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# INDIAN TRANSPLANT NEWSLETTER

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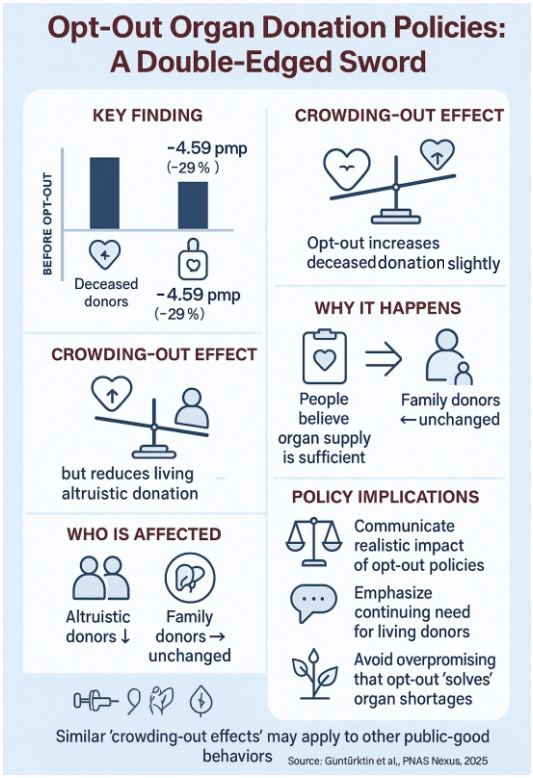
## *Editorial Desk*

### *Opt-Out Organ Donation Policies: A Double-Edged Sword*

Johnson and Goldstein first proposed that switching from an opt-in to an opt-out system for deceased organ donation- where all eligible individuals are presumed donors unless they opt out- could save many lives. Countries using opt-out policies were reported to have up to six times higher registration rates for deceased donation[1].

Encouraged by these findings, several nations have adopted opt-out systems, including England and the Netherlands[2]. However, earlier evidence from Belgium suggested that presumed consent may negatively impact living kidney donation[3]. A recent cross-country analysis has confirmed this concern. *Güntürkün et al*. reported that while opt-out policies led to a small, statistically insignificant rise in deceased donors (+7%, +1.21 per million population), it caused a significant decline in living donors (−29%, −4.59 per million population)[4]. The study concludes that opt-out defaults may produce crowding-out effects, as people perceive organ shortages to be solved, reducing motivation for living altruistic donation.




The infographic summarises these findings, emphasising that while opt-out systems may appear beneficial, they can inadvertently reduce overall organ availability by discouraging living donors.

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**IN THIS ISSUE**



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# In the news – International

## For the First Time, Researchers Test Genetically Modified Pig Lungs in Human Bodies

Scientists in China have successfully transplanted a genetically engineered pig lung into a human for the first time ever–an accomplishment that turns the scientific community's perspective. The transplant conducted at the First Affiliated Hospital of Guangzhou Medical University, sets a new record of achievement in xenotransplantation.

The recipient was a 39-year-old man declared brain-dead after a severe brain hemorrhage. With his family's consent, scientists transplanted the left lung from a genetically modified Bama miniature pig - one altered in six genes to reduce the risk of rejection and dampen inflammatory responses. Over the next nine days, while the lung functioned and showed signs of overcoming the body's hyperacute rejection, the patient experienced complications, including pulmonary edema and antibody-mediated damage. Ultimately, the experiment was terminated.

This experiment offers significant evidence that genetic engineering and immune suppression can be combined to overcome biological barriers. Essential hurdles still remain - optimizing immunosuppressants, refining genetic modifications, enhancing preservation methods, and preventing primary graft dysfunction. The results from such experiments underline the promise of xenotransplantation - not as a permanent fix yet, but as a bridge while patients wait for human organs.

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## Vanderbilt University Medical Centre's (VUMC)-Journey of forty to the World's Preeminent Heart Transplant Centre

Four decades ago, the heart transplant program at the Vanderbilt University Medical Centre began to explore its possibilities. The pioneers of the program had a strong belief, and a good reason that they could give new life to patients with heart failure. Today, the program is recognized not only in the United States but also around the world as the busiest and most effective transplant program.

The people's centred approach has been the secret of VUMC's rise. It was this approach that the medical teams expanded, the relevant specialists–surgeons, critical care, rehabilitation specialists, immunologists, and physiotherapists–who treated transplant patients as their new friends. Patients not only get lifetime care, but also assistance in resuming normal life with family and friends.

VUMC's remarkable studies in rejection prevention, mechanical support devices, and organ allocation policies have been the cornerstones of modern transplant medicine. The organ procurement teams, transportation networks, data analysts, and community outreach workers are all the components of a trust chain that safely transports a donated heart from one family's tragedy to another's hope. The thousands of patients alive today owe their existence to VUMC's vision that the future of heart transplantation is grounded in compassion, collaboration, and innovation.

**To cite :** Sharma P, Suriyamoorthi S. Vanderbilt University Medical Centre's (VUMC)-Journey of forty to the World's Preeminent Heart Transplant Centre. In the news. Indian Transplant Newsletter. 2025 July-Sep; 24(3):p2. DOI: 10.64384/ITN.2025.044

## Breakthrough: Israel Scientists Grow Functional Kidney Organoids in Labs with Longest Viability

In a major breakthrough in regenerative medicine and organ replacement research, scientists at Sheba Medical Centre, in collaboration with Tel Aviv University, have created functional human kidney organoids that have survived in the lab for 34 weeks–longest recorded period of viability so far.

The study, published in The EMBO Journal, shows a substantial improvement in creating kidney-like structures that can mature for a long time. The research group led by Dr. Benjamin Dekel successfully developed kidney organoids using kidney stem cells. These organoids included nephrons, tubules, and ducts that mimicked normal anatomy and remained viable for over eight months, enabling advanced studies on kidney development and diseases.

