

1. Introduction to Organ and Tissue Donation

Organ transplantation is one of the marvels of modern medicine. The need for organ donors is much greater than the number of people who actually donate. More than 28,000 lives are saved every year by organ donors. However, more than 123,000 people in the United States are on the organ transplant waiting list. On average, 21 people die each day while waiting for a match.

One organ donor has the potential to save eight lives and eye and tissue donors can enhance the lives of as many as 50 people. For some people with end-stage organ failure, it is truly a matter of life and death. Add to that the thousands more whose lives can be improved through tissue and cornea donations that can help them move, see and live better.

Many organs and tissues can be donated and transplanted. Organ donation has many positive effects on the donor and recipients who experience the greatest benefit. An even farther-reaching effect outside of the donors and recipients is the impact on families and friends who love and support those in need of a transplant. Organ donation can also be a rewarding and positive experience for the family of the donor. It can help a family work through the grieving process and deal with their loss by knowing their loved one is helping save the lives of others.

People of all ages, races and ethnicities, and even those with pre-existing health conditions can be potential donors. When a person dies, they are evaluated for donor suitability based on their medical history. The most important factor for a successful transplant is a compatible blood type between donor and recipient.

There is a national computerized list of patients waiting for organ donation. When a donor becomes available the computer identifies the best matched recipient for each organ. Some factors considered in matching include compatible blood and tissue types, similar body size, severity of patient illness and time on waiting list. The match for a recipient begins at a local level and moves to a national search if no local match exists. A patient's financial or celebrity status does not affect the match or give them priority status.

Tissue Donation

Birth tissue is gestational tissue that can be donated after the delivery of a living newborn. Donated birth tissue is often used in reconstructive procedures to promote healing, and to treat burns and painful wounds. Birth tissue donation is a type of living donation and does not impact your health or the health of your baby.

Donated birth tissue can include:

- Placenta
- Amniotic membrane
- Chorionic membrane
- Amniotic fluid
- Umbilical cord tissue
- Umbilical veins
- Wharton's jelly

Birth tissue and cord blood can be donated after childbirth and require a specific authorization. Find establishments that are accredited for birth tissue – American Association of Tissue Banks

2. The Donation Process

The 5 Steps of the Organ Donation Process are:

1. **Trauma and Death** - Whether in a hospital or at the scene of an accident, emergency medical personnel immediately begin life-saving procedures. Every effort is made to save the patient's life.
2. **Referral** - Once it is determined a patient may not survive, the hospital must refer the patient to the local organ procurement organization.
3. **Evaluation** - The organ procurement organization evaluates if organ donation may be an option.
4. **Approach** - If the patient is eligible to donate, the organ procurement organization will speak to the family. The family will be notified if their loved one registered as an organ donor.
5. **Organ Recovery** - Once consent is granted, either through the Donate Life California Registry or the family, the organs are recovered and used to help save the lives of those on the organ transplant waiting list.
6. **Funeral Arrangements** - The family can proceed with regular funeral arrangements. The decision to donate does not affect the option of an open casket. Time is critical when it comes to organ transplants. Please refer to the graph below to see the time each organ has between recovery and transplant to still be a viable organ.

