

Legal Framework on Organ Donation and Transplantation in China

Björn Nashan, MD, PhD,^{1,2} Haibo Wang, MBBS, MSc, MPH,^{1,3} and Jiefu Huang, MD, PhD⁴

INTRODUCTION

Organ donation and transplantation in China have undergone remarkable progress, driven by the dedicated efforts and continuous learning of the Chinese medical community. These efforts culminated in a significant achievement by the end of 2014. Since then, China has made steady advancements in amending regulations, implementing ethics committees and formalizing donor evaluations. Progress has also been made in organ donation and in related fields, such as quality management, machine perfusion, and xenotransplantation. Despite these achievements, misunderstandings, criticism, and misinterpretations continue¹⁻⁵ raising questions about the sources and legal framework of organ donation and transplantation. In this article, we outline the development and current status of China's legal framework for organ donation and transplantation, its foundation in the Chinese Civil Code, and the ongoing improvements reflected in the recently updated Regulations on Organ Donation and Transplantation.

HISTORICAL BACKGROUND OF ORGAN DONATION AND TRANSPLANTATION BEFORE DECEMBER 2014

Organ transplantation in China began with the first kidney transplant in 1960 and the first successful living donor transplant in 1972 at Peking University First Hospital. Early development lacked legal regulation, standardized practices, and oversight, and organs from executed prisoners were the primary source. Historically, similar practices occurred in France (1950s), the US (1960s–1970s), mainland China (until December 31, 2014), Taiwan China (before July 2020), and remain legally permitted in Singapore.⁶⁻¹¹

To address ethical concerns and align with international norms, China launched systemic reforms. In 2005, it committed to ending organ use from executed prisoners and building a voluntary, unpaid donation system.¹² This was followed by regulatory milestones: the 2006 Interim Provisions, 2007 State Council Regulation No. 491 (defining hospital accreditation, banning trafficking, and requiring fair allocation per World Health Organization [WHO] guidelines),^{13,14} and the 2011 Amendment (VIII) criminalizing organ trade.^{15,16}

Key institutional developments included the national transplant registry (2004), hospital accreditation reduction (from 600+ to 164 by 2007), and the 2010 clinical guidelines. A pilot program for deceased organ donation began in 2010, supported by the Red Cross Society of China (RCSC) and the China Organ Donation Administrative Center (CODAC), which trained >2500 coordinators by 2019.^{16,17}

A 3-tier donor classification system was introduced—donation after brain death (DBD; category I), donation after circulatory death (DCD; category II, Maastricht III), and donation after brain-circulatory death (DBCD; category III, Maastricht IV)¹⁷⁻²¹—along with national brain death criteria (2013) and a quality control training center at Xuanwu Hospital.^{17,18} Nationwide implementation of the opt-in donation system began on February 25, 2013. Organ procurement organizations (OPOs) and donation offices were established in transplant hospitals nationwide.¹⁷

The China Organ Transplant Response System (COTRS), developed in 2011, became mandatory in 2013 for all voluntary deceased donations, ensuring fair and transparent allocation based on medical urgency, region, and compatibility.¹⁹ By 2013, the pilot reforms were adopted nationally, marking a transition to a law-based, citizen-driven

Received 1 June 2025. Revision received 17 November 2025.

Accepted 24 November 2025.

¹ Research Centre of Big Data and Artificial Intelligence of Medicine, The First Affiliated Hospital of Sun Yat-Sen University, Guangzhou, China.

² The Transplantation Center, First Affiliated Hospital, School of Life Sciences and Medical Center, University of Sciences & Technology of China, Hefei, Anhui, China.

³ China Organ Transplant Response System (COTRS), Guangzhou, China.

⁴ National Organ Donation and Transplantation Committee, Beijing, China.

H.W. is the director of the China Organ Transplant Response System. J.H. is the Chairman of the National Organ Donation and Transplantation Committee. B.N. declares no conflicts of interest.

B.N. designed and wrote the article. H.W. and J.H. participated in writing the article.

