

INDIAN TRANSPLANT NEWSLETTER

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Editorial Desk

Global Organ Transplantation Report 2023: Key Highlights

In 2023, global organ transplants rose by 9.5%, according to data from 93 countries compiled by the Global Observatory on Donation and Transplantation (GODT).

While donation after brain death (DBD) rose by 7%, it was donation after circulatory death (DCD) that saw a remarkable 19% increase, now contributing 25% of the global deceased donor pool - a significant factor driving the overall growth in transplant numbers.

Notably, heart transplants crossed the five-digit mark for the first time, with 10,121 transplants performed globally - reflecting a 13% increase over the previous year. Lung transplants also saw a robust 15% rise, further contributing to the upward trend.

We bring you these compelling insights from the GODT report.

India continues to play a pivotal role on the global stage:

- It accounts for 9.5% of all transplants performed worldwide.
- It performs 25% of the world's living kidney transplants.
- India leads the world in the number of living kidney and liver transplants.

Reference:

<https://www.transplant-observatory.org/wp-content/uploads/2024/12/2023-data-global-report-17122024.pdf>

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Global activity in organ transplantation Estimations 2023

Kidney	Liver	Heart	Lung	Pancreas	S. bowel
111,135	41,111	10,121	7,811	2,054	177

≈ 172,409 solid organ transplants

≈ 9.5% increase vs 2022

≤ 10% of global needs

39% living kidney transplants

25% living liver transplants

45,861 deceased donors (34,466 DBD and 11,395 DCD donors)

Information of 93 Member States on organ transplantation activities (75% of the total population)
<https://www.transplant-observatory.org/>

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Human Bladder Transplant: Innovation in the Regenerative Surgery of the Urinary System

For the first time ever, a multidisciplinary group from the University of Southern California (USC) and University of California, Los Angeles (UCLA), successfully performed a human bladder transplant in May 2025. The recipient was a 41-year-old man with prior oncologic surgeries and end-stage renal failure. He underwent an eight-hour surgery at the Ronald Reagan UCLA Medical Center where he received both a bladder and kidney transplant.

This first attempt at bladder transplantation has been the result of more than four years of preparation. There has been preclinical simulation for robotic-assisted techniques on deceased, immunologic feasibility studies and more. The principal investigators Dr. Inderbir Gill from USC and Dr. Nima Nassiri from UCLA reported that the transplanted bladder showed signs of immediate vascular integration and the kidney produced urine during the operation which confirmed integrated function leading to metabolic management.

The conventional methods for reconstructing bladder loss, particularly enterocystoplasty, have a high long-term morbidity burden. This transplant model provides a more biologically and functionally optimal solution, which may further reduce the metabolic complications and infection risks.

Although short-term graft survival and recovery have shown promise, the team has begun a clinical trial at UCLA to assess bladder function over time, immune response, graft-host integration, and patient-reported outcomes. This single case contributes to a major leap in the development of composite organ transplantation, profoundly advancing the scope of regenerative medicine, surgical technology, and prospects for lower urinary tract reconstruction.

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Brain Dead Mother from Georgia Delivers Baby Boy Named 'Chance'

In an extraordinary emotionally charged case from Georgia, Adriana Smith, 31, a nurse and mother, suffered from a brain hemorrhage from blood clots during early pregnancy which led to her being declared brain dead in February 2025. Medical staff kept her on life support for over three months to enable her fetus to grow. Under Georgia's strict abortion laws, which give embryos legal personhood around six weeks, Smith's family reported they were told that life support termination was out of the question.

An emergency caesarean section performed on June 13, resulted in the birth of a 1 pound 13-ounce premature baby boy named Chance. He was born 26 weeks into gestation. Chance was being treated in a neonatal intensive care unit when the news was published.

However, in May 2025, Georgia Attorney General Chris Carr released a statement stating Georgia's six-week law does not require medical professionals to keep women alive on life support after being declared brain-dead.

"Removing life support is not an action with the purpose to terminate a pregnancy," Mr Carr's spokesperson, Kara Murray, said in the statement.

This has raised significant concerns regarding the legal rights of the family and the emotional distress they experience during such a sensitive time. This case has reignited discussions around the blend of legal abortion, life sustaining treatment and the rights of families dealing with such enormous implications.

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Ireland Implements Opt-Out Organ Donation System

In an effort to enhance organ availability for transplantation, Ireland implemented its opt-out organ donation system in June 2025. As per the Part 2 of the Human Tissue Act (HTA) 2024, all individuals over the age of 18 will be automatically considered to have consented to organ donation unless they actively opt out.

However, as before, family consent will still be required for organ donation. The legislation will formalize the concept of a "designated family member" and establish a clear hierarchy among next-of-kin. At the time of death, a member of this designated hierarchy will be approached by the medical team to provide consent for organ donation.

This change places Ireland in the same category as other European Union Nations that operate on the presumed consent basis. The system also allows for non-directed altruistic living donation and ensures an oversight panel for ethical and transparent governance.

The Health Service Executive (HSE) will be responsible for maintaining the Opt-Out Register and providing national oversight to ensure compliance. Early evidence suggests favorable attitudes from the public. With around 600 patients waiting for transplants, the policy is expected to not only boost the number of organ donations but also deepen research trials focussed on organ preservation, immune tolerance, and paediatric transplantation.

The new policy change is a significant milestone in Ireland's organ donation system - enhancing evidence-based transplant practice while still being compliant with donor autonomy and ethical safeguards.

To cite : Sharma P, Suriyamoorthi S. Ireland Implements Opt-Out Organ Donation System. In the news. Indian Transplant Newsletter. 2025 Apr-Jun; 24(2):p2. DOI: 10.64384/ITN.2025.029



Octogenarian Mother Donates Kidney to Save Ailing Daughter - The Mother's Miracle

At Sawai Man Singh (SMS) Medical College and Hospital, Jaipur, an 84-year-old mother made a rare and selfless kidney donation to her 50-year-old daughter struggling with chronic kidney disease. Although she was an elderly donor, she went ahead without second thought to donate her kidney, when the doctor advised transplantation as the only hope of survival for her daughter, and there was no other living donor willing to donate. She had said, "My life can save hers; I am ready if I can save my daughter."

