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MULTI ORGAN HARVESTING AID NETWORK

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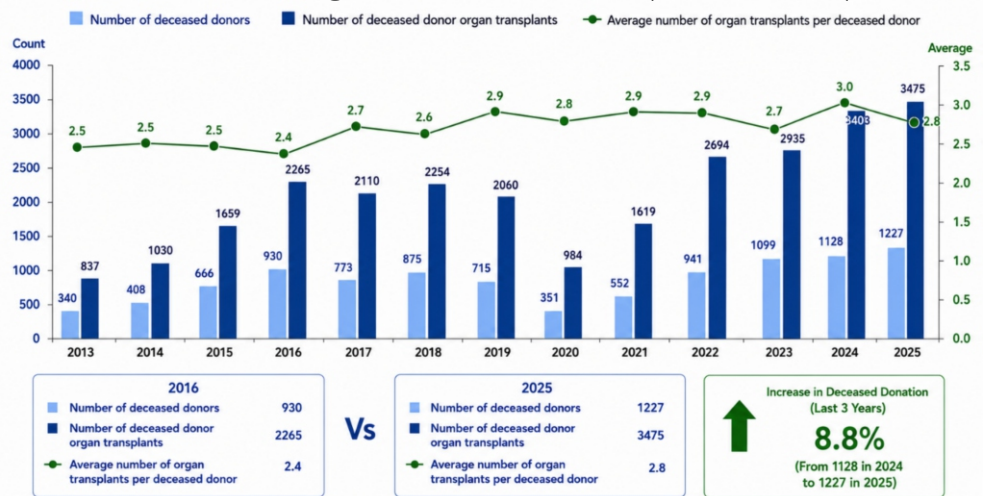
India's Uneven but Encouraging Progress in Deceased Organ Donation

Sunil Shroff

India has emerged as a global leader in living donor kidney and liver transplantation. Thousands of patients every year receive a second chance at life through the generosity of living donors and the high level of expertise of Indian transplant teams. Yet, when it comes to deceased organ donation, the country's progress, though encouraging, remains modest and uneven.

Over the last decade, India's deceased donor program has steadily grown. The number of deceased donors increased from 340 in 2013 to 1,227 in 2025, while total deceased donor organ transplants rose from 837 to 3,475 during the same period. This reflects a growing public awareness, better hospital networks, expanding transplant infrastructure, and stronger coordination systems. However, the deceased donation rate still stands at only about 0.9 per million population — far below many developed nations.

Deceased Organ Donors in India (2013 - 2025)



The bigger concern is the striking regional imbalance. Five states — Tamil Nadu, Telangana, Maharashtra, Gujarat, and Karnataka — account for nearly 73% of all deceased donor transplants in India. Tamil Nadu, in particular, has demonstrated how government leadership, transparent allocation systems, and public trust can build a successful donation ecosystem. Many other states continue to struggle with lack of leadership, reluctance among ICU clinicians to certify brain-death, poor awareness within the medical fraternity, lack of trained personnel and high dependence on living donor transplants.

Editorial continued on page 11...

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World's First Organ Donation After Self-Administered VAD Reported in Australia

An Australian woman has reportedly become the first person in the world to donate organs after self-administering oral voluntary assisted dying (VAD) medication in early 2026. Karen Duncan, 55, who was living with motor neurone disease (MND), donated her lungs, kidneys, heart valve, and corneas after passing away in hospital following the administration of oral VAD medication.

The case represents a global first and an important development in both end-of-life care and transplantation. This marks the first reported case of organ donation by VAD patients following self-administered medication, rather than physician-assisted dying (PAD).

Medical experts say the case may open a new pathway for organ donation, but it also highlights the need for careful ethical safeguards. Specialists emphasized that the decision to access VAD must remain separate from the decision to donate organs, so that patients are not pressured in any way.

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America's Oldest Organ Donor: World War II Veteran at 100

A 100-year-old World War II veteran has become the oldest-known organ donor in the US history, demonstrating that exceptional organ health can make donation possible even at a very advanced age. Dale Steele, a Nebraska-born US Army veteran, donated his liver after death in February 2026, saving another person's life and setting a new national record.

Steele served in Europe during World War II and remained physically active and healthy into his late 90s. When he succumbed to a fatal head injury, transplant teams assessed his liver based on its functional viability rather than rejecting the organ due to advanced age. His family said donation was in keeping with his lifelong sense of service.

Such donations demonstrate that advanced age cannot be an absolute contraindication when an organ remains suitable for transplant, while also helping to expand the donor pool.

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Chinese Scientists have Achieved the Reversal of Type-2 Diabetes Using Stem Cell Therapy

A remarkable case from China has given new hope in the fight against type 2 diabetes. The Researchers reported that a patient no longer needed insulin or diabetes medications after receiving laboratory-created pancreatic cells that produce insulin. Rather than simply controlling blood sugar, this approach seeks to address the underlying cause of the medical condition.

