



INTERNATIONAL LAW
JOURNAL

**WHITE BLACK
LEGAL LAW
JOURNAL
ISSN: 2581-
8503**

Peer - Reviewed & Refereed Journal

The Law Journal strives to provide a platform for discussion of International as well as National Developments in the Field of Law.

WWW.WHITEBLACKLEGAL.CO.IN

DISCLAIMER

No part of this publication may be reproduced, stored, transmitted, translated, or distributed in any form or by any means—whether electronic, mechanical, photocopying, recording, scanning, or otherwise—without the prior written permission of the Editor-in-Chief of *White Black Legal – The Law Journal*.

All copyrights in the articles published in this journal vest with *White Black Legal – The Law Journal*, unless otherwise expressly stated. Authors are solely responsible for the originality, authenticity, accuracy, and legality of the content submitted and published.

The views, opinions, interpretations, and conclusions expressed in the articles are exclusively those of the respective authors. They do not represent or reflect the views of the Editorial Board, Editors, Reviewers, Advisors, Publisher, or Management of *White Black Legal*.

While reasonable efforts are made to ensure academic quality and accuracy through editorial and peer-review processes, *White Black Legal* makes no representations or warranties, express or implied, regarding the completeness, accuracy, reliability, or suitability of the content published. The journal shall not be liable for any errors, omissions, inaccuracies, or consequences arising from the use, interpretation, or reliance upon the information contained in this publication.

The content published in this journal is intended solely for academic and informational purposes and shall not be construed as legal advice, professional advice, or legal opinion. *White Black Legal* expressly disclaims all liability for any loss, damage, claim, or legal consequence arising directly or indirectly from the use of any material published herein.

ABOUT WHITE BLACK LEGAL

White Black Legal – The Law Journal is an open-access, peer-reviewed, and refereed legal journal established to provide a scholarly platform for the examination and discussion of contemporary legal issues. The journal is dedicated to encouraging rigorous legal research, critical analysis, and informed academic discourse across diverse fields of law.

The journal invites contributions from law students, researchers, academicians, legal practitioners, and policy scholars. By facilitating engagement between emerging scholars and experienced legal professionals, *White Black Legal* seeks to bridge theoretical legal research with practical, institutional, and societal perspectives.

In a rapidly evolving social, economic, and technological environment, the journal endeavours to examine the changing role of law and its impact on governance, justice systems, and society. *White Black Legal* remains committed to academic integrity, ethical research practices, and the dissemination of accessible legal scholarship to a global readership.

AIM & SCOPE

The aim of *White Black Legal – The Law Journal* is to promote excellence in legal research and to provide a credible academic forum for the analysis, discussion, and advancement of contemporary legal issues. The journal encourages original, analytical, and well-researched contributions that add substantive value to legal scholarship.

The journal publishes scholarly works examining doctrinal, theoretical, empirical, and interdisciplinary perspectives of law. Submissions are welcomed from academicians, legal professionals, researchers, scholars, and students who demonstrate intellectual rigour, analytical clarity, and relevance to current legal and policy developments.

The scope of the journal includes, but is not limited to:

- Constitutional and Administrative Law
- Criminal Law and Criminal Justice
- Corporate, Commercial, and Business Laws
- Intellectual Property and Technology Law
- International Law and Human Rights
- Environmental and Sustainable Development Law
- Cyber Law, Artificial Intelligence, and Emerging Technologies
- Family Law, Labour Law, and Social Justice Studies

The journal accepts original research articles, case comments, legislative and policy analyses, book reviews, and interdisciplinary studies addressing legal issues at national and international levels. All submissions are subject to a rigorous double-blind peer-review process to ensure academic quality, originality, and relevance.

Through its publications, *White Black Legal – The Law Journal* seeks to foster critical legal thinking and contribute to the development of law as an instrument of justice, governance, and social progress, while expressly disclaiming responsibility for the application or misuse of published content.