Dr. Neeraj Agarwal, the senior consultant who performed the surgery, said, "Organ donation at this age is quite rare." Her physical fitness, mental strength, and willingness has challenged the belief that age is a barrier in donation. The donor was kept under observation for three days in the Urology ICU before discharge; while the daughter - the recipient was recovering well with the new kidney functioning near normal.

Dr. Shivam Priyadarshi, Head of Urology, stated that such donations not only offer hope to patients with chronic kidney disease (CKD), but also highlight the altruism and strong support systems that exist within families. This inspiring donation story reflects not only a medical triumph but also the enduring strength of a mother's love.

To cite : Sharma P, Suriyamoorthi S. Octogenarian Mother Donates Kidney to Save Ailing Daughter - The Mother's Miracle. In the news. Indian Transplant Newsletter. 2025 Apr-Jun; 24(2):p3. DOI: 10.64384/ITN.2025.030

AIIMS Raipur Carried out the Landmark-First-ever Swap Kidney Transplant in Chhattisgarh

AIIMS Raipur has successfully performed its first swap kidney transplant in March 2025, becoming the first government hospital in the state to do so.

Two male ESRD (end-stage renal disease) patients, 39 and 41 years old from Bilaspur, who were on dialysis for three years, could not accept the kidneys offered by their wives as living donors, due to blood group incompatibility. The AIIMS Raipur team thus, had to carry out Kidney Paired Transplant (KPT), also known as swap transplant. The process implied that the wife of each patient gave her kidney to the other patient, and thus both recipients received the transplants. In the Transplant ICU, all the donors and recipients - were reported to be doing well after they underwent the surgery.

According to the Health Ministry, swap transplants can boost the total number of transplants by 15%. National Organ and Tissue Transplant Organization (NOTTO) has proposed this to all the states. AIIMS Raipur has become a prime institution in the matter of renal transplantation in the region. In the last two years, the institute has performed 54 kidney transplants with 95% graft survival and 97% patient survival. The institute has also initiated deceased donor transplantation and paediatric kidney transplantation in the state.

To cite : Sharma P, Suriyamoorthi S. AIIMS Raipur Carried out the Landmark-First-ever Swap Kidney Transplant in Chhattisgarh. In the news. Indian Transplant Newsletter. 2025 Apr-Jun; 24(2):p3. DOI: 10.64384/ITN.2025.031

Organ Donation Infrastructure Boost: ₹643.88 Cr nod for Kozhikode Institute

A sanction of ₹643.88 crore as the budget to set up the Kozhikode Institute of Organ and Tissue Transplant was given in the cabinet meeting held on June 5, 2025. The decision has been made after a detailed project report presented by the implementing agency, the Health Minister Veena George informed.

The upcoming institute will be one of its types in the state, where all services related to organ donation and transplantation will be available under one roof. It is expected to cover treatment, education, training, research, and awareness in the field of organ transplantation and provide cutting-edge transplant treatment and post-operative rehabilitation.

The centre would be constructed in Chevayur, Kozhikode on a 20-acre site. It will consist of four six-storeyed blocks with the capacity of 510 beds developed in two phases and will include operation theatres, dialysis centre, and a research facility.

The centre will facilitate both organ and tissue transplants, including kidneys, livers, hearts, lungs, corneas, intestines, pancreas, bone marrow, soft tissues, hands, and bones. The State-run K-SOTTO will be in charge of the drive to coordinate organ donations.

To cite : Sharma P, Suriyamoorthi S. Organ Donation Infrastructure Boost: ₹643.88 Cr nod for Kozhikode Institute. In the news. Indian Transplant Newsletter. 2025 Apr-Jun; 24(2):p3. DOI: 10.64384/ITN.2025.032

Tamil Nadu Records 109 Deceased Donations in First Five Months of 2025

According to the Transplant Authority of Tamil Nadu (TRANSTAN), Tamil Nadu has again reigned its momentum in deceased organ donation with 109 donors in the first five months of 2025. Of the 109 donors so far this year, 47 donations are from government hospitals.

In 2024, the State of Tamil Nadu set a national record with 268 deceased donors - thereby facilitating the retrieval and transplant of over 1,500 organs and tissues, said Dr. N. Gopalakrishnan, TRANSTAN's Member Secretary. Though the majority of donors have suffered brain death due to road accidents, there is a growing focus on donations following medical causes like intracranial bleeding.

Though the state's deceased donation rate has been increasing over the years, long waiting lists - particularly for kidneys - remain a significant concern. To support the awareness campaign, TRANSTAN launched a student charter at Madras Medical College, aiming to create young organ donation ambassadors, early in their career journey. "Organ donation is a collective responsibility. Everyone in the society has a role to play," Dr. Gopalakrishnan said.

To cite : Sharma P, Suriyamoorthi S. Tamil Nadu Records 109 Deceased Donations in First Five Months of 2025. In the news. Indian Transplant Newsletter. 2025 Apr-Jun; 24(2):p3. DOI: 10.64384/ITN.2025.033

End-of-Life Care in India



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Introduction: It has come to be a norm for terminally ill patients to spend their dying days in hospitals and ICUs. Aggressive interventions when applied inappropriately in this situation impose enormous physical, emotional and economic burdens on the patient and the family. The quality of dying, therefore needs as much attention as other measures of quality in the ICU. End-of-life care (EOLC) is about the human-centric care of the dying and the grieving, unlike the challenges of resuscitation, rescue and cure in those with a realistic chance of survival. In the West, efforts to integrate end of life and palliative care in ICUs started in the early 1990s. In India, this conceptual shift has been slow to evolve in ICU and hospital practice.

