

**പതിമൂന്നാം കേരള നിയമസഭ**

**പതിനൊന്നാം സമ്മേളനം**

നക്ഷത്രചിഹ്നമിടാത്ത ചോദ്യം നം.2348      18.06.2014 - ൽ മറുപടിയ്ക്ക്

**അവയവദാനം പ്രോത്സാഹിപ്പിക്കുന്നതിനുള്ള നടപടി**

<p align="center"><b>ചോദ്യം</b></p> <p><b>ശ്രീ. പി. തിലോത്തമൻ</b></p>	<p align="center"><b>മറുപടി</b></p> <p align="center"><b>ശ്രീ. വി. എസ്. ശിവകുമാർ</b> (ആരോഗ്യവും കുടുംബക്ഷേമവും ദേവസ്വവും വകുപ്പുമന്ത്രി)</p>
<p>(എ) അവയവദാനത്തിന് സന്നദ്ധരായി വളരെയേറെപ്പേരും സംഘടനകളും രംഗത്തുവരുന്നത് ഉപയോഗപ്പെടുത്തി കൂടുതൽ രോഗികൾക്ക് ഇപ്രകാരം ലഭിക്കുന്ന അവയവങ്ങൾ ഉപയോഗിക്കുന്നതിനും അവരുടെ ജീവൻ രക്ഷിക്കുന്നതിനും കൈക്കൊണ്ടിരിക്കുന്ന നടപടികൾ എന്തെല്ലാമാണെന്നു വ്യക്തമാക്കുമോ;</p>	<p>(എ) അവയവദാനത്തിന് സന്നദ്ധരായി വന്നിരിക്കുന്ന വ്യക്തികളും സംഘടനകളും മരണാനന്തര അവയവദാനത്തിനായാണ് സമ്മതപത്രം നൽകിയിരിക്കുന്നത് ഇതിൽ മസ്തിഷ്ക മരണം സംഭവിക്കുന്നവരുടെ അവയവദാനം അടുത്ത ബന്ധുക്കളുടെ സമ്മതത്തോടുകൂടി മാത്രമേ നടത്തുവാൻ സാധിക്കുകയുള്ളൂ. ഇതുവരെ ഏകദേശം നാലു ലക്ഷത്തോളം ആളുകൾ മൃതസഞ്ജീവനിയിൽ അവയവദാന സമ്മതപത്രം നൽകിയിട്ടുണ്ട്.</p>
<p>(ബി) അവയവദാനത്തെ പ്രോത്സാഹിപ്പിക്കുവാനും യഥാസമയം അവയവങ്ങൾ ശേഖരിക്കുവാനും ഇവ രോഗികൾക്ക് പ്രയോജനപ്പെടുത്തുവാനും വേണ്ടി ഈ സർക്കാരിന്റെ കാലയളവിൽ ചെലവഴിച്ച തുകയും അതിലൂടെ രക്ഷിച്ച ജീവനുകളും എത്രയാണെന്നു വ്യക്തമാക്കുമോ;</p>	<p>(ബി) അവയവദാനം പ്രോത്സാഹിപ്പിക്കുന്നതിനും അവയവദാന ശസ്ത്രക്രിയകൾ നടത്തുന്നതിനും വേണ്ടിയുള്ള അടിസ്ഥാന സൗകര്യ വികസനത്തിനായും ശില്പശാലകൾ നടത്തുന്നതിനായും പദ്ധതിവിഹിതമായ അഞ്ച് കോടി രൂപ തിരുവനന്തപുരം, കോട്ടയം, കോഴിക്കോട് മെഡിക്കൽ കോളേജുകളിലേയ്ക്ക് വിഭജിച്ച് നൽകുകയുണ്ടായി. നാളിതുവരെ 71 മസ്തിഷ്കമരണ ദാതാക്കളിൽ നിന്ന് 8 ഹൃദയം, 46 കരൾ, 125 വൃക്കകൾ എന്നിവ മാറ്റിവയ്ക്കുന്നതിലൂടെ 179 രോഗികൾക്ക് പുതുജീവൻ നൽകുവാൻ സാധിച്ചു. തിരുവനന്തപുരം മെഡിക്കൽ കോളേജിൽ 29 വൃക്കകളും, കോട്ടയം മെഡിക്കൽ കോളേജിൽ 2 വൃക്കകളും കോഴിക്കോട് മെഡിക്കൽ കോളേജിൽ 9 വൃക്കകളും ഇതുവരെ മാറ്റിവയ്ക്കുകയുണ്ടായി.</p>