GENDERING ORGAN DONATION

AUTHORED BY - SHUBHANGI KULSHRESTHA

ABSTRACT

The National Organ and Tissue Transplant Organization (NOTTO) statistic report from 2019 to 2023 states that 63.8% of living organ donors are female, while 70% of organ recipients are male. (National Organ and Tissue Transplant Organization. (2024). Organ donation and transplantation in India: Annual report 2023–2024. Ministry of Health and Family Welfare, Government of India). However, gender disparity under organ donation is not only limited to India itself, but according to many surveys, it is identified all over the world. Various studies around the world show the predominance of women in living organ donation. The major question raised here is why? What are the factors that lead to inequality among genders on the basis of organ donation? Obtaining the consent of the organ donor is the significant part of the procedure for organ transplantation, and if women contribute a large share of living organ donations, what if their own consent is circumstantial-based, or what if there is some sort of bluff existing in the donor's approval? What if the procedures that seem lawful are not actually lawfully conducted? If one of these situations is correct, then the data from all over the world related to organ donation carries many flaws because it seems like lawful organ donation, but in reality, it induces much unlawfulness and bias. Further, the paper is going to discuss various factors of circumstantial consent given by an individual on the basis of their gender for organ donation.

POLITICS OF ALTRUISM

According to Baston, altruism is an act of helping the other person even if it involves some cost to that person (Batson and Shaw, 1991). Fuentes specified altruism as a voluntary act without any expectation of external benefit in return (Fuentes, Lopez, Etxebarria, Ledesma, and Apocada, 2014). The Medicine, Health Care and Philosophy report (2002; 5:199-203) emphasized that women's altruism shouldn't be encouraged; there is a requirement to examine the approximate basis for the existing sexism in living organ donation and also investigate the issue of unfair pressure on vulnerable groups. According to various studies, in organ donation "altruism" plays a vital role behind the motivation of the donor, which is also connected to the social and cultural sphere. (Pérez Fernández, M., Martínez Miguel, P., Ying, H., Valeri, A. M.,

Butala, N., Srivastava, A., & Mohan, S. (2019). Comorbidity, frailty, and waitlist mortality among kidney transplant candidates of all ages. *American Journal of Nephrology*, 49(2), 103–110). It highlights the importance of altruistic nature in an organ donor, but a vital feature of altruism emphasized that it should be voluntary in nature. However, when the altruistic nature of an individual is influenced by the internalization of deep-rooted sexism in society, it would not be regarded as “voluntary.” There are less than 3% of kidney transplant cases where the donor and receipt do not know each other and remain anonymous without essence of altruism (*Organ donation and transplantation in Canada: System progress report, 2006–2015*. Canadian Blood Services). It shows that in reality altruism is used as socio-politics in organ donation, and it hides various dimensions of donors’ perspectives, which are based on gendered moral obligations. As per the studies, the characteristic of altruism is higher in women compared to men, and society expects that the characteristic of altruism should be more in women compared to men. (Braas-Garza, p., Capraro, V., & Rascon, E. (2018). Gender Difference in Altruism on Mechanical Turk: Expectation and Actual Behaviour. SSRN Electronics Journal). From the starting point, the willingness to donate organs is based on different reasoning and morality among men and women. In the context of living organ donation, women are more likely to use an excuse of her responsibility for the survival of the family as a primary justification for organ donation due to which women often perceives themselves under an ‘enormous pressure’ to donate, and expressed fear of being guilty if she fails to do so. (Gesine Thes Klinge. (2010). Sex and gender in biomedicine theories, methodologies, and results. Women disproportionately occupy roles that either mandate self-sacrificing and altruistic behaviour (e.g., mother) or, at the very least, require a great deal of other-oriented, communal behaviour (e.g., nurse) (Eagly, 1987), which may cause women to habituate to being altruistic. And even women who do not explicitly occupy such family or work roles may acquire altruistic, intuitive social responses because female peer groups are markedly more communal and egalitarian than male peer groups and thus make self-sacrificing, unselfish Intuition favours altruism for women but not for men's socially adaptive behaviour (Maccoby, 1998). This is the main reason behind the more likely selection of women for donations from the "women" box, which shows that society expects women’s altruism to be higher than men’s. (Brañas-Garza, P., Rascón-Ramírez, E., & Capraro, V. (2016). Gender differences in altruism: Expectations, actual behaviour, and accuracy of beliefs. SSRN Electronic Journal). The level of altruism an individual showcases is based on their gender. So, the expectation for women to be more altruistic in nature proves the identity fusion theory and functional thinking as main concepts due to which women are more altruistic in nature than