The treatment utilized stem cell reprogramming to develop insulin-producing beta cells which were then implanted into the patient. The doctors planned to restore normal insulin production in the patient instead of relying only on blood sugar management methods. This therapy has the potential to develop into a new regenerative medicine treatment for patients with type 2 diabetes according to upcoming research studies.

The experts point out that this first successful trial needs to undergo further development before becoming an established medical procedure, particularly regarding patient safety, treatment affordability and potential immune system responses. Current diabetes guidelines still focus on traditional methods for prevention, diagnosis and treatment of the disease, while researchers investigate stem cell therapy as a future treatment method.

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Xenograft-to-Allograft Transition in Kidney Transplantation: First Clinical Documentation

A US patient has become the first person known to "cross the bridge" from a genetically modified pig kidney to a human kidney transplant. Tim Andrews, who lived with diabetes and end-stage kidney disease, received a pig kidney in January 2025 as part of an experimental xenotransplant program, and kept it functioning for a record 271 days before his body rejected the organ.

After the pig kidney was removed in October 2025, Andrews returned to dialysis and was placed back on the waiting list for a human donor organ. In mid-January 2026, he received a human kidney transplant at Mass General Brigham, reportedly almost a perfect match, and now describes himself as the first in the world to have lived with both a pig kidney and then a human kidney.

Clinicians say his case is significant because it suggests that experimental pig-organ transplants may, in selected patients, act as temporary "bridges" that keep people alive and out of dialysis until a human organ becomes available. However, experts also stress that xenotransplantation remains highly experimental, and human organ donation and transplantation continue to be the standard of care for kidney disease.

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Baby Alin's Legacy: Infant Donation Inspires the Nation

A 10-month-old baby girl, Alin Sherin Abraham from Pathanamthitta, became Kerala's youngest known organ donor after being declared brain dead following a road accident. The infant had suffered severe head injuries in the crash and was being treated at Amrita Hospital, Kochi.

Following counselling, Alin's parents, Arun Abraham and Sherin Ann John, decided to donate her organs, citing the loss of their daughter cannot be replaced by anything however, they find comfort in knowing that her organs will provide other children and families a new hope. Alin's kidneys, liver, heart valve, and eyes were donated to the needy, thus offering them a renewed chance at life.

The story of this little donor touched people across the country and was later shared by the Honorable Prime Minister Narendra Modi in his 'Mann Ki Baat' radio address in February 2026. Speaking in a soft, reflective tone, he described Alin's parents' decision as deeply moving, and reminded listeners that even the smallest among us can leave behind the greatest gifts. He urged more Indians to talk about organ donation at home, to pledge their organs, so that more lives can be saved in the same selfless spirit.

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Sharp Increase in Number of Organ Transplants in India; Over 4.8 Lakh Pledges Registered to Donate Organs

India's experience with organ transplants over the last ten years has shown significant growth. The number of transplants conducted annually has increased from less than 5,000 in 2013 to approximately 20,000 in 2025. Families consenting to deceased donation has also increased over the years, reaching over 1,200 in 2025. Every single one of these numbers refers to a patient who has undergone a life-saving transplant such as kidney, liver, heart or any other organ—thanks to those who donated their organs. This growth has been made possible by improved standards and the increased number of institutions offering transplant services.

Since September 2023, more than 4.8 lakh people have pledged to become organ donors using the Aadhaar based verification system with particularly high registrations from states such as Maharashtra, Rajasthan and Karnataka. Although there continues to be more need than availability of organs for transplants, such developments indicate a significant shift whereby the donation of organs is not only a matter of medicine but also a collective social obligation and act of kindness.

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A Mother's Legacy: A Family's Ordeal After Eye Donation

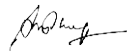
In 2024, Rabeya Bibi, an illiterate woman from a serene village of West Bengal, decided to donate her eyes after witnessing the posters of cataract surgery in a hospital. In February 2026, when she died, her son, a school teacher and a social worker Amir Chand Sheikh carried out her pledge to donate her corneas at Baharampur Medical College Hospital in compliance with all medical and legal formalities.

Some local residents falsely alleged Amir of selling the organs of his mother, including her eyes and kidneys. A neighbour reported to the police, which led to a post-mortem and the arrest of Amir along with his brother Abdul and three female members of their family.

The case sparked public debate, with activists and doctors highlighting widespread ignorance about organ donation and the danger of false allegations when families act on a donor's wishes. The court ultimately accepted the evidence in favor of the family and declared Amir not guilty. The incident is now seen as a cautionary example of how stigma, misinformation and over-policing can discourage eye and organ donation in rural communities.



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Golf for a Greater Cause: MOHAN Foundation's Charity Tournament Tees Off in Hyderabad

Lalitha Raghuram



In a city that rarely slows down, the greens of the Hyderabad Golf Association Club became a sanctuary of purpose on February 15, 2026. Over a hundred golf enthusiasts came together not just for sport, but for a cause that transcends the fairway - organ donation. Organised by MOHAN Foundation, one of India's most steadfast advocates for organ donation since 1997, the charity golf tournament was a stirring blend of competitive spirit and compassionate intent.

