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Editorial Desk

Financial Neutrality is Necessary—but is it Enough?

Pallavi Kumar, Executive Director, MOHAN Foundation, Delhi - NCR

The father stood at the foot of the bed. His 16-year-old son, declared brain-dead after a sudden accident, lay in a government hospital in Chennai—thousands of kilometres from their home in Bihar. When organ donation was explained, the father listened in silence. After a long pause, he said, "If my son can help someone else live, then let it be so." The donation was successful. Multiple lives were saved.

When it was time to take the boy home, the father broke down—not only from grief, but from helplessness. He had no money to transport his son's body back home. While funeral expenses are now covered under the national programme, at the time civil society organisations such as MOHAN Foundation had to step in to assist the family with the immediate logistical and financial challenges following the death.

This episode reflects a deeper ethical unease at the heart of deceased organ donation in India. Families are asked to give selflessly at the most devastating moment of their lives, yet the support available to them after donation often remains limited and uneven, varying by geography, institutional capacity, and access to information.

India's organ donation framework, like that of many countries, is grounded in altruism. Central to this framework is the principle of financial neutrality: families should neither gain nor suffer financially as a result of consenting to donation. This principle protects voluntary consent, prevents coercion, and safeguards public trust. It is indispensable.

An important question, however, remains: is financial neutrality sufficient?

In India—and across much of Asia—a medical emergency is also an economic shock. Out-of-pocket health expenditure remains high, insurance coverage is uneven, and deaths due to trauma or stroke frequently involve young primary earners. Families often arrive in intensive care units already financially strained, far from home, and unfamiliar with hospital processes and government systems.

Most donor families are not seeking compensation. What they require is dignity: assistance with documentation, facilitation of transport of the deceased, access to relevant welfare schemes, and structured bereavement support. In practice, these needs are addressed inconsistently and often depend on individual institutions or non-governmental actors rather than on standardised systems of care.

The solution is not cash payments or financial incentives, which risk coercion and may undermine trust in the donation system. Ethical, universal, and non-conditional support—integrated within existing health and social welfare frameworks—is both feasible and necessary.

Expressions of gratitude, however sincere, cannot replace institutional responsibility. Preserving altruism in organ donation may require moving beyond financial neutrality alone, toward consistent post-donation support embedded within public systems. Addressing this gap is essential to sustaining ethical practice, equity, and public trust in deceased organ donation.

IN THIS ISSUE

To cite : Kumar P. Financial Neutrality is Necessary—but is it Enough?. Indian Transplant Newsletter. 2025 Oct-Dec; 24(4):p1. DOI: 10.64384/ITN.2025.056

In the news – International

Universal Kidneys - A Major Breakthrough in Transplant Science

Scientists have taken a step toward easing one of organ transplantation's most persistent challenges: blood group compatibility. In a study published in Nature Biomedical Engineering, researchers reported converting a blood-type-A kidney into a blood-type-O kidney and transplanting it into a brain-dead recipient.

Blood type mismatch remains a major reason, patients—especially those with type O blood—remain on transplant waiting lists for years. To address this, the team used an enzyme-based technique known as enzyme-converted O (ECO), which removes blood-group antigens that elicit immune rejection.

"The ECO process has already been demonstrated to work in lungs, and we expect it should translate to other organs as well," said Stephen Withers, professor emeritus at the University of British Columbia and a co-author of the study.

The researchers treated a type-A kidney that had been deemed unsuitable for routine transplantation by circulating it through a standard perfusion system containing specific enzymes. The process took roughly two hours. Withers stated, "Perfusion technology was adapted to strip away the antigens that cause problems."

The converted kidney was transplanted into a brain-dead recipient with high levels of anti-A antibodies, without antibody-reducing therapy. The organ functioned well for two days before immune responses appeared on the third day, as antigens gradually returned.

"With standard immunosuppression, longer tolerance may be achievable. While still experimental, the approach could eventually shorten transplant waiting times, particularly for type O patients.

To cite : Sharma P, Suriyamoorthi S. Universal Kidneys - A Major Breakthrough in Transplant Science. In the news. Indian Transplant Newsletter. 2025 Oct-Dec; 24(4):p2. DOI: 10.64384/ITN.2025.057

Michael Podolsky: The First ALS Patient Under End-of-Life Care Donates Organs

Michael Podolsky, a 44-year-old Israeli man living with advanced amyotrophic lateral sclerosis (ALS), died on September 25 at Sheba Medical Center after a Tel Aviv District Court approved his request to reduce life-sustaining treatment. His death marked a rare legal and ethical milestone in Israel: Podolsky became the first publicly named ALS patient in nearly three decades to secure judicial permission to limit ventilation, and the first to donate organs under such circumstances.

Euthanasia and assisted dying are banned in Israel, but the Dying Patient Law of 2005 allows patients to refuse life-prolonging treatment through advance directives. Podolsky, who had been on a mechanical ventilator for nearly three years and could communicate only through eye movements, argued that continued ventilation amounted to prolonged suffering.

In a rare move, Judge Amir Lukashinsky-Gal personally visited Podolsky to confirm his wishes and allowed doctors to sedate him and gradually lower oxygen levels.

After his death, Podolsky's kidneys were successfully transplanted into two recipients. Tamar Ashkenazi, head of the Israel Transplant Center, said organ donation gave him comfort in his final days. His case has renewed debate on end-of-life rights in Israel, highlighting the tension between law, medicine and compassion for patients with incurable diseases.

To cite : Sharma P, Suriyamoorthi S. Michael Podolsky: The First ALS Patient Under End-of-Life Care Donates Organs. In the news. Indian Transplant Newsletter. 2025 Oct-Dec; 24(4):p2. DOI: 10.64384/ITN.2025.058

A Rare Transmission of Rabies Through Kidney Transplant

A Michigan man died of rabies after receiving a kidney transplant from a donor who was later found to have died from the same infection—an episode health officials have described as "exceptionally rare."

According to the US Centers for Disease Control and Prevention (CDC), the patient underwent a kidney transplant at an Ohio hospital in December 2024. About five weeks later, he developed tremors, leg weakness, confusion and urinary incontinence. His condition showed rapid decline and he died. Although the family had reported no contact with animals, postmortem testing confirmed rabies.

Investigators then reviewed the donor's medical history. The donor, an Idaho man, had been scratched by a skunk, followed by bleeding but no bite. Weeks later, he became confused, struggled to walk and swallow, and experienced hallucinations. He was declared brain dead, and several organs were retrieved for donation. Subsequent testing of kidney tissue detected a rabies virus strain consistent with bat exposure, suggesting a rare chain of transmission—from bat to skunk, to donor, and then to recipient.