While transplantation of these organoids is not yet possible, Dr. Dekel noted that this project is the start of therapeutic bioengineering. The team's next step is to discover the biomolecules secreted by such organoids that might help stimulate the repair or growth of kidneys in patients with chronic kidney disease.

**To cite :** Sharma P, Suriyamoorthi S. Breakthrough: Israel Scientists Grow Functional Kidney Organoids in Labs with Longest Viability. In the news. Indian Transplant Newsletter. 2025 July-Sep; 24(3):p2. DOI: 10.64384/ITN.2025.043

## Concerns Voiced Regarding Donor Safety in the Wake of Increasing Organ Transplant Demand

The U.S. transplant system is celebrating a record high in organ donations, with a notable rise in donations after circulatory death (DCD). As the demand for organ transplants soars globally, a new concern is coming into sharper focus: whether the drive to increase transplant numbers might be compromising donor safety.

A recent investigation by The New York Times uncovered alarming cases in which donor safety might be compromised for the sake of transplant growth, with several case reports. The transplant teams in the U.S. are in a race against the clock to get the organ. However, an intensive push for increased transplants revealed the unfortunate side of the story: possible donors encountering rushed decisions and medical teams reaching their limits.

The federal government has outlined the performance metrics based on the number of transplants, thus putting the organ procurement organizations (OPOs) at risk if they do not deliver. Some insiders are of the opinion that this produces wrong incentives - showing the potential donors not as patients first, but as organs ready to be harvested. Supporters of the system argue that the process of donation is safe, necessary, and well-regulated. However, many ethicists and donor advocates point out that the broadening of DCD needs to be accompanied by drastic measures: waiting periods that are much longer, transparency that is much better, and safeguards that prevent rushed decisions. While over 43,500 DCD transplants have saved lives in recent years, any compromise in donor respect, consent, or safety threatens the ethical integrity of the program.

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## Swap Liver Transplant brings Two Coimbatore Hospitals Together

In an incredible medical accomplishment, GEM Hospital and Sri Ramakrishna Hospital in Coimbatore performed the first-ever inter-hospital swap liver transplant in India in July 2025, thereby granting two patients with end-stage liver disease a second chance at life.

The two patients both males-a 59-year, admitted in GEM hospital and a 53-year-old who was in Sri Ramakrishna hospital-had blood group incompatible but willing donors (their wives). The doctors found a common match: one wife could give her liver to the other patient and the two could undergo a swap transplant.

The difficult process needed synchronized surgeries at the two hospitals which were only five kilometers apart, a video link between the surgical teams in real-time, and the organs were transported via the specially outfitted ambulances.

Swap transplant not only increases the donor pool for patients who have incompatible donors but it also hints at a major change in the transplant protocol in India. "This model can be a groundbreaker for liver and kidney transplants," remarked Dr. Magnus Jayaraj of GEM. The surgeries were covered under the Tamil Nadu Chief Minister's Comprehensive Health Insurance Scheme.

The success of this transplant sets a precedent for the eventual wider adoption of inter-hospital swap transplants but only under stringent legal and ethical oversight.

**To cite :** Sharma P, Suriyamoorthi S. Swap Liver Transplant brings Two Coimbatore Hospitals Together. In the news. Indian Transplant Newsletter. 2025 July-Sep; 24(3):p3. DOI: 10.64384/ITN.2025.046

## Is Documentary Evidence of Friendship Mandatory - Asks Madras High Court

The Madras High Court advocated a practical approach to unrelated kidney donations while also questioning the requirement for documentation for authentication of a friendship which is to be done in accordance with the Transplantation of Human Organs Act, 1994.

Justice N. Anand Venkatesh led the bench which overruled the rejection by the authorisation committee that turned down the request of a donor to give a kidney to a close family friend on the basis of lack of documents. The committee would only accept that the pair of donor and recipient can show relationships if they produce proof of their bond. The Court reasoned that "How can friendship or good relationship be proved through documentary evidence?" and pointed out that the law allowed organ donation from unrelated donors as long as it was voluntary, out of love and compassion, and devoid of any monetary inducement or coercion.

The Court directed the committee to re-evaluate its decision based on the underlying principle of the Act, which is preventing exploitation, not rejecting true acts of altruism. This ruling indicates a change of attitude towards a gentler and more adaptable way of handling the unrelated donations - one that gives priority to the will and ethical preventive measures rather than paperwork.

**To cite :** Sharma P, Suriyamoorthi S. Is Documentary Evidence of Friendship Mandatory - Asks Madras High Court. In the news. Indian Transplant Newsletter. 2025 July-Sep; 24(3):p3. DOI: 10.64384/ITN.2025.047

## Three Donor Hearts, Three Transplants, One City - All in 12 Hours

In a historic first in the country, Narayana Health City in Bengaluru carried out three heart transplants within a span of 12 hours, saving three patients at their 30's.

The donor hearts were transported from three different hospitals-Sparsh Hospital (Yelahanka), Aster CMI Hospital (Hebbal) and Manipal Hospital (Old Airport Road). The traffic authorities in Bengaluru quickly set up special "green corridors" so that each heart could reach the transplant center in a very short time, thus retaining the organ function and enhancing the patient outcome.

Dr. Varun Shetty, who is a Senior Consultant at the centre, said that the accomplishment was not just a showcase of surgical skills but also of "public support, timely coordination and the noble decision of donor families."

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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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## Home Dialysis: A Collective Vision and A Personal Journey

Dr. Mala Sachdeva,
Academic Nephrologist at Division of Kidney Diseases and Hypertension, Northwell Health, NY, USA and Professor of Medicine at Donald and Barbara Zucker School of Medicine at Hofstra/Northwell; Medical Director of Home Dialysis

Kamal D. Shah,
On dialysis for the last 28 years (of which the last 26 years have been on home dialysis); Co-founder, NephroPlus Dialysis Centres

In July 1997, one of the authors [KS] was diagnosed with Atypical Hemolytic Uremic Syndrome at the age of 21. He was initiated on dialysis immediately and has been on dialysis ever since. For the first two years, in-center hemodialysis meant frequent trips to the hospital, a compromised lifestyle, and a future filled with uncertainty. Two decades later, he lives a full, normal, and fulfilling life. And, he credits much of that to home dialysis.