What are the barriers to EOLC in India?

The most formidable barrier is the lack of “death literacy” among both physicians and the lay public. Death is a taboo subject that both balk at discussing candidly. With the result that the recognition of oncoming death and focus on the needs of the dying get neglected. Death is profoundly difficult to face, although it is widely acknowledged as an inescapable truth. The physicians must skilfully recognize the terminal trajectory of illness and candidly but sensitively share the status with the family. The physician must compassionately support the family through the process of acceptance and appropriate care.

Secondly, there is a lack of ethical awareness and training among healthcare providers. The medical code of ethics is archaic and does not include the ethics of caring for the terminally ill. The medical curricula also fail to address the care of the dying. The entire training is oriented towards curative efforts aiming to “fight till the end”, no matter the phase of the illness or disease trajectory.

Thirdly, the lack of public discourse on the issues around the futility of technologically intensive care in the terminally or incurably ill patients. There is a lack of discussion on how to ensure a good death so far as is possible both in and outside hospitals.

Lastly, there is inadequate direction in National health policy. Although the national policy recognizes the value of palliative care, it is silent about the needs and care of the dying. There is no well-developed national culture that nurtures humane care of the dying except in the state of Kerala that has pioneered community palliative care.

Evolution of end-of-life care in India

At the turn of the millennium, there was little awareness of EOLC in the country. The Indian Society of Critical Care Medicine (ISCCM) published its first position paper in 2005, suggesting an end of life decision-making pathway in the ICU integrating clinical and ethical principles. There was a legal vacuum with only a handful of case laws turning down request for permission to commit suicide for burdensome terminal illness. There was no reference to Do-Not-Attempt-Resuscitation (DNAR) or withdrawal and withholding decisions. The ISCCM approached the Law Commission of India for its opinion on the legal position of foregoing of life support treatment (FLST) decisions in India. The Commission published the 196th draft bill “for the medical treatment of terminally ill patients”. The Bill in its opening lines stated unambiguously that FLST decisions do not constitute active euthanasia, that they do not violate suicide Laws and are legally valid when specific requirements are met. The Bill also disallowed Advance Will believing it to be subject to “misuse”. It proposed decisions to be validated by the High Court which was not practically feasible. Therefore, in a handful of institutions across India the ISCCM pathway was followed for ethical decision-making.

The next milestone on this journey was the Aruna Shanbaug judgement in 2012, where the term of reference was removal of feeding tube from a chronically vegetative patient. For the first time for India, the judgement held “passive euthanasia” or FLST as constitutionally valid. However, it prescribed validation by the high court for withdrawal of artificial feeding in a vegetative patient. The judgement did not address the other scenarios in which FLST was applicable.

In 2015, a professional advocacy was formed called End of Life Care in India Task force (ELICIT) having members from 3 societies-ISCCM, IAPC (Indian Association of Palliative Care) and IAN (Indian Academy of Neurology). It embarked on a vigorous campaign reaching out to other professional group and the lay public to spread awareness. It engaged with legal experts to influence legal developments. It also worked with Indian Council of Medical Research (ICMR) to publish the definition of terms relating to EOLC and a Do-not-attempt Resuscitation (DNAR) guidelines. Many publications in scientific journals and op-eds in major newspapers on EOLC have resulted through ELICIT.

Institutional guidelines and standard operating procedures for EOLC and palliative care were developed by the Manipal Group of Hospitals (The BLUE MAPLE, 2017) and by AIIMS, New Delhi (2020).

The ground breaking judgement was in 2018, *Common Cause vs The UOI*. Based on the rights of autonomy and privacy enshrined in Article 21 of the constitution, it held FLST to be legally valid when certain conditions are fulfilled. On the same basis, the right to



execute a Living Will or Advance Directive (AD) was also held to be valid. What the judgement promoted in principle, it undid in the FLST procedure put forth. It mandated a 3-tier decision-making process involving, apart from 2 medical panels, the District Collector and the judicial magistrate of first class. The procedure was clearly unworkable for the everyday situations in the ICU.

The ISCCM, represented by the Vidhi Center for Legal Policy and supported by ELICIT appealed to the Supreme Court for procedural simplification. In a momentous decision in Jan 2023, the SC allowed simplification of both AD execution and FLST decisions⁽¹⁾. The pathway is similar whether there is a valid AD in existence. A two-tier process was prescribed: a primary medical board in the hospital makes a shared decision with either the legal proxy (where a valid AD exists) or the next of kin. This preliminary step must be validated by a secondary board which includes 3 other physicians, one of whom must be a nominee of the District Health Officer (DHO). All physicians on the boards must have at least 5 years of subject experience. There is nothing in the judgement against having a standing panel of secondary board or having the hospital's physicians nominated by the DHO.