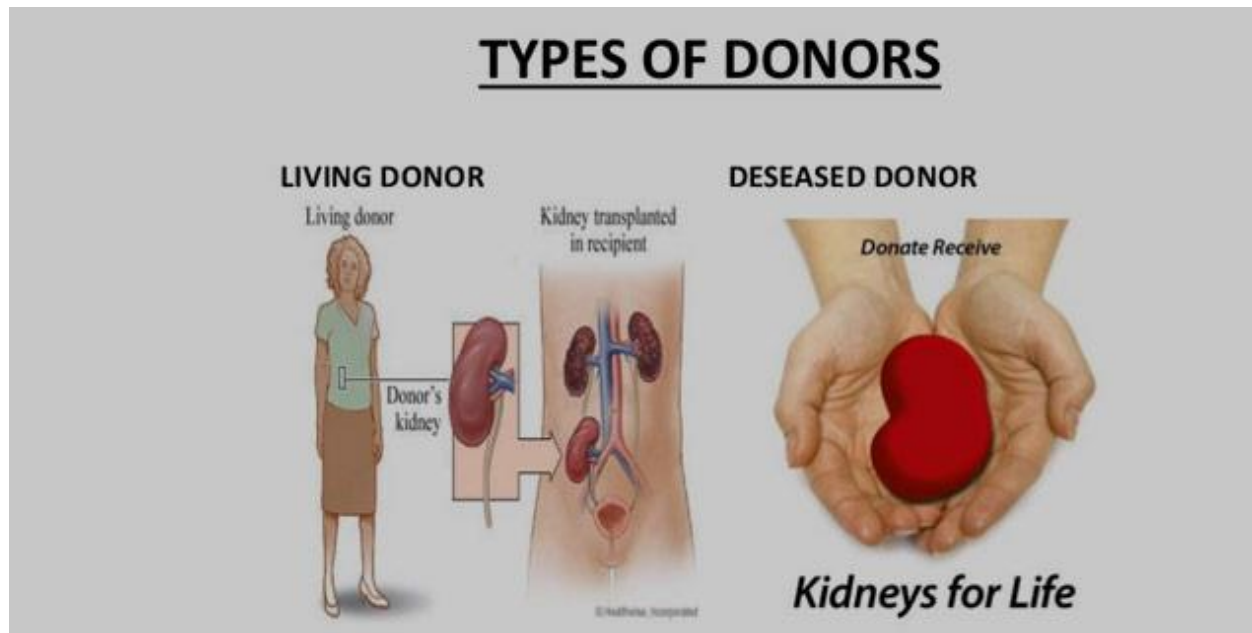


Organ Retrieval Banking Organization (ORBO) coordinates the process of cadaver organ donation i.e. organ donation after death and transplantation.

There are two ways to donate organs: -

- By pledging for organ donation when a person is alive
 - By consent of family after death.
- A.** During lifetime, a person can pledge for organ donation by filling up a donor form in the presence of two witnesses, one of whom shall be a near relative.
 - B.** The organ donor form could be obtained from ORBO either personally or through mail. It could also be downloaded from our Website (www.orbo.org).
 - C.** The donor form is absolutely free of cost.
 - D.** As mentioned earlier, we need to fill up the donor form and get it signed by two witnesses one of whom shall be a near relative and send the same to ORBO.
 - E.** After receiving the filled in form, ORBO provides the donor with an organ donor card bearing registration number on it.
 - F.** It is suggested to keep the donor card in your pocket and share your decision with your near and dear ones.
 - G.** If a person expires without registration, the family members can donate his/her organs. For this they need to sign a consent form, which is provided at that time.
 - H.** Once, the relatives give a written consent, organs are harvested within a few hours.
 - I.** The family of the donor does not face any difficulty or extra burden upon them.
 - J.** The transplant coordination team carries out the entire process till the relatives receive the body of the deceased.
 - K.** The deceased body is given back to the family in a dignified way.
 - L.** There is no disfigurement. The body can be viewed as in any case of death and funeral arrangements need not be delayed.

Types of Donation



A. Living Donation: - Living donation is when a living person donates an organ or part of an organ to a person in need of a transplant. Living kidney donation is possible because we can live a healthy life with one functioning kidney. Living liver donation is possible because the liver consists of two lobes, one of which can be donated to someone in need. Both lobes will regenerate to normal size and function generally within 6-12 weeks. Living organ donation offers another choice for some transplant candidates, reducing their time on the waiting list and leading to better long term outcomes for the recipient. Living tissue donation, birth tissue, is used to promote healing and to treat burns and painful wounds.

A living donor is an option for patients who otherwise may face a lengthy wait for an organ from a deceased donor. To spare an individual a long and uncertain wait, relatives, loved ones, friends, and even individuals who wish to remain anonymous may serve as living donors. Kidney and liver transplant candidates who are able to receive a living donor transplant can receive the best quality organ much sooner, often in less than a year.

Types of Living Donation

Directed Donation

In a directed donation, the living donor names the specific person to receive the transplant. This is the most common type of living donation. In a directed donation, the living donor may be: a

biological relative, such as a parent, brother, sister, or adult child a biologically unrelated person who has a personal or social connection with the transplant candidate, such as a spouse or significant other, a friend or a coworker a biologically unrelated person who has heard about the transplant candidate's need If tests reveal that the living donor would not be a good medical match, paired donation may be an option.

Non-Directed Donation

In non-directed donation, the living donor does not name the specific person to receive transplant. The match is determined based on medical compatibility with a patient on the national transplant waiting list. The living donor and recipient may meet at some time, if they both agree, and depending on transplant hospital policy and guidance.

Kidney Paired Donation

According to UNOS, kidney paired donation (KPD), also called kidney exchange, occurs when a transplant candidate has someone who wants to donate a kidney to them, but tests reveal that the kidney would not be a good medical match. Kidney paired donation gives that transplant candidate another option: swapping living donor kidneys so each recipient receives a compatible transplant.