A Format that Reflects Teamwork

The tournament adopted the Stableford Format in a 2-Ball Scramble style, a format that perfectly mirrored the evening's larger message: that no great cause is won alone. In this popular team game, the better score of two partners counts for each hole, placing collaboration at the heart of the competition. It was an apt metaphor for the organ donation ecosystem itself, where donors, recipients, medical teams, and advocates must all work in concert to save lives. Adding to the immersive experience, every golf hole carried a dedicated message about organ donation, ensuring that the cause remained at the forefront of every player's mind with each step of the course.

A Living Reminder of Why It Matters

Perhaps the most moving presence at the event was Mr. Karhun Nanda, a heart transplant recipient from New Delhi, who attended as a special invitee. His very presence on the grounds served as a powerful and living testament to what organ donation makes possible — a second chance, a resumed life, a heartbeat that owes its rhythm to another's generosity. His address during the evening ceremony was both humbling and inspiring, reminding every participant why their sporting afternoon carried so much more weight than a scorecard.

An Evening of Commitment and Gratitude

As dusk settled over the club, the evening ceremony brought together voices that have long championed the cause of organ donation. Dr. Sunil Shroff, Managing Trustee of MOHAN Foundation, set the tone with reflections on the Foundation's three-decade journey. Mrs. Lalitha Raghuram, Country Director of MOHAN Foundation, and Mrs. Jaya Jairam, Project Director, spoke with the conviction of those who have witnessed first-hand how awareness and timely donation can change destinies.



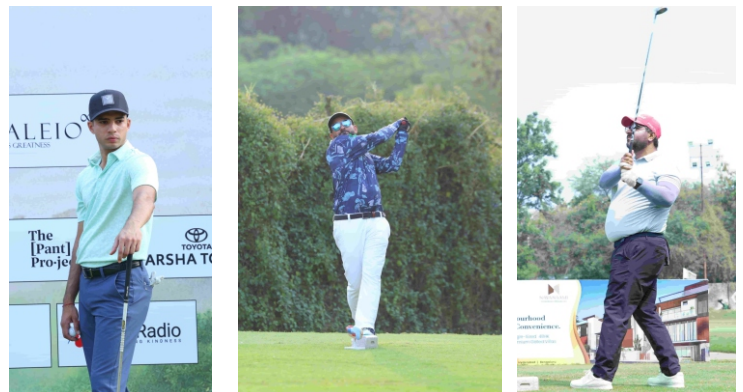
In a highlight moment of the evening, Mr. Sailesh Kolanu, renowned film director, pledged to be an organ donor a gesture that resonated deeply with all in attendance, given the reach and influence such public commitments can have.

Community and Corporate Support

The tournament was made possible through the generous support of its sponsors Navanaami Megaleio, Stanley Lifestyles Limited, JDM, and Akshaykalpa Organic, among other esteemed organisations.

Driving the Message Forward

MOHAN Foundation's charity golf tournament was more than an afternoon on the greens; it was a rallying point for a movement. With every swing of the club, participants signalled their solidarity with thousands of patients across India who await the gift of life. As the Foundation continues its mission, events like these serve as vital reminders that awareness, advocacy, and action together form the most powerful combination of all. The tournament set the tone not just for the season, but for a community committed to making organ donation a natural and noble choice for every Indian.



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SAMARTHAN 2026: A Soulful Evening of Giving and Hope

Pallavi Kumar

On March 14, 2026, MOHAN Foundation hosted SAMARTHAN 2026 – A Soulful Sufi Night at Craft Village, Chhatarpur, New Delhi. More than a cultural gathering, the evening brought together music, community, and purpose to raise support for Anudaan—the Foundation's initiative to make life-saving organ transplants accessible for underprivileged children. Set in the vibrant space of Craft Village, the event reflected a thoughtful coming together of art and advocacy.

At the heart was a deeply moving performance by Kashif Nizami, a distinguished Sufi artist rooted in Indian and South Asian music traditions. Inspired by the legendary Nusrat Fateh Ali Khan, his music blended classical depth with emotional intensity. His set elevated the evening beyond entertainment, creating a reflective experience that resonated with the spirit of giving.

The evening opened with a welcome by Ms. Pallavi Kumar, Executive Director, MOHAN Foundation, Delhi-NCR, followed by opening remarks from Dr. Sunil Shroff, Managing Trustee. Their addresses underscored the urgency of supporting children needing transplants and highlighted Anudaan's role in bridging financial barriers that delay or deny critical care.

A defining moment of the evening was the felicitation of organ donor families and Anudaan recipient families. These powerful, lived experiences featured families turning profound loss into life-giving organ donations, alongside children transformed by timely transplants.

These stories formed the emotional core of SAMARTHAN 2026, reflecting courage, resilience, and generosity amid adversity. They reminded all that organ donation is a deeply human act connecting lives across circumstances and geographies.