The CDC said this was only the fourth documented case of transplant-related rabies in the United States since 1978. Three cornea recipients from the same donor underwent graft removal, received PEP, and remained asymptomatic. Experts stressed that while tragic, the overall risk remains extremely low.

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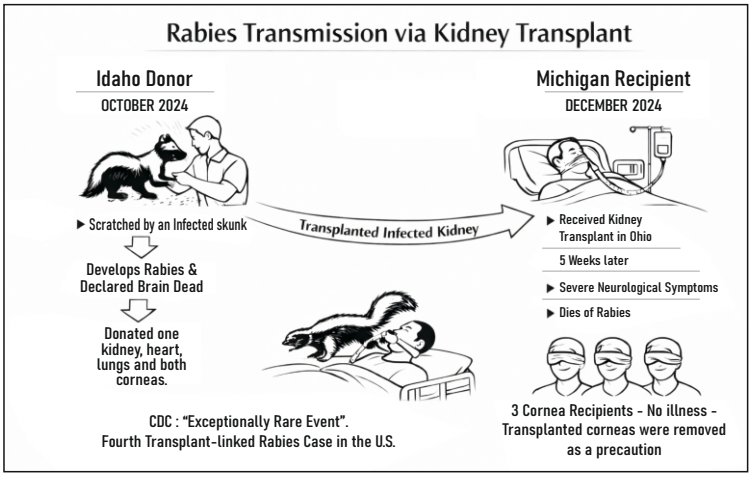

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Asymptomatic Donors and Recipients in Organ Transplants Except Lungs, Exempted from Covid-19 Testing

In a major decision, the Union Health Ministry has relaxed the testing norms for Covid-19 for organ transplants, dropping mandatory tests for asymptomatic donors and recipients, except in lung transplants. The revised guidelines issued by the National Organ and Tissue Transplant Organization (NOTTO) aim to cut delays in organ retrieval and allocation. It is anticipated that this initiative will significantly reduce procedural delays and enable timely life-saving transplants.

Under the revised norms, Covid-19 RT-PCR testing will continue to be mandatory for both donors and recipients undergoing lung donation and transplants, considering the higher risk of respiratory transmission. Routine covid testing will not be required in asymptomatic patients for all other organs such as kidney, liver and heart.

In cases where donors or recipients show symptoms suggestive of Covid-19, doctors may decide on testing based on clinical assessment. Officials said the change follows the sharp decline in Covid cases and growing evidence that vaccination status has little impact on transplant outcomes. The move aligns with evolving global understandings of SARS-CoV-2 transmission in organ transplantation, where risk outside lung transplants is considered low.

To cite : Sharma P, Suriyamoorthi S. Asymptomatic Donors and Recipients in Organ Transplants Except Lungs, Exempted from Covid-19 Testing. In the news. Indian Transplant Newsletter. 2025 Oct-Dec; 24(4):p3. DOI: 10.64384/ITN.2025.060

Gujarat's Successful Swap Transplant Model: A Roadmap for India

At a moment when the need for kidney transplants is much larger than the availability of organs from deceased donors, Gujarat has quietly developed a model that not only gives hope but also a roadmap for the whole of India.

The wait from registration to transplant is usually very long, depending on various factors like blood type compatibility and other medical issues. Gujarat has made this wait much shorter by encouraging the use of swap (paired) kidney transplants. The Institute of Kidney Diseases and Research Centre (IKDRC) in Ahmedabad reported that 86 out of 302 living donor transplants in 2025 were done through swap matches.

According to Dr. Vivek Kute from IKDRC, specialized algorithms are capable of finding suitable matches by matching the profiles of the donors and the recipients together. Once the informed consent has been obtained from all the parties, transplant chains are formed and carried out. This method has made it possible to reach more people in need while still putting ethical safeguards in place.

Gujarat has performed a total of 569 swap transplants since 2000. The experts believe that implementation of the national software, which is now provided to the National Organ and Tissue Transplant Organization (NOTTO), could be a way to amplify equity and fairness in organ transplantation across India, as it is the case with the Gujarat's although transparent, technology-driven approach.

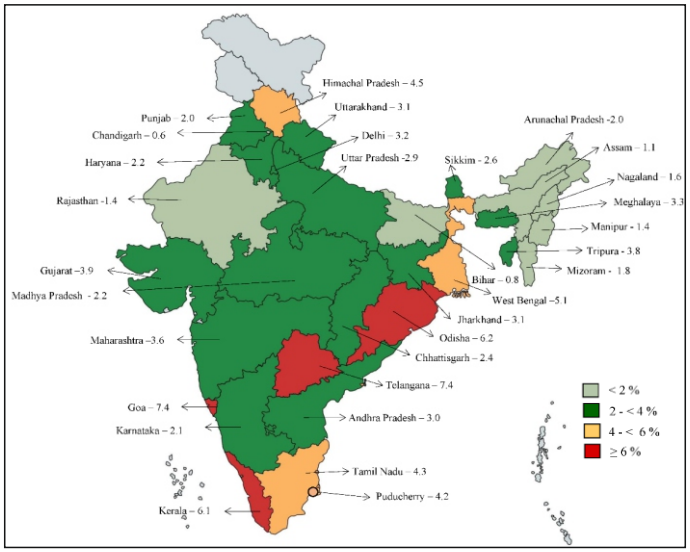
To cite : Sharma P, Suriyamoorthi S. Gujarat's Successful Swap Transplant Model: A Roadmap for India. In the news. Indian Transplant Newsletter. 2025 Oct-Dec; 24(4):p3. DOI: 10.64384/ITN.2025.061

Telangana Emerges as India's Kidney Disease Hotspots, 1 in 14 Adults Affected

Telangana is gradually turning into a major hotspot of kidney diseases, as a new survey indicates that nearly 7.4% of the population—about 1 out of every 14 individuals—suffers from decreased kidney function. The number is over double the 3.2% national norm, which raises a critical health issue that is overlooked.

The findings are drawn from the latest study conducted by the Indian Council of Medical Research (ICMR) under the ICMR–INDIAB project, the country's largest assessment of kidney health. Surveying over 25,000 adults across all States and Union Territories, the study reported a high prevalence of kidney disease in Telangana (7.4%) and Goa (7.4%), followed by Odisha (6.2%) and Kerala (6.1%).

