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THE LEGAL FRAMEWORK GOVERNING ORGAN TRANSPLANTATION IN INDIA: AN OVERVIEW

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INTRODUCTION AND HISTORICAL EVOLUTION OF ORGAN TRANSPLANTATIONS IN INDIA

One of the most important developments in contemporary medicine is organ transplantation, which significantly increases survival rates and quality of life while providing patients with end-stage organ failure with a life-saving treatment. Organs such the kidneys, liver, heart, lungs, and pancreas, as well as tissues like the cornea, skin, and bone, can now be successfully transplanted thanks to developments in surgical methods, immunosuppressive treatments, and critical care. But these advancements have also brought up difficult moral and legal issues with regard to informed consent, organ distribution, commercialization, donor autonomy, and fair access to healthcare.[1][2]

India has a unique place in the world of transplantation. Because of its cutting-edge medical knowledge and reasonably priced healthcare, it has become a top location for organ transplant surgeries, although it still has a significant organ shortage. The National Organ and Tissue Transplant Organization (NOTTO)[3] claims that the demand for organs greatly outpaces the supply, leading to lengthy waiting times and thousands of avoidable deaths per year. This shortage has historically encouraged the trafficking of illegal organs and the exploitation of

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1 World Health Organization, WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation (2010).

2 Sunil Shroff, *The Bombay Experience with Cadaver Transplant—Past and Present*, Indian Transplant Newsletter.

3 National Organ & Tissue Transplant Organisation (NOTTO), Ministry of Health & Family Welfare, Government of India.

those who are economically vulnerable, underscoring the necessity of thorough legal regulation.[4]

Before the Transplantation of Human Organs and Tissues Act, 1994 (THOTA)[5], there was no consistent legal framework governing donor consent, organ retrieval, or ethical standards; instead, organ transplantation in India was primarily controlled by disjointed hospital practices and administrative guidelines. [6]Even though the first successful kidney transplants were carried out in the late 1960s and early 1970s, brain-stem death was not legally recognized, which limited the donation of deceased organs and kept transplantation limited to a few tertiary hospitals.

The experience of King Edward Memorial (KEM) Hospital in Mumbai[7], one of the first cadaveric transplant centers in India, showed that the development of deceased organ donation was severely hampered by legal uncertainty, poor infrastructure, a lack of public awareness, and families' unwillingness to give consent. Concurrently, the rapid expansion of commercial kidney markets in the 1980s exposed widespread exploitation, forged consent, and organized organ trafficking, making India a major destination for illegal transplant activities.[8]

In its 91st Report, the Law Commission of India[9] acknowledged these issues and suggested laws that would prohibit the commercial sale of human organs, regulate organ transplantation, and recognize brain-stem death. The Transplantation of Human Organs Act, 1994[10], which was later modified as the Transplantation of Human Organs and Tissues Act (THOTA) in 2011, was the result of these recommendations. The Act criminalized commercial organ trafficking, established a thorough legal framework governing organ and tissue transplantation for therapeutic purposes, and recognized brain-stem death.

Since then, the Transplantation of Human Organs and Tissues Rules, 2014, the creation of NOTTO, ROTTOs, and SOTTOs[11], as well as recent policy changes encouraging digital

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[4] Ashutosh A. Naik, *Legal Framework of Organ Transplantation in India: Issues and Challenges*, 10 NIU Int'l J. Hum. Rts. 1002 (2023); Organ Transplantation in India, PubMed Central (PMC).
[5] The Transplantation of Human Organs and Tissues Act, No. 42 of 1994, INDIA CODE (1994).
[6] Sunil Shroff, *The Bombay Experience with Cadaver Transplant—Past and Present*.
[7] Sunil Shroff, *The Bombay Experience with Cadaver Transplant—Past and Present*, Indian Transplant Newsletter.
[8] Organ Transplantation in India, PubMed Central (PMC).
[9] Law Commission of India, *91st Report on Human Organ Transplantation* (1984).
[10] The Transplantation of Human Organs and Tissues Act, No. 42 of 1994, INDIA CODE (1994).
[11] The Transplantation of Human Organs and Tissues Rules, 2014; National Organ and Tissue Transplant Organisation (NOTTO), Ministry of Health & Family Welfare, Government of India.

transplant registries, interstate organ sharing, and increased openness in organ distribution, have enhanced the legal framework. Effective implementation is still hampered by issues like organ shortages, trafficking, unequal infrastructure, and low awareness despite these advancements. This article analyzes the statutory framework under THOTA, critically looks at the development of India's transplantation laws, and assesses the practical, ethical, and constitutional concerns influencing organ transplantation in India.