Risks of Living Donation

Living donation is a major surgery, and all potential complications of major surgery apply. These complications may include:

- pain
- infection at the incision site
- incisional hernia
- pneumonia
- blood clots
- hemorrhaging
- potential need for blood transfusions
- side effects associated with allergic reactions to the anesthesia
- death

According to the National Kidney Foundation, living donors in studies report a boost in self-esteem, and 9 out of 10 say they would do it again. However, living donors may also experience

negative psychological symptoms right after donation or later. The transplanted organ may not work right away. There is also the chance it will not work at all. Donors may feel sad, anxious, angry, or resentful after surgery. Donation may change the relationship between donor and recipient.

The best source of information about risks and expected donor outcomes is the transplant team. In addition, it is important to take an active role in learning more about these potential surgical risks and long-term complications.

Living donors must be made aware of the physical and psychological risks involved before they consent to donate an organ. Please discuss all feelings, questions and concerns with a transplant professional and/or social worker.

B. Deceased Donation

Deceased donation is the process of giving organs, corneas or tissues at the time of the donor's death for the purpose of transplantation. Deceased donation can only occur after death has been declared by medical professionals who are not part of the donation and transplant process.

Becoming a Donor

When a person dies, it is either by brain death or cardiac death (when your heart stops). Donation can happen after brain death or cardiac death, under certain conditions.

Brain death occurs when a person has sustained a severe brain injury, such as from an accident, stroke or lack of oxygen and is on ventilated support (machine that breathes for them) in a hospital. Doctors work hard to save the patient's life, but sometimes there is a complete and irreversible loss of brain function. The patient is declared clinically and legally dead. Only then is donation an option.

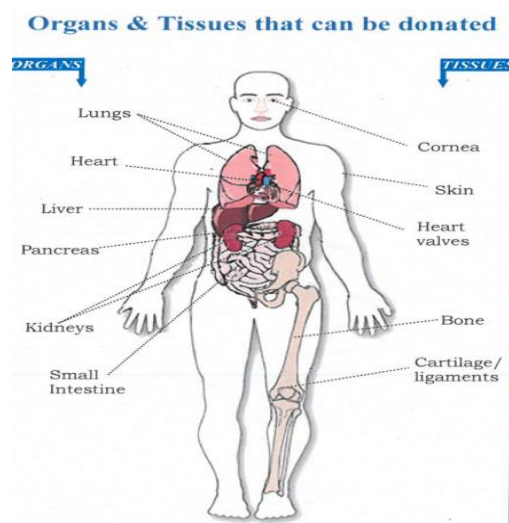
Donation after Cardiac Death (DCD) is possible when the patient has suffered a fatal injury and is not brain dead. The patient's family may decide to remove care and ventilated support to allow the patient to die naturally. The patient is taken off the ventilator (machine breathing for them). When their heart stops beating, a physician declares cardiac death.

The hospital staff won't know the patient's donor status, and eligibility as a donor can only be checked by donation professionals. The hospital contacts the organ procurement organization (OPO), which checks the donor registry. If the person is registered, the OPO will inform the family. If not, the family will be asked to authorize donation. Only then does recovery take place of organs, corneas and tissues to save and heal the lives of others.

For all organ, eye and tissue donation, the donor is treated with care and respect, and the donor family is supported throughout the donation process. There is no cost to the donor's family or estate for donation. Donation can provide solace to a grieving family.

Once donation has been determined to be an option, state donor registries and the National Donate Life Registry are searched securely online to check if the patient has personally authorized donation. If the patient is not found in the Registry, their next of kin or legally authorized representative (usually a spouse, relative or close friend) is offered the opportunity to authorize the donation. Once the donation decision is established, the family is asked to provide a medical and social history. Donation and transplantation professionals determine which organs can be transplanted and to which patients on the national transplant waiting list the organs are to be allocated.

Organs and tissues that can be donated



Heart

The heart pumps blood around the body, and the blood carries oxygen to all other organs. If the heart cannot pump blood properly, the rest of the body can become sick very quickly. Some people with heart failure, viral infection, or a congenital heart defect, require a heart transplant to survive. Heart transplants are performed when all other forms of medical treatment have failed.

Artificial hearts can be used temporarily until a human heart is available. If the whole heart cannot be transplanted, heart valves can still be donated.

Lung

The lungs provide oxygen to the blood and remove carbon dioxide. Lung transplants are often needed by people with cystic fibrosis or emphysema whose own lungs cannot provide enough oxygen to their bodies. The two lungs can be transplanted together into one recipient or separated and transplanted as single lungs into two recipients. Many people believe that smoking will prevent lung donation. However, this is not true. There are tests that can be done in Intensive Care to check how well the lungs work and these results determine suitability for donation.