men and donate more organs than men in living organ donation. When there is experience of a person as "oneness" with their group, it forms an extremely strong bond with their group, and they feel a strong connection to their group members. This combined connection allows the bonded members to engage in extreme actions on behalf of the group. Members with both a personal and social identity of the proactive type would be more likely to engage in the extreme behaviours of their group. (Article in *Journal of Personality and Social Psychology*, June 2014). We can understand these relational ties through the role of women as wives and mothers. Wendy Martyna identifies and analyse the "substitute success syndrome" in upper-middle-class marriages in which wives who have given up their own career aspirations latch onto their husbands' success as a kind of substitute for what is denied to them. Women provide support to their husbands in their work through helping them (e.g., with books they write) and taking responsibility for household chores to make their husbands more focused on their work. They do this not merely with the sense that this is their proper role but with a direct sense of personal connection to and involvement in the husband's work. The real credit, however, goes to him. This situation is reminiscent of Scheler's description of the person who lives through others and who does not really feel herself distinct from others. We see here how it is the institution of marriage and the socialization. Similarly, a woman's major source of satisfaction is vicarious, obtained by identification with the successes of her children. Thus, she will frequently push them to gain the achievements she has always dreamed of their attaining. In patriarchal situations, women do not have strong self-esteem; their needs can be unable to be separated from their loved ones' needs, and they too may fail to recognize that they are striving toward goals that do not reflect their values and choices. (Blum, L., Homiak, M., Housman, J., & Scheman, N. (1973). *Altruism and women's oppression*. In *Philosophy & Women* (pp. 222–247). Wadsworth Publishing). These two roles also emphasized the functional thinking of women, which is caused by the constant role of women as caregivers and self-sacrificing entities in society from generation to generation. These might be the reason for the gender disparity in organ donors because a mother tends to donate an organ to her child out of altruism. Similarly, a large Canadian transplant centre's report states that 36% of wives donate their organ compared to 6.5% of husbands. It reflects the internalization of functional thinking among women, which would be the main reason for gender disparity in living organ donation. Therefore, altruism is not the main reason for women to donate more organs than men, but it is a political form by the society to pressurize a particular gender to perform their moral duty.