Correspondence: Björn Nashan, MD, PhD, Research Centre of Big Data and Artificial Intelligence of Medicine, The First Affiliated Hospital of Sun Yat-Sen University, Guangzhou, China; The Transplantation Center, First Affiliated Hospital, School of Life Sciences and Medical Center, University of Sciences & Technology of China, Tianehu 1, Hefei 230071, Anhui, China. (bjorn.nashan@gmail.com).

Copyright © 2026 The Author(s). Published by Wolters Kluwer Health, Inc. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

ISSN: 0041-1337/20/0000-00

DOI: 10.1097/TP.0000000000005623

organ donation framework aligned with international ethical standards.

LEGAL FRAMEWORK AND REGULATIONS SINCE JANUARY 2015

Since late 2014, China's organ transplantation system has undergone extensive reform, well-documented in the literature.^{13,15-17,20-32} On December 3, 2014, the China Human Organ Donation and Transplantation Committee announced that, starting January 1, 2015, organs from executed prisoners would no longer be used; voluntary citizen donation is the sole legal source for deceased donor transplantation established in an opt-in system.²²

Organ transplantation in China is overseen by the National Health Commission and the RCSC, which together formed the National Organ Donation and Transplantation Committee. This body coordinates 5 key areas: donation, procurement, allocation, clinical services, and posttransplant follow-up. System components include the CODAC, trained coordinators, the COTRS, and OPOs.²³ Governance is maintained through systematic audits and data oversight via COTRS.¹³ In 2025, the total number of hospitals qualified for organ transplantation is 187 including liver (117), kidney (158), heart (58), lung (36), pancreas (33), and small intestine (24).³³

In 2017, a major European Union-China collaboration (Knowledge Transfer and Leadership in Organ Donation from Europe to China) was launched to advance education and leadership in organ donation. Supported by the EU Erasmus Programme,³¹ it involved key Chinese institutions—including Capital Medical University, Shanghai Jiao Tong University, and the University of Science and Technology of China—and European partners such as the University of Barcelona, University of Bologna, and University of Nice.³⁴

China's reforms have received international recognition. On October 19, 2024, the World Medical Association (WMA) adopted a revised resolution acknowledging China's elimination of organ use from prisoners.³⁵

PROSECUTION OF MISCONDUCT

When individuals who have received an organ come for treatment into a hospital, an automatic check with the COTRS system is performed. In case the individual is not registered in COTRS, an investigation will be initiated. The same situation applies for people dying in a hospital, they will receive a serial number and official stamp, certifying their death. A 2019 incident in China involving Huaiyuan County Hospital (Anhui Province) and Nanjing (Jiangsu Province) highlights the oversight within the Chinese organ donation and transplantation system.

"In 2018, a man named Shi became suspicious about his mother's alleged organ donation after noticing the donation list lacked a serial number and official stamp. When he visited the CODAC in Beijing, he found no official record of her donation, indicating the procedure was unauthorized and not overseen by the Red Cross. Shi's family had received 200,000 yuan (approx. \$28,500) as a so-called 'national subsidy' following the removal of his mother's liver and kidney. However, a Red Cross representative clarified that organ donation in China is free and

does not involve state subsidies to families. After reporting the case to local health authorities, Shi was allegedly offered 460,000 yuan in hush money by one of the doctors involved, Yang, which he refused. Following further escalation to a central investigation team, six medical workers, including Yang, were arrested for their involvement in the illegal organ removal."

Following reports of illegal organ donation from patients in intensive care unit (ICU) departments between 2017 and 2018, authorities conducted forensic evaluations of both provincial transplant centers, leading to suspensions, jail sentences for 6 doctors, and the closure of 2 transplant centers in Nanjing. This case was widely covered in international media documenting a shift in China's stance on these practices.³⁶⁻³⁹

To improve information on the 2015 implemented changes, the China Organ Transplantation Development Foundation (COTDF) launched the "Life Relay Hundred Cities Tour Program" to implement national policies on organ donation and transplantation in 2023 following the end of COVID.⁴⁰ The initiative promotes public awareness, civic engagement, and charitable action across municipalities. To date, COTDF has partnered with 13 cities conducting diverse outreach activities such as illuminating landmarks, unveiling themed subway stations, and organizing sports events to encourage organ donation.⁴⁰