<p>(സി) സർക്കാർ മുൻകൈയെടുത്ത ശേഖരിക്കുന്ന അവയവങ്ങൾ സ്വകാര്യ ആശുപത്രികളിലെത്തുന്ന രോഗികളുടെ ജീവൻ രക്ഷിക്കുന്നതിന് വിനിയോഗിക്കുന്നുണ്ടോ എന്നു വ്യക്തമാക്കുമോ; ഉണ്ടെങ്കിൽ അപ്രകാരം അവയവങ്ങൾ സ്വകാര്യസ്ഥാപനങ്ങൾക്ക് വിട്ടുനൽകുന്നതിനുള്ള മാനദണ്ഡങ്ങൾ എന്തെല്ലാമാണെന്നും നടപടി എന്താണെന്നും വ്യക്തമാക്കുമോ?</p>	<p>(സി) ഉണ്ട്. അപ്രകാരം അവയവങ്ങൾ വ്യത്യസ്തപ്പെടുന്നതിന് വേണ്ടി കേരള ഗവൺമെന്റ് <a href="http://www.knos.org.in">www.knos.org.in</a> എന്ന ഒരു വെബ്സൈറ്റ് ആരംഭിച്ചിട്ടുണ്ട്. രോഗികൾക്ക് അവരുടെ സൗകര്യങ്ങൾ ട്രാൻസ് പ്ലാന്റേഷൻ അനുമതിയുള്ള ആശുപത്രികൾ മുഖാന്തിരം അവയവദാന ശസ്ത്രക്രിയയ്ക്കായി രജിസ്റ്റർ ചെയ്യാം. ഇതിൽ ആദ്യം രജിസ്റ്റർ ചെയ്യപ്പെട്ട രോഗികൾക്കാണ് മുൻഗണനാക്രമം അനുസരിച്ച് അവയവം നൽകുന്നത്. സർക്കാർ/സ്വകാര്യ ആശുപത്രികളിൽ ശേഖരിക്കുന്ന അവയവങ്ങൾ സർക്കാർ/ സ്വകാര്യ ആശുപത്രികൾക്ക് അനുവദിക്കുന്നത് സംബന്ധിച്ച് വ്യക്തമായ മാനദണ്ഡങ്ങൾ 04.02.2012 ലെ ജി.ഒ. (എം.എസ്) നം.37/2012/ആകവ ഉത്തരവിൽ പ്രതിപാദിച്ചിട്ടുണ്ട്. (പകർപ്പ് അനുബന്ധമായി ചേർത്തിട്ടുണ്ട്)</p>
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must be substantiated with reasons to the Convenor, Cadaver Transplant programme, Kerala when a request is made otherwise. The decision of the Convenor, Cadaver Transplant Programme, Kerala is final.

(v) Any individual needing organ transplant through cadaver organ donation can be registered through only one hospital at a given time. She or he is free to change the registration to any other transplant hospital, but the original date of registration will continue to apply for purposes of prioritization or organ allocation.

3) Following the above criteria for allocation, the organ(s) of the brain dead patient shall be shared in the following order, based on the respective prioritization list.

(i) If there is a patient who is to be a multi organ recipient and a matching organ donor is available, then the multi organ recipient takes precedence over all others on the regular waiting list. The Convenor, Cadaver Transplant program, Kerala will take the appropriate decision regarding allocation criteria when such a situation arises.

(ii) Considering the peculiar nature of certain liver ailments, a provision is made, which is as follows:

4) Potential liver recipients in hospitals are to be listed in one of the two categories namely 'Urgent' or 'Standard'.

