

**UNITE  
FOR  
GOOD**

**Rotary**  
Club of  
**ORGAN DONATION  
INTERNATIONAL**



**LET'S  
INSPIRE !**

Volume: 1 | Issue: 17 | (For Private Circulation) | 24<sup>th</sup> October, 2025

# NEW STEP

**UNITE FOR GOOD** **NANAVATI MAX** Super Speciality Hospital **Rotary Club of ORGAN DONATION INTERNATIONAL** **LET'S INSPIRE !**

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**HEART TRANSPLANTATION**



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International



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Inspire Secretary

**Rtn Prof Dr Lakshmi Goel**  
Club Non-Medical Director

**Time & Date: 8 PM on Sunday 26<sup>th</sup> Oct., 2025**

Watch live on <https://www.youtube.com/@gyan8932>

**THE BEST PORTION OF A GOOD MAN'S LIFE IS HIS LITTLE,  
NAMELESS, UNREMEMBERED ACTS OF KINDNESS AND OF LOVE**

**DONATE ORGANS**

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PUBLISHED ON BEHALF OF INSPIRE PRESIDENT RTN PHF RITIKA GUPTA  
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**FROM THE DESK OF CHIEF MANAGING EDITOR**



**Dear Fellow Rotarians and Esteemed Members,**

The World Health Organisation reports that 1.19 million people lose their lives in road traffic accidents worldwide each year. India, tragically, bears the highest burden of road accident fatalities globally. In 2024 alone, our nation witnessed over 180,000 deaths—nearly one life lost every three minutes.

Against this sobering backdrop, this issue explores a critical question: Should organs from brain-dead patients due to road accidents be considered property of the state? This thought-provoking discussion challenges us to reimagine how we can transform tragedy into hope and save countless lives through systematic organ donation.

Our Club Vice-President, Rtn Hemalatha Bhandari, has contributed a beautiful poem titled “Organ Donation: Best Gift.” I am confident you will find this purposeful verse both moving and inspiring as it captures the essence of Rotary’s commitment to organ donation.

In our popular “Healthy Food–Healthy Organs” segment, we feature a delicious recipe for Non-Fried Samosa—a mouth-watering dish that satisfies our craving for chaat-patta flavours while keeping our health in mind.

Our “Interesting Facts About Our Members” spotlight shines this month on one of our esteemed Charter Members, whose dedication continues to inspire our Club’s mission.

**LIVE FOR OTHERS  
DONATE ORGANS**

**Yours in Rotary,**

**IPP Rtn Lal Goel**

**Chief Managing Editor**

**Founder & Charter President**

# NEW STEP

## ORGANS OF BRAIN-DEAD PATIENTS DUE TO ROAD ACCIDENTS AS PROPERTY OF THE STATE



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### Abstract

In 2024, India recorded over 180,000 fatalities due to road traffic accidents. A significant proportion of these victims could have been declared brain dead had brain death declaration committees been operational across all districts. Given that one brain-dead donor can save up to nine lives through solid organ transplantation and enhance the quality of life for up to 75 individuals through tissue donation, the country could potentially save or improve nearly 720,000 lives annually.

### Introduction

Road traffic accidents (RTAs) represent a major public health crisis in India, claiming more than 180,000 lives in 2024. A considerable number of these individuals sustain irreversible brain injuries, meeting the clinical criteria for brain death. If standardised brain death declaration protocols were implemented nationwide, approximately 40% of these victims could serve as potential organ donors.

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Each brain-dead donor can save up to nine lives through solid organ transplantation (heart, lungs, liver, kidneys, pancreas, intestines) and improve the lives of up to 75 others through tissue donation (corneas, skin, bone, heart valves, tendons). Harnessing this untapped potential could dramatically reduce mortality associated with end-stage organ failure and revolutionise India's transplant landscape.

## Need for Systemic Reform

Establishing a policy framework wherein organs of brain-dead victims of road accidents are treated as a national resource—or property of the state—could promote equitable distribution, ensure transparency, and optimise organ utilisation. Such a paradigm shift would require comprehensive reforms spanning infrastructure development, legislative amendments, financial provisions, and ethical considerations.

## Key Challenges

### 1. Infrastructural Limitations

Currently, only approximately 15% of India's revenue districts are equipped with organ retrieval or transplantation facilities. Critical gaps include insufficient intensive care units capable of maintaining brain-dead donors, a shortage of trained personnel for brain death certification, inadequate cold chain and transportation logistics, and limited transplantation centres. Expansion of retrieval centres and mandatory establishment of brain death certification units in all tertiary hospitals are essential prerequisites for any state-based organ procurement system.

### 2. Legal and Ethical Constraints

The Transplantation of Human Organs and Act (THOA), 1994 (amended in 2011 and 2014) does not permit automatic retrieval of organs from brain-dead individuals without explicit consent from next of kin. Declaring organs as "property of the state" would require fundamental legislative amendments to authorise retrieval, establish an opt-out consent mechanism, define protocols for overriding family

objections, and maintain robust ethical oversight. Since health is a state subject under the Indian Constitution, uniform adoption would require ratification by individual state legislatures. The ethical implications of removing individual and family autonomy must be carefully balanced against potential public health benefits.

### 3. Financial Barriers

Maintaining brain-dead patients in intensive care units until organ retrieval incurs substantial costs, typically ranging from ₹50,000 to ₹200,000 per case. Without government support or insurance coverage, this financial burden falls on grieving families, creating a powerful disincentive for participation. Potential solutions include publicly funded retrieval programs through national health schemes, integration with Ayushman Bharat, Corporate Social Responsibility partnerships, and dedicated budgetary allocations for organ procurement networks.