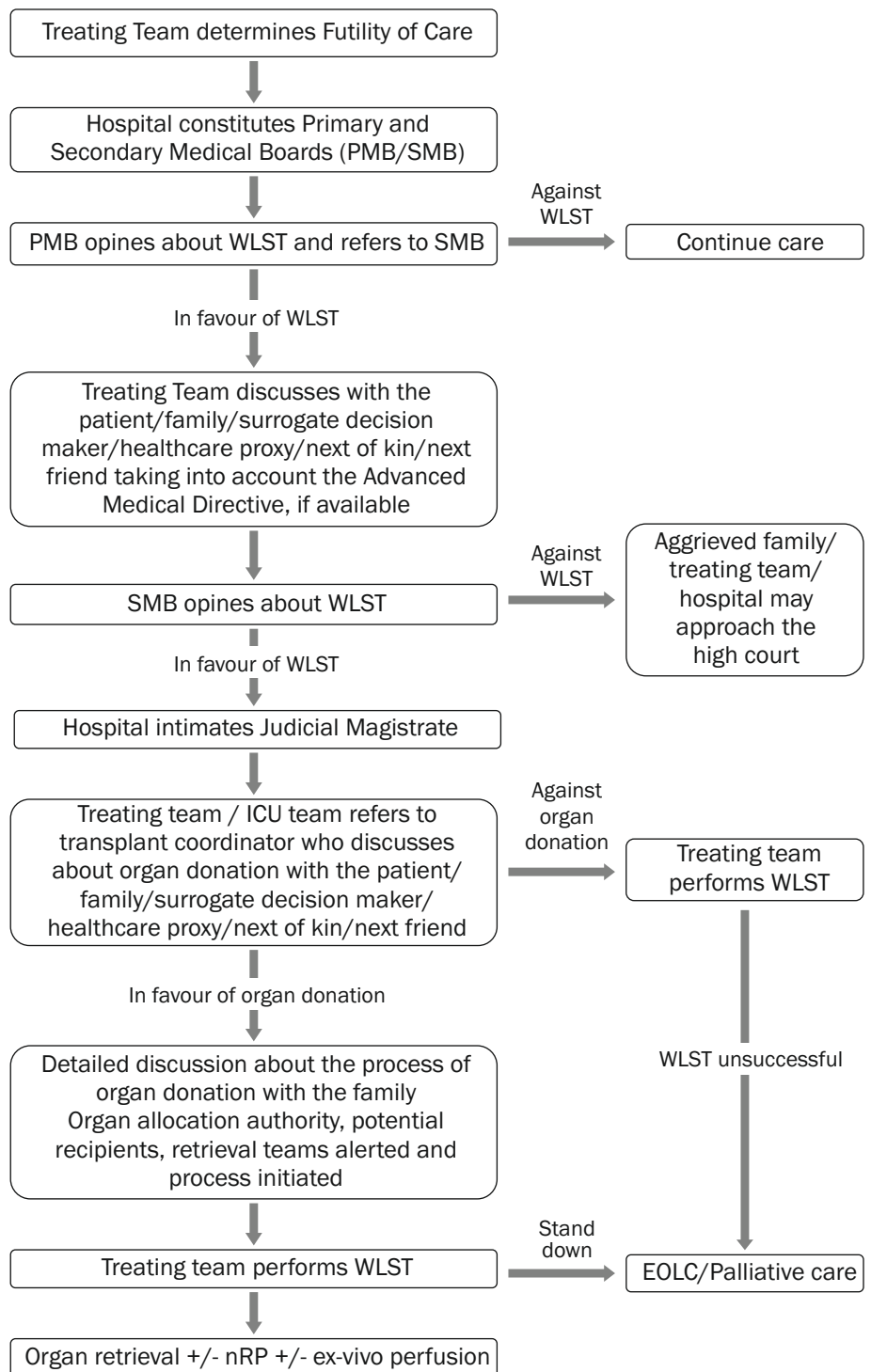
Following this development the ISCCM and IAPC published a position paper on end-of-life and palliative care in Indian ICUs in March 2024. It integrates the latest ethical and clinical principles with the current legal requirements into a 10-step pathway. The pathway emphasises the need for skilful and empathetic communication as central to effective EOL decision-making.

The way forward

Several state health ministries have taken steps to implement the Supreme Court Judgement - Jan 2023. They include Maharashtra, Karnataka, Goa and Haryana. There is a rapidly growing physician and public awareness of the need to promote dignified death. Campaigns to facilitate execution of Living Wills are also underway. What is needed is for physicians to champion the cause of ethical decision-making on the ground in every healthcare environment.

To cite : Mani R K. End-of-Life Care in India. Indian Transplant Newsletter. 2025 Apr-Jun; 24(2):p4-5. DOI: 10.64384/ITN.2025.034

Pathway for the assessment of futility, withholding of life-sustaining treatments, and determination of death by circulatory criteria III⁽²⁾.



WLST: Withholding of life-sustaining treatments, SMB: Secondary medical board, PMB: Primary medical board, ICU: Intensive care unit, nRP: Normothermic regional perfusion

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International Transplant Congress Hosted by ESOT | 29 June – 2 July 2025 | London

The International Transplant Congress, hosted by the European Society for Organ Transplantation (ESOT), took place in London from 29 June to 2 July 2025. Centered around the theme 'Nurturing a Sustainable Transplantation Journey,' the congress emphasized on innovation, equity, long-term graft survival, and environmentally responsible practices in transplantation.



Highlights from ESOT 2025:

The congress brought together experts from across the globe and showcased cutting-edge advancements in transplantation science, clinical practice, and policy.

- **Personalised Transplant Medicine** - Advances in genomics, biomarkers, and AI-driven predictive tools aimed at tailoring immunosuppression and improving graft longevity.
- **Sustainable Transplantation** - Conversations around reducing the environmental footprint of transplantation, with practical solutions addressing hospital operations and organ transport logistics.
- **Equity and Access** - Addressing disparities in access to transplant, especially for migrants, ethnic minorities, and low-income populations in both high-and low-resource settings.
- **Xenotransplantation and Regenerative Medicine** - Updates on breakthroughs in organ bioengineering, including 3D-printed tissues and xenograft models that may address future organ shortages.

Jaya Jairam, Project Director - MOHAN Foundation delivered an oral presentation on "Technology in Organ Donation and Transplantation - From Enabler to Predictor". She presented a novel AI-powered innovation developed in India that enables precise kidney donor-recipient matching and predicts long-term organ survival. This tool is designed to support clinical decision-making and improve transplant outcomes, particularly in resource-constrained settings.