CONSTITUTIONAL FOUNDATION AND LEGISLATIVE FRAMEWORK GOVERNING ORGAN TRANSPLANTATION IN INDIA

Article 21[12] of the Indian Constitution, which upholds the right to life and personal liberty, provides the legal basis for organ transplantation and donation even though it does not specifically recognize such a fundamental right. The rights to health, access to healthcare, bodily autonomy, privacy, dignity, and informed consent—all of which support India's organ transplantation policy—have been added to Article 21 through judicial interpretation.

The Supreme Court established the idea that access to prompt medical treatment is a fundamental component of Article 21 in Parmanand Katara v. Union of India[13], holding that every medical practitioner's first obligation is to preserve human life. In organ transplantation, when timely medical intervention frequently determines survival, this notion is especially pertinent. In Paschim Banga Khet Mazdoor Samity v. State of West Bengal[14], the Court upheld the constitutional right to healthcare by ruling that inadequate medical facilities constitute a breach of Article 21.

Additionally, the constitutional framework emphasizes informed consent and bodily autonomy. The Supreme Court upheld the requirement that organ donation be voluntary and founded on informed consent in Justice K.S. Puttaswamy (Retd.) v. Union of India[15], acknowledging privacy and decisional autonomy as basic rights.[3] Similar to this, Common Cause v. Union of India[16] strengthened the moral basis of transplantation law by reiterating the constitutional guarantee of human liberty in medical decision-making. Furthermore, Article 14[17] mandates

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[12] INDIA CONST. art. 21.
[13] *Parmanand Katara v. Union of India*, (1989) 4 S.C.C. 286.
[14] *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 S.C.C. 37.
[15] *Justice K.S. Puttaswamy (Retd.) v. Union of India*, (2017) 10 S.C.C. 1.
[16] *Common Cause v. Union of India*, (2018) 5 S.C.C. 1.
[17] INDIA CONST. art. 14.

that limited donor organs be distributed using fair and transparent standards, guaranteeing equity regardless of social class, caste, wealth, or religion.

The Transplantation of Human Organs and Tissues Act, 1994 (THOTA)[18], as revised in 2011 and read with the Transplantation of Human Organs and Tissues Rules, 2014[19], is the main framework of legislation governing organ transplantation. THOTA prohibits commercial transactions in human organs and governs the removal, storage, and transplantation of organs and tissues solely for therapeutic purposes. It was enacted to address the lack of universal regulation and the increasing threat of organ trafficking.

Under Section 2(d) of the Act[20], brain-stem death is legally recognized, allowing deceased organ donation and aligning Indian law with global medical norms. While Section 9 [21] authorizes organ donation by close relatives and requires authorization from the Authorization Committee for contributions by unrelated individuals in order to prevent commercial exploitation, Section 3[22] specifies the requirements for organ retrieval from living and deceased donors. The ethical precept that the human body cannot be seen as a commercial commodity is reflected in Section 19[23], which makes it illegal to buy, sell, broker, or market human organs.

Additionally, THOTA creates a strong institutional structure. While the National Organ and Tissue Transplant Organization (NOTTO), assisted by ROTTOs and SOTTOs, coordinates organ allocation, maintains national waiting lists and donor registries, and encourages deceased organ donation, Appropriate Authorities are in charge of hospital registration, inspections, and Act enforcement. Together, these organizations aim to provide ethical governance, accountability, fair distribution, and openness in India's transplantation system.

CATEGORIES OF ORGAN DONATION, BRAIN STEM DEATH, CONSENT, AND THE INSTITUTIONAL FRAMEWORK UNDER THOTA

A comprehensive legislative framework governing organ donation, transplantation, and institutional supervision is established under the Transplantation of Human Organs and Tissues

[18] The Transplantation of Human Organs and Tissues Act, No. 42 of 1994, INDIA CODE (1994)
[19] The Transplantation of Human Organs and Tissues Rules, 2014, rr. 18–23.
[20] The Transplantation of Human Organs and Tissues Act, No. 42 of 1994, § 2 (d), India Code (1994).
[21] The Transplantation of Human Organs and Tissues Act, No. 42 of 1994, § 9, India Code (1994).
[22] The Transplantation of Human Organs and Tissues Act, No. 42 of 1994, § 3, India Code (1994).
[23] The Transplantation of Human Organs and Tissues Act, No. 42 of 1994, § 19, India Code (1994).