From 1999 to 2005, he was on Peritoneal Dialysis (PD). Subsequently, he has been on Home Hemodialysis (HHD) which he performs five nights a week while he is asleep. He works full-time, travels, pursues his interests, and even co-founded NephroPlus, a dialysis network that now spans the country. His journey is living proof of the potential of home therapies—not just to sustain life, but to let patients thrive. Unfortunately, stories like his are still rare in India and other countries.

Dr. Mala Sachdeva is an advocate for home dialysis therapies. She emphasizes patient empowerment, flexibility, and improved quality of life through home modalities like PD and HHD. Despite existing and potential barriers that are perceived with home dialysis, she does believe that many of these barriers can be overcome, and home therapies should be viable options for all on renal replacement therapy who cannot receive a pre-emptive transplant.

### The Power and Promise of Home Dialysis

As kidney disease progresses, it is ideal for patients to start having conversations with their Nephrologist regarding what to do when they are reaching End Stage Kidney Disease. Options include pre-emptive kidney transplantation, in-center hemodialysis, palliative care, or home dialysis.

If transplantation is not a viable option at the time when kidney disease has progressed, home dialysis should be the next best therapy. There are two types of home dialysis: Peritoneal Dialysis (PD) and Home Hemodialysis (HHD). Peritoneal Dialysis is performed with a peritoneal dialysis catheter and utilizes special premade fluids that are filled and drained into and out of the abdomen, using the natural lining of the abdomen (the parietal and visceral peritoneal membranes) and requires a cycler machine for dialysis. Home Hemodialysis is performed using a dialysis machine and preferably an arm access called arteriovenous fistula or graft. Here, blood is filtered through the dialyzer of the machine to remove wastes and excess fluid.

### Benefits of Home Dialysis

Both these home modalities can be performed in the familiarity of a patient's home environment. This means less clinic visits. Instead of three times a week, in-center treatment visits, patients can go to the clinic on average one or two times a month, allowing them more flexibility with time to do other things.

Many patients on a home modality feel a sense of autonomy and independence regarding the timing of dialysis. Again, this allows ability to continue with one's day to day routine, allowing them to work, go to appointments, or fulfil other personal commitments.

There are many medical benefits of more frequent home hemodialysis. These include but are not limited to: better blood pressure control, less phosphorus and dietary restrictions, improved anemia, and improved cardiovascular outcomes.

### Where Does India Stand Today?

Despite a growing dialysis population, now estimated to exceed 250,000 chronic patients according to the India CKD Registry, less than 10% are on PD, and an even smaller fraction are on home HD. The vast majority are dependent on three times a week in-center hemodialysis.

The government's Pradhan Mantri National Dialysis Programme (PMNDP), launched in 2016, has expanded access to in-center HD in district hospitals. However, home dialysis has not been systematically integrated into public health frameworks. Consequently, most Indian patients are never even offered the choice of home therapy.

### Where Does The United States Stand Today?

In 2019, the U.S. President passed the Advancing American Kidney Health (AAKH) initiative[1]. Its aim was to improve care for patients with kidney disease by increasing home dialysis as well as kidney transplantation. It involved changing regulations and putting different payment plans into place.

From 2024 USRDS data, there has been both an increase in home dialysis incidence and prevalence from 2012 to 2022, with numbers increasing from 8.3% to 14.0% for incident PD, and 0.3% to 0.4% for incident HHD, 8.8% to 12.1% for prevalent PD, and 1.5% to 2.4% for prevalent HHD. In 2022, 14.5% of all dialysis

patients were on a home modality (PD or HHD)[2]. These numbers, however, are still considered low, despite national efforts to increase kidney care.

**Perceived Barriers to Home Dialysis and How Can They Be Overcome?**

Home therapies can be empowering, however structural and societal barriers exist. These barriers can be overcome with careful and timely implementation.

**Lack of Awareness and Counselling:**

A 2023 study in BMC Nephrology found that more than 70% of Indian dialysis patients surveyed had never heard of home dialysis options. Pre-dialysis counselling remains inconsistent, and many nephrologists are not trained in home dialysis initiation. Increased awareness of home dialysis is needed in India and worldwide.

Despite resources and change in payment plans, numbers on home dialysis in the U.S. are still low. Continued counselling and education for patients, their families, and nephrologists is still needed. Home dialysis coordinators or virtual support teams can bridge gaps in smaller towns.

More pre-dialysis education that presents all options to chronic kidney disease patients is needed. Patient advocacy organizations and dialysis networks must champion "modality neutrality," where the best option and patient choice is offered. At the author's (MS) institution, a comprehensive kidney program, healthy transition program, was developed that focused on improving late stage kidney disease outcomes, including transplantation and home dialysis. These efforts have shown success and perhaps also serve as a model program for other countries[3].

**Financial Barriers:**

While in-center hemodialysis is reimbursed under schemes like PMNDP, Ayushman Bharat, and state health insurance programs, home dialysis costs–PD fluid, cyclers, or home HD machines–are largely out-of-pocket expenses in India. Perhaps, PMNDP should evolve to reimburse PD and HHD through government schemes. Kerala's PD-first policy is a positive step, but wider implementation is needed. A 2022 Health Technology Assessment by the Department of Health Research noted that PD could be cost-competitive if scaled, but uptake remains low. Other countries such as the U.S. may be able to serve as a model regarding reimbursement.

