Lung transplantation—*breathing a new life*

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As the donor enters the operating room for organ harvest, a Moment of Honor Pledge is taken by the operating team members—“Today we come together to care for ‘##donor’s name##’ and all who will benefit from this gift of life. For all the parents, children, family and friends who are touched by what we do here today, may we remember the new hopes and dreams that begin with the gift of this one person. May we take a moment now in silence to honor the life of the donor.”—*From Gift of Life Donor Program, an organ procurement organization.*

As a transplant professional, you are given an incredible privilege to “deal” with the most valuable “commodity” on this planet—the human organs. In all the circumstances, the “commodity” must land into the right hands.

Organ transplantation gives new life, and many hopes and dreams. However, organ donation remains scarce as the sense of its noble philanthropy is undermined by several social, religious, and cultural issues across the countries in this world. The ultimate responsibility of appropriate usage of this scarce resource lies in the hands of the entire transplant community, particularly on the physician acting as a leader.

Organ transplantation in India has been expanding for several decades; despite this, thoracic organ transplantation still appears to be in a nascent stage. There is tremendous potential for growth in India due to several factors—remarkable medical and surgical expertise, strong private healthcare sector, relatively low cost of healthcare compared to western countries, and younger demographic. Significant challenges include lack of strong national organizations or legislation, endemic infections, economic inequity, and lack of a strong government-backed healthcare system. With

robust support from the government and medical fraternity, some of these challenges can be overcome to make India a leader in thoracic organ transplantation providing hope for thousands of patients.

India lacks a national organ allocation system, making optimal organ allocation difficult. Recently, strong efforts have been made by regional organ procurement organizations (OPO) to establish a framework of allocation system. We strongly endorse such system. Creation of a strong national level organization could influence the government decisions in the health care policies. With rising number of centers doing thoracic organ transplants amid wide-spread coronavirus disease-19 (COVID-19) causing acute respiratory distress syndrome and fibrosis, today is the perfect time for taking concrete action. We, as physicians, must take ownership and leadership for this noble cause, and set an example for upcoming generation. In order to maintain high ethical standards and to optimize the usage of donor organs, several countries have laid down a strong foundation of legislations, ethical oversight, and leadership organizations like United Nations Organ Sharing Network, Organ Procurement and Transplant Network and Organ Procurement Organizations [1–4]. Both state and federal governments have provided strong legislative framework for creation of a robust transplant network which is utilized not only by the heart and lungs, but also for variety of other organs and tissue donation purposes.

The financial aspect of transplant is also an important consideration. One heart or lung transplant could cost roughly around 50–100 times than a routine adult cardiac surgery. Moreover, often healthcare insurances don’t provide plans or reimbursement for transplantation in India. With majority of patients paying out of pocket for advanced healthcare in India, the middle and lower economic class faces unequitable distribution of opportunities with transplants. If only wealthy recipients can afford the thoracic organ transplant, indirectly reflecting an “organ buying power” of money, then even in absence of monetary compensation to the donor, the concept itself is not far from being called “Organ Profiteering or Trafficking” [5, 6].

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A developing transplant program always needs a practical guidance, deep collaboration, and personnel training. With this special issue, we could bring highly experienced professionals together to share their expertise with us. The central theme of this issue is based on practical guidance along with scientific information. In addition, we also attempt to shine a light on legislative development and ethical oversight of the transplant field. We sincerely thank all the contributors across the planet for their expertise and dedication.

It is our ultimate pleasure and privilege to become editors of this special issue. Two of the guest editorial team members were trained and practiced in India. Fully aware about nuances of Indian clinical practice, we attempted our best to provide practical guidance which can be applied to the Indian clinical setting. This special issue is divided into two parts; part I focuses on several surgically inquisitive topics and recent advances. Part II is a collection of comprehensive reviews from pulmonology side and describes the role of multidisciplinary collaboration, immunological considerations, complications, history, and challenges. We sincerely appreciate the incredible cooperation and flexibility from the journal's team and Dr. O. P. Yadava.

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