The rising burden of chronic kidney disease (CKD) in Telangana is linked to a combination of medical, lifestyle and environmental factors. Poorly controlled diabetes and hypertension remain the biggest drivers, along with the widespread use of painkillers and concerns about drinking water quality in some areas. Also, reliance on unqualified rural practitioners, excessive alcohol use and unregulated alternative medicines act as additional triggers. Experts also flag low birth weight, early obesity and sedentary lifestyles as long-term risks.



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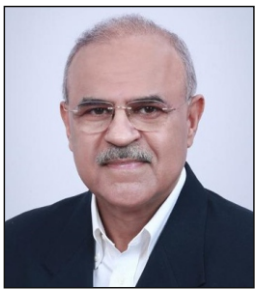
First DCD-NRP in India

30-ABC and the first DCD-NRP in India



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'Please fasten your seat belts' announced the crew. It was October the 12th 2025. Air India flight IX-1191 from Jaipur to Delhi was ready for take-off. Seated in 30-A, I glanced to my right. Two of the most experienced liver and kidney transplant surgeons in the country were sitting next to me in non-reclining seats next to the toilet. Premium seats for the best in the business, returning from a national transplant meeting! I chuckled to myself at the thought that all of us had overlooked the tiny detail of seat selection. Or was it ordained…

Despite the discomfort, the 40-minute flight gave us an unmatched opportunity to catch up. My colleagues spoke about their journey of completing 1,500 liver transplants in a public hospital and the nuances of teaching robotic kidney transplantation to the Japanese. When I mentioned my thoughts on organ donation after circulatory death (DCD) by using Normothermic Regional Perfusion (NRP), they were all ears.

'Of 18,911 organ transplants done in India in 2024, 82% were from living donors and only 18% were from deceased Donations after Brain Death (BD)', I explained. The donor pool needs to be expanded. In DCD, there is no blood supply to vital organs, as the heart has stopped beating. Time is at a premium and protocols are required for successful organ retrieval and transplantation. The first national summit on DCD was organized by us in association with MOHAN Foundation at Gurugram, way back in 2015. It became clear at the summit that there was provision for DCD in Transplantation of Human Organs Act, 1994.[1] It took us seven more years to convince the nation on its legal, ethical and medical aspects. In 2022, we brought out a position statement from eight societies on enabling Categories IV and V of DCD in India.[2] Categories I and II are difficult in India in the absence of presumed consent.[3] Following the Supreme Court Judgement of 2023 on Withdrawal of Life Support Treatment (WLST), a consensus paper with 12 societies was published on protocols for DCD Category III.[4,5] However, as WLST is not yet being performed as a routine in ICUs, a new classification of DCD is proposed for India (Table).

'Haven't we already done kidney transplantation from DCD in the country?', asked my colleague. I explained that a few centers have done kidney retrieval with super-rapid recovery (SRR). Early graft dysfunction with SRR for DCD kidneys is inevitable, but improves with time. About 30% patients even need support with short-term dialysis, a luxury not available for other organs. Liver transplantation may not work well with SRR as there is ischemic injury to the bile ducts. Perfusing the retrieved liver in machines with blood or hypothermic solutions before transplantation is a good but expensive option. NRP is a technique where oxygenated blood is perfused to abdomen (A-NRP) or thoracic and abdominal (TA-NRP) cavities for up to 4 hours after death, thus mitigating ischemic injury and enabling utilization of organs (Fig 1). I mentioned that National Consortium on NRP was set up in 2024 and 22 experts have been working on developing low-cost hybrid ECMO for India (Fig 2). 'The Consortium did a dry run on NRP in ICU and OT at Manipal Hospital Delhi on 29th March 2025 and we were ready with the protocol', I said.

The discomfort in my blocked sinuses and ears signaled that the plane was descending rapidly. I pinched my nostrils, did the Valsalva maneuver till the ears popped, and sipped some water. Outside, the evening smog hung like a veil, failing in its attempt to mask the bright lights and bustle of the capital. As the aircraft came to a halt, we stayed in our seats and watched passengers leave. When it was our turn, we reached for our handbags and shook hands. Straightening the tie, I pulled on my jacket and walked out. I was ready.

On 6th November 2025, a 55-years educator, bed-bound with progressive Motor Neuron Disease for two years, was brought to our emergency with labored breathing and dullness of sensorium. On arrival, GCS was E4V1M5, respiration 30/min, pulse 115/min, BP 110/70 mmHg. She was afebrile and pupils were equal and reacting to light. Examination of CVS and lungs was unremarkable, and she had features of advance Amyotrophic Lateral Sclerosis. ABG on arrival showed respiratory acidosis with pH 7.14, $PaCO_2$ 135 mmHg, Lactate 0.3 mmol/L and HCO_3 45 mmol/L. Aligning with the wishes of the patient, the family signed do not attempt resuscitation (DNAR) and she was shifted to ICU on non-invasive ventilation (NIV). Over the next 24 hours, the family expressed their desire to 'let her go in peace' and 'donate organs if possible'. Ms Sukhvinder, our transplant coordinator, explained the steps of DCD and NRP. Besides 'Form 8', an additional consent form created by National Consortium, that included placement of vascular lines and heparin, was used. The Critical Care team, led by Dr Shrikanth, swung into action. Sheaths were placed in both femoral arteries and right femoral vein and Heparin was administered. Once the NRP set-up was complete and the family had spent some time with the patient, NIV was discontinued at 8:13pm. Cardiac arrest occurred at 8:33pm. Following a no-touch period of 5 minutes, femoral arterial and venous cannula were positioned. Extra-Corporeal Membrane Oxygenator (ECMO) with reservoir was used to establish A-NRP. Aortic Balloon was placed in supradiaphragmatic aorta through left femoral access and inflated to prevent blood flow into thorax. Mr Rakesh, our Perfusion Technologist, along with Critical Care team ensured that A-NRP was up and running within 17 minutes. Functional warm ischemia time (FWIT) was 24 minutes. Simultaneously, National Organ and Tissue Transplant

Organization (NOTTO) was informed, and alert was sent for open offer on liver and kidneys to all 53 hospitals in National Capital Region. Several hospitals accepted the organs as they had blood group matched recipients in the waiting list, but later backed out as they failed to convince the patients to accept DCD organs. Being the first time in the country, there was lot of skepticism on the viability of organs, and it seemed that there would be no takers.