Kidney

The main function of the kidneys is to filter waste products from the blood. When the body has taken what it needs from food, wastes are then sent to the blood, filtered by the kidneys, and sent from the body as urine. If the kidneys are damaged or diseased and not able to filter the blood properly, wastes begin to build up in the blood and damage the body. People with severe kidney failure are put on dialysis, which filters waste products from the blood when the kidneys cannot. However, many of these people will need a kidney transplant to stay alive. The two kidneys can be transplanted together into one recipient, or separated and transplanted into two people.

Liver

The liver is a complex organ with many functions. Its main functions are to maintain a balance of nutrients (e.g. glucose, vitamins and fats), to remove waste products and to regulate blood clotting. People with metabolic liver disease, Hepatitis B or C, and congenital liver defects such as Biliary Atresia can all require liver transplants to stay alive. The liver is a unique organ as it can regrow. This means that an adult liver can be reduced in size and transplanted into a small child where it can then grow with the child. Alternatively, the liver can be divided and transplanted into two recipients.

Pancreas

The pancreas contains cells called Islets that produce insulin to regulate the body's blood sugar levels. In people with Type-1 Diabetes, the Pancreas produces little or no insulin, and it can be extremely difficult to control blood sugar levels even with insulin injections. At present, the majority of pancreas transplants are performed on people who have Type 1 Diabetes which can

also cause kidney failure. For this reason, the pancreas is often transplanted with a kidney from the same donor.

Tissues that can be donated are:

Eye tissue

Donation of eye tissue can allow transplantation of the cornea and the sclera. The cornea is the clear tissue which covers the colored part of the eye. It allows light to pass through to the retina, giving sight. Corneal transplants restore sight to people who are partially or completely blind due to corneal damage following a genetic condition, illness or injury. The sclera is the white part that surrounds the eye. Scleral grafts are performed to prevent blindness due to injury or in people who have had cancer removed from their eye.

Bone

Donated bone tissue can be grafted to replace bone which has been lost as a result of tumours or through other disease or accidents. It is also used to aid fracture healing, strengthen hip and knee joint replacements, and to repair curvatures of the spine (scoliosis) in children and teenagers. Depending on the type of transplant required over ten people can benefit from a single bone donation.

Skin

People who have suffered extensive trauma, infection damaging or destroying the skin, or severe burns can require skin grafts to become healthy again. When skin is donated, only a thin layer is retrieved, somewhat like the skin that peels in sunburn. It is usually retrieved from the person's back and the back of their legs. On average, skin from three donors is needed for one recipient.

3. Legal and Ethical Considerations in Organ Donation

Over the past three decades, Government of India has brought in various guidelines to be followed across the country for the uniformity of organ transplantation in order to maintain the ethical and legal values of the system.

Available guidelines are in the form of

1. Act
2. Amendments and

3. Rules

Definitions

- **Act:** Act is a law passed by the legislature
- **Amendments:** A minor change or addition designed to improve a piece of legislation.
- **Rules:** As most laws are not complete code in themselves and certain provisions are deliberately left by the legislature, wherein rules can be laid to help govern the law.

Laws and Rules Governing Organ Transplantation in India

The primary legislation related to organ donation and transplantation in India, Transplantation of Human Organs Act, was passed in 1994 and is aimed at regulation of removal, storage and transplantation of human organs for therapeutic purposes and for prevention of commercial dealings in human organs.

In India, matters related to health are governed by each state. The Act was initiated at the request of Maharashtra, Himachal Pradesh and Goa (who therefore adopted it by default) and was subsequently adopted by all states except Andhra Pradesh and Jammu & Kashmir. Despite a regulatory framework, cases of commercial dealings in human organs were reported in the media. An amendment to the act was proposed by the states of Goa, Himachal Pradesh and West Bengal in 2009 to address inadequacies in the efficacy, relevance and impact of the Act. The amendment to the Act was passed by the parliament in 2011, and the rules were notified in 2014. The same is adopted by the proposing states and union territories by default and may be adopted by other states by passing a resolution.

The main provisions of the Act (including the amendments and rules of 2014) are as follows:

- A.** Brain death identified as a form of death. Process and criteria for brain death certification defined
- B.** Allows transplantation of human organs and tissues from living donors and cadavers (after cardiac or brain death)
- C.** Regulatory and advisory bodies for monitoring transplantation activity and their constitution defined.

(I) Appropriate Authority (AA): Inspects and grants registration to hospitals for transplantation enforces required standards for hospitals, conducts regular inspections to examine the quality of transplantations. It may conduct investigations into complaints regarding breach of provisions of

the Act, and has the powers of a civil court to summon any person, request documents and issue search warrants.