SOCIAL WORTH: DIVISION OF GENDER ROLE

Women are mostly subordinate to men. In Indian epics such as the Mahabharata, Draupadi also suffered because of a tussle between two families, and her own husband put her on the stake, which reflects that for a long time people have objectified women. The social worth of women in society is determined at different levels. The decision of an individual automatically becomes invalid when it is affected by a certain social sphere or role based on gender, due to which the decision of a donor to donate an organ, emphasized on the basis of gender role, is dysfunctional in nature. Women usually assume the role of caring for children, due to which mothers donate more organs than fathers in a family. The concept of responsibility as 'being in charge' seems to lead to a community-based model that makes morally relevant distinctions related to social closeness. (Klinge, I., & Wieseemann, C. (Eds.). (2010). *Sex & gender in biomedicine: Theories, methodologies, results.*) Sometimes in reality the altruistic organ donation is fear of ostracism, condemnation & withdrawal of goodwill many expect from one another. (Person, S. Forced to sell or forced to give: Assessing whether autonomy-based arguments justify prohibiting paid living organ donation while permitting unpaid living organ donation. *GUPEA*. (2022).) Interpersonal pressure is used as an effective tool by family members on an individual to donate their organ for their need even though the individual did not wish to do so. An agent to be regarded as acting autonomously shouldn't simply perform a certain act but endorse the act as their own, which constitutes the first desire order. Division of gender roles plays a key role in gender disparity in living organ donation. The common denominator of gender disparity is the social worth of women in public spaces reduces due to the articulation of the power structure in society through the origin of the division of gender roles. In primitive society, the superiority of males over women arose during the period of the hunting era due to males' efficiency in handling heavy weapons and due to the division of labour between sexes. The sexual division of labour was based on and grew out of a primitive division between the need of males to defend and the need of females to do child care. But for the first time, the function of this sexual division became crucial for food production, due to which it laid the foundation for future economic specialization and cooperation. (The Origin of the Family Author(s): Kathleen Gough. Similarly, industrialization emphasized gender roles on the basis of labour. When a husband acts as the sole breadwinner in the family, his health and ability to work directly become connected with the family's financial well-being. Men's traditional role as a husband creates immense pressure, which leads to dependency dynamics within the family structure. Due to this situation, the wife becomes motivated to donate her

kidney with the desire to maintain her family's financial stability and take care of her loved ones. This decision is influenced by multiple factors such as economic necessity, emotional bonds, and social expectations (Iqbal M, Saleem J, Tehreem A, et al. Gender disparity in living organ donation: a qualitative analysis of experiences and perceptions of female donors in Pakistan. *BMJ Open* 2025; 15e095056). Therefore, the societal expectation and gender role perpetuate imbalance in organ donation with respect to gender.

BODY AS BANK BOOK: BLACK MARKET

Approximately 10% of the world's population suffers from chronic kidney failure, and approximately 200,000 patients are registered on kidney transplant wait lists worldwide (ISN 2017). However, only about 65,000 (33%) patients on these lists receive a kidney annually (Council of Europe 2019). So, the sale of living donor kidneys is the most commonly reported form of organ trade (WHO 2007b), but that organ trade can become human trafficking when an action (recruitment, transportation, transfer, harbouring, or receipt of persons) followed by the means (threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or of a position of vulnerability, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person) for the purpose of organ removal is established (De Jong 2017; United Nations 2000) (Frederike Ambagtsheer 2021). Organ donation is considered social welfare in the health sector. However, when the procedure of organ donation is not fair, it leads to social injustice against the donor. Social agents are one of the networks that lead to the practice of unfair means of procedure for organ donation by targeting economically weaker sections of society. The new projections of global poverty by UN Women, the Pardee Center for International Futures, and UNDP's report estimate that globally, 388 million females are living in poverty compared to 372 million males. Organ traffickers mostly target women, as they are more susceptible to coercion as well as being a vulnerable section of society from an economical perspective. According to a study conducted by the official journal of organ transplantation from September 2010 to May 2012, there were a total of 103 victims of human trafficking for organ removal (HTOR) who were interviewed; they lived in Tamil Nadu and small towns as well as villages of Karnataka and West Bengal. In Tamil Nadu, 57% of females are victims in Erode, and 87% of the females are victims in Chennai. 12% of the females were widowed or abandoned, 19% had some primary schooling, 28% had no formal education, 79% were married, and 91% were parents with an average of two kids. Of those interviews, 22% had some secondary schooling, and no female reported a