**Infrastructure and Support Gaps:**

Home hemodialysis machines and PD cyclers require electricity backup. In the event of electricity or power outage, there has to be a backup plan in place. In addition, the need for sterility of the home environment and also for clean water supply meeting appropriate chemical and microbiological standards is needed for home haemodialysis. Delivery of supplies for dialysis from companies especially in rural areas or many cities in India may also limit and create gaps in care.

**Cultural and Social Barriers:**

If a patient cannot perform their own dialysis, a trained caregiver can assist. Sometimes this can create caregiver burden, yet other times there may not be an available caregiver. Some countries have assisted peritoneal dialysis as a model of care for the dialysis patients and perhaps these options need to be explored by countries that do not implement this model[4].

Some families fear infections, lack confidence in medical procedures at home, or worry about turning their homes into "mini-hospitals." They may not accept doing dialysis at home. In joint families, there may be resistance to invasive devices or clinical equipment in shared spaces. More counselling and support to family members can be of help in these situations.

**Success Stories Exist Which Can be Multiplied**

According to KS, in cities like Hyderabad and Chennai, some patients have successfully transitioned to home dialysis with supportive clinicians. Dialysis providers like NephroPlus and Apex Kidney Care offer Assisted Home HD services as well. Pilot programs in Maharashtra and Delhi are beginning to show that PD can be delivered affordably at scale.

International models, such as Hong Kong's PD-first strategy (used in 80% of ESKD cases), or Canada's and the United States bundled payment systems can serve as models.

**Conclusion: Bringing Dialysis Home**

Home dialysis is a safe and effective option for many patients. It offers improved quality of life and many medical benefits. Although it has its challenges, these challenges can be easily overcome. Home dialysis should be a bridge–a way to reclaim normalcy. For many, home is the best place to cross it. Patients living with kidney disease in India need more choice, access, and dignity. It's time to bring dialysis home.

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# India Shines at the World Transplant Games 2025: A Triumph of Spirit, Teamwork, and the Gift of Life

Sunayana Singh
CEO ORGAN India
Country Representative (India)
World Transplant Games Federation


India's contingent at the World Transplant Games 2025, held from 17–24 August in Dresden, Germany, achieved a historic milestone - returning home with a record 63 medals (16 gold, 22 silver, and 25 bronze). With this extraordinary performance, India ranked 13th among 51 participating nations, marking its best-ever finish at the Games and cementing its status as a rising force in global transplant sport.

Representing India at this international celebration of courage and resilience was Team India, coordinated and managed by ORGAN India, an initiative of the Parashar Foundation. As the driving force behind India's participation, ORGAN India meticulously prepared, trained, managed, and inspired the country's largest-ever contingent–57 athletes (49 organ recipients and 8 living donors or donor family members) who competed among 1,600 participants across 17 sports.

The World Transplant Games, recognized by the International Olympic Committee, unite transplant recipients, living donors, and donor families from across the globe to demonstrate that life after transplantation is not only possible but extraordinary. India's spirited performance in Dresden reflected both athletic excellence and the grit and determination of our fantastic team of athletes from across India.

Athletes from Rajasthan, Karnataka, Kerala, Haryana, Goa, Uttar Pradesh, Andhra Pradesh, Punjab, Chandigarh, Madhya Pradesh, Maharashtra, Chhattisgarh, West Bengal, Tamil Nadu, Uttarakhand, and Delhi competed with passion and pride. Among them were heart recipient Preeti Unhale, who continues to thrive 24 years post-transplant, and liver recipient Swati Kapre, celebrating 22 years of renewed life. Their participation stood as living proof of the long-term success of transplantation in India.

Among the highlights, Jaskaran Singh, a kidney donor to his wife, won four golds and one silver, earning the title of Outstanding Donor Athlete of the Games. Rajasthan's Ramdev Singh, who underwent a kidney transplant from his mother in 2012, secured four medals, including one gold, one silver, and two bronze in the highly competitive Track & Field 30–39 category. The Anand family from Bangalore created history with 13 medals, with 15-year-old Varun winning four, Deepa three, Anand two, and Vaibhav four, making it a remarkable donor-recipient family triumph. Former Army shot-putter Satyawan Panghal, returning to sport after a kidney transplant in 2021, secured two golds and one silver, while 13-year-old Ishaan Anekar, who overcame Alport syndrome and a transplant in 2021, inspired audiences worldwide by winning two golds and one silver in swimming.

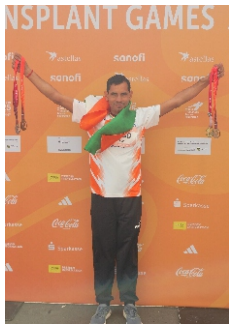
Equally inspiring were female living donors Taruna Upadhyay, Kanika Pathak, and Deepa P.S., who proved that the gift of life can be accompanied by the power to achieve greatness. Kidney donor Anil Srivatsa didn't let a leg fracture stop him from being carried to the sporting venue by his son and throwing a gold medal winning ball-throw shot!

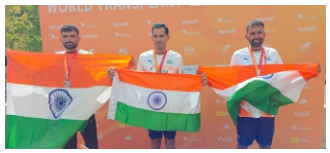
### The Team Behind the Triumph

India's success was powered by the meticulous planning and coordination of the dedicated team at ORGAN India, Parashar Foundation, whose leadership ensured that every athlete - from seasoned competitors to first-time participants - received the support they needed to excel. From fitness and medical readiness to travel logistics and sponsorship coordination, every detail was handled with precision and care.

Led by Ms. Anika Parashar, Chairperson of the Parashar Foundation, and fully supported by the Trustees of the Foundation






as well as those of the Vijaya Gujral Foundation, the team rose to new heights. With 10 outstanding captains leading different sports, India's athletes delivered performances that exceeded all expectations. Due to a shortfall of funds, only four members of the ORGAN India management were able to travel to Dresden to manage 57 athletes - an extraordinary feat of dedication, organization, and commitment. Deep gratitude goes to all of them, especially Team Manager Shankar Arora, whose tireless efforts and leadership helped steer the contingent to this incredible success.