She also contributed several posters that showcased MOHAN Foundation's diverse and inclusive approach to strengthening the transplant ecosystem:

- Printed poster - 'Successful deployment of Drone-based transport systems for delivering organs'
- E-Posters -
 - Enabling transplants for the non-affording using crowdfunding
 - Impact of organ donation ambassador training
 - Empowering transplant professionals through an innovative E-Learning training programme
 - Equity through public-private partnership in underserved Northeastern India

To cite : Jairam J. International Transplant Congress Hosted by ESOT | 29 June – 2 July 2025 | London. Indian Transplant Newsletter. 2025 Apr-Jun; 24(2):p6. DOI: 10.64384/ITN.2025.035

19th IFKF-WKA Conference 13 - 15 June, 2025 | Rome

The 19th IFKF-WKA Conference was held in Rome from June 13-15, 2025, jointly hosted by International Federation of Kidney Foundations - World Kidney Alliance and Italian Kidney Foundation (Fondazione Italiana del Rene).

The International Federation of Kidney Foundations (IFKF) is a global alliance committed to fostering international collaboration and the exchange of ideas to enhance the health, well-being, and quality of life of individuals living with kidney disease. IFKF advocates for the improvement of healthcare delivery systems and promotes the adoption and dissemination of best practices in treatment and care. Through education programs, communication with partner organizations, and knowledge-sharing-particularly in areas such as fundraising-the Federation supports its member organizations in their mission to improve kidney health worldwide.

Ms. Pallavi Kumar, Executive Director was invited to present the work of MOHAN Foundation during the session titled "Building Effective Kidney Foundations - Regional and National Impact: Sharing Experiences from Different Countries." She highlighted the Foundation's multifaceted approach to supporting patients with end-stage renal failure, focusing on creating an ecosystem conducive to initiating transplants in government hospitals. She elaborated on the Foundation's efforts in capacity building for organ donation, and its initiative "Anudaan," which provides financial support for underprivileged patients undergoing transplants. Additionally, she spoke about the Foundation's advocacy work through its patient support group, TRIUMPH, which amplifies patient voices and promotes awareness and empowerment within the transplant community.

Other significant sessions in the conference were:

- Closing the gaps in CKD: Nutritional care
- From awareness to action: Mobilising communities
- The fine line of incentives in organ donation
- Fundraising and social media support for kidney disease research







To cite : Kumar P. 19th IFKF-WKA Conference 13 - 15 June, 2025 | Rome. Indian Transplant Newsletter. 2025 Apr-Jun; 24(2):p6. DOI: 10.64384/ITN.2025.036

editorial continued from page 1...

Global donation and transplantation activities from 2021 to 2023

	2021	2022	2023	% Variation 2023 vs 2022
Deceased donors	38,156 (6.4)	41,792 (7.0)	45,861 (7.6)	10
DBD donors	29,611 (4.9)	32,248 (5.4)	34,466 (5.7)	7
DCD donors	8,545 (1.4)	9,544 (1.6)	11,395 (1.9)	19
Kidney Tx	92,532 (15.4)	102,090 (17.1)	111,135 (18.5)	9
DD Kidney Tx	57,365 (9.6)	62,489 (10.5)	68,034 (11.3)	9
LD Kidney Tx	35,167 (5.9)	39,601 (6.6)	43,101 (7.2)	9
Liver Tx	34,694 (5.8)	37,436 (6.3)	41,111 (6.8)	10
DD Liver Tx	26,739 (4.5)	28,343 (4.8)	30,977 (5.1)	9
LD Liver Tx	7,930 (1.3)	9,061 (1.5)	10,093 (1.7)	11
Heart Tx	8,409 (1.4)	8,988 (1.5)	10,121 (1.7)	13
Lung Tx	6,470 (1.1)	6,784 (1.1)	7,811 (1.3)	15
Pancreas Tx	2,025 (0.3)	2,026 (0.3)	2,054 (0.3)	1
Small bowel Tx	172 (0.03)	170 (0.0)	177 (0.0)	4
Total organ Tx	144,302 (24.1)	157,494 (26.4)	172,409 (28.6)	9

*Rate (pmp) are calculated by applying the population of the responding countries

Liver Transplants	Lung Transplants	Heart Transplants	Kidney Transplants
6.8 per million population (pmp) 2023	1.3 per million population (pmp) 2023	1.7 per million population (pmp) 2023	18.5 per million population (pmp) 2023
			
<ul style="list-style-type: none"> • 41,111 liver transplants • 10% increase vs 2022 • 25% from living donors • 41 domino liver transplants 	<ul style="list-style-type: none"> • 7,811 lung transplants • 15% increase vs 2022 • 10 living transplants (0.1%) 	<ul style="list-style-type: none"> • 10,121 heart transplants • 13% increase vs 2022 • 1,075 pediatric heart transplants (<18 years) 	<ul style="list-style-type: none"> • 111,135 kidney transplants • 9% increase vs 2022 • 39% from living donors
71/93 countries reported liver transplant activities in 2023	49/93 countries reported lung transplant activities in 2023	58/93 countries reported heart transplant activities in 2023	91/93 countries reported kidney transplant activities in 2023

<p>Global - Patients transplanted by sex (%) 2023</p> <p>97,938 (64%) male recipients 54,636 (36%) female recipients</p> <p>N=76 countries provided information on the sex of recipients</p>	<p>Global - Transplants from living donors per type of organ (pmp) 2023</p> <p>43,101 Kidney transplants 10,081 Liver transplants 10 Lung transplants</p> <p>Living transplants performed in 92/93 countries</p> <p>*Additionally, living donor pancreas transplants were reported by India (n=1) and China (n=7)</p>	<p>India - Transplants from living donors per type of organ (pmp) 2023</p> <p>11,791 Kidney transplants 3,643 Liver transplants 1 Pancreas transplants</p>
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Honouring Umang Galada



Master Umang Galada

18 March 2013 - 20 May 2025

Only 12, yet Umang Galada from Kolkata left a mark far beyond his years - a legacy that will live on forever. Battling end-stage renal failure, Umang underwent a kidney transplant - with his mother selflessly donating her kidney in the hope of giving him a new beginning. But life had other plans. Just hours after the surgery, Umang suffered a cardiac arrest that led to irreversible brain damage. He was declared brain dead on May 21, 2025.