The evening also recognized individuals who have strengthened access to transplantation through their work and advocacy. Dr. Anurag Shrimal, Director of HPB Surgery and Liver Transplant at Gleneagles Hospitals, Mumbai, was recognized for making paediatric transplants more accessible via Anudaan. His leadership ensures financial constraints do not become barriers to life-saving care.

Dr. Anurag Gupta, Senior Consultant in Neurosurgery at Max Healthcare, and Surgeon Captain (Dr.) Malvinder Singh Sahi, anaesthesiologist and ex-serviceman, were felicitated for marathon fundraising for children awaiting transplants—extending commitment into community engagement.



Kashif Nizami along with his team presenting a captivating qawwali performance

Kashif Nizami's performance reached a powerful crescendo, leaving the audience deeply moved. His music fostered shared reflection, gratitude, and inspiration, reinforcing the idea that giving is both an act of compassion and a deeply personal choice.

The event brought together approximately 250 attendees: NCR transplant doctors, supporters, and guests. Beyond participation, what stood out was the collective energy in the room—a sense of shared purpose and renewed commitment.

Audience feedback echoed the evening's impact. Many described it as moving, meaningful, and thoughtfully curated. The stories of donor families and recipients impressed many and inspired them to engage more deeply with the cause.

The success of SAMARTHAN 2026 was also made possible through the support of partners including Craft Village, United Way of Delhi, ALVL Foundation, HRBL, JBM Group, Manipal Hospitals, Samridhi Samiti, Apala, and Kaizen. Their contributions underscore the importance of collaboration in advancing complex social causes such as organ donation and transplantation.

SAMARTHAN 2026 was more than an event—a reminder of the power of awareness combined with empathy and action. It united diverse voices—families, clinicians, supporters, and artists—into a shared narrative of hope and giving.

Through Anudaan, the MOHAN Foundation continues to work towards making transplants accessible and equitable, ensuring that no child is denied a second chance at life due to financial constraints. The evening was a celebration of accomplishments as well as a call to continue developing a more inclusive and compassionate healthcare ecosystem.

As the audience left, there was a quiet but powerful takeaway: that each act of giving, no matter how small, contributes to a larger movement. And in that collective effort lies the possibility of transforming lives.

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Saving a Stranger, Fighting the System: A Doctor's Journey

Thankam Subramonian



What inspired you to consider altruistic organ donation? Was there a defining moment behind this decision?

There was no particular “Eureka” or defining moment. The thought had been at the back of my mind for a very long time. Around 2014, I signed up for deceased organ donation. I carried my donor card with me at all times and spoke about it whenever possible to spread awareness.

Gradually, I began to realize that despite doing everything from my side, actual donation cannot take place without multiple things falling into place and many conditions being met. In reality, the conversion from organ pledging to actual organ donation remains very low.

This led me to question—Is signing up and carrying a donor card really enough? It may or may not ever come to fruition. How can one ensure that one's wish to donate organs is truly respected and fulfilled? Once a person is no longer alive, their autonomy ceases, and circumstances begin to dictate decisions. That realization struck me deeply. Why leave such an important decision to circumstances or to chance?

So, in 2016, I decided that I would donate while I was still alive. It felt like a way to exercise my autonomy fully. The only organ I could donate as a living donor was a kidney—and that is the path I chose.

As a medical professional, how did your clinical knowledge influence your personal decision to donate? Did it make the choice easier or more complex?

The decision to donate was independent of my being a doctor, though my medical background did make the process easier. Once I made up my mind, I began doing my homework—speaking with fellow doctor friends and consulting nephrologists. I also reached out to the transplant team at my hospital to understand, in detail, the possible risks and side effects involved. I came to realize that living kidney donation is a safe procedure—the real challenge lay in overcoming the emotional barrier. At heart, I would describe myself as somewhat adventurous, with a relatively high threshold for fear. All of these factors, taken together, ultimately led me to my final decision to proceed with living kidney donation.

How did you approach the conversation with your family about your decision to donate, and what was their reaction?

When I first spoke to my family about my decision to donate, obviously there was a setback. They couldn't understand why I would take such a drastic step. Naturally, they were strongly opposed and suggested alternative ways of helping others, such as setting up a trust, raising funds through friends and family, and supporting needy patients.

However, I was clear about my intent. I felt strongly about promoting organ donation through action, not just words or money. In a country like India, which has one of the lowest organ donation rates despite its large population, I felt the need to lead by example rather than simply advocate for it.

These conversations with my family were not easy and often repeated over time. There were moments when the topic was avoided altogether. Around this period, I was also involved in humanitarian work, including assignments with Doctors Without Borders in Yemen and Afghanistan, and participation in a COVID-19 vaccine trial. My family was aware that I tend to take unconventional paths and eventually stood by my decisions, even when some level of risk was involved.

Over time, their resistance became less apparent. To my children, personal autonomy is important and so, supported my right to make decisions about my own body. As they matured and became independent thinkers, my kids (and the rest of my family) gave their 'No Objection Certificate' while at the same time maintaining that it was a 'crazy idea' which they themselves would never undertake. I truly believed that when my intention was sincere and the cause meaningful, they would eventually understand me and circumstances would align to support the journey. And they did.

