

Frequently Asked Questions

1) Does organ / tissue removal affect cremation / burial arrangements or disfigure the body?

Organ and tissue donation doesn't interfere with having an open-casket funeral. The donor's body is clothed for burial, so there are no visible signs of organ or tissue donation. For bone donation, a rod is inserted where bone is removed. With skin donation, a very thin layer of skin similar to a sunburn peel is taken from the donor's back. Because the donor is clothed and lying on his or her back in the casket, no one can see any difference.

2) What is Brain Death?

Like all of our organs, the brain needs a constant supply of oxygenated blood to keep working. When any part of the body is injured it swells. The brain is no different. An injured finger or ankle can keep expanding because there is nothing to restrict it. The brain however, is contained within the rigid skull that limits how much it can expand. As the brain continues to swell, pressure builds up within the skull.

It is this increased pressure within the skull that causes so many damaging and permanent effects:

- The blood and oxygen stop flowing to the brain because the blood vessels get squashed.
- Without the oxygen, brain cells die and cannot re-grow or recover. This may cause further swelling.
- The swelling cause the brain to push down on the brainstem, which is where the spinal cord and the brain join at the back of the neck, and stops the functions of the brain stem.
- The brain stem controls breathing, heart rate, blood pressure and body temperature.

A person who is brain dead cannot and will not ever breathe on their own again. They will never be aware of who or what is around them. They will never feel pain or hope or joy or laughter. They cannot hear, talk, smell, cough or swallow.

Click here for more information on [Brain death](#) (Hyperlink reqd) definition and details.

3) Is there a hospital/medical protocol to declare someone Brain Dead?

There are a number of physical changes in pupil reaction, heart rate, blood pressure and body temperature that are experienced when the brain dies. These changes, together with the loss of other natural responses such as breathing, coughing and blinking, cause doctors to suspect that brain death as occurred.

A number of specific tests are then done to find out whether or not the brain is working. As per the Transplantation of Human Organ Act two clinicians who are experts in the field (like neurologists or neuro-surgeons) are required for brain death certification. The certifying clinicians must have no interest or benefit in any way from transplantation of cadaver donor

organs. They are expected to do two sets of tests six hours apart to certify brain death. One of these two clinicians should be a nominated member from the panel of doctors listed by the State Government for this purpose. The legal time of death in these circumstances is taken as the second set of brainstem death tests.

- 4) How can we be sure the doctors make a genuine attempt to save our life if we are Organ donors?

When you go to the hospital for treatment, doctors focus on saving your life — not somebody else's. You'll be seen by a doctor whose specialty most closely matches your particular emergency. The doctor in charge of your care has nothing to do with transplantation.

- 5) In case of a natural death, what are the parts that can be retrieved ?

In the case of natural death, or death at home, only the Corneas and Skin can be donated. Even this depends on the amount of time that has passed after the death has occurred. As a general rule, the eye bank and the skin bank need to be intimated immediately so that they can arrange for the needful. For more details please refer to the chart in the section: [What can you donate?](#) (Hyper link reqd)

- 6) Who decides the hierarchy of receiving the donated organ?

The government has appointed regional committees that are responsible for the distribution of the harvested organs. Each regional committee has its own set of criteria to set the priority to receive the organ. For example, below is the criteria used by the [ZTCC \(Hyperlink reqd\)](#) in Maharashtra for kidney transplantation.

Priority Criteria:

First: Vascular Access Failure:

(i) Failure of A-V shunt / Fistula / Graft - 0.2 per. Vessel failed (to maximum of 1) score. (ii) Failure of Synthetic graft after multiple vascular access failure 3.0 (score). Those who has had synthetic graft failure without prior A-V fistula failure will continue to get 0.2 per vessel failure. It is mandatory that the patients of multiple access failure will be scrutinized / examined by the Appropriate Authority before the scoring is awarded.

Second: For patients who do not have vascular access problem, the priority level is based on the points as follows:

Priority Criteria	Priority Score
Cytotoxic antibodies	1 for each 10% more that 50%
3 to 5 yrs old	3
6 to 10 yrs old	2
11 to 45 yrs old	1

Period of dialysis	0.1 per each month on dialysis
Previous failed LRDT's	2
HLA match	1 per each antigen match
Identical blood group	3
HLA match	2

Third: Adequacy of dialysis cannot be achieved inspite of proper dialysis schedule due to various medical technical problems - 1.5 points (score)

The harvested kidneys will be distributed as follows:

One kidney will be transplanted to a suitable patient from the hospital where the kidney has been harvested according to the local priority list of that Institution. If the institution harvesting the kidneys has a suitable well matched recipient they are allowed to use the second kidney also. If not, the second kidney will be transplanted to the patient from the local city based waiting list: according to the priority which is put by ZTCC/Appropriate Authority for Organ Transplantation. If there is not suitable recipient in the city waiting list, the second kidney will go to the recipient from the State waiting list. If there is no suitable Maharashtra patient anywhere in the State, the kidney may be transplanted to a non-Maharashtra patient with priority: and after obtaining consent from the ZTCC/Appropriate Authority .

7) What is the legal position of Organ Donation in India?

Organ donation in India is legal. The government of India has enacted the "Transplantation of human organs act 1994" in Feb. 1995, which has allowed organ donation and legalised brain death.

The THO Act restricts the receiving of an organ from a Live Donor to immediate family members only. Cadaevar donations do not have any such restriction.

8) Will the doctor ask the permission of my family when they find a signed donor card from me?

Yes, the final word will be with your family. They will be asked to fill out the relevant forms to confirm that they are willing to donate your organs. They can also specify which organs they would like to donate. This is one of the main reasons we insist that you discuss your wishes to be an organ donor with your family.

9) What if I have a terminal illness? Why would they give someone my body parts if I was very sick before I died?

Very few medical conditions automatically disqualify you from donating organs. The decision to use an organ is based on strict medical criteria. It may turn out that certain organs are not suitable for transplantation, but other organs and tissues may be fine. Don't disqualify yourself prematurely. Only medical professionals at the time of your death can determine whether your organs are suitable for transplantation.

10) Is there any cost to my family for organ donation?

The organ donor's family is never charged for donating. The family is charged for the cost of all final efforts to save your life, and those costs are sometimes misinterpreted as costs related to organ donation.