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Sir Ratan Tata Trust & Navajbai Ratan Tata Trust

ADVANCED TRANSPLANT COORDINATORS' WORKSHOP

2nd Consultative Meeting

Proceedings

Edited by
Dr. Sumana Navin & Dr. Hemal Kanvinde

30th January 2015, Ramada Egmore, Chennai



ADVANCED TRANSPLANT COORDINATORS' WORKSHOP

2nd Consultative Meeting

PROCEEDINGS

Edited by Dr. Sumana Navin & Dr. Hemal Kanvinde

Organised by MOHAN Foundation

Supported by Sir Ratan Tata Trust & Navajbai Ratan Tata Trust

30th January 2015 - Ramada Egmore, Chennai

This volume contains the proceedings of the Advanced Transplant Coordinators' Workshop held in Chennai on 30th January 2015.

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1. Message and Important Highlights of the Workshop

The second Advanced Transplant Coordinators' Workshop - 2nd Consultative Meeting held at Chennai has been another milestone that focussed on grey areas in the field of deceased donation and provided many learning opportunities to senior transplant coordinators. The objective of this workshop was to look at gaps in the deceased donation programme in India and find solutions to improve the organ donation rate.

The suggestions from the workshop to improve deceased donations in India has all the elements that are required to give a push to this programme. If we were to summarise the reasons as to why the deceased donation transplantation programme has not taken off in India, it would be because not a single person in the hospital takes ownership of this programme and as a result it is treated like an orphan. The programme has worked in hospitals that have 'local champions' and a sterling recent example is the GKNM Hospital in Coimbatore.

Post-mortem in medico-legal cases where organ donation has taken place is a huge challenge in India and not only delays the handing over of the body to the relatives, but also results in losing consented donors. The discussion on post-mortem methods from different states is very revealing and what is urgently required is a consensus meeting on this aspect by the stakeholders.

Brain death is often discussed and there have been some doubts raised recently if the method of testing is fool-proof. Dr. Vijayanand addressed this issue and gave a lucid picture and reaffirmed that only if testing is not done as per laid down guidelines will it result in fallacies. His input about using nuclear scans of brain in this situation helps the relative understand brain death better and has some impact on the result of counselling them for organ donation was a useful tip to the coordinators.

Dr. Satya Sharma's lecture on the British minority communities' problem of low donation rate (4%), but making up to 24% of the kidney waiting list illustrated the challenges in the UK on improving the donation rate. Dr. James Neuberger's overall picture on how the donation rate has improved in the UK over the last few years had many lessons for India to follow and implement. The event of signing of a Memorandum of Understanding with NHS Blood and Transplant (NHSBT) and MOHAN Foundation was the highlight of the workshop. The objective of this signing is to promote collaboration and knowledge sharing between the two organisations with the aim of increasing organ donation rates in India and the United Kingdom.

Sunil Shroff
Managing Trustee
MOHAN Foundation

2. AGENDA

Advanced Transplant Coordinators' Workshop 2nd Consultative Meeting

9.25am - 9.30am	Welcome Address	Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation
9.30am - 10.20am	Problems in Deceased Donation in a Corporate Hospital. What measures can be taken to improve the scenario – Interaction with participants	Moderator - Dr. Sonal Asthana Liver Transplant Surgeon, BGS Global Hospitals, Bengaluru
10:20 am - 11:15 am	Post-mortem in the case of organ donation (Presentation by Transplant Coordinator from each State)	Moderator - Mr. Ramesh Sharma, IPS Director General of Police (Retd)
11.15am - 11.30am	Tea Break	
11.30am -12.30pm	Fallacies in declaring brain death; Difficulties in conducting Apnea test and role of ancillary tests	Dr. Vijayanand Palaniswamy, DCH FRACP FCICM Adult and Pediatric Intensivist GKNM Hospital, Coimbatore
12: 30 pm-1:15 pm	Optimization of potential organ donor (4 scenarios with discussion)	Dr. N. Sridhar Former NHSBT Regional Lead for Organ Donation, Midlands, UK Senior ICU Consultant, Kauvery Hospital, Chennai
1:15 pm - 1.30 pm	Stem Cell donation – Experience of DATRI	Mr. Raghu Rajagopal, CEO, Datri
1:30 pm – 2:15 pm	Lunch	
2.15 pm - 3.15 pm	Ceremony for Signing of MoU between NHSBT, UK and MOHAN Foundation	
3.45 pm – 4.00 pm	The UK Experience in organ donation and transplantation	Prof. James Neuberger Associate Medical Director of NHS Blood and Transplant, UK
4.00 pm – 4.30 pm	Promoting organ donation within Black and Minority Ethnic Communities in UK	Dr. Satya Vrat Sharma, MBE Chair, Promoting Organ Donation, UK
Vote of Thanks		