What were the key challenges you encountered within the regulatory system during your donation journey?

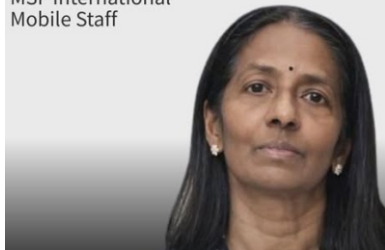
Nobody had ever done a non-directed living donation in the State of Karnataka, though a handful of altruistic donations have been cited in Kerala and Maharashtra. What I believed would be a simple act of kindness turned out to be unexpectedly difficult. Whenever I was asked, “Whom are you donating to?”, my answer was always, “I do not know.” The reactions often carried an unspoken assumption: this woman must be crazy.

No one seemed certain about how to handle such a case or what the procedure even was. I began knocking on countless doors, searching for guidance and clarity.

What followed was a maze of paperwork, documentation, and endless verifications. Every office presented a new hurdle—police checks, home visits, repeated questioning, and constant scrutiny. At

"I fought to donate my kidney. I wanted to take charge and donate organs I can give while I am alive."

Thankam Subramonian,
MSF International
Mobile Staff



one point, I was even told that no such process existed. Looking back and sharing it now may make it seem as though everything happened quickly, but this journey unfolded over several years (2016 to 2026).

Working within the system — how did you manage to push through these challenges?

My file was placed before the Hospital Based Authorization Committee for the first time in March 2023, after around 7 years of start of my journey towards altruistic kidney donation. A 24-year-old man from the 'deceased donor waitlist' was identified as the recipient, as I was found to be a match for him. The interview with the committee was long and intense. While they were sympathetic to my narrative, they were thorough—they questioned my decision, my fitness, and the extent of my family's involvement and support. However, at the end of it all, the committee denied permission because I was unrelated to recipient—defeating the purpose of altruism.

That was the point I felt whether I had reached the end of the road and was deeply discouraged. I did not know what to do or how to move on. For almost a year, I stopped trying to take any further action. Later, during an incidental visit to the Nephrology Department, I came to know that the potential recipient (to whom I might have donated my kidney to, had the committee granted permission), had died without receiving a transplant. I was heartbroken. I kept asking myself: Why did I accept the decision without fighting it? Why did I give up hope?

People supporting me tried to comfort me, reminding me that we had done everything within our control. I did not want to give up. I felt morally responsible to continue and was determined to keep pushing forward. I returned with renewed determination and vigour. Conversations with several experts eventually made one thing clear: if I truly wanted to pursue this, I would have to knock on the doors of the law. Dr. H. Sudarshan Ballal, the transplant head, Manipal Hospitals, Bengaluru was my biggest support, and he kept helping me navigate the process one step at a time. Dr. Joga Rao, my advocate, unstintingly stood by me and represented me in the court, and fought the case pro bono.

What are your views on the ethical considerations and regulatory framework surrounding non-directed altruistic organ donation in India?

Looking back, I do not think the system was entirely at fault. The fear of misuse and fraud is real, and strict checks are necessary for a reason. If the process becomes too easy, it could be misused and create serious problems.

At the same time, I realized that the law does not prohibit non-

directed donation. The real gap lies in awareness and transparency. People need to know that non-directed donation is possible, and there should be more public discussion about it so both society and regulatory authorities can approach it with greater openness. The regulatory system should also recognize this opportunity and develop clear systems and protocols for all stakeholders involved.

What changes would you suggest to make the process more transparent and accessible?

Start with public awareness: one deceased donor can save many lives. Death is still a social taboo, and even raising the subject can feel uncomfortable. Normalize home conversations about death/wishes. Government events and the media should spread awareness that it is safe and necessary.

I do not want my act to remain a one-off story but to become part of a wider shift in awareness, supported by public events, stronger communication, and more responsible media coverage

Non-directed altruistic organ donor - How has this journey changed you—both as a doctor and as an individual?

As a doctor, not much change—I am planning my next MSF mission post-recovery....but is still too early. But as a human being, I feel more gratitude in my heart for having been given the opportunity to do this. I also feel more responsible, to spread awareness about organ donation and more daring.

I speak more openly now about living donation and the importance of being healthy if one wants to be a potential donor. My lifestyle was already healthy, so the journey reinforced rather than transform my habits. I have always been conscious about my nutrition, exercise, yoga, running etc. I now remain even more mindful about protecting my health and fitness.

When the committee first rejected the application, my family quietly felt relieved. In a way, they no longer had to oppose my decision because the committee had already said 'No'. But later, when things changed, the transformation in my family was remarkable—especially in my brother. He flew from the US on the day of my surgery and became one of my strongest pillars of support. He even created a website, "One Donor Many Lives," where people can learn about my journey and access reliable information about organ donation and transplantation. In the end, my family fully supported me and helped me walk through this journey with courage.

Emotionally, the biggest change is a deep sense of contentment. Seeing the recipient well and full of life has brought me immense happiness.