It was 10:34pm. Only two hours more on NRP were possible and there was no sign of organ retrieval. Time was running out. The wishes of the donor family had to be fulfilled. Thinking of our invigorating discussions in the cramped confines of 30ABC, I picked up the phone and dialed both my colleagues. They quickly understood what was at stake. Without hesitation, retrieval teams for liver and kidneys were dispatched from both hospitals.

We carried out NRP for a total of 4 hours and 10 minutes. Peak lactate of 3.6 mmol/L was seen after 30 minutes into NRP, fell to 2.4 at 90 minutes and reaching a nadir of 1.5 at 4 hours. Liver function tests always remained normal. Urine output was 50-60 ml per hour. Liver and kidneys were successfully retrieved and transplanted. The surgeon commented on the excellent quality of the transplanted liver and bile production. The liver recipient was extubated in 12 hours and was discharged in 2 weeks. The total cost of consumables incurred for A-NRP was only INR 92,165.

Considering the large experience of Critical Care Specialists with ECMO in India, A-NRP offers a viable option for utilization of organs in a setting of DCD. In-house utilization of organs may be the best option as allotment and retrieval of organs with-in 4 hours in DCD categories IV and V, is a Herculean task. The next endeavor in the country will be to retrieve lungs in a setting of A-NRP and finally, to carry out DCD heart and lung transplantation with TA-NRP.

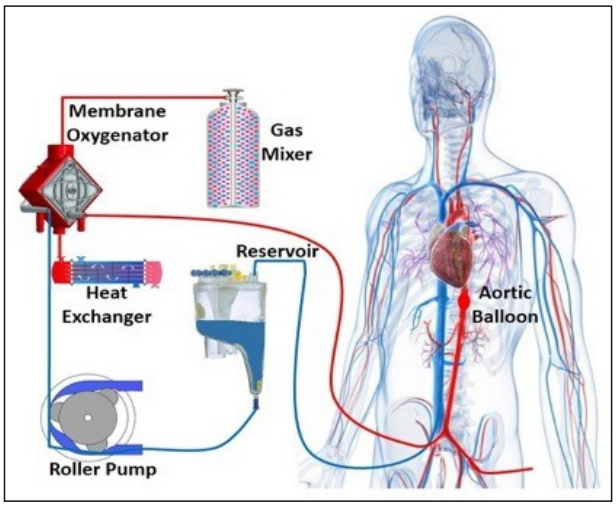

Fig 1: Circuit for Abdominal Normothermic Regional Perfusion

Category	Description	Type	Typical Location
I	Dead on arrival. Cardio-circulatory arrest in community. Death outside hospital with no witness. BID	Totally uncontrolled	Emergency room
II	Unsuccessful resuscitation by ambulance teams. Cardio-circulatory death outside hospital with witnesses and rapid resuscitation attempt	Uncontrolled	Emergency room
III	Anticipated cardiac arrest		
	III-A: - Expected cardio-circulatory death in ICU	Controlled	ICU
	III-B: - Expected cardio-circulatory death following WLST.	Highly Controlled	ICU/OT
IV	Cardiocirculatory arrest in Brain Death Pathway		
	IV-A: - Unexpected cardio-circulatory arrest in a brain-dead donor with both sets of tests done	Uncontrolled	ICU
	IV-B: - Expected cardio-circulatory arrest in a brain-dead donor with one set of tests done	Controlled	ICU/OT
V	Unexpected cardio-circulatory arrest		
	V-A: - Unexpected cardio-circulatory arrest in ICU	Uncontrolled	ICU
	V-B: - Unexpected cardio-circulatory arrest in ward	Uncontrolled	ICU

Table: Seth's Modification of Maastricht Classification for DCD in India.

Fig 2 : Low cost Hybrid Extra-Corporeal Membrane Oxygenator (ECMO) Circuit with Reservoir

To cite : Seth A. 30-ABC and the first DCD-NRP in India. Indian Transplant Newsletter. 2025 Oct-Dec; 24(4):p4-5. DOI: 10.64384/ITN.2025.063

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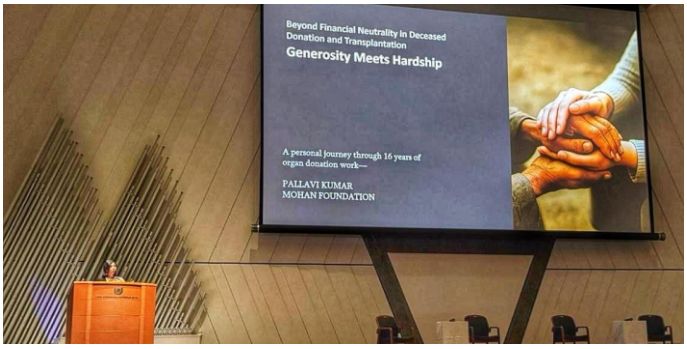
Placing Ethics, Equity, and Asia at the Centre: MOHAN Foundation at ISODP 2025, Kyoto

The 17th Congress of the International Society for Organ Donation Professionals (ISODP 2025), held from December 3–6, 2025, in Kyoto, Japan, brought together over 500 organ donation professionals from across the world to reflect on shared challenges and future directions in donation and transplantation. At this global forum, MOHAN Foundation's voice—firmly grounded in on-ground realities from India and Asia-found strong resonance.

Representing the Foundation, Dr Sunil Shroff, Managing Trustee, and Ms Pallavi Kumar, Executive Director, were invited as speakers and moderators, contributing across plenary, concurrent, and workshop sessions.

A key highlight of the Congress was Ms Pallavi Kumar's plenary address, "ISODP–DICG: Financial Neutrality in Deceased Donation and Transplantation." Drawing from more than sixteen years of experience with donor families in India, the plenary brought sharp focus to financial neutrality as a core ethical principle—particularly relevant in Asian settings where out-of-pocket healthcare expenditure remains high and social protection systems are uneven.



Ms Pallavi Kumar at the opening plenary at the ISODP 2025

Rooted in lived experience rather than theory, the address urged participants to look beyond altruism as rhetoric and engage with the ethical tensions families face at moments of profound loss. It questioned how systems can truly honour generosity if families are left financially vulnerable, and how safeguards must ensure that donation is never driven by hardship or fear. By centering Asia's realities within a global ethical framework, the plenary sparked thoughtful discussion on dignity, equity, and trust in deceased donation.