(II) Advisory Committee: Consisting of experts in the domain who shall advise the appropriate authority.

(III) Authorization Committee (AC): Regulates living donor transplantation by reviewing each case to ensure that the living donor is not exploited for monetary considerations and to prevent commercial dealings in transplantation. Proceedings to be video recorded and decisions notified within 24 hours. Appeals against their decision may be made to the state or central government.

(IV) Medical board (Brain Death Committee): Panel of doctors responsible for brain death certification. In case of non-availability of neurologist or neurosurgeon, any surgeon, physician, anesthetist or intensives, nominated by medical administrator in-charge of the hospital may certify brain death.

D. Living donors are classified as either a near relative or a non-related donor.

(i) A near-relative (spouse, children, grandchildren, siblings, parents and grandparents) needs permission of the doctor in-charge of the transplant center to donate his organ.

(ii) A non-related donor needs permission of an Authorization Committee established by the state to donate his organs.

E. Swap Transplantation: When a near relative living donor is medically incompatible with the recipient, the pair is permitted to do a swap transplant with another related unmatched donor/recipient pair.

F. Authorization for organ donation after brain death

(i) May be given before death by the person himself/herself or

(ii) By the person in legal possession of the body. A doctor shall ask the patient or relative of every person admitted to the ICU whether any prior authorization had been made. If not, the patient or his near relative should be made aware of the option to authorize such donation.

(iii) Authorization process for organ or tissue donation from unclaimed bodies outlined.

G. Organ retrieval permitted from any hospital with ICU facility once registered with the appropriate authority. Any hospital having Intensive Care Unit (ICU) facilities along with manpower, infrastructure and equipment as required to diagnose and maintain the brain-stem dead person and to retrieve and transport organs and tissues including the facility for their temporary storage, can register as a retrieval center.

- H.** Cost of donor management, retrieval, transportation and preservation to be borne by the recipient, institution, government, NGO or society, and not by the donor family.
- I.** Procedure for organ donation in medico-legal cases defined to avoid jeopardizing determination of the cause of death and delay in retrieval of organs.
- J.** Manpower and Facilities required for registration of a hospital as a transplant center outlined.
- K.** Infrastructure, equipment requirements and guidelines and standard operating procedures for tissue banks outlined.
- L.** Qualifications of transplant surgeons, cornea and tissue retrieval technicians defined.
- M.** Appointment of transplant coordinators (with defined qualifications) made mandatory in all transplant centers.
- N.** Non-governmental organizations, registered societies and trusts working in the field of organ or tissue removal, storage or transplantation will require registration.
- O.** The central government to establish a National Human Organs and Tissues Removal and Storage Network i.e. NOTTO (National Organ & Tissue Transplant Organization), ROTTO (Regional Organ & Tissue Transplant Organization) and SOTTO (State Organ & Tissue Transplant Organization). Website www.notto.nic.in. Manner of establishing National or Regional or State Human Organs and Tissues Removal and Storage Networks and their functions clearly stated.
- P.** The central government shall maintain a registry of the donors and recipients of human organs and tissues.
- Q.** Penalties for removal of organ without authority, making or receiving payment for supplying human organs or contravening any other provisions of the Act have been made very stringent in order to serve as a deterrent for such activities.

Allocation of Organs:

Eurotransplant plays a key role in the allocation and distribution of donor organs for transplantation. The allocation system is objective, transparent, reproducible and valid. It is designed to make the best match possible given the circumstances.

After removal a donor organ is to be transplanted as soon as possible. The time frame in which the transplantation must take place varies per organ. An impeccable and smoothly running

organization is of life saving importance. Therefore, the Eurotransplant office is manned by specially trained staff, 24 hours a day, 7 days a week.

One waiting list

All transplant centers within the member states of Eurotransplant have access to the central computer database. The transplant centers enter general and medical information of their patients into this database. The requested donor profile is also entered. These profiles contain the characteristics of patients and donors and form the basic principle of making the best match possible given the circumstances.

Making the match

As soon as a donor becomes available within the Eurotransplant area, the regional tissue typing laboratory determines the donor's blood group and tissue characteristics. All relevant information about the donor and the specific organs are transferred to the Eurotransplant database.

Eurotransplant generates a so-called match list for each available donor organ. The match list is generated by a complicated computer algorithm that takes all medical and ethical criteria into account.

The match is based upon two general principles

1. expected outcome
2. urgency (as determined by experts in an objective and transparent way)

Offering donor organ(s)

As soon as the organ is accepted the physician contacts the patient. Eurotransplant establishes contact between the donor hospital and the transplant center. The exact time of the procurement operation is determined. This takes place in consultation with the transplant coordinator of the donor hospital. At the same time the (cross border) transportation of the organs from the donor hospital to the patient(s) in the transplant hospitals is arranged.