3. WELCOME ADDRESS

Dr. Sunil Shroff welcomed the transplant coordinators and the speakers. He said that MOHAN Foundation is putting immense effort into bringing together the transplant coordinators of India and giving them a platform to share their experiences and views, which brings along with it new learning. He hoped that this tradition would be adopted by the transplant coordinators and that some of the senior coordinators may be motivated to design and conduct the future meetings.

He touched upon how we need to garner the support of organ recipients to move the programme forward. He said that all hospitals should actively participate in the promotion of organ donation. It is the duty of the transplant coordinator to promote deceased organ donation in their hospital. He looked forward to active participation from the delegates.

4. SESSIONS

I. PROBLEMS IN DECEASED ORGAN DONATION IN A CORPORATE HOSPITAL

Moderator – Dr. Sonal Asthana

Dr. Sonal Asthana began his talk by saying that a deceased organ donor causes a lot of disruption in the normal functioning of a hospital. The donation process interferes with the OT schedules, normal work of the Intensivist and is very taxing to the administration of the hospital. The process of counselling is subjective and open to criticism. A brain dead donation is very high on the media radar. Sometimes this may be a boon in order to promote the cause.

There are no audits of the outcome of transplantations so there is some level of scepticism among the medical community about the therapy. He referred to a recent study which concluded that most of the patients and their families rely on their own funds to support the surgery and the medicines and the high costs eat into the family finances.

There was a discussion on whether to reward the donor families and if so how it should be done.

Feedback from various hospitals was as follows –

BGS Global Hospital - A few months after the donation, the hospital conducts a free medical camp in the residential area of the deceased donor. In this manner it honours the donor and the family.

Gujarat - A kidney of the deceased donor is first offered /given to the relative of the donor if medically suitable.

KG Hospital, Coimbatore – Rewards the family with free tuition for children.

Most of the coordinators thought that there should be some sort of reward to the family – they are so distraught that some compensation would help them.

Dr. Satya Vrat Sharma gave his inputs that in UK the public does want to set up a system of reward to the donor family.

In the United States too there is discussion about some compensation, while in Israel there is a point system that gives highest priority in organ allocation to the family of a donor and a living donor, and the next is for a donor card holding person.

Mr. Sudhir Dewan mentioned that in the Army Command Hospital there is a system of points for the coordinators and after a certain number of points get accumulated, the coordinators get a promotion.

Mr. C. B. Chandrasekaran of KG hospital narrated his experience where a fellow transplant coordinator from the donor hospital was extremely helpful. This transplant coordinator helped him by transporting the organ from Chennai to Coimbatore in order to save time. The person was Mr. F. Sagayam of MIOT Hospital, Chennai.

As a preparatory exercise MOHAN Foundation had asked transplant coordinators to prepare a few suggestions and present their thoughts to their colleagues.

Suggestions sent to MOHAN Foundation to improve Deceased Donation

Mr. Shankarganesh, Transplant Coordinator, Global Hospitals, Chennai

- It would be better to have DONOR DATA SOFTWARE/APPLICATION, which should be a compatible format that can be used in Smart phones, tabs, laptop & Desktop.
- Brain dead DONOR DATA should be stored in TNOS website for future reference.

Mr. Shiva, Transplant Coordinator, KMCH, Coimbatore

- Investigating officer (IO) not aware that Post-Mortem can be done in in-house hospital. It's really challenging to make the police to understand about Post-mortem facility.
- To have a standard cut-off time to start retrieval(share organ team).