Ms Kumar further developed these themes in the concurrent session "Saving Lives Together: A Unified Approach to Organ Transplantation in Underserved Areas," presenting on "Enhancing Healthcare Equity: Public-Private Partnerships for Organ Donation and Transplantation in Underserved Areas in India." The session highlighted India's evolving partnership models—between government, private healthcare, and civil society—and demonstrated how structured collaboration can build sustainable donation and transplant systems even in resource-constrained regions.

To cite : Kumar P. Placing Ethics, Equity, and Asia at the Centre: MOHAN Foundation at ISODP 2025, Kyoto. Indian Transplant Newsletter. 2025 Oct-Dec; 24(4):p6. DOI: 10.64384/ITN.2025.064

Ms Pallavi Kumar at the panel discussion on Financial Neutrality post the plenary sessions

Dr Sunil Shroff brought MOHAN Foundation's four decades of institutional experience to the Congress. At the Pre-Congress Workshop, "Taking Asian Donation to the Next Level," he spoke on "Developing and Sustaining Effective Education Programs for Both Healthcare Professionals and the Public," emphasizing education as the cornerstone of resilient donation systems.

In the concurrent session on Organ Donation Organization Architecture, Dr Shroff addressed "Building Sustainability: Fundraising Challenges and Opportunities for Organ Donation Organisations," candidly examining the financial realities of sustaining ethical, non-profit donation programmes in low- and middle-income countries.

Dr Sunil Shroff with the participants at the concurrent session he moderated on donation challenges in Asia

He went on to moderate several important sessions, including Donation Challenges and Opportunities in Asia, How to Improve Organ Utilisation Rates, and the Mini-Oral Abstract Session on International Perspectives on Donation Culture and Practice, in addition to poster presentations, helping surface shared challenges while encouraging cross-regional learning.

ISODP traces its origins to the first International Organ Procurement and Preservation Symposium in 1987 and has evolved into a biennial global forum, renamed ISODP in 2024, dedicated to strengthening donation systems worldwide. Together, Dr Shroff and Ms Kumar reinforced a central message at ISODP 2025: that building strong organ donation systems-especially in underserved regions—demands not only technical excellence, but moral courage, institutional partnerships, and an unwavering commitment to dignity.

"Reconnect · Recharge · Reignite"- Transplant Coordinators' Conference held at Jaipur

The Network and Alliance of Transplant Coordinators (NATCO) successfully hosted its 18th Annual Conference for Transplant Coordinators on October 10-11, 2025 at IIHMR University, Jaipur, centered on the theme "Reconnect · Recharge · Reignite."

The two-day event attracted participants from various fields including transplant coordinators, clinicians, researchers, and policymakers throughout the country. The event provided a platform for knowledge sharing through scientific sessions, paper presentations and interactive discussions with a focus on improving organ donation and transplantation practices.

Shri Gajendra Singh Khimsar, the Health Minister of Rajasthan, inaugurated the conference together with various distinguished guests from medical institutions and academic organizations and transplant associations. The opening set the tone for two days of thoughtful dialogue and collaboration among professionals committed to strengthening ethical and effective transplant systems.

World Transplant Games 2025 athletes from Rajasthan were felicitated during the inauguration

The conference highlight was the **Swamy Narayan Memorial Oration** by Dr Anil Purohit. Dr Purohit is the Founder of the Jodhpur School of Public Health and a Global Public Health Specialist with over 25 years of experience across Asia and the Pacific, Africa, Europe, Latin America, and the United States. Over the course of his career, he has been instrumental in establishing more than 60 HIV clinics, counselling centres, clinical laboratories, and training institutions worldwide. He played a key role in setting up the first AIDS training programs in Fiji in collaboration with the Harvard Medical Institutes, where he trained the country's entire medical and allied health workforce.

Swamy Narayan Memorial Oration by Dr Anil Purohit, Jodhpur School of Public Health

To cite : Sharma P, Suriyamoorthi S. "Reconnect · Recharge · Reignite"- Transplant Coordinators' Conference held at Jaipur. Indian Transplant Newsletter. 2025 Oct-Dec; 24(4):p7. DOI: 10.64384/ITN.2025.065

Dual Organ Transplant: Kidney - Pancreas by Dr. Jamal Rizvi (IKDRC - ITS, Ahmedabad)

Swap Transplantation: Global Lessons by Dr. Michael Rees (Alliance for Paired Kidney Donation)

Dr Purohit has also worked extensively on HIV/AIDS initiatives across all States and Union Territories of India. A recipient of a deceased donor kidney transplant, Dr Purohit brings a unique personal perspective to his professional work and is actively involved in organ donation awareness initiatives and advocacy campaigns globally.

The conference featured a series of scientific sessions including "Swap Transplantation: Global Lessons, Indian Solutions", which presented international knowledge that connects to Indian conditions. Sessions on the necessity of maintaining consistent data across different registries and a targeted workshop focused on vision and fundraising for non-governmental organizations were conducted in parallel. An interactive session highlighted the role of AI-based tools in improving transplant outcomes and advancing medical science and technology. The increased Donation after Circulatory Death (DCD) across the globe and its scope in India were discussed, with emphasis on legal provisions, the donation process, and engagement with families and key stakeholders. Unique transplant procedures, including simultaneous kidney–pancreas transplantation, were discussed with emphasis on need, outcomes, and quality of life.

The IIHMR University session highlighted the learning opportunities available to transplant coordinators to support their professional development. The program included presentations by nominees for the Swamy Narayan Transplant Coordinator Award, providing transplant coordinators an opportunity to showcase their grassroots work in facilitating deceased organ donation in their hospitals/regions. Free paper and poster presentations were part of the program, showcasing research, field experiences, and innovative practices.

Swamy Narayan Best Transplant Coordinator Award 2025 - Awardees

Nikhil Y Viyas (Ahmedabad, Gujarat)

Sandeep Singh (Ludhiana, Punjab)

From Manipur to Tripura: MOHAN Foundation Partnering to Expand Deceased Organ Donation Across the Northeast

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MOHAN Foundation's Journey with Tripura

Witnessing the success of the public–private–NGO partnership model in Manipur, the Government of Tripura extended an invitation to the MOHAN Foundation to support the state in initiating a deceased organ donation and transplantation programme.

Building a deceased organ donation and transplantation ecosystem is never the work of a single moment. It is built patiently-through trust, systems, awareness, and people. In Tripura, this journey is unfolding *one institution and one community at a time*.