For more information about the inspiring journey of Dr. Thankam Subramonian, please visit: www.onedonormanylives.com

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From Awareness to Action: Uttarakhand's Emerging Organ Donation Ecosystem

Pallavi Kumar, Sanchit Arora



A one-day workshop titled “Strengthening Organ Donation and Transplantation Processes in Uttarakhand” organised by SOTTO Uttarakhand in collaboration with MOHAN Foundation at Government Doon Medical College, Dehradun, bringing together key healthcare stakeholders across the state. The workshop focused on enhancing clinical knowledge, regulatory clarity, and inter-institutional coordination through scientific sessions, panel discussions, and interactive deliberations, engaging around 80 delegates and reinforcing a collaborative approach to strengthening deceased organ donation systems in Uttarakhand.

Building on its sustained collaboration with MOHAN Foundation, Uttarakhand is steadily transitioning from awareness to action in organ donation. What began as a series of advocacy efforts has, over time, evolved into a more structured and responsive ecosystem—one that is increasingly capable of translating intent into impact.

Across the state, the focus has shifted from simply informing communities to actively engaging them, while simultaneously strengthening the preparedness of healthcare systems. Grassroots initiatives such as Nukkad Natak have taken the message of organ donation into towns and neighbourhoods, breaking myths and opening up conversations that were once difficult to initiate.

At the same time, capacity-building workshops for ICU teams at Doon Medical College have worked to ensure that when critical moments arise, hospitals are equipped not just with knowledge, but with the confidence and systems required to act. These parallel efforts — community awareness and clinical readiness — are now beginning to converge.

The result is visible in tangible outcomes, including the state's second multi-organ deceased donation in January 2026. Together, these developments signal something more than progress; they point to the emergence of an ecosystem where informed communities and prepared institutions are beginning to work in tandem. And, it is within this evolving landscape that a recent case brought into sharp focus what this transition truly means.

This shift is best reflected in a recent multi organ donation that brought the system, the stakeholders, and the spirit of donation together.

It began with an accident—a fall that changed everything. Mr. Raghu Paswan, a 42-year-old daily wage worker and sole breadwinner, was brought to AIIMS Rishikesh with a severe traumatic brain injury. Despite every effort, his condition deteriorated, and he was declared brain-dead following due protocols. What could have ended there became something far more profound. In the midst of unimaginable grief, his family made the courageous decision to consent to organ donation. In that moment, the focus shifted—from loss to possibility, and from clinical care to the readiness of a system to respond.

What followed was a coordinated, time-critical effort involving doctors, transplant coordinators, ICU teams, forensic authorities, and police officials. Approvals were secured, donor maintenance initiated, and allocation systems activated as transplant teams mobilized across cities. Organs were retrieved and transported through green corridors: the heart to Army Hospital (Research and Referral), one kidney to AIIMS New Delhi, and the liver, second kidney, and pancreas to PGIMER Chandigarh, while the corneas were retained at AIIMS Rishikesh. In that moment, distance gave way to urgency and purpose. A family had said yes, a system had responded, and lives across the country were transformed.



Public at Parmarth Niketan Ghat, Rishikesh watching the Nukkad-Natak



Walk of Honour held in tribute to Shri Raghu Paswan Ji



Mr. Sanchit Arora felicitating the family of Shri Raghu Paswan on February 03, 2026

Testimonials

“We sincerely appreciate the remarkable work of the MOHAN Foundation in advancing organ donation across India. Their efforts in awareness, training, and system development have significantly strengthened deceased donation programs.

In Uttarakhand, their contribution has been exemplary. Max Super Speciality Hospital, Dehradun is proud to be associated with this initiative and grateful for their continued guidance and support. We value this partnership and look forward to further collaboration.”

Dr. Puneet Arora, HOD, Department of Nephrology, Max Hospital, Dehradun

“We sincerely appreciate the excellent work and support provided by MOHAN Foundation in collaboration with SOTTO Uttarakhand. Your efforts in promoting organ donation awareness and strengthening transplant activities are truly commendable.

We value this partnership and appreciate your efforts in organizing ICU workshops and awareness sessions, and look forward to continued collaboration.”

Dr. Atul Kumar Singh, Nodal Officer, SOTTO Uttarakhand

“MOHAN Foundation for long has been involved in providing support for strengthening organ donation practices across India.

In Uttarakhand, especially in AIIMS Rishikesh, they are doing phenomenal job by educating & promoting organ donation activities among health care professionals and general public.”

Dr Rohit Gupta, Nodal Officer, Division of Organ Transplant, AIIMS Rishikesh

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Nilesh Vinodchandra Mandlewala

Padma Shri Awardee (2026)
Gujarat – Social Work



Nilesh Mandlewala, Founder and President of Donate Life, was conferred the prestigious Padma Shri by the Government of India in 2026 for his outstanding contribution to organ donation awareness and his tireless efforts in saving countless lives through deceased organ donation initiatives.