In their darkest hours, his family chose to turn tragedy into hope - donating Umang's organs. His liver gave a second chance at life to a patient in need, and his corneas helped giving the gift of sight to two others.

This tribute honours Umang, whose short life left a lasting legacy, and his family, whose selfless act gave hope to others. It was penned by his parents, **Ujjawal Galada** (Head, Partnerships & Fundraising, India Autism Center) and **Jyoti Galada** (journalist, writer, and kidney donor).



As his name suggests, Umang was full of enthusiasm, intelligence, curiosity, and creativity. He was a keen learner, always eager to try new things, whether it was cooking, coding, or playing the tabla. Whatever he did, he gave it his 100%. Maths and science were his favourite subjects, but his love for them went beyond textbooks. He enjoyed building models, conducting science experiments, and playing with numbers.

He was deeply loved by everyone for his simplicity, his infectious smile, and his zest for life. Even after being diagnosed with End-Stage Kidney Disease (ESKD), his smile never faded. Despite the exhausting routine of dialysis, he remained positive and full of life. He had a beautiful way of connecting with people, always making an effort to understand others and ensure they were happy in his company.

The reflections of Umang that time cannot erase

Umang had a big heart, especially for those in need. He would always notice and care about people who were sad or struggling. If he saw a street child begging or someone in trouble, he would try to help or ask me to help them.

I remember one moment during dialysis, after it was confirmed that I would be his kidney donor. He saw a six-year-old girl in the unit who was also undergoing dialysis but hadn't found a donor. He asked me to speak to the doctor and see if his own kidneys, which had little function, could be donated to her. I later explained that it wasn't medically possible, but his willingness to help even in his condition, showed the depth of his generous heart.

Another memory that stays with me is from a tabla competition. He had to submit a 7-minute performance video. He recorded three versions and sent them to his tabla teacher, who replied saying they were "okay." But Umang wasn't satisfied. He said, "I'll keep sending more until sir says 'good', not just 'okay!'" He recorded two more, seeking perfection.

He also learned how to operate the dialysis machine, check blood pressure, and even give injections. The nurses used to joke that he could do his own dialysis!

There are so many memories... I could go on and on.

The journey of loss and the decision to donate

Even during his final days, Umang remained his usual energetic and curious self. While admitted for his transplant, he kept asking the nurses, technicians, and doctors endless questions about plasmapheresis, the transplant procedure, and how the machines in the transplant unit worked. He was deeply interested in the roles of all the medical staff.

He was also making plans with his friends and teachers over the phone, excited to return to the school he loved. He even tried to get permission to use his laptop in the transplant unit so he could complete the coding for a game he had started creating. Umang was looking forward to living a normal life after the transplant.

The strength behind saying 'Yes' in the face of heartbreak

Organ donation was not a new concept to us. We had been aware of its importance and process long before Umang was born. It's something we had openly discussed within our family, and many of our elders had already pledged their organs.

And of course, we had personally experienced the emotional toll of waiting for an organ for a loved one. We knew what it meant to be on the other side to be desperately hoping for a donor.



Hospital experience & reflections

In our case, organ donation wasn't brought up by the hospital, we were the ones who offered to donate Umang's organs and tissues. Once we expressed our wish, the hospital quickly acted and began the process of finding suitable recipients across India.

In our moment of profound grief, that decision brought a sense of pride and purpose. When Umang was given a 'Guard of Honour' for his donation, it felt like his death wasn't in vain and that his life, though short, was full and meaningful.

From waiting to giving - walking the journey firsthand

During the year he was on dialysis, we experienced firsthand the stress and urgency of finding a suitable donor. My husband's kidney, though of the same blood group, was not found suitable. Eventually, we had to opt for an ABO-incompatible transplant, with me as the donor despite having a different blood type.

We met many families during this time especially parents of young children desperately waiting for a deceased organ donor. The waiting list is tragically long, and the number of actual donations still fall short. That reality strengthened our resolve.

Unlocking the potential of informed families

With the right awareness and support, many more families would be willing to donate. There are too many myths and misunderstandings surrounding organ donation that need to be addressed.

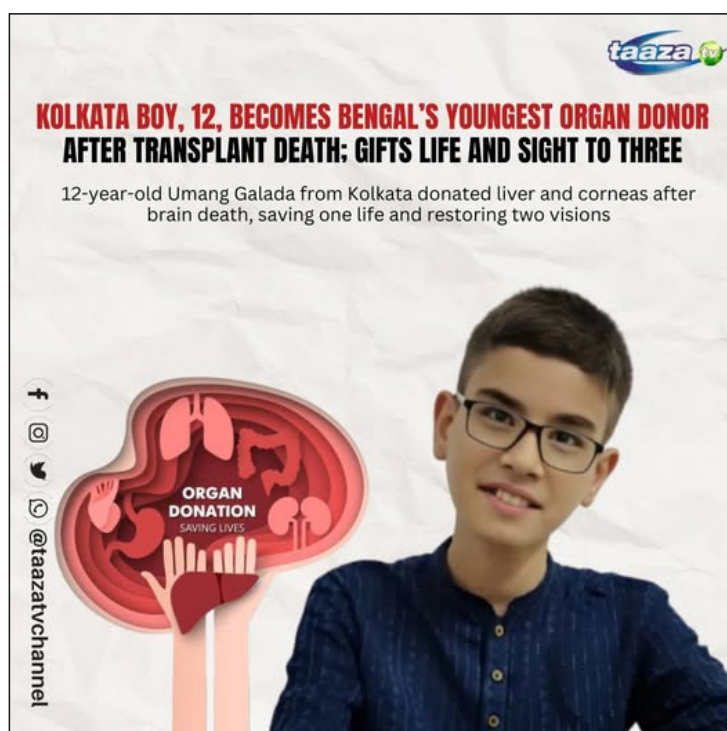
Because the final decision lies with the family, it's crucial that people discuss their wish to donate with their loved ones in advance. If a family has already talked about it and agreed, there's a much higher chance they'll say 'Yes' in that critical moment.