If there are no suitable patients within the Eurotransplant area, Eurotransplant contacts a sister organization.

Ethical considerations

Defining death

Transplantation raises important ethical considerations concerning the diagnosis of death of potential donors, and, particularly, how far resuscitation should be continued. Every effort must be made to restore the heartbeat to someone who has experienced sudden cardiac arrest or to restore breathing to someone who cannot breathe. Artificial respiration and massage of the heart, the standard methods of resuscitation, are continued until it is clear that the brain is dead. Most physicians consider that beyond this point efforts at resuscitation are useless.

Shortage of donors

Another area of ethical concern is the dilemma posed by the shortage of donor organs. Advances in immunosuppressive therapy have put increasing pressure on the supply of donor organs, and medical personnel sometimes find themselves having to determine who among the potential recipients should receive a lifesaving graft. Furthermore, there is a danger of commercial interests becoming involved with people willing to sell their organs for personal gain, and there is definite risk of illegal organ trafficking, in which organs are procured from unwilling donors and then sold to facilities that offer transplant services.

Rejection

Humans possess complex defense mechanisms against bacteria, viruses, and other foreign materials that enter the body. These mechanisms, which collectively make up the immune system, cannot, unfortunately, differentiate between disease-causing microorganisms and the cells of a lifesaving transplant. Both are perceived as foreign, and both are subject to attack by the immune system. This immune reaction leads to rejection, the greatest problem in successful tissue and organ grafting.

The blood transfusion effect

Following a blood transfusion, some patients become sensitized to the transplantation antigens of the donor, so it was expected that prior blood transfusion could only harm the recipient's prospects for a successful organ graft.

4. Public Awareness Campaigns

Organ donation awareness campaign

"Youth Encouraged to Promote Organ Donation Awareness"

On February 2, 2024, the university hosted an "Organ Donation Awareness Campaign" aimed at enlightening the young generation, who have inherited India's rich heritage and culture, about the

importance of organ donation. Professor Murali Manohar Pathak, the Hon'ble Vice-Chancellor of the university, emphasized the significance of organ donation in his keynote address. He revealed his personal commitment to organ donation and urged others to follow suit. Dr. K. L. Thakur, the main speaker, delivered a concise lecture on the subject, highlighting its importance to students, faculty, staff, and officers present at the event. His speech inspired attendees to consider organ donation positively. The program's successful execution was credited to Dr. Prem Singh Sikarwar's effective coordination. The Registrar of the University, along with the Head of the Student Welfare Chair, other professors, officers, employees, and students actively participated in the campaign.

Organ Donation Education and Outreach Programs

Transplant outreach programs are a strategy for transplant programs to improve patient access to transplant information through community education, to provide individualized information about treatment options, and to build strong relationships with community medical providers. There are so many ways to bring organ and tissue donor awareness.

Schools Programs & Student Education

High schools and colleges are encouraged to share information on organ and tissue donation with their students. Below are suggestions for engaging students and providing them with information about donation. Every personal story shared with others about organ and tissue donation helps to make a difference in the lives of others and encourage individuals to register.

College Programs

Any college class, organization, or club looking to partner with a non-profit on campus can contact to request materials, speakers, and more. College PRSSA chapters can also find opportunities to participate in local and national competitions through NGOs.

Faith-Based Programs

Unfortunately, many people decide not to register as an organ donor because they believe it is against their religion. No major organized religion objects to organ and tissue donation. Share the life-saving power of organ and tissue donation with your house of worship.

Awareness activities:

Social Media

ORGAN India Website

The ORGAN India website is a comprehensive resource tool for all information about Organ Donation and Transplantation in India including detailed information about all organs individually, the transplant procedure, a primer on brain death, the Indian laws, myths and facts etc. The website provides an online process to pledge the organs. We have had approximately 6 lakh website hits so far.

The website also serves as an online platform for the Organ Transplant Guide and the Body Donation Directory.

- **Transplant Guide:** ORGAN India created the Transplant Guide in 2016. It is essentially a directory of transplant hospitals, doctors, and coordinators across India. A Pan-India guide, it provides information to anyone who requires a transplant or needs to see a doctor in this regard. The transplant guide can be accessed at the click of a button [here](#)
- **Body Donation Directory:** ORGAN India created an online resource in 2017 called the Body Donation directory, which is a comprehensive database of all institutions across India where people can donate their bodies after death. The Directory provides complete information of the Medical College/Hospital/Organization along with the contact information of the concerned person. The Body donation directory can be accessed [here](#).