Mr. Nethaji. J, Program Manager, Multi Organ Transplantation, SRM Hospitals, Chennai

- Mandatory statistics of brain death identification in private hospitals, at least all the transplant centres to DMHRS office as part of monthly transplant data.
- The deceased donor program to be led by Neurologist group with special recognition for good performance. The monthly report (on number of brain deaths) to be countersigned by the HOD Neurology/Neurosurgeon.

Mr. Saranya. S, Transplant Coordinator, MOHAN Foundation & GMC, Trivandrum

- To improve the deceased donation program is to conduct maximum awareness programmes for both public and medical practitioners like staff nurses, PG doctors, House surgeons etc.
- To promote deceased organ donation through media.

Mr. Prakash K, Transplant Coordinator, MOHAN Foundation & RGGGH, Chennai

- To conduct more CME for Neurology and Intensive care Doctors
- Create awareness for medical & non medical staff in the hospital on the importance of organ donation.
- All the government hospitals should have transplant coordinators and the government should recognise their work.

Ms. Sunitha A T, Transplant Coordinator, MOHAN Foundation & RGGGH, Chennai

- Proper Team (Doctors, Transplant coordinators, Staff Nurses, technicians, workers) should be formed in the Government hospitals for deceased organ donation programme
- Place for counselling & Room for the family.
- If possible simplify the procedures within the hospital.

Mr. Senthil Kumar, Transplant Coordinator, Government Stanley Hospital, Chennai

- Post-mortem to be performed during the night.
- Special quota for the all the Organ Donors' children for education and medical services.
- Clarification on the procedure related to request of donor family to donate the organ to their relatives.

Mr. Jeyabal M, Transplant Coordinator, MOHAN Foundation & RGGGH, Chennai

- Post-mortem should be performed as soon as the retrieval is done.
- A circular/ order by the Health Minister to Police authorities, stating that police personnel should know about the Organ Donation procedure.

Mr. C. B. Chandrasekaran, Transplant Coordinator, K G Hospital, Coimbatore

- What is to be done when some hospitals consistently do not encourage brain death certification and donor organ harvesting? Some hospitals consistently get the “Shared – Kidney” but do not contribute to the donor pool. To encourage organ transplantation, it is the duty of the CTP to evolve the mechanism to encourage brain death certification and organ harvesting from these hospitals.
- Increasingly the airport officials are denying smooth transit of harvested organs as they are unaware of organ transport policies by air. We have to liaison with the air control and airport security personnel to streamline the process of organ transit by air.

II. POST-MORTEM IN THE CASE OF ORGAN DONATION

Moderator - Mr. Ramesh Sharma

Mr. Ramesh Sharma started the session by recounting that the Transplant coordinators should know the law perfectly and should always work within the rules. He said that the police will work only from the point of view of upholding the law. He said that all the coordinators should know the existence of the forensic labs, where samples can be given in case the government hospital is unable to take care of the sample. He said that brain death of a young married woman should be looked upon with greater care, since there is an anti-dowry law for a woman within 7 years of her marriage. Mr Sharma requested all delegates to learn about this law also.

Post-mortem (PM) is done to find the cause of death, in case the cause is not clear or suspicious the investigating officer will ask the forensic doctor to conduct the PM. He believed that during PM opening of skull and examination of the brain tissue has to be mandatory for cases of organ donation. Dr. Vijayanand also seconded this viewpoint, saying that examination of the brain tissue will help in understanding the cause and effect of the brain injury. It will be possible to give additional information to the family about the patient.

In the discussion all the transplant coordinators felt that PM is one of the reasons for delay in giving the body to the family.

Whether it was essential that the PM be done was discussed. Senior transplant coordinators felt that it was essential and the process should not be removed. To enable the coordinator to hand over the body next morning, the retrieval time can be modified to afternoon, so that after retrieval, the body can be sent for PM in the morning and then handed over to the family by noon.

