

*Editorial Desk***Financial Neutrality is Necessary—but is it Enough?****Pallavi Kumar**

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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.

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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.

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