Blog on Organ Donation

The ORGAN India blog is a forum to encourage and promote dialogue on organ donation and transplantation in India. It's a platform for all concerned stakeholders to express their opinions, concerns, and future strategies on the organ donation and transplantation environment across India. Doctors, Government officials, NGOs, donors and recipients, media persons, and other interested parties are welcome to, and have contributed to, the blog. The blog is heavily promoted by us online and sent to our subscribers including doctors, transplant coordinators, NGOs, filmmakers, and everyone connected in any way to any aspect of organ donation. It's also a forum to communicate to the general public about organ donation and transplantation.

Facebook

ORGAN India's Facebook page is the most active resource on organ donation in the country currently with 75000 followers. We ensure updated information, news from around the world, and updated statistics about organ donation, to be published on our Facebook page. We also share updates of our on-going activities regularly.

Twitter

On twitter, sharing important news, information, updates of our activities on the twitter handle @organindia1

Instagram

Subscribers engaged with regular updates on our Instagram page @organ_india

You tube

YouTube page is the storehouse of all videos related to organ donation and transplantation, including our in-house films and celebrity endorsements, and is updated regularly

5. Myths and Misconception

Misconceptions are an obstacle. False information or myths about organ donation can deter some people from signing up to become organ donors.

One myth is that there already are enough organs for those who need them. Fact is more donors are needed because of a shortage of organs suitable for donation.

- 1: Doctors don't work as hard to save the lives of organ donors.
- 2: Brain death is the same as being in a coma and you're not really dead.
- 3: My religion prohibits organ donation.
- 4: I'm too old to be an organ donor.
- 5: I can't have an open casket funeral if I donate my organs.
- 6: Rich and famous people get preference for donated organs.
- 7: You must be dead to donate an organ.
- 8: My family will have to pay for donating my organs.
- 9: I can only sign up to donate when getting or renewing my driver's license.

Myths and Facts:

1. Myth: Organ Donation Causes Problems with Burial and Funeral Services

Another common fear is that donating organs will in some way alter how remains are handled at the end of life.

Fact: Nothing changes after organ donation. Burial plans and funeral services can still be carried out in the same way they would, had a person not donated their organs, according to Wright. Additionally, organ donation does not prevent a person from having an open casket at their funeral.

2. Myth: It's Difficult to Become an Organ Donor

Fact: Becoming an organ donor is relatively simple and can be done online at the organ donor registry. In addition to the online registry, you can also become an organ donor by selecting “yes” to organ donation when you renew your driver’s license. If you do, it’s important to tell your family about your wishes so they can make the appropriate decision on your behalf if necessary.

6. Advocacy and Support

The two most relevant central government schemes that provide cover for transplant costs are Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (AB PM-JAY) & Rashtriya Aarogya Nidhi (RAN).

Religious Views on Organ Donation

Some cultures give great importance to ancestral traditions and beliefs. They believe there is a transfer of the spirit from the donor to receipt and do special rituals for this process. Asian people have a relatively higher negative attitude about organ donation than other US residents.

- **Tibetan Buddhists** believe the spirit may remain in the body until about a week after death, therefore organ donation can be seen as interfering with the next rebirth. Pure Land Buddhism is a branch of Mahayana Buddhism that is against organ donation.
- There are many references that support organ donation in Hindu scriptures. Daan is the original word in Sanskrit for donation meaning selfless giving. It is also third in the list of the ten Niyamas (virtuous acts). Life after death is a strong belief of Hindus and is an ongoing process of rebirth.
- Equally the Quran says that: 'If anyone saves a life, it is as if he saves the lives of all humankind'. Thus many Muslims understand from this verse that donating one's organs is

a blessed act. In 1995, the Muslim Law (Sharia) Council UK issued a fatwa, religious edict, saying organ donation is permitted.

- The Christian Church encourages organ and tissue donation, stating that individuals were created for God's glory and for sharing of God's love.

Organizations That Can Help for Organ Donation

Gift Your Organ

Gift your Organ Foundation is a registered Charitable Trust conceived in February 2011. The foundation (www.giftyourorgan.org) promotes and educates people on deceased organ donations. The foundation serves to bridge the gap in the functioning between the government, the hospitals and the organ donors. Further, it serves as a national registry for those interested in pledging their organs in the possible event of brain death. This registry is linked to, and has the support of The Zonal Co-ordination Committee for Transplantation in Karnataka (ZCCK) – a Government of Karnataka body

Narmada Kidney Foundation

Narmada Kidney Foundation (NKF) is a registered Non-Governmental Organization (NGO) set up in 1993. Seeing the rising incidence of chronic kidney disease, its devastating medical complications and its economic as well as social implications Dr. Bharat Shah – one of the eminent Nephrologists of Mumbai realized the need to set up the foundation. He set up this Foundation in the year 1993 with the support of like-minded people.