**Training and Partnerships**

The athletes' outstanding performance was strengthened through a focused training partnership with Manav Rachna University, which has been working closely with ORGAN India to provide professional sports training and performance conditioning to transplant athletes. Their scientifically designed fitness programs, physiotherapy support, and personalized guidance ensured that every athlete was mentally and physically prepared to compete on the world stage.

The contingent's success was also made possible by the steadfast support of the Dinesh Vyas Public Charitable Trust for the second consecutive time, along with the valued contributions of Subros which joined this time and supported the team. Our gratitude to Geekay Winding, To the New, Organ Transplant Trust, Macleod Pharma, Dr. O.P. Bhalla Foundation, and Puma for sponsoring the official kits for the athletes and helping them carry India's spirit of unity and pride throughout the Games.

India's performance in Dresden was more than a sporting victory - it was a profound social statement. Athletes came back to ecstatic crowds in their hometowns, amplifying the message of organ donation and transplantation. The athletes' stories have inspired countless families to consider pledging their organs, to help building a culture of compassion across the country.

A felicitation ceremony and press conference in New Delhi honoured the athletes, managers, and partners who made the achievement possible. The event was graced by Dr. Mallika Nadda, President, Special Olympics Bharat, as Chief Guest, and Dr. Anil Kumar, Director, NOTTO, alongside sponsors, training partners, and well-wishers who contributed to this collective success.

**The Road Ahead**

With the next World Transplant Games scheduled to be held in Belgium, ORGAN India aims to take over 100 athletes to represent the country–doubling the team size and expanding participation across more sports to see India break into the top five medal winners globally.

To make this vision a reality, we are seeking medical partners and major sponsors to join this movement so every transplant recipient and donor in India can showcase what is possible when courage meets opportunity.

As the curtain falls on the 2025 Games, one message shines bright: Life after transplant is not just about survival–it is about victory.

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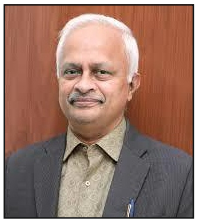
# Deceased Donor Transplant Program – Best Practices from Tamil Nadu

Tamil Nadu continues to lead the country both in deceased donation and deceased donor transplant program. Recent initiatives have strengthened the program, achieving a record of 268 deceased donors and 1,500 organs and tissues retrieved in 2024. Amid the complexity and diverse stakeholders involved– policy makers, bureaucracy, technocracy, media and the public, efforts have focused on integrating these domains cohesively.

Dr N Gopalakrishnan
Member Secretary
Transplant Authority of
Tamil Nadu (TRANSTAN)



## Best practices adopted in the State in recent times

### Honor Walk

In 2023, an honor walk was conducted, for the first time, at the Madras Medical College & Rajiv Gandhi Government General Hospital. A huge gathering including doctors, medical & nursing students, hospital staff and public participated in the honor walk. The donor family was overwhelmed with gratification and stated that such a gesture has lessened their agony. It received wide media coverage and sent ripples through all sections of society. Since then, in all the government institutions, ceremonial honor walk for the deceased donor has become a routine.

### Honor by the State Government of Tamil Nadu

On October 7, 2023, the Government of Tamil Nadu issued an order (G.O. 331), mandating that state honors be accorded to deceased donors. The district collector or a high-rank district official will pay honors at the residence of the donor before final rites. So far, 461 state honors have been accorded. This first-of-its-kind Government Order has impacted the program substantially.

### NTORC status for Government Institutions

The transplant program is available in 13 out of 36 government medical colleges in the state. The other medical college hospitals, though do not have adequate infrastructure to perform transplants, are equipped with intensive care unit managed by anesthetists/ intensivists. NTORC status was accorded to all these institutions along with five more district headquarters hospitals. This initiative proved to be a game changer, with NTORCs playing a key role in expanding the deceased donor program.

### Training and Capacity Building Programs

To address doctors' concerns and build confidence, TRANSTAN has been periodically conducting two-and-a-half-day orientation programs covering brain death certification, medical management, and organ retrieval. In addition, TRANSTAN organizes periodic scientific sessions on various aspects of transplantation, both physically and virtually for donation and transplant professionals.

### Appreciation from TRANSTAN

A personal note of appreciation is sent to the concerned institutions and transplant coordinators after every deceased donation. This simple gesture has been a source of encouragement for the concerned institutions and individuals.

### Periodic Review

Performance of the deceased donor transplant program is reviewed periodically, at multiple levels – by the Director of Medical Education, Health Secretary and Honourable Health Minister. Such reviews provide greater impetus for the program.

### Media

Both visual and print media have been extremely supportive to the program. Every donation is covered in the media. State honors accorded by the Collector is invariably covered with photographs.

### Impact of the newer strategies

All these measures have proved of immense benefit. The program reached a newer zenith in 2024 with 268 deceased donors and 1500 organs and tissues retrieved and successfully utilized. Government hospitals led for the first time, contributing 54.5% compared to 45.5% from private hospitals. Deceased donations happened in 26 government institutions including remote colleges like Nilgiris Medical College. NTORCs made an impressive 43 donations accounting for 16% of the total donations.

### Contribution from Private Sector Hospitals

There are quite a few centers of excellence in the private sector for heart, lung, pancreas and hand transplantation. A total of 146 private hospitals from all over the state are involved in transplant program. Through a memorandum of understanding (MOU), a private hospital benevolently provides hand-holding to develop liver transplant program in some government hospitals, without any financial benefits. Transplants for underprivileged patients are provided free of cost at empanelled private hospitals under the Chief Minister's Comprehensive Health Insurance Scheme.