Nearly all Forensic doctors opened the skull during PM and nearly all the PMs were done during daylight. Only in the states of Andhra Pradesh and Karnataka, PM is done after daylight only for organ donation cases.

MOHAN Foundation initiated a short study on 'PM in case of organ donation'. All transplant coordinators were sent a set of queries to be discussed with their forensic medicine doctors. The results of the study are given in the table.

QUESTION	KERALA	TAMIL NADU	ANDHRA PRADESH	MAHARASHTRA	KARNATAKA
Delay in handing over the body due to post - mortem?	Yes	Yes	No	Yes	Yes
Post- mortem waived off? Do you know any of the hospitals where PM is waived off?	No	No	No *It is conducted at the same time of harvesting organs and a forensic expert would be present during harvesting	No	No
Post-mortem done with or without opening the skull?	Skull is opened	Skull is opened	Skull is not opened	Skull is opened	Skull is opened
Does Post-mortem report play an important role for claiming insurance?	Yes	Yes	Yes	Yes	Yes
Does your hospital perform post-mortem after sunset?	No	Govt. Hospitals – No	Yes	No	Yes

(Source – Kerala – Saranya S; Tamil Nadu – Nethaji J, F. Sagayam, Senthil Kumar, Sunitha A T, Prakash K, Jeyabal M; Andhra Pradesh – Dr. Bhanu Chandra; Maharashtra – Bulu Behera, Kanchan Shewde; Karnataka – Akshatha Gowda)

III. FALLACIES IN DECLARING BRAIN DEATH

Speaker – Dr. Vijayanand Palaniswamy

Dr. Vijayanand started by mentioning films which had some component of brain death and organ donation. He gave examples of 'Seven Pounds,' 'The Island' and 'John Q.'

He said that some movies depict the concept clearly, but many may leave a lot to the imagination of the viewer. Similarly China's record of using death penalty prisoners as organ donors has not helped the cause of organ donation. **He said that in 6 years, from 2000 to 2005, China was unable to account for the source of 41,500 organ transplants (Kilgour-Matas report).**

The greatest fear that families have is whether their religion permits organ donation. With leaders of different faiths speaking for organ donation, like the Pope endorsing the concept of deceased organ donation and the fatwas of UK and Saudi Muslim leaders, it helps in convincing the families for organ donation.

The neurological criteria of death are not understood by the layman. Families are already under severe stress and they cannot comprehend brain death. He said he uses visual evidence of absent intracranial blood flow on nuclear imaging to make the families understand brain death. Though this is an ancillary test and costs around Rs 3500.00 if it helps the family to understand that their loved one is no more, then the effort and money spent is worthwhile. He said that even though spinal reflexes can be distressing muscle relaxants must not be used during testing for brain death.

IV. OPTIMISING POTENTIAL ORGAN DONORS

Moderator – Dr. N. Sridhar

Dr. Sridhar began by listing the steps in organ donation as recognition and referral, approach and consent from family, certification of brain-stem death and donor optimisation.

In donor optimisation, once the patient is declared brain-stem dead the focus of management moves from protection of the brain to improving the number and functioning of transplantable organs. He showed a study which concluded that a few centres in the UK did well and provided around 25% of the donors. Thus the challenge was to tell the other centres to follow the systems laid out by the ICUs that produced these donors.

He quoted a few studies that showed which drugs used in donor maintenance gave better quality organs. He related the changes that occur in a brain-stem dead donor and how these changes have to be managed for best possible results. He touched upon cardiovascular management, respiratory management, renal and electrolyte management, hormonal management, blood and coagulation management.

He also spoke about Donation after Circulatory Death. He said that in the UK there has been a steady increase in donations of this type.

V. PERIPHERAL BLOOD STEM CELL DONATION AND TRANSPLANT

Speaker - Mr. Raghu Rajagopal,

Rapporteur- Dr. Hemal Kanvinde

This was a new topic introduced to the transplant coordinators this year.

Mr. Raghu Rajagopal introduced his organisation. He said that Datri is a non-profit organization that has been set up to help save lives of those suffering from life-threatening disorders like leukemia, lymphoma etc.