qualification above high school. Each interviewed victim was from a weaker economic section of society, and in the interview, they expressed that they would have selected to not donate their organ if the economic condition had not forced them to do so. Similarly, Lawrence Cohen, an anthropologist from Berkeley, interviewed patients in India and found that most of the donors were women who were deeply in debt and most of the money was squandered by their husbands in gambling and debts, and the promise of a better future was never realized. (Shroff, S. (2009). Indian Journal of Urology, Legal and ethical aspects of organ donation and transplantation, 25(3), 348). The study highlights that economic condition plays a crucial role in the participation of women as donors. In high-income countries such as the US, Canada, and Australia, approximately 60% of all living donors are women, but in middle-income countries, this percentage increases by 20%. It shows that poverty might be the reason for the circumstantial consent of women to donate their organs because poverty-stricken people can easily be lured by these traffickers to meet short-term financial needs. The recent human egg farm case showcases that social reality differs from the socio-legal imagination; in this case, three Thai women were rescued from a Chinese-led human egg trafficking ring in Georgia. One of the victims revealed in a press conference about their method of deceiving women through the online advertisement of a job to work as a surrogate. They offered a monthly salary of 25,000 Thai baht (\$742.94 U.S.) and also covered all expenses for the trip to Georgia so they can help childless couples. However, when the women arrived in Georgia, their passports were confiscated, and they were informed that they were staying illegally in the country and would face arrest if they tried to leave. They were forced to live together with other Thai women in group homes, injected with hormones, and had their eggs harvested to sell to be used for in vitro fertilization. One of the Thai women escaped from that place by paying for her release with a \$2,053 ransom, and then she notified the Pavena Hongsakul Foundation for Children and Women based in Thailand, which allowed the organization to notify Thai authorities and arrange a united effort involving Interpol and Thai and Georgian law enforcement. While three women have been rescued, the NGO estimates that approximately 100 women may still be trapped in similar facilities. (Woldeselasse, B. (2025, February 18). Human Rights Research Center.) The customers are often not aware that these eggs are arranged from an unethical source, which highlights how the illegal trafficking converts into the lawful procedure of donating ovum.

PRACTICALITY OF LAWS: AN AUTONOMOUS INDIVIDUAL

One of the principles of bioethics is respect for autonomy. Respect for autonomy might entail respect for an autonomous person or respect for an autonomous action or decision (Childress, J. F. (1990). The place of autonomy in bioethics. *The Hastings Center Report*, 20(1), 12–17.) An autonomous person is one capable of self-legislation and able to make judgments and take actions based on his/her particular set of values, preferences, and beliefs (Secker, B. (1999). The appearance of Kant's deontology in contemporary Kantianism: Concepts of patient autonomy in bioethics. *Journal of Medicine and Philosophy*, 24(1), 43–66.) Respecting autonomy in practice, however, is complex since most persons define themselves and make decisions influenced by a complex network of social relationships. (Osamor, P. E., & Grady, C. (2018). Women's autonomy in health care decision-making in developing countries: A synthesis of the literature. *BMC Medical Ethics*, 19(1), 3). Mostly in patriarchal societies, males dominate the decision-making authority, which undermines the autonomy of women in most spheres of functioning. As per a recent analysis report, when the question was asked of Nigerian women about who makes the healthcare decisions for them, 61% of women reported that their husbands make decisions for them. While only 6% of women take health decisions for themselves, a third of the women reported that decisions about their healthcare were made by them and their husbands/partners jointly. (Grady, C & Osamor, P., Factors associated with women's health care decision-making autonomy: Empirical evidence from Nigeria. *Journal of Biosocial Science*, (2017). 49(4), 459–474). It represents a lack of decision-making autonomy for the woman, which also symbolizes that the decision of women in living organ donation may be affected by their surroundings, which are embedded in a patriarchal nature. When women don't have actual authority to make decisions related to the donation of their own organs, and mostly their consent is influenced by socio-economic conditions, it directly affects the autonomy of women, which leads to undermining the practicality of law in society. The Universal Declaration on Bioethics and Human Rights, Article 5, states that the autonomy of individuals to make choices and be accountable for their choices, while respecting the ability of others to make choices, is to be recognized and respected. When it comes to individuals who are unable to exercise their right of autonomy, additional measures should be implemented to safeguard the rights and interests of these individuals. (Universal Declaration on Bioethics and Human Rights, United Nations Educational, Scientific and Cultural Organization. (2005). UNESCO). The Medical Council of India also laid down the rules according to which surgical treatment without consent is considered misconduct and is punishable. (Medical Council of