### Accessibility

About 30.5% (264) organ transplants were availed by the economically underprivileged patients through the state's health insurance scheme in 2024 and these patients were also supported with life-long immunosuppressive medicines free of charge.

### Conclusion

The substantial progress that has been achieved in Tamil Nadu is due to the cohesive contribution and coordination of multiple stakeholders. TRANSTAN has been able to play the role of a conduit– connecting, facilitating, troubleshooting and encouraging all the domains of the program.

**Deceased Organ Donation in Tamil Nadu - 2024**

Cause of Brain Death - RTA : 186 | Non-RTA : 82

Gender of the Donor: 218 | 50

No. of Donors - **268** | No. of Organs and Tissues Retrieved - **1500**
Government Hospitals - **146 (54.5%)** | Private Hospitals - **122 (45.5%)**

| 456 | 210 | 96 | 89 | 03 | 06 | 409 | 111 | 77 | 40 | 03 |
|---|---|---|---|---|---|---|---|---|---|---|

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## From the Operating Room to the Finish Line: Running for Life and Raising Hope

**Dr. Anurag Gupta**
**Sr. Consultant Neurosurgeon**
**Fortis Hospital, Vasant Kunj**
**New Delhi**

The neurosurgeons are often the first medical contact for patients with severe brain injuries or those declared brain-dead. Having trained in the South but practised largely in the North, Dr. Anurag has observed first-hand the striking differences in family attitudes toward organ donation across regions. He recalls that a decade ago, initiating a conversation about organ donation often invited anger and suspicion - doctors were even labelled "murderers" or "organ stealers." Thankfully, attitudes have evolved, and families today are at least open to discussing organ donation. Yet, the rate of donation in North India remains alarmingly low with many families declining consent, often citing religious reasons. He notes that this number is likely even higher in government hospitals due to lack of awareness which he feels "almost criminal."

Outside the operating room, Dr. Gupta has had a personal journey of transformation. Always the "khate-peete ghar ka bachcha," as he humorously describes himself, he struggled with his weight throughout school and medical college. By the time he completed his training, he weighed nearly 100 kg. Determined to change, he began his fitness journey, lost weight, and regained his health. However, after moving to Delhi, work pressures crept in, and old habits returned.

In 2017, he took up running - what began as a small step soon became a lifelong pursuit. Over the past eight years, he has gone from the couch to completing multiple half-marathons, full marathons, four Ironman 70.3 events, and, this year, a full Ironman (3.8 km swimming + 180 km cycling + 42 km running). He says this journey has not only improved his physical fitness but also brought mental calm and balance - traits not usually associated with neurosurgeons, who, he jokes, "are more famous for being the goondas of the hospital."

When approached to run and raise funds for MOHAN Foundation's initiative, "Anudaan- Making Transplants Affordable", he knew instantly it was a perfect fit - an opportunity to combine two of his greatest passions: organ transplantation and fitness. "From saving lives in the operating room to running for those who can give life - the journey is driven by the same heartbeat of purpose," says Dr. Gupta.

Starting with a modest target of ₹1 lakh, he ended up raising over ₹4.5 lakh in just two months. The overwhelming response made him the third-highest individual fundraiser. Reflecting on the experience, he shares, "Asking for money is never easy - asking for someone else is even harder. But it's one of the most humbling and grounding experiences anyone can have." He hopes it has helped more people understand the importance of organ donation - and that, one day, families will walk up and say, "We want to donate," instead of the medical fraternity having to ask.

He smiles and adds, "As a neurosurgeon, I fight for life in the operating room; as a runner, I celebrate it on the track. Both journeys remind me that the human spirit knows no limits."

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## From Indian Navy to Healing: A Life Dedicated to Service and Compassion

**Surgeon Captain**
**(Dr.) Malvinder Singh Sahi**

Dr. Malvinder Singh Sahi, a 62-year-old ex-serviceman, currently works as an anaesthesiologist in a Delhi corporate hospital. He also has a deep interest in critical care, palliative care, end-of-life care, and has specialized in interventional pain management at the World Institute of Pain in Texas.

Growing up in a military family, Dr. Sahi developed a love for the outdoors, hockey, and long-distance running - passions that continued through his time at the Armed Forces Medical College during his graduation. He served in the Indian Navy for 26 years, participating in a variety of competitive events, including marathons, competitive swimming, mountain climbing, trekking, skydiving, and skiing.

Reflecting on his life, Dr. Sahi says, "Life has been very interesting with not a minute's boredom." His career has taken him to extraordinary experiences, including caring for Tamil refugees in Sri Lanka during periods of violent conflict and internal displacement.

Dr. Sahi has been deeply inspired by the work of his spouse, Dr. Muneet Kaur, at MOHAN Foundation in advancing organ donation in India. Having participated in the anaesthesia aspects of organ donation and transplantation, he has witnessed both the quiet desperation of families facing critical illness and the overwhelming joy they experience when a patient recovers successfully.

When approached to run and raise funds for "Anudaan-Making Transplants Affordable", Dr. Sahi immediately recognized it as a "worthy cause," one that directly saves the lives of children. "Supporting Anudaan combines my love for fitness with the opportunity to make a tangible difference in children's lives," he notes.

"There's always a prayer opportunity to thank the Almighty for the chance to participate in this service, and gratitude for continued good health," he notes. He often reflects on a quote from the Sikh Holy Granth: "In the end, nothing else matters except the realization that the world is a Divine Play where one's journey of service and compassion is Liberation."

Dr. Sahi also cites another guiding thought: "Sometimes the longest journey we make is the sixteen inches from our heads to our hearts." (Elena Avila) This philosophy continues to shape his approach to medicine, service, and life.