Driven by personal tragedy, Mr. Mandlewala founded Donate Life, a Surat-based non-profit organization dedicated to creating awareness about deceased organ donation in India. The organization works towards educating communities, supporting donor families, and facilitating the organ donation process to help increase deceased organ donations across the country.

His remarkable contribution has played a significant role in positioning Gujarat among the leading states in India for deceased organ donation, while bringing renewed hope to thousands of patients suffering from organ failure and awaiting life-saving transplants.

Not Euthanasia: A Family that Chose Dignity: The Real Story of Harish Rana



Dr. Srinagesh Simha
End of Life Care India Taskforce
Palliative Care Physician



Dr. Raj Kumar Mani
End of Life Care India Taskforce
Pulmonologist



Dr. Roopkumar Gursahani
End of Life Care India Taskforce
Neurologist

In August 2013, Harish Rana was a 19-year-old engineering student at Panjab University, Chandigarh. He fell from the fourth floor of his hostel, sustaining a diffuse axonal brain injury that left him with 100% quadriplegia and Permanent Vegetative State (PVS). He never regained consciousness.

For over a decade his family cared for him at their home in Ghaziabad. He was kept alive through a tracheostomy tube for breathing and a Percutaneous Endoscopic Gastrostomy (PEG) tube for nutrition and hydration, Clinically Assisted Nutrition and Hydration (CANH). Every medical review reached the same conclusion: irreversible. No chance of recovery.

His parents, Ashok and Nirmala Rana, never left his side. When they finally petitioned the courts, it was not from giving up. It was from love a wish to let their son leave with the dignity his condition had stripped away.

The Delhi High Court rejected the petition in 2024, ruling that withdrawing a feeding tube would constitute starvation, not medical withdrawal. The family appealed to the Supreme Court. On 11 March 2026, a bench of Justices J.B. Pardiwala and K.V. Viswanathan allowed the withdrawal of treatment and directed Harish's transfer to AIIMS palliative care. He passed away on 24 March. His family donated his corneas and heart valves.

What the Supreme Court decided

The judgment resolved two questions that had been unanswered since the 2018 Common Cause framework.

Is CANH a medical treatment? Yes. The Court held that a PEG feeding tube requiring surgical insertion, clinical monitoring, and professional judgement is a medical intervention, not basic care. It

can be withdrawn when it no longer serves the patient's best interests.

Who decides without a Living Will? The Court applied a best-interest standard. With both Medical Boards and the family in unanimous agreement, it held that withdrawal served Harish's best interests and waived the standard 30-day waiting period.

The Court also directed that withdrawal must not mean abandonment; Harish was to receive structured palliative care at AIIMS throughout. And, it called on Parliament, again, to enact comprehensive end-of-life care legislation.

The misconception: why "passive euthanasia" is the wrong term

The term "passive euthanasia" entered Indian judicial language years ago and made popular in the Aruna Shanbaug (2011) judgment and has been carried forward ever since. It is not used by the World Medical Association, the European Society of Intensive Care Medicine, or major palliative care bodies internationally because they are two fundamentally different acts.

Euthanasia implies an intent to cause death. Withdrawal of life-sustaining treatment means removing a futile intervention and allowing the patient to die from their underlying condition. In this case, the cause of death was a brain injury sustained in 2013 not a decision made in 2026.

Using the wrong label has real consequences. It deters clinicians from withdrawing futile treatment. It misrepresents the cause of death. It complicates organ donation conversations. And it makes it harder for Parliament to draft clear, workable legislation. The medical community must use and advocate for the correct terminology: Withdrawal of Life-Sustaining Treatment.

	Withdrawal of Life-Sustaining Treatment (WLST)	"Passive Euthanasia" — the misnomer
What it is	Stopping a futile medical intervention; allowing natural death from the underlying disease	Deliberately causing death by omission with intent to end life
Cause of death	The patient's underlying disease or injury — not the physician's act	Attributed (misleadingly) to the clinician's omission
Intent	Remove a burdensome, futile intervention and allow natural death	To end life — a framing that stigmatises legitimate care
Global status	Accepted worldwide; endorsed by WMA, ESICM, and palliative care bodies	Rejected by most bioethicists; not used by major international medical bodies
Harish Rana case	✓ Correct: PEG tube (CANH) withdrawn; death resulted from brain injury sustained in 2013	✗ Incorrect label used by media and, regrettably, in some court language



Why it matters for transplant and critical care

Living Wills: Harish had no Advance Medical Directive. The Court urges integration of Living Wills into the Ayushman Bharat Health Account (ABHA) system, which already has 79 crore accounts. Until this is routine, families will keep navigating these decisions without the patient's own voice.

Organ donation: The Rana family's decision to donate Harish's corneas and heart valves is a reminder that end-of-life care and donation are not competing. But, donation discussions must remain strictly separate from withdrawal decisions to protect trust.

Palliative care: The Court's insistence on structured palliative care during withdrawal is a moral directive. Few states have constituted the Medical Boards that the 2023 guidelines require. Private hospitals still avoid the protocol for fear of litigation. This must change.