Hospitals, government and private, must have trained counselors or staff to guide families sensitively when the opportunity for donation arises. It's a small effort that can save countless lives.

Your message to other families

Life and death are not in our hands but how we choose to live and respond to death can be. Organ donation is one of the most powerful acts of kindness and service, and I believe it brings peace to the departed soul.

Knowing that your loved one has saved or transformed someone else's life brings not just comfort, but a deep, lasting pride. It's a legacy of love that lives on long after we're gone.



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I, Sunil Shroff, hereby declare that the particulars given above are true to the best of my knowledge and belief.

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Organ Donations from Bhopal: An Emerging Trend



Dr. Rakesh Bhargava
Secretary, Kiran Foundation, Bhopal
<https://thekiranfoundation.in>

AIIMS Bhopal recently witnessed its first deceased organ donation. Could you share more details about this significant milestone?

Yes, AIIMS Bhopal recently achieved a significant milestone by conducting its first deceased organ donation. The donor was a young 37-year-old man who had suffered a traumatic brain injury and was declared brain dead after all medical protocols were followed. The family, with great courage and compassion, agreed to donate organs that gave a new lease of life to multiple recipients. This event marks a turning point in AIIMS Bhopal's journey in organ donation, reflecting the hospital's readiness, coordination, and commitment to life-saving work.

While this marks the first donation at AIIMS Bhopal, the city has seen other cases of organ donation. How many deceased donations have taken place in Bhopal so far, and could you tell us more about them?

So far, Bhopal has seen about 25 deceased organ donations in the past couple of years, across different hospitals including private and government settings. Each case has had a unique story, some initiated by families coming forward on their own, others through sensitive counselling at the right time. What's encouraging is that Bhopal is now appearing more frequently on the national organ donation registry, which shows the growing trust and awareness among people.

What organs have been retrieved in these donations? Were any of them transplanted at AIIMS Bhopal?

In recent donations, organs such as hearts, kidneys, liver, corneas, and occasionally heart valves have been retrieved. So far, 54 kidneys, 23 livers and 7 hearts have been retrieved through deceased donations in Bhopal.



In AIIMS Bhopal's case, kidneys were retrieved and one of them was successfully transplanted within the institute itself. The others were allocated as per NOTTO and SOTTO guidelines to other registered transplant centers.

AIIMS Bhopal has also successfully performed two heart transplants.

You are associated with two organisations working in the field of organ donation. Could you tell us more about these NGOs and the role they've played in facilitating these donations?

Yes, I am associated with Kiran Foundation and another community outreach initiative (GMC Alumni Association). Kiran Foundation has been working extensively to spread awareness about organ donation, support donor families, and conduct sensitization programs in schools, colleges, and hospitals. During these recent cases, the NGO helped in donor family counselling, coordination with SOTTO officials and post-donation emotional support to families. We believe in not just enabling donation, but also celebrating the legacy of donors and giving strength to their families.

What is the current status of organ transplantation in Bhopal? What are some of the hospitals performing transplants?

Organ transplantation in Bhopal is steadily progressing. Kidney transplants are being performed in both public and private hospitals. Liver transplants are being carried out by a private hospital. AIIMS Bhopal has conducted two heart transplants till date.

The infrastructure has evolved significantly over the last few years - transplant teams have been trained, green corridors are operational, and coordination with SOTTO/NOTTO has improved. However, there is still a long way to go in terms of building a robust, city-wide transplant ecosystem.

Some of the hospitals which perform Transplants are AIIMS Bhopal, Bansal Hospital, Sidhanta Red Cross and Apollo Sage.

Are there plans to expand into other types of organ transplants in the near future?

Yes, definitely. The vision is to eventually move towards performing liver and heart transplants more extensively, especially in tertiary centers like AIIMS. Some private hospitals have already started liver transplants with support from teams outside Bhopal. The need of the hour is to invest in capacity-building - training, ICU readiness, donor maintenance protocols - and simultaneously building public confidence in deceased organ donation.



What are some of the key initiatives being undertaken to raise awareness and promote organ donation across Madhya Pradesh?

We are working on a multi-pronged approach:

- Awareness sessions in schools and colleges with help from the district administration.
- Donor family felicitation programs to honour their courage.
- Public campaigns like organ donation walks, rallies, and street plays.
- Regular media engagement and myth-busting series via digital platforms.
- Collaboration with medical colleges and hospitals to train doctors and paramedics on brain death identification and donor counselling.
- The support from SOTTO MP and local authorities has also been instrumental in amplifying these efforts.

From your perspective, what are the main challenges and opportunities when it comes to organ donation and transplantation in Bhopal?

The biggest challenges are:

- Lack of public awareness and myths around organ donation.
- Emotional difficulty in consent, especially in grief situations.
- Limited transplant-ready infrastructure in most hospitals.
- Shortage of trained transplant coordinators and ICU teams.

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On the other hand, the opportunities are immense:

- High potential donor pool in trauma and neuro ICUs.
- Presence of institutions like AIIMS and HAMIDIA that can lead the movement.
- Growing interest among youth and community leaders to become advocates for the cause.
- Policy support and evolving ecosystem through SOTTO and NOTTO.



Is there anything else you'd like to add before we close?

Yes, I would just like to highlight that organ donation is the highest form of human compassion - where death gives rise to life. Behind every successful transplant is a grieving family that chose hope over despair. As a society, it's our responsibility to create systems and sentiments that honour these decisions. We're hopeful that Bhopal can emerge as a model city in central India for ethical, timely, and life-affirming organ donation and transplant services.

