

LIVER TRANSPLANT: HINDRANCE – A WAY TO OVERCOME

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Liver transplantation (LT) is the definitive treatment for end-stage liver disease, primary liver cancer and acute liver failure. In Bangladesh, while the successful introduction of Living Donor Liver Transplantation (LDLT) marked a landmark achievement, the transition to a sustainable national service faces significant stagnation. This paper explores the multifactorial barriers to expansion and proposes a phased strategy for progress. Major Hindrances in Bangladesh: Donor Shortage: Deceased donation remains non-routine due to the incomplete operationalization of brain-death pathways and a lack of coordinated organ retrieval systems. Sociocultural Barriers: Public mistrust, fear of body disfigurement, and misconceptions regarding the religious permissibility of posthumous donation severely limit the donor pool. Financial Toxicity: High upfront surgical costs and the lifelong burden of expensive immunosuppression render LT inaccessible for the majority. Infrastructure & Workforce: Expansion is restricted by inadequate transplant ICU capacity and a shortage of dedicated transplant coordinators and multidisciplinary perioperative teams. Proposed Solutions: Overcoming these hurdles requires a comprehensive national strategy: 1. Policy Reform: Full operationalization of brain-death legislation and legal protection for transplant teams. 2. Public Engagement: Collaborative campaigns involving clinicians, religious scholars, and media to build trust and correct misconceptions. 3. Institutional Capacity: Developing structured multidisciplinary teams, quality registries, and centre accreditation. Sustainable Financing: Implementing government subsidies, insurance mechanisms, or innovative financing models to ensure equitable access. Conclusion: The future of LT in Bangladesh hinges on moving beyond surgical expertise toward a coordinated ecosystem of policy, public trust, and financial sustainability.

Keywords: Liver transplantation, Bangladesh, deceased donation, LDLT, barriers, policy, organ donation

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