Act, 1994 (THOTA)[24]. The Act, when read in conjunction with the Transplantation of Human Organs and Tissues Rules, 2014[25], aims to prevent organ trafficking while facilitating life-saving transplants by enforcing strict regulations regarding donor eligibility, informed consent, brain-stem death, and regulatory oversight.[26]

Both living and deceased organ donation are recognized by THOTA[27], albeit each is subject to different legal protections. Living organ donation between close relatives, such as parents, children, siblings, spouses, grandparents, and grandchildren, is typically allowed under Section 9.[28] Documentary evidence of a relationship, medical compatibility, and the donor's free and informed consent[29]—which upholds the concepts of bodily autonomy and autonomous decision-making—are all necessary for such contributions.[30]

Prior authorization from the Authorization Committee is required[31] when the donor is not a close relative. Before approving, the Committee looks at the recipient's and donor's relationship, financial situation, supporting evidence, and any signs of commercial consideration[32]. Although this system is crucial to stopping organ trafficking, individuals in need of immediate transplants have occasionally been impacted by delays and inconsistent procedures.[33]

The legal acknowledgment of brain-stem death under Section 2(d) of THOTA[34], which permits deceased organ donation for the first time in India, is a historic aspect of the law. Because only cardio-respiratory death[35] was recognized by law prior to the Act, transplantation primarily relied on living donors. Brain-stem death[3637] certification greatly increases the possibilities for cadaveric transplantation by enabling the recovery of viable organs while maintaining artificial circulation. Through the transplantation of organs including the heart, liver, lungs, kidneys,

[24] Transplantation of Human Organs and Tissues Act, No. 42 of 1994, INDIA CODE (1994).
[25] Transplantation of Human Organs and Tissues Rules, 2014, rr. 18–23.
[26] Government of NCT of Delhi, *Aangdaan: Legal and Ethical Guidelines*; World Health Organization, *WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation* (2010)
[27] THOTA §§ 3, 9
[28] THOTA § 19
[29] Transplantation of Human Organs and Tissues Rules, 2014, rr. 18–23.
[30] Justice K.S. Puttaswamy (Retd.) v. Union of India, (2017) 10 S.C.C. 1.
[31] THOTA § 9(3)
[32] Transplantation of Human Organs and Tissues Rules, 2014, rr. 18–23.
[33] Sunil Shroff, *Legal and Ethical Aspects of Organ Donation and Transplantation*, 25 Indian Journal of Urology 348 (2009)
[34] THOTA § 2(d)
[35] Law Commission of India, 91st Report on Human Organ Transplantation (1984)
[36] THOTA § 3
[37] THOTA § 2(d)

pancreas, and tissues like corneas, skin, bone, and heart valves, a single deceased donor can save several lives.[38]

THOTA mandates strict guidelines[39] for verifying brain-stem death in order to maintain public trust. Only after being certified by a Board of Medical Experts established in compliance with the Act and the 2014 Rules may organs be recovered[40]. Prior to organ retrieval, independent medical certification promotes scientific certainty and reduces conflicts of interest. The Government of the National Capital Territory of Delhi's Aangdaan Guidelines[41] emphasize that organ retrieval can only take place following a legitimate certification of brain-stem death and legal permission.

The 2011 Amendment included human tissues—such as corneas, skin, bone, tendons, ligaments, and heart valves—under the statutory purview of THOTA[42]. This acknowledged the increasing significance of tissue transplantation in curing burn injuries, recovering vision, and enhancing patients' quality of life.[43]

THOTA's efficacy is dependent on a strong institutional structure[44]. As the highest authority, the National Organ and Tissue Transplant Organization (NOTTO)[45] is in charge of keeping up the national organ registry, organizing interstate distribution, overseeing waiting lists, educating transplant specialists, and raising public awareness. Organ procurement and allocation are coordinated at the regional and state levels by State Organ and Tissue Transplant Organizations (SOTTOs) and Regional Organ and Tissue Transplant Organizations (ROTTOs). [46] States like Tamil Nadu have shown that efficient institutional coordination may significantly increase the number of dead organ donors.[47]

Furthermore, Authorization Committees serve as independent oversight bodies[48] for unrelated living donations, guaranteeing that organ transplantation remains voluntary and free from