Closing

Harish Rana's family spent 13 years caring for him with extraordinary love. When they sought withdrawal of treatment, they were acknowledging a death that had, in every meaningful sense, already occurred, and asking that medicine step back with grace. The Supreme Court was right to allow it.

What it called that act, however, matters. Passive euthanasia is the wrong name for what happened. Getting the name right is not pedantry it is the foundation on which every future family, clinician, and legislator will build their decisions.

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Editorial continued...

In contrast, living organ transplantation is dominated by the Delhi/NCR region, which performs some of the highest numbers of living donor kidney and liver transplants in the country. This highlights a paradox: India possesses world-class transplant expertise, but access to deceased donor transplantation remains a geographical concern.

The next phase of India's transplant journey must focus on equity and expansion. Every state should develop robust organ donation networks, strengthen intensive care systems, train grief counsellors and transplant coordinators, and promote awareness both among the medical personnel and the public. Deceased donation is not merely a medical milestone — it is a measure of societal trust, compassion, and healthcare maturity.

In their own words

"You are not giving up on your son. You are allowing him to leave with dignity. It reflects the depth of your selfless love and devotion towards him."

- Justice J.B. Pardiwala, Supreme Court of India, 11 March 2026

"The right to die with dignity is inseparable from the right to receive quality palliative and end-of-life care."

- Supreme Court of India, Harish Rana v. Union of India, 2026

"When primary and secondary boards have certified withdrawal of life support, there is no need for judicial intervention."

- Supreme Court of India, Harish Rana v. Union of India, 2026

"The prolonged absence of comprehensive legislation on end-of-life care has compelled this Court, time and again, to step in to fill the vacuum."

- Supreme Court of India, Harish Rana v. Union of India, 2026

"Withdrawing life support will not bring us any personal benefit. We only want to restore Harish's dignity after years of irreversible suffering."

- Ashok Rana, Harish's father

"Harish Rana also donated five organs as he left the world. He became an inspiration to the world."

- Ajay Rai, at the final rites of Harish Rana

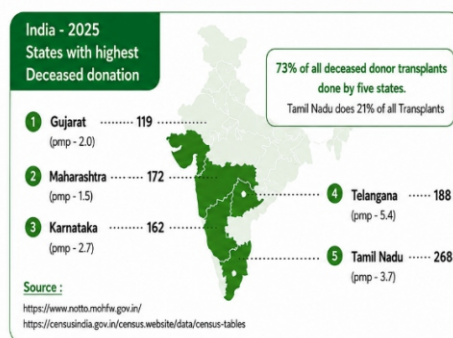
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Deceased donation in India - 2025

India's deceased donation landscape reflects profound geographic inequity.

A striking 73% of all deceased donor transplants arise from just five states — this disparity is systemic and remediable.



The Remaining States

More than 32 states & UT collectively account for **less than 27%** of transplants — despite encompassing most of India's population and ICU capacity.

Geographic concentration is a policy failure, not a capacity failure.

Data source : NOTTO



Ms. Sneha Raju, a Two-Time Kidney Transplant Recipient, Creates History in Antarctica



- Created global history by becoming the world's first two-time kidney transplant recipient to successfully complete a full Antarctic expedition.
- Her expedition included interior landings, overnight camping on the Antarctic continent, and crossing the Antarctic Circle.
- The historic expedition took place in December 2025, following established Antarctic expedition standards.

Ms. Sneha Raju

Deputy Head –
Corporate Communications,
NCC Limited, Hyderabad

My life has been shaped by resilience from the very beginning. I was diagnosed with chronic kidney disease at the age of three, and much of my childhood unfolded not in playgrounds but in hospital corridors, dialysis wards, and treatment rooms.

I underwent my first kidney transplant at the age of seven, and a second transplant in 2013 during my final year of college after complications from cerebral malaria damaged the first graft. These experiences transformed survival into purpose.

Rather than allowing my medical history to define my limitations, I chose to pursue ambition with discipline and courage—believing that organ transplantation is not an endpoint, but a beginning.

What began as a tentative trek in the mountains gradually evolved into a journey of representation and record-breaking achievements. I have completed several high-altitude and extreme expeditions, including Kala Patthar, Kashmir Great Lakes, and the Chadar Trek—where I became the first two-time kidney transplant recipient recognised by the India Book of Records and Asia Book of Records.

That journey culminated in December 2025, when I created global history by setting foot on Antarctica, camping overnight on the continent, and crossing the Antarctic Circle—becoming the first two-time kidney transplant recipient in the world to accomplish this feat.

Beyond expeditions, I am deeply committed to advocating for organ donation and inclusion. My journey and life experiences are featured in the book *“Kidney Warriors, Edition 2: Stories of Lived Experiences Pave the Future of Social Enterprise in India”* by Vasundhara Raghavan, where my story reflects hope, determination, and lived possibility.

Today, I stand not only as an explorer but also as an advocate. My journey is a reminder of the transformative power of organ donation, preparation, and belief, and of the fact that disability does not diminish capability, ambition, or the right to dream without limits.

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