Interviewed by Ms. Pallavi Kumar
Executive Director - MOHAN Foundation
Delhi - NCR

Transplant Coordinators' Training Conducted by ZTCC, Pune

The Zonal Transplant Coordination Centre (ZTCC), Pune organized its 10th Transplant Coordinators' Training Program at KEM Hospital, Pune, in association with ROTTO/SOTTO West (Mumbai), under the aegis of NOTTO. Held from 23rd to 27th June 2025, the program aimed to equip participants with practical knowledge and updated guidelines to streamline and strengthen the organ donation and transplantation process. Participants from multiple states attended, facilitating the exchange of experiences and best practices. The event commenced with the official release of a comprehensive "Transplant Coordinator Manual," designed as a valuable reference guide for upcoming coordinators.

The training covered key topics including:

- Introduction to organ donation
- The Transplantation of Human Organs Act, Rules and Amendments
- Roles and functions of NOTTO, ROTTO, SOTTO and ZTCC
- Brain death diagnosis and declaration

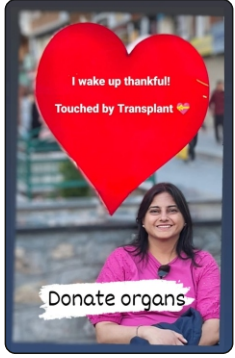
Further sessions focused on donor identification and maintenance, legal aspects in medico-legal cases (MLC), family counseling, documentation, and organ sharing and allocation protocols. Specialized lectures explored transplant outcomes in kidney, liver, heart, and lung transplants, along with emerging areas such as Donation after Cardiac Death (DCD), hand and skin

transplantation, eye donation, and body donation. Interactive elements like case studies, role plays, and a field visit provided participants with practical exposure. The program concluded with sessions on ethics, green corridor coordination, and a valedictory function, where each participant received a certificate and NOTTO ID, formally recognizing them as trained transplant coordinators.



To cite : Gokhale A. Transplant Coordinators' Training Conducted by ZTCC, Pune. Indian Transplant Newsletter. 2025 Apr-Jun; 24(2):p11. DOI: 10.64384/ITN.2025.039

Recipient Speaks



Ms. Poonam Sharma
Curriculum Coordinator
MOHAN Foundation

While working on my doctoral studies at IIT Kanpur what started off as mild exhaustion and dismissed as anaemia in 2006, escalated making routine tasks impossible, and later progressed to stage 3 chronic kidney disease (CKD) by 2008. CKD however, isn't something you can outwalk with willpower alone. Despite my efforts, I had to drop out just short of completion in 2012.

After my diagnosis, my family did everything they could. My parents offered to donate their kidneys, but were found ineligible. Unlike the many stories I'd heard of relationships collapsing under pressure, one person stood by me unwaveringly from day one - my long-time friend who later became my life partner. At that time, we had no idea, deceased organ donation was even an option - until a family friend, a urologist introduced me to it and helped me get registered on the waiting list.

Each day became a test of patience as my health declined and uncertainty grew. The physical exhaustion was tough, but the emotional toll was worse. After more than 2 years of waiting and four unsuccessful calls, I finally received a transplant in 2014. I nearly missed my chance-not due to lack of donors, but because I didn't know such a path existed. That gap in awareness, and the unethical shortcuts I was offered, still haunt me-but they also drive me to speak up and help others find the right way forward.

Guided by my nephrologist, I turned to MOHAN Foundation and I found my window of opportunity- their online Post Graduate Diploma in Transplant Coordination. I enrolled and trained to become a transplant coordinator but couldn't start at the hospital due to COVID restrictions. Today, I have been employed with MOHAN Foundation since 2022 as a Curriculum Coordinator. From being a student to now guiding others - it feels like life has come full circle. Now, I utilize my journey - from diagnosis to cure - to guide others through theirs. Words of my Nephrologist lingered with me, "After transplant, don't live in a shell - spread your wings." I took those words to heart. What began as simple travel became a deep passion for the Himalayas. From treks at altitude above 10,000 feet, visiting remote lakes (above 4500m) and high altitude passes (above 5300m), I've explored the country from Ladakh to Kanyakumari, Rann of Kutch to the Bay of Bengal. These experiences have taught the reality that life after transplant, is an opportunity to do what seemed impossible before. This second chance at life - granted by a generosity of a donor family - is truly a life worth living and is frequently a lot more verdant than the first.

This poem, written by me, is my small tribute to "The Life"

जीने की कितनी पुरजोर खाहिश है
हर साँस उम्मीद से लबरेज़
उमंगों भरा मन
आशा के तराने गाने को उसुक हृदय
आई थी दबे पाँव मौत दरवाज़े पर,
पर देख मेरे जीने की चाह सहमी सी वो लौट गई
जीने की तमन्ना, हर बार मौत से दो कदम आगे निकल गई
मौत भी तो जिंदगी की तरह बरहक है, आज नहीं तो कल मिलेगी मुझसे।।
इतना है वादा खुदसे
मौत के आगोश से पहले
जिंदगी से मेरी दोस्ती ना खत्म हो पाएगी
उदास लम्हों में भी आभार रहेगा तेरा ए जिंदगी
तूने हर पल इसे वीराने जीवन को रोशन रखा है।।

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How Fierce is This Desire to Live
Every breath brims with hope,
A heart full of joy,
A soul eager to sing songs of aspiration.
Death came quietly, tiptoeing to my door-
But seeing my yearning to live,
It shrank back and left in silence.
This desire to live,
Each time, stepped two paces ahead of death.
And death-like life itself-is certain,
If not today, then someday, it will come to meet me.
I've made this promise to myself:
Before I surrender to death's embrace,
My friendship with life will not be broken.
Even in my saddest moments,
I will remain grateful to you, O Life-
You've kept this desolate soul alight, every single moment.

- Translated with the help of ChatGPT



High altitude & Trekking

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