With very few registered donors available in India, the possibility of finding a match for an Indian anywhere in the world is very bleak. He explained how Datri is working towards creating a wide and diverse database of potential donors that can be accessed by any patient, living anywhere in the world, in need of a stem cell transplant. There are over 50 donor registries & more than 18.5 million registered donors across the globe, with very few Indians being a part of it. This reduces the chances of finding a possible match for a patient of Indian origin.

For a successful transplant, the patient's genetic typing needs to closely match with that of the donor. Every patient has a 25% chance of finding a match within the family. However the rest of the patients do not find a suitable donor within the family. In such cases, there is a need to find an unrelated donor or a cord blood unit.

India is in real need of a functional registry with donors belonging to diverse ethnic backgrounds. A patient is more likely to find a possible match within his/her race/ethnicity, (i.e.) with people sharing the same cultural linguistic, biological traits etc. With the efforts of Datri nearly 70,000 Indians have registered as donors. The registry follows the guidelines and standard set by the world body – World Marrow Donors Association, (WMDA).

Peripheral blood stem cells (PBSC) obtained from circulating blood can also be used instead of bone marrow cells. The amount of stem cells found in the peripheral blood is much smaller than the amount of stem cells found in the bone marrow. PBSC transplants have shown faster recovery when compared to bone marrow transplants.

He explained that Datri has joined hands with major hospitals in India where the apheresis takes place. In PBSC procedure, blood is drawn from a vein from one arm and is passed through a machine that removes the blood-forming cells. Rest of the blood is returned through a vein into the other arm. The procedure to donate PBSC takes approximately 4-6 hours.

He thanked the organisers and Datri set up a pledging counter. Many transplant coordinators took the pledge to become stem cell donors.

VI. PROMOTING ORGAN DONATION IN MINORITY ETHNIC COMMUNITIES IN UK

Speaker - Dr. Satya V Sharma

'IF IT'S OK TO RECEIVE - IT'S OK TO GIVE' was the theme of his talk. This session was all about the Asian people living in Europe especially in UK. Dr. Satya Sharma began with a donor story and then traced how it is difficult for patients from Black, Asian and Minority Ethnic (BAME) communities to receive an organ.

He provided the statistics of the people who are in need of organs in UK and how it could be facilitated. **He said that of the 8,000 patients listed on the waitlist in Wales, 1500 are of Asian origin. And that Asians are three times more likely to need organ replacement and that organ transplant from an Asian to another Asian would be more successful.**

He said that though 12.8% of the total population was BAME they comprised 24% on the waitlist. And of the deceased donors BAME contributed only 4.2%. Nearly 60% of Caucasian/white families consented to donation, while only 35% of BAME families did so. Thus an Asian patient needs to be longer on the waitlist for a transplant.

He touched upon the myths among the Asian population. Most of the Asians feared that proper treatment may not be given when the doctor learns that the patient is a registered donor. They also believe that the sanctity of the body will be violated and the body may be mutilated during the donation.

He was of the opinion that the needs of BAME patients must be addressed at the earliest.

There was a discussion on whether the opt-out system would help these patients. Dr Sharma said that if presumed consent becomes mandatory, there are estimates that within the first year the waitlist in UK would decrease by 50% and in the next year there would be no reason for a waitlist. At the moment Wales has a soft opt-out option operating.

VII. UK EXPERIENCE IN ORGAN DONATION AND TRANSPLANTATION

Speaker - Dr James Neuberger

Rapporteur: Ms. Akshatha Gowda

He gave an overall picture of the transplant situation in UK. NHS Blood and Transplant (NHSBT) is the authority to manage all transplant related work in the UK. It controls activity of more than 35 transplant centres. He enumerated how the Health Department took a national approach which was well funded and based on the **recommendations of the Organ Donation Task Force**. They have developed a pathway of actions after deliberations. And this pathway is followed by all recognised transplant centres for Donation after Brain-stem Death (DBD) and for Donation after Circulatory Death (DCD).