State Engagement and Government Partnership

The groundwork was laid in January 2025, when a MOHAN Foundation team led by Dr Sunil Shroff (Managing Trustee), along with Ms Pallavi Kumar (Executive Director), Prof Deepak Gupta (AIIMS Delhi), and Ms Laishram Monica Devi (Programme Officer), visited the state in January 2025 at the invitation of the Hon'ble Chief Minister, Dr Manik Shah. The visit focused on supporting the Government of Tripura in initiating a deceased organ donation and transplantation programme through consultations, workshops, and high-level meetings.

During the visit, Tripura hosted its first-ever workshop on deceased organ donation, "Strengthening Organ Donation & Transplantation." Dr Sankar Chakraborti, Medical Superintendent, AGMC & GB Pant Hospital, highlighted the limitations of relying solely on living donor transplants and the urgent need for deceased donation. The Health Secretary, Government of Tripura, reaffirmed the state's commitment to expanding transplant services.

This was followed by a high-level meeting at the Chief Minister's War Room, chaired by Dr Manik Shah and attended by senior officials, including Shri Kiran Gitte, Secretary, Health & Family Welfare. The discussions concluded with strong governmental support—marking a critical first step toward a formal partnership.

Institutional Anchoring and Programme Set-up

In April 2025, the Foundation formalised its engagement through an MOU with Agartala Government Medical College (AGMC) & GB Pant Hospital, establishing the institutional base for the intervention. The first staff member was recruited in May 2025.

Between June 2025 and January 2026, this intent translated into action. In close partnership with the State Organ and Tissue Transplant Organization (SOTTO), Tripura, and AGMC & GBP Hospital, MOHAN Foundation undertook a focused phase of preparedness-centred on awareness, capacity building, system strengthening, and community engagement.

Public Awareness and Community Sensitisation

Public awareness formed the backbone of this effort. The first programme was held on June 26, 2025, at the Hepatitis Foundation of Tripura Nursing School, followed by a large sensitisation programme at AGMC & GBP Hospital. Over the months, awareness sessions expanded across medical, nursing, and paramedical institutions, schools, hospitals, rural blocks, police units, and community groups-reaching both urban Agartala and remote villages such as Sundortila and Fatikcherra.

Close to 30 institutions and communities had been engaged, reaching thousands of healthcare professionals, students, government staff, and members of the public. These sessions addressed myths, encouraged dialogue, and helped normalise conversations around death, donation, and dignity.

Healthcare System Preparedness and Capacity Building

Hospital preparedness was strengthened through repeated sensitisation sessions across departments at AGMC & GBP Hospital, covering clinical processes, counselling, coordination, and medico-legal responsibilities.

Media, Outreach, and Social Mobilisation

Community engagement extended beyond formal settings to public events, health camps, police trainings, and sporting platforms. A two-day football tournament in November 2025, attended by over 700 people, demonstrated how social mobilisation can carry life-saving messages. Radio and television programmes in Kokborok and Bengali ensured wider, culturally inclusive outreach.

Awareness campaign at the football tournament

Volunteer Development and Community Leadership
To build sustainability, a two-day Angels of Change volunteer training workshop was held in December 2025, creating a cadre of locally rooted advocates equipped to support awareness and counselling efforts.

Clinical Progress and First Deceased Donation Engagement
Alongside these efforts, clinical transplantation activity at AGMC & GBP Hospital progressed, with five living donor kidney transplants completed by December 2025. A defining moment came on November 19, 2025, when the MOHAN Foundation team responded to its first deceased donation call in the state. While eye donation could not proceed due to logistical constraints, sensitive counselling enabled the family to consent to body donation—reflecting readiness across systems, staff, and community understanding.

Participants at the 2 days training program on Angles of Change

Looking Ahead: Laying the Foundation for Sustainability
Tripura's journey so far reflects the careful work of preparation. Awareness has been seeded. Systems have begun to align. Trust has been built.

Deceased organ donation programmes are not created overnight. They are built patiently—one state, one institution, one family at a time.

In Tripura, that journey has truly begun.

Poetic Justice in Tripura: Honouring a Family's Act of Courage

All organ donor families are special.
But families who say 'Yes' in states where donation programmes are still new-where they are among the first to lead the way and set a precedent-are truly extraordinary.

Recently in Agartala, Tripura, a state where donation behaviour is still evolving and where MOHAN Foundation has only recently begun its work, Ms Krishna Dhar, a school teacher, made the selfless decision to donate the whole body of her husband, Asim Bhushan, on November 19, 2025. Asim Bhushan, a small business owner, passed away at the age of 59 after battling kidney failure and undergoing dialysis.

Speaking about her husband, Ms Dhar shared with quiet pride, "He wasn't a very educated man, but his thinking was delicate and his thoughts were sublime." She described the decision to donate his body as a form of poetic justice-a final act that reflected the goodness and kindness that defined his life. "He was a very, very good man," she said, "and I don't have words to justify his kind nature."

The couple had spoken earlier about body donation, believing deeply that one must give back to society. With the support of a MOHAN Foundation counsellor, Ms Dhar was able to honour her husband's wishes, amidst her grief. Her courage and clarity in that moment stand as a powerful testament to conviction and love.

Ms Krishna Dhar was felicitated by the Health Secretary of Tripura, Mr Kiran Gitte, at a programme jointly organised by MOHAN Foundation and SOTTO Tripura, in recognition of this selfless act.

These are not just acts of donation. They are acts of courage, generosity, and quiet leadership—gently expanding into what is possible for a state, and reminding all of us what humanity at its best truly looks like.

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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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First Person: Why India Needs a Policy to Ensure that Organ Donors are Protected – and Respected

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Without donors, there is no transplant programme. We owe them more than gratitude. We owe them recognition and justice.

"You need to prepare for dialysis"

The words exploded in the room. The silence that followed was deafening – not the kind that soothes, but the kind that follows devastating news.

It was September 2009. I felt the ground collapse beneath me. Just months earlier, I had been diagnosed with end-stage kidney failure. My daughter was just five. Would I be there for her birthdays? Her college years? Her future?

Then came a fragile thread of hope: a kidney transplant. Amidst my fear of dialysis, this felt like life itself. My family rallied. Without hesitation, my mother said, "Take mine." Calm, unwavering, unconditional. But instead of relief, I was gripped with a different kind of fear. What if something happened to her? For months, I hesitated, torn between the will to survive and the guilt of causing her harm.

In 2010, after an agonising period of indecision, I underwent a successful transplant. As I emerged from anaesthesia, groggy and aching, my first words were, "How's Mummy?" A nurse drew back the curtain in the recovery room. There she was – barely awake, turning her head towards me. Our eyes met in a moment of silent love, relief and overwhelming gratitude.