(a) Urgent: Those on the urgent list are those who have:

- (i) Hepatic Artery Thrombosis following a liver transplant.
- (ii) Primary Non function of a graft
- (iii) Fulminant hepatic failure.

These conditions do not require a waiting time on the list.

(b) Standard: This list refers to all patients who need a liver transplant but do not fulfill criteria for urgent listing. Patients on the standard list have to be registered for more than 24 hours to be listed in this category.

The Liver is to be allotted to participating hospitals in turn.

*Note: Patients on the urgent list supersede the standard list and the hospital misses its regular turn on the rota.*

(iii) Similarly, potential heart recipients in hospitals are to be listed in one of the two categories namely 'Urgent' or 'Standard'.

(a) Urgent:

- (i) Patients with Left Ventricular Assist Device (LVAD).
- (ii) Followed by patients with Intraaortic Balloon Pump(IABP)

(b) Standard: Sick, but stable patients waiting at home for a heart transplant.

A Heart is to be allotted to participating hospitals in turn.

(iv) Likewise for lungs, prioritization would be made according to the urgency of transplant and allotted to participating hospitals in turn.

(v) For kidneys no out of turn allocation would be permitted and the sharing criteria in the following para shall be followed.

5) Sharing of Organs for waitlisted recipients, retrieved from cadaver donors in Government Institutions will be as follows:

(i) First priority to the list of the Government Hospital where the deceased donor is located, for liver, heart and one kidney. The other kidney would be allocated to the general pool in the priority sequence as listed below.

(ii) Second priority to the combined Government Hospitals list

(iii) Third priority to the combined Private Hospitals list

(iv) Fourth priority to Government Hospitals outside the State, (in order to maximize organ utilization)-provided earlier information and such a request has been registered with the Advisory committee / Convenor, Cadaver Transplant Program, Kerala.

(v) Fifth priority to Private Hospitals outside the State (in order to maximize organ utilization) provided earlier information and such a request has been registered with the Advisory committee / Convenor, Cadaver Transplant Program, Kerala.

6) Sharing of Organs for waitlisted recipients retrieved from cadaver donors in Private Hospitals, which are transplant centres.

(i) First priority to the list within the Private Hospital where the deceased donor is located, for liver, heart and one kidney. The other kidney would be allocated to the general pool in the priority sequence as listed below.

(ii) Second priority to the combined list of Government and Private Hospitals.

(iii) Third priority to Government / private hospitals outside the State, (in order to maximize organ utilization) provided earlier information and such a request has been registered with the Advisory committee/Convenor, Cadaver Transplant Program, Kerala.

(iv) Finally, if the organ(s) remains unutilized by the above criteria, it may be offered to a foreign national registered in Government or private hospital within and then outside the state, provided earlier information and such a request has been registered with the Advisory committee /Convenor, Cadaver Transplant Program, Kerala.

7) Whenever a deceased donor becomes available in a hospital, the concerned hospital shall contact the Transplant Co-ordinator, Government Medical College, Thiruvananthapuram, who will then make allocations based on the above. Non Governmental Organisations promoting organ transplantation may assist the Transplant Co-ordinator, Government Medical College, Thiruvananthapuram to facilitate this arrangement and ensure that most number of cadaver organs donated are utilized to benefit organ failure patients.

8) Considering that a number of practical issues are involved such as

(i) establishing formats and procedures for recipient listing, organ allocation and transfer

(ii) co-ordination between hospitals where donor / recipient are located

(iii) working towards a coordinating body that would be institutionalized and fine-tuning identification criteria to determine the beneficiaries-

(iv) Proposing policy initiatives from time to time.