The NHSBT established a system of Lead Doctors for organ donation and Specialist Nurses for Organ Donation. Dedicated Organ retrieval teams were established so that time was saved. These retrieval teams work round the clock. The entire UK was divided into zones with a single person in charge of each zone. Apart from these administrative changes, all clinical staff and nurses involved in organ donation were trained in the process and with skills of counselling etc. All the uncertainty regarding ethical, legal and procedural were explained in these trainings.

Guidelines to ensure that all likely brain-stem deaths are tested and certified, guidelines on the process and protocols within hospitals were established. Coroners who play a key role in sanctioning donation were provided with information about organ donation and a set of guidelines were developed for them in cases of organ donation.

The donor and the family were recognised for their benevolence. This was part of a greater approach to involve the public to discuss organ donation. These were local and national campaigns, transplant week and focus on specific communities who have greater susceptibility for organ failure.

All these efforts have led to an increased number of pledges for organ donation. Now the NHSBT plans to focus on increasing the number and improve the quality of transplants. A lot needs to be achieved for the patients suffering from organ failure. The program should receive appropriate funds, have a national approach and be in collaboration with all stakeholders.

5. MoU BETWEEN MOHAN FOUNDATION AND NHS BLOOD AND TRANSPLANT, UK

MOHAN Foundation signed a landmark Memorandum of Understanding (MoU) with NHS Blood and Transplant (NHSBT), UK on 30th January 2015 at the culmination of the Advanced Transplant Coordinators' Workshop – 2nd consultative meeting for senior Transplant Coordinators in Chennai. The MoU was signed in the presence of Dr. J. Radhakrishnan, IAS, Principal Secretary, Health and Family Welfare, Government of Tamil Nadu. The objective is to promote collaboration and knowledge sharing between the two organisations with the aim of increasing organ donation rates in India and the United Kingdom. The signatories of the MoU were Prof. James Neuberger Associate Medical Director for Organ Donation and Transplantation, NHSBT and Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation.

The MoU signing ceremony was witnessed by a number of dignitaries including

Dr. Satya Vrat Sharma, MBE, Chair, Promoting Organ Donation (POD), UK

Dr. N. Sridhar, Former NHSBT Regional Director for Organ Donation, Midlands, UK and presently Senior ICU consultant, Intensive Care Unit, Kauvery Hospital, Chennai.

Dr. Samiran Nundy, Emeritus Consultant, Gastroenterology & Liver Transplant, Sir Ganga Ram Hospital, New Delhi

Dr. Christopher Taylor Barry, Liver Transplant Surgeon and Founder bLifeNY, USA and Advisory Board Member, MF.

Dr. J. Amalorpavanathan, Convenor, Cadaver Transplant Program, Govt. of Tamil Nadu

Dr. Georgi Abraham and Dr. George Kurian, Trustees, MOHAN Foundation

Members of National Network for Organ Sharing (NNOS), and many well-wishers of MOHAN Foundation were present on the occasion.

6. LIST OF DELEGATES

Name	Institution - Outstation	Place
Ms. Jasley	Victoria Hospital	Bangalore
Mr. C. B. Chandrasekaran	KG Hospital	Coimbatore
Dr. Gireesh	Apollo Hospital	Hyderabad
Mr. Johnson	Meenakshi Medical Mission Hospital	Madurai
Ms. Vijaya Lakshmi	Meenakshi Medical Mission Hospital	Madurai
Ms. Kannathal	Meenakshi Medical Mission Hospital	Madurai
Ms. Vaishaly Bharambe	Dr D Y Patil Medical College	Pune
Mr. Alagesan	Meenakshi Medical Mission Hospital	Thanjavur
Dr. Rishi Kesavaram	Meenakshi Medical Mission Hospital	Thanjavur
Mr. Lakshmana	Cethar Hospital	Vellore

Name	Institution –Chennai
Ms. Niveditha	Apollo Hospitals
Mr. Senthil Kumar	Stanley Government Hospital
Mr. L. Satish	Fortis Malar Hospital
Mr. F. Sagayam	MIOT Hospital
Ms. Priya Jebakaran	Madras Medical Mission Hospital
Mr. Shridhar	Novartis
Mr. Parameshwaran	Right Hospital