India's Regulation 7.16 (etiquette, professional conduct, and ethics) Regulations, 2002). The Supreme Court of India also held that the state's duty is to safeguard the individual's autonomy to make decisions and not to dictate those decisions. 'Life' within the preview of Article 21 comprehends the right of the individual to being in its fullest sense with the integrity of the physical body. (Justice K.S. Puttaswamy (Retd.) v. Union of India, Supreme Court of India, 2017). These laws and regulations represent the actions of the state to protect the autonomy of an individual. However, there were incidents such as the human egg farm case, where three Thai women were rescued from a Chinese-led human egg trafficking ring in Georgia in which they were forced to live together with other Thai women in group homes, injected with hormones, and had their eggs harvested to sell to be used for in vitro fertilization. (Woldeselasse, B. (2025, February 18, Human Rights Research Center); and one of the concepts prevalent in ancient China known as ghost marriage in which parents wished to marry marriage, corpses of their own sons to continue the family tree, and they believed that the spirit would be lonely without marriage. While folklore suggests that the stigma of being unmarried affects both men and women, the trafficked corpses are primarily those of women, especially in poorer provinces. While ghost marriages create a market of supply and demand in booming rural China, the market also indicates income and gender inequality behind the crime. (Lo, T. W. *Asian Journal of Criminology*, Ghost Brides and Crime Networks in Rural China, (2022), 17(3), 371–389). These situations reflect the failure of laws and regulations related to the autonomy and dignity of an individual in the practical sphere, which is directly undermined on the basis of gender. Similarly, according to THOT-Rules, 2014, the transplant of organs is permitted between near relatives like spouse, mother, father, brother, sister, son, daughter, grandfather, grandmother, and grandchildren after approval by the Competent Authority; it ensures that the donor-recipient relationship is genuine and there is no coercion or pressure on the donor. (Dar, R., & Dar, S. K. (2015). *IOSR Journal of Dental and Medical Sciences*. Legal framework, issues, and challenges of living organ donation in India. 14(8, Ver. VIII), 59–66). However, the laws related to organ donation also seem fragile due to the consent based on sociological, psychological, and economical pressure suffered by living organ donors as discussed above. The situation emphasized the flaws that exist in laws and regulations all over the world, which are ineffectual to save the autonomy and dignity of women in living organ donation.

INDIAN JUDICIARY ROLE IN ORGAN DONATION

The focus of the Indian judiciary is basically to ensure that the procedure of organ transplantation must not be followed by commercial transactions and it must be only for the benefit of the recipient. The judiciary worked on various issues regarding organ donation transplantation, such as the right to health and treatment in organ transplantation for the recipient. The Kerala High Court held that “The Authorization Committee cannot impose a reverse burden upon the petitioners to disprove a negative aspect. Permission for donation cannot be rejected unless there is cogent material to establish a commercial element. When the donor asserts that the donation is made purely out of altruism, in the absence of any credible material to the contrary, the statement has to be accepted. We need to have an optimistic perspective that non-near relatives exist who is genuinely willing to sacrifice their organs or tissues for altruistic consideration.” (Uvais Muhammad K. C. v. State of Kerala, 2025). This means that in certain circumstances the authorization committee cannot reject the plea for organ donation submitted by non-relatives if it asserts that the decision to donate was made clearly out of affection and altruism. This shows that even the judiciary considered the importance of altruism in organ donation and the effect of altruism in the decision of the organ donor because in this case the woman wanted to donate her organ to men out of love and affection even if they were not relatives. In one of the cases, the hospital committee at Lilavati Hospital and Research Centre, Mumbai, refused the donor to donate her kidney to her brother because of her low IQ, which regarded her consent as not free, as well as her medical history, which showed a kidney-stone issue, but the Bombay High Court granted the permission for donation by stated that “In a case where both the donor and the recipient are near relatives as defined by the Act, such persons can resort to removal and transplantation of human organs or tissue without approaching the Authorization Committee where the case does not fall under any of the three exceptions. Although theoretically in such cases approval of the Authorization Committee would not be required, in order to ensure that a donor does not donate his organ or tissue to a stranger for commercial considerations simply by alleging that applicants are near relatives, the Authorization Committee will have to be approached to ascertain whether the donor and recipient are near relatives or not. That is why under sub-sections (5) and (6) of Section 9 of the Act, the Authorization Committee will have to satisfy itself that the applicants have complied with all the requirements of the Act and the rules made thereunder. Once the donor and recipient are shown to be near relatives as defined by the Act and the case does not fall under any of the three exceptions, the Authorisation Committee has no power to make further