(v) Need for watching the working of the cadaver organ transplantation program, the Government have decided to form an Advisory committee at the State Level called CTAC that would address the above issues and ensure stability in functioning of the cadaver organ transplant program

9) The Advisory committee shall consist of:

(i) Principal Secretary, Health & Family Welfare Department -- Chairman

(ii) Law Secretary or his nominee -- Member

(iii) One Senior Police Officer of DIG rank nominated by the Director General of Police, Kerala -- Member

(iv) Director of Medical Education -- Member

(v) Director of Health Services -- Member

(vi) Principal, Government Medical College, Thiruvananthapuram -- Member

(vii) Professor & Head of Department, Forensic Medicine, Government Medical College, Thiruvananthapuram -- Convenor

(viii) An NGO to be nominated by the Government -- Member

(ix) One transplant team member from three different private hospitals that currently have largest cadaver donation experience -- Member

10) Besides the CTAC another Committee at the State Level named 'Core Committee for Cadaver Transplantation (CCCT)' will be formed for co-ordination with Non Transplant Organ Retrieval Centres and Organ Transplant Centres engaged in Cadaver Transplant Programme. The composition of the Core Committee for Cadaver Transplantation will be as follows:

- (i) The Director of Medical Education – Chairman
- (ii) The Director of Health Services – Co-Chairman
- (iii) Principal, Government Medical College, Thiruvananthapuram – Member
- (iv) Prof & MoD, Forensic Medicine & Transplant Co-ordinator, Kerala – Convenor
- (v) Core Committee for Cadaver Transplantation can co-opt another member, who is a multi organ transplant expert to assist and advice subject, however to the condition that such a person shall not have any affiliation to any Pvt. Hospital registered as a Organ Transplantation Committee.

11) The Core Committee for Cadaver Transplantation shall in turn nominate four sub-committees to assist in its functioning for

- (i) Liver
- (ii) Heart
- (iii) Kidney
- (iv) other organs- to determine the severity of illness for listing a patient for transplant.

12) The Core Committee for Cadaver Transplantation shall discharge the following functions and responsibilities:

(i) The Core Committee for Cadaver Transplantation is the legal entity authorised with statutory powers under the Transplantation of Human Organs Rules, 1995. It shall act as the Appropriate Authority under the Transplantation of Human Organs Act, 1994.

(ii) Registration of hospitals as Non Transplant Organ Retrieval Centres or Organ Transplant Centres

(iii) Supervision and regulation of the functioning of Non Transplant Organ Retrieval Centres and Organ Transplant Centres, including exercising the powers to suspend the registration in the event of any deviation or misconduct

(iv) Allocation of the organs available from cadavers to the registered patients (recipients) strictly following the priority laid down *ibid*.

(v) Empanelment of specialists, especially in the specialities of Neurosurgery, Neurology and Physicians/Surgeons whose services can be availed by Non Transplant Organ Retrieval Centres or Organ Transplant Centres to be part of the Medical Board for the purpose of declaring brain death.

(vi) Conduct of programmes to raise awareness in general public (Se 3.0.D), such as mass media communication, conduct of annual events, establishing a system of online and postal pledging of organs by willing individuals in a central registry through a Web based portal, and issuing donor cards.

(vii) Any other functions and responsibilities for the effective implementation of Cadaver Transplant Programme.

13) The CCCT will meet as and when required or at least once in every month and will furnish necessary recommendations to the Cadaver Transplant Advisory Committee upon receipt and evaluation of feed back from the Organ Transplant Centres and Non Transplant Organ Retrieval Centers (NTORC), on the modifications if any, as they deem necessary in the implementation of the programme. The Cadaver Transplant Advisory Committee (CTAC) will meet periodically at least once in every 3 months and will review the performance of Core Committee for Cadaver Transplantation, Organ Transplant

Centres and Non Transplant Organ Retrieval Centre and will make appropriate recommendations to Government for modifications in the implementation of the scheme.

(By Order of the Governor)

**RAJEEV SADANANDAN**  
Principal Secretary to Government

To

The Director Medical Education, Thiruvananthapuram  
The Director of Health Services, Thiruvananthapuram  
The Principal, Medical College, Thiruvananthapuram, Kottayam, Alappuzha,  
Thrissur & Kozhikode  
All the District Medical Officers (Through Director of Health Services)  
Stock file/Office Copy

Copy to:

The Private Secretary to Chief Minister  
The Private Secretary to Minister (Health & Family Welfare Department)  
The Private Secretary to Leader of Opposition  
The Personal Assistant to Principal Secretary, Health & Family Welfare Dept.

Forwarded by Order

  
Section Officer

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