

NTORCs' (Non-Transplant Organ Retrieval Centre) Contribution in Vadodara, Gujarat

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Interview with

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For more than 27 years, Dr Deepali Tewari has been dedicated to the railways, currently holding the position of Additional Chief Medical Superintendent of the Vadodara Division at Western Railways. During her career, she has had the opportunity to participate in corneal donation initiatives as an ophthalmologist within the railway system.

How did you come to be involved in organ donation?

My husband was diagnosed with kidney failure in 2017 and going through his journey with kidney failure was one of the toughest periods of my life. It felt like every day brought new challenges and uncertainties. Our whole life came to a standstill. We literally lived from one dialysis to the next. But, when the kidney transplant finally happened, it was like a ray of hope shining through the darkness. It not only changed my husband's life but ours as a family.

In the midst of it all, I couldn't help but feel like there was a greater purpose behind our struggles. It's as if the universe put me in this situation so that I could find my calling in advocating for organ donation. Witnessing firsthand the transformative power of organ transplantation made me realize the importance of giving back.

You have been instrumental in engaging and enabling NTORCs (Non-Transplant Organ Retrieval Centres) in the deceased donation program. Could you please share your experience with NTORCs in Vadodara?

When I embarked on my journey in this field back in 2017, I undertook the task of mapping out the hospitals in Vadodara. To my amusement, there were a total of 107 ICUs scattered throughout the city. Determined to spread awareness about organ donation, I dedicated my evenings to personally visiting these ICUs, urging them to participate in this noble cause. My aim was to inspire them to recognize the life-saving potential of organ donation.

In addition to my individual efforts, I sought assistance from the Intensive Care Society of Vadodara. With their support, I was able to rally the enthusiasm of around 8-10 intensivists who volunteered to contribute to the program.

As a result of these collaborative endeavors, 19 hospitals have now registered themselves as NTORCs, with 12 of them successfully facilitating deceased organ donations within their premises.

Some of the NTORCs are in the government sector, while others are private hospitals – what has your experience been in each sector? Are the challenges the same or do they differ?

Indeed, the challenges faced by private and government NTORCs are quite distinct.

Corporate NTORCs tend to be more cooperative due to the presence of dedicated intensivists and administrative support, making the process relatively smoother. Once acquainted with the initial steps, they often require less guidance for subsequent donations. However, as these centres are not trauma centres, organ donations occur infrequently.

In smaller NTORCs from government sector, donor maintenance is often managed by non-intensivists, as they may lack full-time intensivists. This responsibility often falls on a physician, which can occasionally compromise the maintenance process. In addition, there's often pressure to expedite donation coordination, ideally within a 48-hour window in order to avoid the donor crashing.

Your recommendations to streamline the processes for NTORCs to enable more donations.

I strongly advocate establishing a national policy for incentivizing NTORCs to encourage greater participation in the donation process. While appealing to their goodwill is crucial for motivation, it alone may not be sufficient to sustain their involvement.

Although the government's reimbursement of maintenance costs is appreciated, it may not hold significant importance for NTORCs. Therefore, there is a need for state recognition and honour to further motivate their engagement.

On a practical level, I believe that providing additional compensation to staff involved in donor maintenance and coordination within these NTORCs for each donation can help sustain their interest and motivation. Furthermore, offering sponsorship for training programs for residents engaged in deceased donations could serve as an additional motivating factor.

There is no doubt a need for an increased awareness in medical colleges along with an increased level of supervision to ensure accountability for critical care in these ICUs.

What opportunities do you see for NTORCs in the time to come?

I personally believe that the personnel in NTORCs dedicating their time and efforts to facilitate donations are genuinely altruistic individuals. They engage in this process purely out of goodness, without any personal benefit, showcasing true altruism. And, this act has to be recognised and honoured.

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