inquiry about the motive of such donation, because in such cases there would be no commercial element.” (Miss Sonia Ajit Vayklip v. Hospital Committee, Lilavati Hospital & Research Centre, 2012). This explains that the court emphasized the necessity for the authorization committee to apply strict checking for organs donated between two non-relatives to ensure that there is no involvement of commercial dealing. However, even if the donor and recipients are relatives, the authorization committee still needs to make sure that there is no misleading for the purpose of commercial exploitation on the basis of organ donation. While making the decision, judiciary focused on the urgent need of the recipient for a kidney but missed to interpret the situation of the lady who belongs to the tribal community of Chhattisgarh, which indicate high chances that her consent might be influenced by the surroundings and that she would not be aware about the consequences. Recently, the SC ordered that the union of India must convene a meeting of chief secretaries, secretaries, and public health officials of all the state governments and union territories to collect the information regarding transplantation of organs and tissue in India; one of the concerns the SC raised was about the high number of female live donors in comparison to male donors but more male donor recipients than female. (Indian Society of Organ Transplantation v. Union of India, 2025, Order No. 5). This shows that even the Indian judiciary is raising concern about the gender disparity in living organ donation. The report submitted by the Union of India showed the major gender imbalance in living organ donation, in which, from 2019 to 2023, 63.8% of living organ donors were female, while 70% of organ recipients were male. (National Organ and Tissue Transplant Organization. (2024). *Organ donation and transplantation in India: Annual report 2023–2024*. Ministry of Health and Family Welfare, Government of India).

EFFORTS NEED TO BE MADE

There are certain efforts to reduce gender disparity in living organ donation. First, the publication of 'Road Accidents in India—2023' has revealed the data in which a total of 480,583 road accidents were reported, resulting in 172,890 fatalities. (ROAD ACCIDENTS IN INDIA 2023. (n. d.). <https://morth.nic.in/sites/default/files/Road-Accident-in-India-2023-Publications.pdf>). There would be no requirement for a living person to donate an organ if 5% to 10% of all these deceased patients became organ donors. The deceased organ donation program, if well managed, has the potential to meet the requirements of the needs of kidney, liver, and heart transplantations within a particular state. Few hospitals and committed NGOs in the country have shown deceased donation as a feasible option. (Shroff, S. (2009). Legal and

ethical aspects of organ donation and transplantation. *Indian Journal of Urology*, 25(3), 348). This signifies that if deceased organ donation becomes the organized one and reduces the shortage of organs for donation in countries, the living organ donation will automatically reduce, which will decrease the chances of an individual donating their organ in case of emergency and the pressure based on sociological and psychological factors. Second, issues related to gender need to be dealt with sensitively on account of the patriarchal society at large. The govt. needs to be sensitive to women who usually end up being donors and do not get donors in case they require organs. (Dar, R., & Dar, S. K. (2015). Legal framework, issues, and challenges of living organ donation in India. *IOSR Journal of Dental and Medical Sciences*, 14(8, Version VIII), 59–66). This situation can only be solved when the authorization committee becomes more firm and critically analyzes the sociological, psychological, and economical perspectives of the woman who is going to be a living organ donor before the approval for donation of her organ.