[38] National Organ and Tissue Transplant Organisation (NOTTO), Ministry of Health & Family Welfare, Government of India.
[39] THOTA §§ 3, 6
[40]Transplantation of Human Organs and Tissues Rules, 2014, rr. 18–2, Form 10
[41] Government of NCT of Delhi, *Aangdaan: Legal and Ethical Guidelines*
[42] Transplantation of Human Organs (Amendment) Act, 2011
[43] NOTTO.
[44] NOTTO.
[45] National Organ Transplant Programme (NOTP), Operational Guidelines.
[46] NOTTO Operational Guidelines.
[47] Sunil Shroff, *The Bombay Experience with Cadaver Transplant—Past and Present, Indian Transplant Newsletter*; Government of Tamil Nadu, TRANSTAN.
[48] THOTA § 9

commercial exploitation, while Appropriate Authorities supervise [49] the registration and inspection of transplant hospitals, enforce compliance with THOTA, and start legal action against violators. When taken as a whole, these statutory organizations support ethical governance, accountability, fair distribution, and openness in India's organ transplantation system.

LEGAL SAFEGUARDS, JUDICIAL DEVELOPMENT, PRACTICAL CHALLENGES, AND ETHICAL CONSIDERATIONS

Through a thorough institutional and legislative framework, the Transplantation of Human Organs and Tissues Act, 1994 (THOTA) aims to both control organ transplantation and stop the commercialization of human organs[50]. Acknowledging that organized trafficking has been fueled by poverty and the growing demand for transplantable organs, the Act takes a rights-based stance that views the human body as incapable of commercial ownership. [51]

The prohibition on the commercialisation of human organs is a crucial safety measure. THOTA's Section 19 [52] makes it illegal to sell, buy, broker, market, or facilitate organ transactions. Donors, recipients, hospitals, doctors, and middlemen engaged in illicit transplantation are all subject to liability." [53] By strengthening sanctions and expanding institutional accountability, the 2011 Amendment reinforced these measures even further[54]. The World Health Organization's Guiding Principles[55] on Human Cell, Tissue, and Organ Transplantation, which emphasize voluntary, unpaid organ donation and forbid profit from the human body, are in line with these protections.

Judicial interpretation of Article 21 has strengthened the constitutionality of India's transplantation policy. The Supreme Court ruled in *Parmanand Katara v. Union of India*[56] that every medical professional's primary responsibility is to preserve human life, and *Paschim Banga Khet Mazdoor Samity v. State of West Bengal*[57] acknowledged that access to quality

[49] THOTA §§ 13–16; Transplantation of Human Organs and Tissues Rules, 2014
[50] Transplantation of Human Organs and Tissues Act, No. 42 of 1994, INDIA CODE (1994)
[51] Sunil Shroff, *Legal and Ethical Aspects of Organ Donation and Transplantation*, 25 Indian Journal of Urology 348, 349–52 (2009)
[52] THOTA § 19
[53] THOTA §§ 19–21
[54] Transplantation of Human Organs (Amendment) Act, No. 16 of 2011
[55] World Health Organization, WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation (2010).
[56] *Parmanand Katara v. Union of India*, (1989) 4 S.C.C. 286
[57] *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 S.C.C. 37

healthcare is a fundamental component of the right to life. The State's duty to provide efficient transplantation infrastructure is supported by these concepts. The Court upheld the voluntary nature of organ donation by recognizing privacy, bodily autonomy, and informed consent as fundamental elements of Article 21 in *Justice K.S. Puttaswamy (Retd.) v. Union of India*[58] and *Common Cause v. Union of India*[59]. Additionally, Aruna Ramachandra Shanbaug v. Union of India [60] clarified the distinction between brain-stem death under THOTA and passive euthanasia, while Mr. X v. Hospital Z[61] established that medical confidentiality may be limited where disclosure is necessary to protect another person's life—a crucial principle in donor screening.

Even with a strong legal framework, execution is still difficult. There is still a major organ scarcity in India[62], with demand far outpacing supply. Research, such as the cadaver transplant experience of Dr. Sunil Shroff in Bombay[63], shows that effective deceased donation requires not only legislation but also public awareness, skilled transplant coordinators, effective organ retrieval systems, and trust in brain-stem death certification. Incidents like the kidney rackets in Delhi (2008) and Gurugram (2016)[64] have brought attention to illegal organ trafficking, which continues to reveal flaws in document verification and enforcement. Equal access is further hampered, especially in rural areas, by administrative delays before Authorization Committees[65], unequal access to transplant facilities, and the high cost of transplantation and lifetime immunosuppressive medication.[66]

Organ transplantation is governed by the ethical precepts of autonomy, beneficence, non-maleficence, and justice in addition to legal regulations.[67] These guidelines call for informed and voluntary permission, the preservation of donor welfare, the reduction of medical hazards, and the fair distribution of limited organs according to medical necessity rather than social or