She had given me life – again.

Looking back, I now realise, we had never truly discussed what she might have to endure – the risks, the recovery and the emotional toll. We had no real way to assess the risk involved. We had moved forward blindly, placing our trust in the doctors.

That silence still echoes today through every living donor whose story remains untold.

Invisible presence

In 2016, I left my corporate career to work with MOHAN Foundation, a non-profit that promotes ethical organ donation. Since then, I've met dozens of living kidney and liver donors, many of them women. Their stories are powerful and yet often marked by emotional exhaustion, social pressure and loneliness.

One woman said, "I had no choice. If I'd refused, I would have been thrown out." Another admitted, "The hospital is focussed only on the patient. I felt invisible – like just a means to an end." A third confided, "My family was split – some insisted I donate because he is my husband, while others felt I shouldn't feel pressured by duty or guilt."

Too often, the donation is validated with a single thought: At least my loved one is doing well.

Gendered sacrifice

India's transplant system relies heavily on living donors. In 2023, according to the National Organ and Tissue Transplant Organization (NOTTO), 84% of transplants in India were from living donors. Of these, 63% were women. Yet only 36% of recipients who received organs from living donors were female.

This is no coincidence. In patriarchal family structures, women are often expected to sacrifice quietly, unquestioningly, out of duty. The system not only accepts this – it relies on it. And yet, protections for these donors remain dangerously thin.

Illusion of consent

While living donors undergo medical clearance and sign consent forms, consent is often shaped by subtle and overt pressures – familial, financial and emotional.

Consent must be more than legal: it must be informed, voluntary, and free from coercion. This demands mandatory psychosocial evaluations and explicit screening for pressure, be it inheritance promises, emotional blackmail or family expectations. Donors should be empowered to withdraw at any stage – without fear, guilt or consequences.

And, we must reduce our dependence on living donors by promoting deceased organ donation. That is a more equitable and systemic solution.

Missing link

India urgently needs independent living donor advocates – trained professionals, separate from the transplant team, tasked solely with protecting the donor's interests. These advocates should assess emotional and financial vulnerability, explain risks and rights, and uphold the donor's autonomy. Such safeguards exist in many countries. In India, they are rare, misunderstood, or altogether absent.

After surgery, most donors are left to navigate recovery on their own. Long-term follow-up is patchy, and many drop out of the system altogether. Worse, they often bear out-of-pocket expenses; travel, accommodation, lost wages and complications.

India lacks a national donor support scheme. That must change. No one should face financial hardship for their altruism. Eliminating disincentives is key to protecting organ donation's voluntary nature.

India needs a National Donor Support Fund, under the NOTP, overseen by NOTTO, to provide financial protection for all donors regardless of income or hospital type. This fund should reimburse travel, lodging, and lost wages; provide free lifelong annual medical follow-up; offer government-backed health and life insurance; and support families of deceased donors.

International models offer guidance. The US Living Donor Protection Act ensures job and insurance safeguards. Israel provides tax breaks, paid leave, and lifelong healthcare. In India, the 42-day paid leave for central government employees who donate organs is a step forward – but it is far from enough.

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Recently, NOTTO has signalled its intent to strengthen donor protections; but these efforts must go beyond symbolic gestures. We need a comprehensive, enforceable policy that treats donors with respect and give them the protection they deserve.

Policy action

Recent court rulings, particularly from Kerala, have affirmed donor's rights and dignity. These must now guide national policy. As transplant centres proliferate across India, donor safeguards must become mandatory.

Because without donors, there is no transplant programme. We owe them more than gratitude. We owe them protection, recognition and justice.

When I think back to that hospital curtain drawing open, to my mother's silent smile through pain, I know what it means to owe your life to someone else. But no one should have to sacrifice in silence.

Let us break that silence – for every donor who gave, and everyone who still might.

Two Lives, One Gift: The Lifelong Bond Between Donor and Recipient

Viney Kirpal, Ph.D., is a former Professor of English at IIT Bombay (1974-97), a heart transplant recipient, and an advocate of donor and recipient rights. She has been CEO, Global Institute of Integrated Training (1998-2012), President, GREAT Foundation (2002-2019). She has been Expert - UGC, ICSSR, NAAC, and IGNOU board of Studies. She has published over 100 peer-reviewed articles and 12 books including New Life. New Beginning:Compelling Stories by Organ Recipients, Donors, and Doctors published in 2025.

I remember the disappointment with aching clarity—twice, the promise of a donor heart dissolved, even as the transplant team travelled to cities in response to donor calls. In my darkest hours, I found myself wondering whether I had come to Chennai—India's most trusted home for heart transplantation—not to be saved, but to die.

Every ten minutes, a new patient is added to the transplant waiting list, while organ shortages result in nearly 20 deaths each day.[1] Many organs from both living and deceased donors are ultimately unsuitable, making the wait unpredictable and emotionally draining for recipients. The fear of losing a second chance at life is ever-present. It is no surprise, then, that when my transplant finally happened, relief and joy were overwhelming. I was free from heart failure—and given life anew.

During recovery, I learnt that I was the 180th transplant recipient at that centre. Yet beyond the surgery, the medicines, and the statistics, a deeper realization emerged: organ transplantation creates a unique, lifelong relationship—symbiotic, profound, and transformative. In a single moment, both donor and recipient give and receive life. A transplanted organ carries more than cells and tissue; it carries trust, responsibility, and the promise of continuity. This bond extends far beyond the operating theatre.

For the recipient, the organ enables breathing, walking, loving, working, and dreaming again. For the donor, or the donor's family, it represents legacy—an enduring presence in another human life. Many recipients speak of a quiet reverence for the gift they carry, a constant reminder that life and gratitude are inseparable.

These connections are powerfully reflected in a book called New Life. New Beginnings, where stories abound of kidney recipients maintaining disciplined routines, heart recipients flourishing years after transplant, liver and lung recipients rebuilding full, meaningful lives—often while remaining deeply mindful of their donors.

This relationship is lifelong and unconditional. The wellbeing of the transplanted organ depends on careful medical follow-up, adherence to treatment, and an informed, engaged recipient. At the same time, the donor's contribution warrants enduring respect, recognition, and protection. Sustaining this bond requires vigilance, education, and support—not just from families, but from society as a whole.