MOHAN Foundation

Name	Place
Ms. Akshatha	Bangalore
Ms. Nilakshi Sharma	Chandigarh
Ms. Sunitha. A.T	Chennai
Mr. Prakash. K	Chennai
Mr. Jeyabal. M	Chennai
Mr. Bhanu Prakash	Hyderabad
Ms. Kanchan Shewde	Nagpur
Mr. Bulu Behera	Nagpur
Ms. Shanthi	Vijayawada

7. LIST OF FACULTY

Name	Institution Outstation	Place
Prof. James Neuberger	Associate Medical Director, NHSBT , UK	London
Dr. Satya Vrat Sharma, MBE	Founding Chair, Promoting Organ Donation, UK	London
Dr. Vijayanand Palaniswamy	G Kuppuswamy Naidu Memorial Hospital	Coimbatore
Dr. Sonal Asthana	BGS Global Hospital	Bengaluru
Dr. N. Sridhar	Kauvery Hospital	Chennai
Mr. Raghu Rajagopal	CEO, Datri	Chennai
Mr. Ramesh Sharma	Trustee MOHAN Foundation	Pune

MOHAN Foundation

Name	Name
Sunil Shroff	Lalitha Raghuram
Sumana Navin	Pallavi Kumar
Shaila Agrawal	Sujatha Niranjana
Hemal Kanvinde	Koti Reddy
Sudhir Dewan	Christopher Barry
K. Raghuram	S. Kavitha
R. Govindasamy	Avinash Ramani



Advance Transplant Coordinators' Workshop – 2nd Consultative Meeting

1. Dr. Sonal Asthana
2. Mr. Raghu Rajagopal
3. Dr. Vijayanand Palaniswamy
4. Ms. Sunitha AT discussing the post mortem procedures
5. Ms. Shanti raising a query
6. Dr. N. Sridhar
7. Mr. Rajagopal receiving a memento from Ms. Shanthi
8. At ease during a break
9. Dr. Sonal Asthana receiving a memento from Ms. Akshatha
10. Mr. F. Sagayam receives an honour for working beyond call of duty for organ donation, from KG Hospital represented by Mr. C. B. Chandrasekaran and Dr. Sunil Shroff.



MoU Signing Ceremony

1. Mrs. Lalitha Raghuram, Country Director, MOHAN Foundation starts with a prayer
2. Dr. J. Radhakrishnan, Secretary, Department of Health and Family Welfare, encourages this joint effort.
3. Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation introduces the work of MOHAN Foundation.
4. Dr. Sunil Shroff and Dr. James Neuberger, Associate Medical Director, NHSBT, UK sign the MoU, Dr. Sumana Navin looks on.
5. The signatories and well wishers of MOHAN Foundation.

Robert N Test left a legacy in 1976 when the concept of organ donation was just catching on. His legacy carries the whole essence of organ donation. It is entitled as "To Remember Me" and it reads as follows:

“At a certain moment a doctor will determine that
my brain has ceased to function and that,
for all intents and purposes, my life has stopped.

When that happens don't call this my **"DEATHBED"**, call it my **"BED OF LIFE"**

and let my body be used by others to lead fuller lives

Give my eyes to a man who has never seen a sunrise,
a baby's face or love in the eyes of a woman

Give my heart to a person whose own heart has caused nothing
but endless days of pain

Give my blood to the teenager who has been pulled from the wreckage of his car,
so that he might live to see his grand children play

Give my kidneys to one who depends on a machine to exist from week to week

Take my bones, every muscle, every fiber and every nerve
from my body to find a way to make a crippled child walk

Explore every corner of my **brain, take my cells** and let them grow
so that someday a speechless boy will shout at the crack of a bat
and a deaf girl will hear the sound of rain against her window

Burn what is left of me

and scatter the ashes to the winds to help the flowers grow

If you must bury something, let it be my faults, my weaknesses
and all my prejudice against my fellowmen

Give my sins to the devil and give my soul to God,

If you do what I have asked,

I WILL LIVE.....FOREVER

MULTI ORGAN HARVESTING AID NETWORK

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