[58] *Justice K.S. Puttaswamy (Retd.) v. Union of India,* (2017) 10 S.C.C. 1
[59] *Common Cause v. Union of India,* (2018) 5 S.C.C. 1
[60] *Aruna Ramachandra Shanbaug v. Union of India,* (2011) 4 S.C.C. 454

[61] *Mr. X v. Hospital Z,* (1998) 8 S.C.C. 296
[62] National Organ and Tissue Transplant Organisation (NOTTO), Ministry of Health & Family Welfare, Government of India.
[63] Sunil Shroff, *The Bombay Experience with Cadaver Transplant—Past and Present, Indian Transplant Newsletter*
[64] Sunil Shroff, *Legal and Ethical Aspects of Organ Donation and Transplantation,* 25 Indian Journal of Urology 348 (2009)
[65] Sunil Shroff, *Legal and Ethical Aspects of Organ Donation and Transplantation,* 25 Indian Journal of Urology 348 (2009)
[66] NOTTO.
[67] Tom L. Beauchamp & James F. *Childress, Principles of Biomedical Ethics* (8th ed. 2019).

economic standing. THOTA aims to balance individual autonomy[68] with the larger public interest in advancing moral and just organ transplantation through mandated consent procedures, a ban on commercialization, institutional control by NOTTO, and independent Authorization Committees.

CRITICAL EVALUATION

India has created one of the most extensive legal systems governing organ transplantations in South Asia, over thirty years after the Transplantation of Human Organs and Tissues Act, 1994 (THOTA)[69] was passed. The Act made transplantation a structured legal procedure based on informed consent, institutional control, ethical governance, and the outlawing of the commercial organ traffic. Previously, transplantation was a largely unregulated medical practice. However, this framework's efficacy rests not only on its legislative design but also on how well it is implemented and how well it can handle changing social and medical issues.

THOTA's stringent prohibition on commercial organ trafficking[70] is one of its most notable accomplishments. The legislation greatly reduced the organized kidney trade that afflicted India prior to 1994 by making the sale and purchase of human organs illegal, imposing severe penalties, requiring transplant hospitals to register, and creating Authorization Committees and Appropriate Authorities. Its acknowledgment of brain-stem death[71], which permitted the donation of deceased organs and brought Indian legislation into compliance with globally recognized medical norms, is equally significant. Coordination, organ distribution, and regulatory supervision have all been improved by the establishment of NOTTO, ROTTOs, and SOTTOs.[72]

Even with these successes, there are still many obstacles to overcome. Long waiting lists and avoidable fatalities are caused by India's ongoing chronic organ shortage[73]. Due to the relatively low rates of deceased organ donation, the transplantation system is still largely dependent on living donors. Despite statutory recognition under THOTA, cadaveric

[68] Government of NCT of Delhi, *Aangdaan: Legal and Ethical Guidelines*; World Health Organization, *WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation* (2010)
[69] Transplantation of Human Organs and Tissues Act, No. 42 of 1994, INDIA CODE (1994)
[70] THOTA §§ 9, 13–16, 19–23
[71] Transplantation of Human Organs and Tissues Act, 1994, § 2(d)
[72] NOTTO.
[73] National Organ and Tissue Transplant Organisation (NOTTO), *National Organ Donation and Transplant Programme Statistics*

transplantation[74] is nevertheless restricted by public misconceptions about brain-stem death, cultural reluctance toward posthumous giving, and low awareness.

The continued existence of clandestine organ trafficking [75] further demonstrates the shortcomings of legislation change on its own. Even though THOTA imposes severe punishments, instances like the kidney rackets in Delhi (2008) and Gurugram (2016) show that organized crime networks, falsified family links, and fraudulent papers continue to evade legal protections. Stronger verification procedures, coordinated investigations, and more interagency cooperation are consequently necessary for effective enforcement.

Implementation is further impacted by infrastructure and administrative shortcomings[76]. Life-saving procedures may be delayed by delays before Authorization Committees, and modern transplant centers are still primarily located in urban areas due to differences in healthcare infrastructure. Stronger public healthcare support is necessary since the high cost of transplantation and lifelong immunosuppressive medication limit access for patients with lower incomes.

RECENT POLICY DEVELOPMENTS

The Indian government has implemented significant changes to increase accessibility and openness in response to these issues. The Ministry of Health and Family Welfare[77] eliminated domicile-based limitations and the upper age limit for organ transplant registration in 2023. This allowed patients to register for transplants from any state and promoted fair organ distribution through a nationwide waiting list.

