executive Director & Chairman of Fortis Bone & Joint Institute, Fortis Group of Hospitals, Dr. Sudipto Pakrasi Chairman, Division of Ophthalmology, Medanta – The Medicity & the curator of the show, Dr. Ramani Narasimhan Senior Consultant, Paediatric Orthopaedic Surgery, IP Apollo Hospitals, Dr. Harsh Mahajan Founder & Chief Radiologist, Mahajan Imaging, Dr. Praveen Khilnani

Director Paediatric Critical Care & Pulmonology Services, BLK Super Specialty Hospital, Dr. N. Subramanian Senior Consultant, Urology, IP Apollo Hospitals, Dr. K. Lalitha Senior Consultant, Anaesthesia, IP Apollo Hospitals and Dr. Padmavati Dua better known as Dr. Chinna Dua.

A separate sign up table was placed near the registration desk where people who wished to pledge their organs could pick up their donor cards. A MF representative was there to give them complete information of the sign up process.



Samarthan 2016 – Singing doctors



Deceased Organ Donation India

Deceased Organ Donation in India – 2016

State	No. of Donors	Kidney	Liver	Heart	Lung	Pancreas	Intestine	Hand	Total Organs
Tamil Nadu	180	340	169	79	50	10	0	0	648
Maharashtra	132	204	126	47	1	1	0	0	379
Telangana	106	182	100	15	2	4	0	0	303
Kerala	72	112	64	19	0	1	1	2	199
Karnataka	70	102	61	16	0	0	0	0	179
Gujarat	62	134	61	8	0	1	0	0	204
Delhi-NCR	28	44	26	7	2	0	0	0	79
Chandigarh	27	48	6	2	0	5	0	0	61
Uttar Pradesh	19	36	17	0	0	0	0	0	53
Madhya Pradesh	11	22	11	7	0	0	0	0	40
Puducherry	8	16	3	3	0	0	0	0	22
Rajasthan	8	14	7	5	1	0	0	0	27
Total	723	1254	651	208	56	22	1	2	2194

Note:

The data projected in the above table is only provisional. It does not include deceased donations done in Andhra Pradesh. The data for Gujarat, Delhi-NCR, Madhya Pradesh and Uttar Pradesh do not reflect all the deceased donations done in the region.

... continued from page 6

a public resource? An organ – private property or societal resource – the debate continues, but there is no role for dogmatism.

3. Ethical issues in organ allocation in deceased organ donation – Dr. J. Amalorpavanathan, Chennai

Dr. Amalorpavanathan dwelt on the dilemmas of allocating a scarce resource like organs – should the sickest person get it or should the person in whom graft survival is longest, should all be treated equally, how does one maximise total benefit, should simplicity be the hallmark of allocation, what role does affordability have?

4. The two faces of social media in organ donation – Ms. Pallavi Kumar, MOHAN Foundation

Ms. Kumar spoke about the enormous reach of social media today and the fact that it was a double-edged sword. It has an extremely dark side to it in terms of the ease with which commercial dealings in organs can take place across the globe. On the other hand, there are powerful positive campaigns and real-life stories that create awareness about organ donation and the impact of lifesaving transplants.



Dr. J. Amalorpavanathan speaking on Ethical issues in organ allocation in deceased organ donation at the symposium

The eminent chairpersons for the symposium were Dr. Samiran Nundy, Emeritus Consultant, Gastroenterology & Liver Transplant, Sir Ganga Ram Hospital, New Delhi and Dr. Aamir Jafarey, Centre of Biomedical Ethics and Culture, SIUT, Karachi. One of the points that Dr. Nundy made was that living donor deaths should be reported, and not swept under the carpet. Dr. Jafarey was emphatic in saying that we needed to move from “what is” to “what it ought to be.”

Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation was one of the keynote speakers for a plenary session on Bodies in law, humanities and medical sciences: who declares me dead and why? He spoke on ‘Brain death and the need for Uniform declaration of death in India.’ He made a strong appeal to delink the declaration of brain death from organ donation.

He also stressed the need for guidelines regarding removal of mechanical ventilation once brain death is certified.

In addition three papers from MOHAN Foundation were selected for presentation at the 6th NBC. The presentations were –

1. The ethics of organ allocation – who gets the organ? – Dr. Sumana Navin
2. Financial Incentives to donor families: ethical issues – Dr. Muneet Kaur Sahi
3. Ethical dilemmas in end of life care in handling potential brain dead donors in ICUs – Ms. Sujatha Suriyamoorthi

... Editorial continued

Deaths Act’ and this will need to be included in the certificate too.

The current stress on donation after circulatory death to increase the organ pool, also requires that we in India define how long doctors should wait after asystole has occurred, before


they can safely proceed to organ donation. In the UK this ‘no touch time’ is defined as 5 minutes while in some other countries it is 10 and even 20 minutes in the case of Italy. When legislating the definition of death a consensus is required from medical professionals about the ‘no touch time’ for organ donation and

this aspect needs to be included in the law too for safely proceeding to organ donation.

Dr. Sunil Shroff

(the editorial is based on a talk delivered at a plenary session at the 6th National Bioethics Conference 2017, Pune)





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