REFERENCES

1. National Organ and Tissue Transplantation Organization (2024). *Organ Donation and Transplantation in India: Annual Report 2023-2024*. Ministry of Health and Family Welfare, Government of India.
2. Pérez Fernández, M., Martínez Miguel, P., Ying, H., Valeri, A. M., Butala, N., Srivastava, A., & Mohan, S. (2019). Comorbidity, frailty, and waitlist mortality among kidney transplant candidates of all ages. *American Journal of Nephrology*, 49(2), 103–110. <https://doi.org/10.1159/000496639>.
3. Canadian Blood Services. (2016). *Organ donation and transplantation in Canada: System progress report, 2006–2015*. Canadian Blood Services.
4. Brañas-Garza, P., Capraro, V., & Rascón-Ramírez, E. (2018). *Gender differences in altruism on Mechanical Turk: Expectations and actual behavior*. SSRN Electronic Journal.
5. Gesine Thes Klinge. (2010). *Sex and gender in biomedicine theories, methodologies, results*.
6. Brañas-Garza, P., Rascón-Ramírez, E., & Capraro, V. (2016). *Gender differences in altruism: Expectations, actual behavior, and accuracy of beliefs*. SSRN Electronic Journal.

7. Blum, L., Homiak, M., Housman, J., & Scheman, N. (1973). Altruism and women's oppression. In *Philosophy & Women* (pp. 222–247). Wadsworth Publishing.
8. Klinge, I., & Wiesemann, C. (Eds.). (2010). *Sex & gender in biomedicine: Theories, methodologies, results*.
9. Persson, S. (2022). *Forced to sell or forced to give: Assessing whether autonomy-based arguments justify prohibiting paid living organ donation while permitting unpaid living organ donation*. GUPEA.
10. Iqbal, M., Saleem, J., Tehreem, A., Khan, S., Fatima, R., & Ahmed, N. (2025). Gender disparity in living organ donation: A qualitative analysis of experiences and perceptions of female donors in Pakistan. *BMJ Open*, *15*, e095056.
11. Shroff, S. (2009). Legal and ethical aspects of organ donation and transplantation. *Indian Journal of Urology*, *25*(3), 348.
12. Woldeselasse, B. (2025, February 18). Human Rights Research Center.
13. Childress, J. F. (1990). The place of autonomy in bioethics. *The Hastings Center Report*, *20*(1), 12–17.
14. Secker, B. (1999). The appearance of Kant's deontology in contemporary Kantianism: Concepts of patient autonomy in bioethics. *Journal of Medicine and Philosophy*, *24*(1), 43–66.
15. Osamor, P. E., & Grady, C. (2018). Women's autonomy in health care decision-making in developing countries: A synthesis of the literature. *BMC Medical Ethics*, *19*(1), 3.
16. United Nations Educational, Scientific and Cultural Organization. (2005). *Universal Declaration on Bioethics and Human Rights*. UNESCO.
17. Regulation 7.16 of the Medical Council of India (Professional Conduct, Etiquette, and Ethics) Regulations, 2002.
18. Justice K.S. Puttaswamy (Retd.) v. Union of India, Supreme Court of India, 2017.
19. Lo, T. W. (2022). Ghost Brides and Crime Networks in Rural China. *Asian Journal of Criminology*, *17*(3), 371–389.
20. Dar, R., & Dar, S. K. (2015). Legal framework, issues, and challenges of living organ donation in India. *IOSR Journal of Dental and Medical Sciences*, *14*(8, Ver. VIII), 59–66.
21. ROAD ACCIDENT IN INDIA 2023. (n.d) <https://morth.nic.in/sites/default/files/Road-Accident-in-India-2023-Publications.pdf>.