### 4. Religious and Cultural Considerations

While no major religion explicitly opposes organ donation—most traditions uphold it as an act of compassion—significant cultural barriers persist. Common concerns include misconceptions about disfigurement, distrust of the medical establishment, lack of awareness about brain death as distinct from coma, and cultural emphasis on bodily integrity after death. Comprehensive awareness campaigns, consultation with religious leaders, and culturally sensitive communication strategies are essential to build public trust before policy implementation.

### Discussion

Treating organs of brain-dead road accident victims as property of the state represents an ethically complex yet potentially transformative policy intervention. Nations with presumed consent or opt-out systems, such as Spain, Austria, the UK, and Belgium, have demonstrated substantial improvements in organ donation rates. Spain's donation rate



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of approximately 53 donors per million population stands in stark contrast to India's rate of less than 1 per million population.

Any state-based organ procurement system must be grounded in principles of justice, beneficence, and respect for persons. Safeguards against coercion, exploitation, and discrimination are non-negotiable. A phased rollout, beginning with pilot programs in states with developed transplant infrastructure, would allow for course correction before national expansion. Multi-stakeholder consultation involving NOTTO, SOTTOs, the Ministry of Health, medical associations, legal experts, ethicists, religious leaders, and civil society is imperative.

Mass media campaigns, integration into school curricula, and community-level interventions are essential to shift cultural attitudes. Transparency in outcomes—including public reporting of donation rates, transplant success rates, and adverse events—will be critical to maintaining public trust.

## Conclusion

India confronts an ongoing crisis of organ scarcity that claims tens of thousands of preventable deaths annually, despite possessing one of the world's largest pools of potential organ donors. Declaring organs of brain-dead accident victims as property of the state—within an ethically regulated, legally robust, and culturally sensitive framework—could save hundreds of thousands of lives each year.

This ambitious policy reform requires collaborative action across government agencies, healthcare institutions, professional associations, religious communities, and civil society. While significant infrastructural, legal, financial, and cultural challenges exist, the moral imperative to prevent needless suffering demands bold action. The path forward must balance respect for individual autonomy and family grief with the collective responsibility to save lives when possible. With careful planning, inclusive stakeholder engagement, and unwavering commitment to ethical principles, India can transform tragedy into hope and make the "Gift of Life" a lived reality for its citizens.

# NEW STEP ORGAN DONATION : BEST GIFT

*Listen to the whispered hope,  
Inspire a choice, help families cope,  
Facts replace the fear and doubt,  
Education's power spreading out,  
All of us have seeds to sow,  
For future life, a chance to grow,  
Together, Rotary lends its hand,  
Extending reach across the land,  
Resources shared, awareness bright,  
Making this final gift a light,  
In your kind deed, a legacy is cast,  
New beginnings for a life to last,  
Every pledge saves a soul in time at last.*



**Rtn Hemalatha Bhandari**

## HEALTHY FOOD - HEALTHY ORGANS

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# Non Fried Samosa



Rtn Ruby Agarwal

### Ingredients:

**For the Dough:-** 1/2 cup refined flour

- 1 tsp ajwain (carom seeds)
- 1 tbsp fresh milk malai
- 2 tbsp hung curd
- Salt to taste
- Water as needed for kneading

**For the Stuffing:-**

1-2 potatoes, boiled and roughly mashed & 1/4 cup green peas, boiled

- **Spices:** Cumin seeds, Crushed fennel seeds, coarse Coriander powder, Dry mango powder (amchur), Black pepper powder, Red chili powder, Garam masala and Salt (as per taste)

- **Aromatics:** Grated ginger, Finely chopped green chilies & Fresh chopped coriander



### Instructions:

#### Prepare the Dough:

1. Combine flour, ajwain, and salt.
2. Mix in malai and hung curd until the mixture resembles breadcrumbs.
3. Gradually add water and knead to form a stiff dough.
4. Cover the dough with a moist cloth and let it rest for 20-30 minutes.

#### Prepare the Filling:

1. Roast cumin seeds and add crushed fennel seeds.
2. Sauté ginger and green chilies.
3. Add mashed potatoes and green peas, mixing well.
4. Stir in coriander powder, black pepper, red chili powder, garam masala, amchur, and salt.

#### Assemble and Bake:

1. Divide the dough into small balls.
2. Roll out each ball into a thin circle.
3. Place a spoonful of the filling in the center and fold the dough to form a triangle or cone shape.
4. Seal the edges with water or a flour paste.
5. Brush with oil or ghee and bake in a preheated oven at 180°C for 20-25 minutes or until golden brown.

Enjoy your delicious non-fried samosas with your choice of green and sweet chutney's !



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Charter Member

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**Profession:** Physician-Neurologist

**Family:** wife and two kids- In USA

**Favourite Food:** our Indian vegetarian food

**Favourite Holiday Destination:** India & all Temples

**Favourite Book:** Viswamitra, Pramukhswami

**Favourite Song:** *aey mere vatan me logo*

**Favourite Quote:** *"Truth and Human Service are form of God"*

**Date of Birth:** September 19

**Wedding Anniversary:** August 14

**Your presence on social media:** LinkedIn, X

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**notto.abdm.gov.in**

**(Pledge your Organs to donate only  
after talking to your family members)**