Amit Gupta Foundation

Amit Gupta Foundation is a charitable trust established in November, 2009 in the memory of Late Mr. Amit Gupta for carrying out various charitable and social activities.

Shatayu

Shatayu' is a non-profit organization- a public service initiative by Govindbhai C. Patel Foundation, which is supported by Ganesh Housing Corporation Limited. It was evolved with the twofold objective of increasing awareness about organ donation in India, and broadening the mind-set of people towards the gift of life. it operates from Ahmadabad.

Apex Kidney Foundation

Apex Kidney Foundation is a charitable trust founded in 2008 by a philanthropist and 5 nephrologists. This foundation was started with a two-point agenda – To work towards

prevention of kidney diseases by education the general population and through early detection. Providing support to those who are already inflicted with kidney disease in various ways including improvement in the quality of the care delivered by educating dialysis technicians and doctors, help in running charitable units, encourage kidney transplantation and provide financial and logistic help. Right from the inception, the office bearers of the foundation have been working hard to do whatever possible to achieve this. It maintains swap donation registry in India (ASTRA)

NOTTO

National Organ and Tissue Transplant Organization (NOTTO) is a National level organization set up under Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India located at 4th and 5th Floor of Institute of Pathology (ICMR) Building in Safdarjung Hospital New Delhi.

MOTHER

Multi Organ Transplantation and Human & Educational Research.

MOHAN Foundation

Multi Organ Harvesting Aid Network – Chennai/ Delhi – NCR/ Nagpur/ Coimbatore/ Hyderabad

TANKER

(TAMILNAD KIDNEY RESEARCH FOUNDATION) Tamilnadu

GANADARPAN (Kolkata)

ZCCK

(Zonal Coordination Committee of Karnataka for Transplantation) Karnataka

ZTCC

(Zonal Transplant Coordination Center) Mumbai, Maharashtra

NDTNINDIA

(NATIONAL DECEASED DONOR TRANSPLANTATION NETWORK)

NNOS

(National Network for Organ Sharing)

Support for donor families

Families play a critical role in donation and are offered support from Donate Life during and after donation.

Support services and resources

The National Donate Life Family Support Service supports donor families through providing care, information and answers.

This service includes:

- Support for families during donation
- Reviews from the family after donation
- Written information
- Further contact and support if requested.

Families are able to opt in or out of ongoing contact and support.

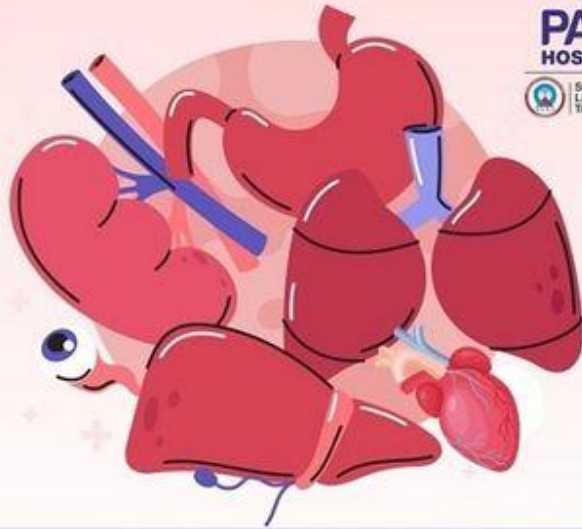
Helpful booklets

The following booklets have been developed to support families involved in donation.

- **The National Donate Life Family Support Service** describes the service in more detail.
- **The Understanding death and donation booklet** helps families understand donation. It contains information on brain death and circulatory death as well as organ and tissue donation. It is available in 11 languages in our community resource library.
- **The In reflection: (Supporting families who have participated in the organ and tissue donation program)** booklet includes information about grief, support services, and the donation process. This booklet is available in 11 languages in our community resource library
- **The In reflection: (For families who have supported eye or tissue donation)** booklet includes information about grief, support services and the tissue and eye donation process.
- **The Counselling support services booklet** provides contact details for support services available in all Australian states and territories. It also provides details of books focused on grief and bereavement care.

WORLD ORGAN DONATION DAY August 13

World Organ Donation Day is an important event observed on August 13 globally to raise awareness about the importance of organ donation & to make people aware of the misconceptions of organ donation.



Hyderabad, Telangana, India

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