By boosting NOTTO's national registry [78], digitally curated waiting lists, and real-time interstate coordination, digital governance has also grown, improving openness and decreasing organ allocation arbitrariness. Additional programs supporting Green Corridors [79] have enhanced organ transportation speed, decreased ischemia time, and increased transplant results.

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[74] Sunil Shroff, *The Bombay Experience with Cadaver Transplant—Past and Present, Indian Transplant Newsletter*

[75] Sunil Shroff, *Legal and Ethical Aspects of Organ Donation and Transplantation,* 25 Indian Journal of Urology 348 (2009)

[76] NOTTO.

[77] Ministry of Health & Family Welfare, Government of India, *National Organ Transplant Programme—Policy Reforms* (2023).

[78] NOTTO.

[79] National Organ and Tissue Transplant Organisation (NOTTO), *National Organ Transplant Programme Guidelines.*

More people are participating in organ and tissue donation programs as a result of administrative changes that make tissue donation easier, especially corneal donation.[80]

RECOMMENDATIONS

India has a strong legal system, however there are a few ways to make it more effective:

- Raise public awareness[81] by promoting dead organ donation and debunking myths about brain-stem death through ongoing nationwide campaigns including academic institutions, medical professionals, civil society organizations, and local leaders. Standardise the functioning of Authorisation Committees by adopting uniform Standard Operating Procedures, fixed timelines, and transparent decision-making across all States.
- To combat fraud and prevent organ trafficking, strengthen digital verification systems[82], including safe integration of hospital databases and identification verification (with suitable privacy safeguards).
- Increase funding for transplant centers[83], critical care units, tissue banks, qualified transplant coordinators, and retrieval teams, especially in underprivileged areas, in order to expand the transplantation infrastructure.
- Increase financial accessibility[84] by extending coverage under programs like Ayushman Bharat to encompass post-operative care, lifetime immunosuppressive medication, and transplantation operations.
- Review THOTA on a regular basis to address new discoveries while upholding ethical standards, such as regenerative medicine, xenotransplantation, artificial organs, and artificial intelligence-assisted organ allocation.

CONCLUSION

By establishing a comprehensive legal framework that controls transplantation, acknowledges brain-stem death, forbids commercial organ trafficking, and creates institutional mechanisms to guarantee transparency and ethical governance, the Transplantation of Human Organs and

[80] Government of NCT of Delhi, *Aangdaan: Legal and Ethical Guidelines.*
[81] Government of NCT of Delhi, *Aangdaan: Legal and Ethical Guidelines*
[82] Ministry of Health & Family Welfare, Government of India
[83] NOTTO.
[84] Ministry of Health & Family Welfare, Government of India, *Ayushman Bharat—Pradhan Mantri Jan Arogya Yojana*

Tissues Act, 1994[85] represents a significant advancement in Indian medical jurisprudence. The constitutional principles of life, dignity, privacy, bodily autonomy, and access to healthcare that form the foundation of transplantation law have been further strengthened by judicial interpretation of Article 21, especially in cases like Parmanand Katara[86], Paschim Banga Khet Mazdoor Samity[87], Justice K.S. Puttaswamy[88], and Common Cause[89].

However, recurrent organ shortages, trafficking, inequalities in infrastructure, and financial obstacles cannot be solved by legislation alone.[90] Stronger enforcement, better healthcare facilities, technology advancement, increased public knowledge, and ongoing policy reform are all need to create a fair and efficient transplantation system. To fulfill the constitutional promise of safeguarding life while guaranteeing that organ transplantation stays open, accessible, and free from exploitation, a balanced strategy combining legislative control with moral medical practice and institutional accountability is crucial.

[85] Transplantation of Human Organs and Tissues Act, No. 42 of 1994, INDIA CODE (1994)
[86] *Parmanand Katara v. Union of India*, (1989) 4 S.C.C. 286
[87] *Paschim Banga Khet Mazdoor Samity v. State of W.B.*, (1996) 4 S.C.C. 37
[88] *Justice K.S. Puttaswamy (Retd.) v. Union of India*, (2017) 10 S.C.C. 1
[89] *Common Cause v. Union of India*, (2018) 5 S.C.C. 1
[90] National Organ and Tissue Transplant Organisation (NOTTO); Sunil Shroff, *Legal and Ethical Aspects of Organ Donation and Transplantation*, 25 Indian Journal of Urology 348 (2009)