

The urgent need to democratise India's heart transplant programme

Access to life-saving heart transplant procedures continues to remain limited in many parts of the country. The challenge is not medical; it is logistical, administrative, and social. With proven medical expertise and strong public support, India is well-positioned to expand access and equity in transplants for all those who need it

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One of the major challenges is the retrieval and transportation of organs. Many hospitals have potential donors, but are not designated as Non-Transplant Organ Retrieval Centres (NTORCs), which means they cannot harvest organs or maintain potential donors | Photo Credit: Getty Images/iStockphoto

Heart transplantation is a **life-saving procedure** for patients with end-stage heart failure. While medical advancements have made it a viable long-term solution with high survival outcomes, access to this treatment remains uneven, particularly in east India. The path to democratising heart transplants lies not only in medical capability, but also in streamlining infrastructure, administrative processes, and public awareness.

India's organ transplant system functions through a structured hierarchy - State Organ and Tissue Transplant Organisation (SOTTO), Regional ROTTOs, and the National NOTTO. This network is responsible for maintaining waiting lists, coordinating transplants, and matching organs to recipients. However, logistical and procedural barriers often limit the timely use of available organs, especially hearts, which must be transplanted within four hours of harvest.

Challenges in retrieval and transport

One of the major challenges is the retrieval and transportation of organs. Many hospitals have potential donors, but are not designated as Non-Transplant Organ Retrieval Centres (NTORCs), which means they cannot harvest organs or maintain potential donors. Combined with this is limited air connectivity in east India and long distances from hospitals to airports, creating significant delays in transporting donated hearts. While "green corridors" created by police support ground transport, air travel infrastructure and emergency air evacuation systems need significant enhancement.

The **diagnosis of brain death**, a prerequisite for organ donation, is itself another critical hurdle. Although protocols are well-established, delays can occur due to procedural complexities, limited training in some centres, and the sensitive nature of initiating conversations with families about organ donation. Misunderstanding the concept of brain death and the emotional toll on families often results in missed opportunities for donation. Public education and sensitive communication are essential to increase acceptance and consent for organ donation.

Potential for growth

Despite these systemic challenges, the potential for growth in India's transplant programme is promising. In 2023, over 1.7 lakh people lost their lives in road accidents, and many of these were potential organ donors. Yet, only 221 heart transplants were conducted nationwide, far below the **estimated annual need** of 50,000. Interestingly, surveys show that Indians display a high willingness to donate organs, highlighting a disconnect between public intent and systemic execution.

Bridging this gap requires multi-level interventions - funding for less privileged patients, enhanced training for healthcare professionals, active recipient-donor registries, NTORC recognition for more hospitals, and expanded transport support, including air ambulances. Strengthening these links in the transplant chain can convert more potential donations into actual lifesaving procedures.

The democratisation of heart transplantation is not a medical challenge; it is a logistical, administrative, and social one. With proven medical expertise and strong public support, India is well-positioned to expand access and equity in transplants. By investing in coordinated systems and infrastructure, every heartbeat lost can be turned into a second chance for another.

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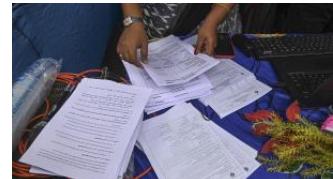
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