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# Beyond Forms and Files: Behavioural Insights Into Transplant Documentation

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## Introduction

The quality of documentation in living-donor transplantation is often seen as a matter of compliance, the ability to complete forms accurately, attach supporting evidence, and present the case to an Authorisation Committee (AC) for approval. Yet, at its core, documentation is an act of communication. It reflects how well the Transplant Coordinator (TC) interprets human interactions, motives, and emotions. The frameworks of Organisational Behaviour (OB), Transactional Analysis (TA), and the Johari Window illuminate this dimension, turning documentation from a mechanical process into a disciplined expression of ethical clarity and professional judgement.

## The Behavioural Foundations of Clarity

The transplant environment is complex. Donors may be anxious, recipients may be desperate, and both operate within a system of intense scrutiny. The TC functions as the interpreter of intent, translating human motivations into administrative clarity. Here, behavioural science offers the lens through which precision and empathy can coexist.

From an OB standpoint, clarity arises not merely from correct data entry but from shared understanding. The AC does not judge the case file as a pile of forms; it perceives it as a story about two individuals and a system that must ensure voluntariness and fairness. Thus, clarity must be behavioural as much as factual.

## TA: The Compass for Communication

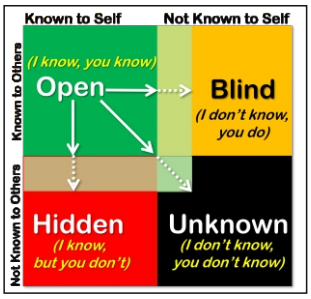
TA, developed by Eric Berne, views every human interaction as a transaction between ego states: Parent, Adult, and Child. In the transplant setting, the TC's effectiveness hinges on maintaining an Adult-to-Adult dialogue, where facts are verified calmly and emotions are acknowledged without letting them dominate.

A donor operating from a Child ego state might express guilt, dependence, or fear: "My brother insisted; I had no choice". Responding from the Parent ego state, with authority or moral judgement, risks reinforcing anxiety. Instead, the TC should respond from the Adult ego state: objective, composed, and empathetic. A measured response such as "Let's go over how you reached this decision together, step by step" helps restore equilibrium and invites rational discussion.

Occasionally, a Supportive-Parent tone, which validates the emotions of the donor before redirecting the discussion, is useful. For instance, if a donor expresses guilt or fear, the TC can acknowledge these feelings before guiding the conversation back to the facts. Yet the TC must always return to the Adult stance, because documentation derived from an emotionally charged exchange can distort meaning. Each counselling note or consent record must thus reflect balance, compassion without advocacy, precision without rigidity.

## The Johari Window: Unearthing the Hidden Quadrant

Where TA manages the tone of interaction, the Johari Window, developed by Joseph Luft and Harrington Ingham, clarifies awareness within communication. It divides information into four quadrants: Open, Hidden, Blind, and Unknown; each representing the visibility of knowledge shared between two or more people. In the context of transplant counselling, these quadrants mirror the psychological windows through which the donor, recipient, and TC view the truth of their situation.




For a TC, expanding the Open (I know, you know) area is easy to infer, can be enlarged by empathy, confidentiality, and neutrality, and is the foundation of ethical clarity, helping reduce the size of the other quadrants. Encouraging openness through empathetic but purposeful questions helps move information from concealment into documentation. For instance, a donor who hesitates to admit financial dependence on the recipient's family may gradually open up when the TC frames the inquiry with sensitivity: "It is important for us to understand if anyone is supporting you financially during this period". Each such conversation transforms implicit understanding into an explicit record.

However, the quadrant most relevant, and potentially perilous, in living donor transplantation is the Hidden (I know, but you don't) quadrant. This represents what the donor and recipient know between themselves but conceal from the TC and the system. In an ecosystem occasionally marred by incidents of coercion or commercial influence, this hidden zone may contain the real motivations, unspoken obligations, or financial arrangements that never surface unless probed with skill. Left unexplored, it can allow the appearance of voluntariness to mask underlying exploitation.

The TC's foremost challenge, therefore, is to unearth the Hidden quadrant without confrontation. This requires a delicate balance between empathy and vigilance. Gentle probing, indirect questioning, and cross-verification help surface inconsistencies without creating defensiveness. Hesitations, short answers, and avoidance of eye contact indicate hidden area information. For instance, a donor may say, "He's been like a brother to me for years", while documents show no traceable relationship. Here, the TC's role is not to accuse but to explore, bridging the hidden area into the open one by facilitating reflection and verification; "That's a warm bond; could you tell me when you first met and how your families are connected?" Each such step shifts the narrative from assumption to substantiation.

The Blind (I don't know, but you do) quadrant represents what the TC perceives but the donor may be unaware of, like subtle mannerisms, tone, or behavioural cues. These cues are secondary indicators that may point towards the deeper Hidden quadrant, where information is consciously withheld. For instance, avoidance of eye

contact, over-rehearsed answers, or repeated reference to another person's authority ("He will explain better") are behaviours that the donor may not recognise as revealing, yet they can alert the TC to possible coaching, anxiety, or lack of autonomy. Such signals should be documented objectively, for example, "Donor sought repeated validation from recipient during session; follow-up planned separately".

In addition, the Unknown (I don't know, you don't know) quadrant, what neither the donor–recipient pair nor the TC is consciously aware of, also plays a quiet but significant role. It encompasses the latent emotions, unexamined motivations, or family influences that even the individuals themselves may not fully recognise. While the TC cannot directly uncover this domain, awareness that such a layer exists encourages humility and attentiveness. A calm, reflective approach, allowing pauses and space for self-expression, often enables such unspoken realities to surface naturally. Recognising the limits of one's insight is itself a form of professional wisdom, reminding the TC that not every truth can be forced, but many can be gently discovered.

Ultimately, the Johari Window reminds coordinators that documentation is never neutral. It is shaped by what both parties choose to reveal or conceal. Using the Johari Window technique, the idea is to gently move relevant details from the hidden/blind quadrant into the open quadrant and expand the open quadrant. Expanding the shared space of understanding is therefore the moral and practical aim of every counselling session.

