specific disorder, the stage of registrant’s career, stage of involvement in the programme, insight and motivation. Critical points in the programme include entry, easing of conditions, breach of conditions, return to work after suspension, and exit from the programme. Decision-making at these points takes into account the nature of the impairment. It is time that such policies, guidelines and programmes are developed for impaired physicians in India. It is also time that one re-examines the arrangements in medical colleges and hospitals for the availability of assessment and intervention and students counselling services. Preventive programmes also need to find their place in medical schools. Research in this domain during the past 40 years is the outcome of random survey studies. It has been established that the problem exists. We need to go beyond surveys to research on risk factors and patterns of use as part of a long term, process-based, systematic strategy to effectively address the health of our own colleagues. The article in this issue of the Journal makes precisely this point.

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Organ transplantation in India:
Problems and solutions

Disease patterns are changing all over the world and chronic non-communicable diseases account for higher morbidity and mortality than communicable diseases. The prevalence of chronic kidney disease has been reported to be between 0.78% and 1.39% of the population. Transplantation is the most effective form of replacement treatment, provided a suitable organ donor is available and the patient is fit enough to undergo the procedure. Though in contrast to developed countries the cadaver donor transplant programme is not well organized in India, kidney transplantation is done in large numbers.

In 2007, India had a meagre per capita income of Rs 29 382 per annum (though we boast of being a nuclear power). Obviously, few patients can afford any form of organ replacement therapy that on average costs Rs 250 000. Besides inadequate finance, any organ transplant programme in India faces many problems—ignorance, lack of appropriate organ donors and proper medical facilities. Transplant facilitators, the press and the medical fraternity compound the problem. Ignorance exists even among educated people regarding the seriousness of diseases such as diabetes and hypertension,
which can lead to kidney failure. Many patients do not follow medical advice of planning in advance for transplantation, by identifying and working up a donor even before they reach a stage requiring dialysis. Such preparation can reduce the complications and expenses incurred on dialysis. Moreover, most patients and their families are not aware of the complications which can occur during and after transplantation such as infection and rejection; these can adversely affect both graft and patient survival. Even if they are warned about this, they tend to ignore or fail to understand this. Finance is a major factor in the management of any end-stage organ failure.

Treatment of chronic organ failure is accorded low priority in the public health system due to financial constraints. The approximate cost of live-related kidney donor work up ranges between Rs 30 000 and Rs 40 000. The approximate cost of kidney transplantation would be between Rs 200 000 and Rs 300 000, inclusive of donor and recipient surgery, admission for a week and investigations. Finances for the transplant is arranged through family funds, taking a loan, selling property and/or taking charity. Unfortunately, finance through insurance has not taken off much in India. The cost of immunosuppressive medication ranges between Rs 10 000 and Rs 20 000 per month in the initial stages. The subsequent cost depends upon the course of recovery after transplantation.

Lack of an appropriate organ donor is a frequent problem. The shortage of related donor kidneys, the lack of a deceased donor programme and large scale poverty has led to trafficking in organs. Despite the Transplantation of Human Organs Act enacted in 1994, a large number of ‘commercial’ transplants from unrelated donors are still done in India. Small nuclear families and families with a strong history of diabetes or hypertension, and those whose family members are unwilling to donate due to non-medical reasons desperately need a kidney and turn to the easy option—an unrelated donor. This can be overcome if deceased organ donation is implemented in a proper manner. Since 1994 when the Transplantation of Human Organs Act became law, fewer than 1000 deceased donor transplants have been done in India. The problem with the deceased organ donation programme includes lack of government funding, hospitals not identifying and maintaining brain dead donors and the community being unaware of the concept of brain death. There are also hurdles to sharing organs, mainly between government and private hospitals. Some neurosurgeons and neurophysicians refuse to certify brain death. Though there are a few good public and private tertiary care hospitals with laboratories in cities and a few towns, smaller towns and all villages lack well-equipped hospitals and this has a negative impact on the success of transplantation. This forces the patient to travel a fair distance for testing and check up, adding further to the financial burden.

A ‘transplant facilitator’ is a glorified title given to a person who brokers the deal between a donor and a patient. He/she is the main person in unrelated commercial renal transplantation and this role needs to be strongly condemned. The press seems to be a problem as it only focuses on the negative aspects of transplantation, though it could be a real facilitator for a successful organ donation programme. Many kidney scams have been reported in various newspapers since 1995. These incidents need to be reported but not sensationalized. Had the same energy been spent in educating the public and in promoting deceased organ donation, the scenario in India would have been different. Organ donation as a legitimate therapy for renal failure is rarely discussed in newspapers. Finally, we in the medical profession have to shoulder the blame too. Very few believe in educating the public and their patients regarding health issues.

An organ transplant programme needs determination on the part of all those involved in making such programmes successful. The responsibility rests on society as well as the medical fraternity. The solutions are educating the public, implementing and making changes to the law, promoting deceased organ donations, keeping ‘transplant facilitators’ away and punishing the guilty. Education about organ failure, its prevention, possible solutions and organ donation is urgently needed. This could be through simple lectures at public gatherings, in schools and colleges to students,
and through the print and audiovisual media. We need to harness the strength of icons in Indian society—film personalities, sports persons, politicians and the media—to endorse organ donation. The media can effectively spread the message of organ donation to the masses. Indeed, including the concepts of brain death and organ donation in the high school syllabus would lead to change over time.

Keeping the ‘transplant facilitator’ out of the process should not be difficult. These persons bring disrepute to the whole programme. Implementing the law is possible provided there is a determination to do so. Looking at the recent scams one wonders whether any law exists. The most frequent complaint made by paid donors is regarding non-payment or under-payment for the donated organ. They rarely complain about the removal of the organ since they are willing sellers. Most of the time following such a complaint, the police arrest the transplant physician and/or surgeon. The hospital administrator, the donor himself, the patient and his relations are allowed to go scot free. If the donor and recipient are also held culpable and punished, illegal transplants could surely be reduced and eliminated over time.

The following measures can help in solving non-medical problems in organ transplantation in India:

1. Reducing the shortage of organs by promoting deceased organ donation with presumed consent and by educating the public.
2. Reducing the problem of finances by bringing in insurance, roping in philanthropists, getting some government help and requesting pharmaceutical companies to reduce the cost of medicines (robbing Peter to pay Paul).
3. Strict policing for illegal transplants and punishment of all the persons involved.

It is time that the medical fraternity took a strong stand on this issue and started promoting the concepts of brain death and deceased organ donation.

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The National Medical Journal of India is indexed in Current Contents: Clinical Medicine and Science Citation Index.

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