Organizations such as MOHAN Foundation, Organ India, Kidney Warriors, hospitals, transplant societies, and advocacy groups must work collectively to safeguard the interests of both donors and recipients. Together, they can advocate for stronger government systems, improved infrastructure, and sustainable funding, while promoting public education that normalizes organ donation and highlights its lifelong impact. They also play a crucial role in guiding recipients to transform survival into long-term wellness.

India's transplant ecosystem has made commendable progress, but much remains to be done. Each transplanted heart, kidney, or liver stands as living evidence of human generosity. Long-term success depends on early detection of rejection, affordable access to immunosuppressants, and structured medical, financial, and psychosocial support for donors' families and recipients alike.

Ultimately, transplantation is more than a medical procedure—it is a partnership between human lives. Recipients live in daily gratitude to their donors. Many go on to become counsellors, advocates, and educators, sharing their stories with the society. The donor entrusts a part of themselves; the recipient carries it forward with care and reverence. When communities, policymakers, and institutions recognize and nurture this shared responsibility, they help create a culture that honours life in its most connected form.

As a young graduate recipient poignantly notes in her story "A New Dawn",[2] organ donation transcends caste, creed, and religion. Donor and recipient become equals in humanity. Living and deceased donors alike remind us that this relationship is sacred and enduring—and that society has a duty to sustain it. Let us work together to ensure that every donor gift is respected, every recipient empowered, and every transplanted life allowed to reach its fullest potential. Division diminishes impact; in moments that save lives, unity alone has value.

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2. Kirpal V, ed. New Life. New Beginnings: Compelling Stories by Organ Recipients, Donors, and Doctors. New Delhi: Sterling Publishers Pvt Ltd; 2025.

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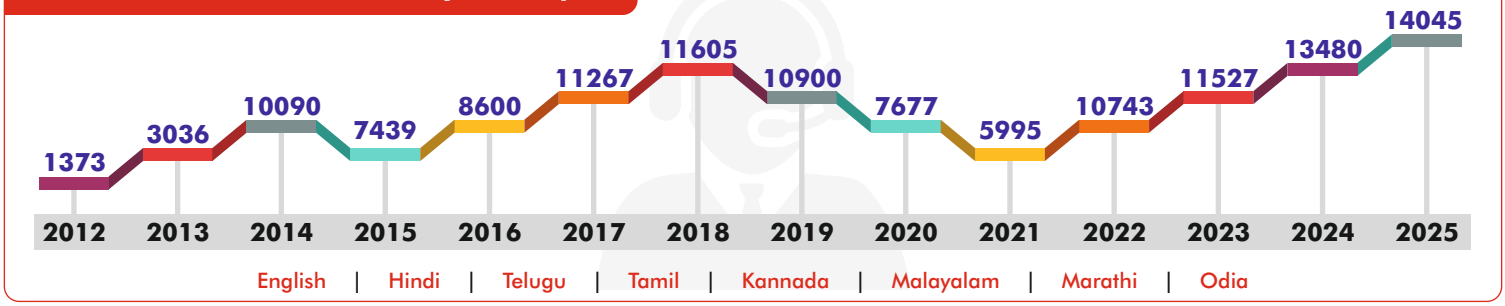
Organ Donation Helpline

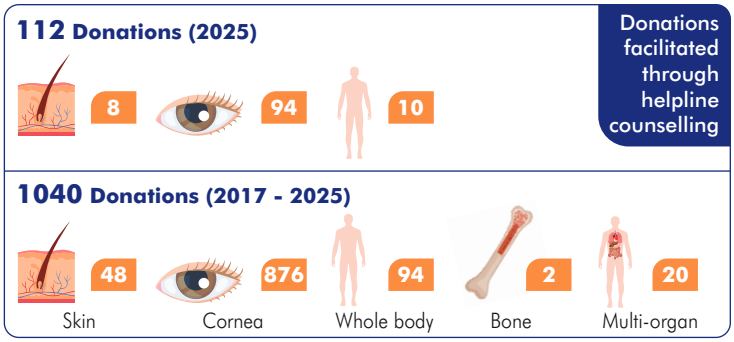
Organ Donation and Transplant Toll-Free Helpline - 1800 103 7100

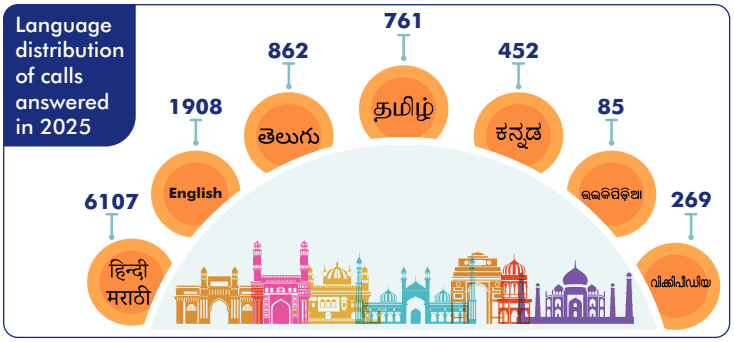
Hemal Kanvinde, Ganesh Chandrasekar, Kavitha Aneesh, MOHAN Foundation

MOHAN Foundation's helpline, operational since 2012, provides information, guidance, and referral support on all aspects of organ donation and transplantation. It serves the general public, healthcare professionals, and donor families, addressing queries about donation procedures, legal and ethical requirements, and access to transplant services.

Total number of calls received by the helpline







Helpline Helps the Counsellors Too!

"Volunteering on the Helpline allows me to continue my professional work while offering Seva. The wide range and complexity of calls keep us deeply engaged, constantly learning, and quietly fulfilled, knowing we are making a difference. Through the Helpline, volunteers across India come together in a shared spirit of service and gratitude—reminding me that amid the rush of daily life, this work is truly meaningful." - **Dr. Anita Hada, media professional and volunteer for organ donation.**

Family of an IAS officer fulfills his wishes

Mr. Shanta Ram Patri, a 59-year-old former IAS officer, passed away at the Apollo DRDO Hospital in March 2025. Fulfilling his last wish, his family contacted the MOHAN Foundation's helpline to donate his organs. After assisted by the Helpline Counsellor, the family consented to tissue donation including corneas and skin. Subsequently, the counsellor discussed whole-body donation, and upon understanding its importance for medical education and research, the family consented to this as well.

To cite : Kanvinde H, Chandrasekar G, Aneesh K. Organ Donation and Transplant Toll-Free Helpline - 1800 103 7100. Indian Transplant Newsletter. 2025 Oct-Dec; 24(4):p12. DOI: 10.64384/ITN.2025.069