## OB and the TC's Professional Identity

From an OB perspective, the transplant system is a miniature organisation with interdependent stakeholders, TCs, clinicians, administrators, and AC, each with distinct roles, expectations, and power dynamics. The TC operates at the intersection of all these relationships. Their credibility is evaluated not only by accuracy but also by how consistently they exhibit professional behaviour: composure under pressure, balanced reporting, and respect for procedure. The OB lens situates the TC as a "boundary spanner", mediating between the human and administrative worlds. The success of this mediation depends on emotional intelligence - self-awareness, empathy, and impulse control.

Behavioural frameworks also inform institutional trust. AC members, accustomed to evaluating complex ethical cases, develop perceptions of a TC's reliability over time. A coordinator known for neutrality and disciplined documentation earns quicker acceptance of their assessments. Conversely, patterns of copy-paste errors or inconsistent phrasing trigger suspicion, regardless of the case's merit.

## Counselling: The Crucible of Ethical Clarity

Counselling sessions between the TC, donor, and recipient are the heart of the documentation process. They are not therapeutic dialogues but structured inquiries to establish voluntariness, comprehension, and authenticity. Behavioural science transforms these sessions from check-box exercises into moments of ethical engagement.

TA and the Johari Window guide how questions are asked and how responses are interpreted. A funnel approach, moving from broad narratives to specific verifications, uncovers layers of motivation without intimidation. The TC observes tone, hesitation, and alignment between verbal and non-verbal cues, recording facts rather than impressions. When uncertainty persists, a follow-up session after an overnight interval allows reflection and reduces the influence of immediate emotional pressure on the donor-recipient.

Documentation of these interactions must be precise, including dates, participants, the language used, and the translator's credentials. Every recorded line should survive scrutiny. Behavioural discipline ensures that the written record is not an echo of the TC's bias but an accurate reflection of the conversation's substance.

## Behavioural Discipline as Professional Ethic

At its deepest level, integrating TA, the Johari Window, and OB principles instils a behavioural discipline that transcends technical skill. It teaches TCs to recognise their own biases, manage interactions with composure, and document with reflective precision.

In TA terms, professionalism is the consistent practice of the Adult ego state under stress. In the Johari framework, professionalism is the effort to expand the Open area through transparency and feedback. From an OB perspective, professionalism sustains organisational credibility; each coordinator's behaviour contributes to the institution's collective reputation.

This triad of frameworks builds resilience against burnout and ethical drift. It reminds TCs that their work is not clerical but moral: they safeguard the donor's dignity, the recipient's hope, and the system's trust.

## Closing Reflection

Documentation is more than a record; it is a reflection of behaviour, ethics, and empathy. When TCs apply behavioural science with attentiveness and discipline, they transform the transplant documentation process into an affirmation of trust, a bridge between human intention and institutional integrity.

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# Recipient Speaks

**Preeti Unhale**
Heart Transplant Recipient
(received transplant in 2001)

**Twenty-four years after undergoing a heart transplant, I fulfilled a lifelong dream-trekking 11,755 feet to the sacred Kedarnath temple. Standing amidst thousands of pilgrims, I experienced a profound sense of gratitude, strength, and divine grace.**

My early life was active and joyful, defined by academics, sports, and a deep enthusiasm for badminton. In 1994, after what seemed like a routine viral illness, I began experiencing chest discomfort. Initial medical consultations suggested rest, and I appeared to recover. Life resumed its pace–I completed my M.Sc. in Environmental Chemistry, got married, and looked forward to the future.

In 1999, during my first pregnancy, my cardiac symptoms worsened significantly. Medical evaluation revealed that continuing the pregnancy would endanger my life. Terminating it was an emotionally devastating but life-saving decision. My health continued to decline, and at AIIMS Delhi, after two months of investigations, I was diagnosed with dilated cardiomyopathy. At the age of 26, I was informed that a heart transplant was my only chance of survival.

On January 23, 2001, I received the call that changed my life-a suitable donor heart had become available. The surgery at AIIMS Delhi was successful. Upon awakening, I immediately sensed the difference-the ability to breathe deeply and freely was nothing short of miraculous. Post-transplant life required discipline: lifelong immunosuppression, regular follow-ups, and vigilance against rejection. In 2004, I experienced my first episode of acute rejection, followed by seven more between 2004 and 2015. Each episode was physically and emotionally taxing, but timely medical intervention ensured recovery. I also faced complications such as avascular necrosis due to long-term steroid use, cytomegalovirus infection, hepatitis E, Bell's palsy, and two episodes of COVID-19. Each challenge reinforced my resilience and faith in medical care.

Over the years, I gradually regained mobility, strength, and independence. I resumed travelling, including a long-cherished trip to Switzerland, and in **2023**, I won a **gold medal in badminton at the Transplant Games in Kochi**. In **2025**, I represented India at the **World Transplant Games in Dresden, Germany**, celebrating not only physical endurance but also the gift of renewed life through organ donation.

The heartbeat sustaining me belongs to a 14-year-old donor whose family remains in my prayers. To honour their gift, I work with **ORBO (Organ Retrieval Banking Organization)** at AIIMS, supporting both donor families and transplant recipients.

My journey underscores that survival after transplantation is not merely biological; it is a testament to willpower, adherence, and faith. If my experience inspires even one person to donate organs or one recipient to persevere, I will have truly honoured the life gifted to me.

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**वो भी एक समय था,**
**जब हर साँस में एक संघर्ष था,**
**हर दिन का जैसे कोई मतलब ना था,**
**सपने जो लगता था सपने ही रह जायेंगे,**
**नये पंख पा अब उनको भी उड़ते पाया था**
**धड़कने तब भी थीं, धड़कने अब भी हैं,**
**लेकिन बदले इनके सुर हैं**
**बदली हृदय की ताल है**
**ये हार्ट ट्रांसप्लांट बेमिसाल है!**