COTDF has also advanced volunteer engagement. In 2022, it launched the "Love & Hope Organ Donation Volunteer Service Team," now active in nearly 90 institutions nationwide. In 2023, with support from the National Health Commission and the Communist Youth League, COTDF established the "National Youth Volunteer Service Corps for Organ Donation in the Health Sector." This youth-led effort promotes awareness, encourages participation, and fosters a favorable environment for voluntary donation through coordinated national activities.^{40,41}

CHINESE CIVIL CODE AND REGULATIONS ON ORGAN DONATION AND TRANSPLANTATION

On May 28, 2020, the 13th National Congress of the People's Republic of China adopted a Civil Code modeled on the German Civil Code.⁴² It defines voluntary organ donation in Article 1006 and prohibits the sale of human organs in Article 1007. The latest "Regulation on Donation and Transplantation of Human Organs," issued by the State Council of China (No. 767), became effective on May 1, 2024.⁴³ The China Organ Transplant Development Reports have been published from 2015 to 2023, providing increasingly detailed data, statistics, and quality assessments.⁴⁴⁻⁵⁰ The annual donation and transplantation data have been officially reported to the Global Observatory of Donation and Transplantation,⁵¹ with a level of data transparency equivalent to that of other WHO member states.

China Organ Donation and Transplantation Governance Structure

In brief, the current China organ donation system is governed by 2 main regulations⁴³: the "Regulation on Human Organ Donation and Transplantation" (State Council), effective May 1, 2024, and the Chinese Criminal Law (Amendment VIII) effective February 25, 2011.¹⁶ The China Organ Donation and Transplantation Committee oversees

the 5 pillars of the Chinese System (Figure 1), consisting of the Organ Donation System supervised by the RCSC, the Organ Procurement supervised by the OPOs and Allocation System supervised by COTRS, the Organ Transplant System (Transplant Center), the Scientific Registries System (National Health and Family Planning Commission), and the Donation and Transplant Regulatory System (National Health and Family Planning Commission & Provincial Health Authorities). Each pillar of the system has different tasks and obligations. The Organ Donation System is responsible for the public promotion, witness donation, allocation, memorial, and humanitarian aid. The Organ Procurement and Allocation System is tasked with ICU referral of potential donors, consent, organ procurement logistics, allocation, and data collection. The Organ Transplant System provides transplantation and follow-up of the recipients, as well as reporting of the data to the Scientific Registries System. The Scientific Registries provide data analysis, which is used for the annual reports,⁴⁴⁻⁵¹ and the Donation and Transplant Regulatory System oversees deceased donation, procurement, allocation, transplantation, and follow-up activities. The number of all donors in 2024 was 6744, of whom were 4680 DBD and 2064 DCD. Figure 2 shows the development of donors from 2015 to 2024.⁵¹

Regulation of Donation and Transplantation of Human Organs

The regulation consists of 5 chapters: (I) general provisions, (II) donation of human organs, (III) obtaining and

transplantation of human organs, (iv) legal liability, and (v) supplemental provisions.⁴³

Chapter I, Articles 1–7, of the Regulation on Human Organ Donation and Transplantation in China establishes the general provisions governing this field. It sets out to regulate the donation and transplantation of human organs, ensure the quality of medical services, protect citizens’ lawful rights and interests, and promote core socialist values. The regulation applies specifically to human organ donation and transplantation—including organs such as the heart, lung, liver, kidney, pancreas, and small intestine—and explicitly excludes tissues like bone marrow, corneas, and human cells.

Organ donation is defined as the voluntary and unpaid provision of whole or partial organs for transplantation, while transplantation refers to implanting a donated organ into a recipient to replace a diseased one. The regulation is based on the principle of putting people first. It mandates that the state establish a comprehensive working system to promote organ donation, regulate the acquisition and distribution of organs, strengthen service capacity in transplantation, and enhance oversight and administrative mechanisms.

Administrative responsibility for overseeing the donation and transplantation system lies primarily with the health departments of people’s governments at or above the county level. Other departments—such as those responsible for public security, civil affairs, finance, development and reform, market supervision, and medical security—are

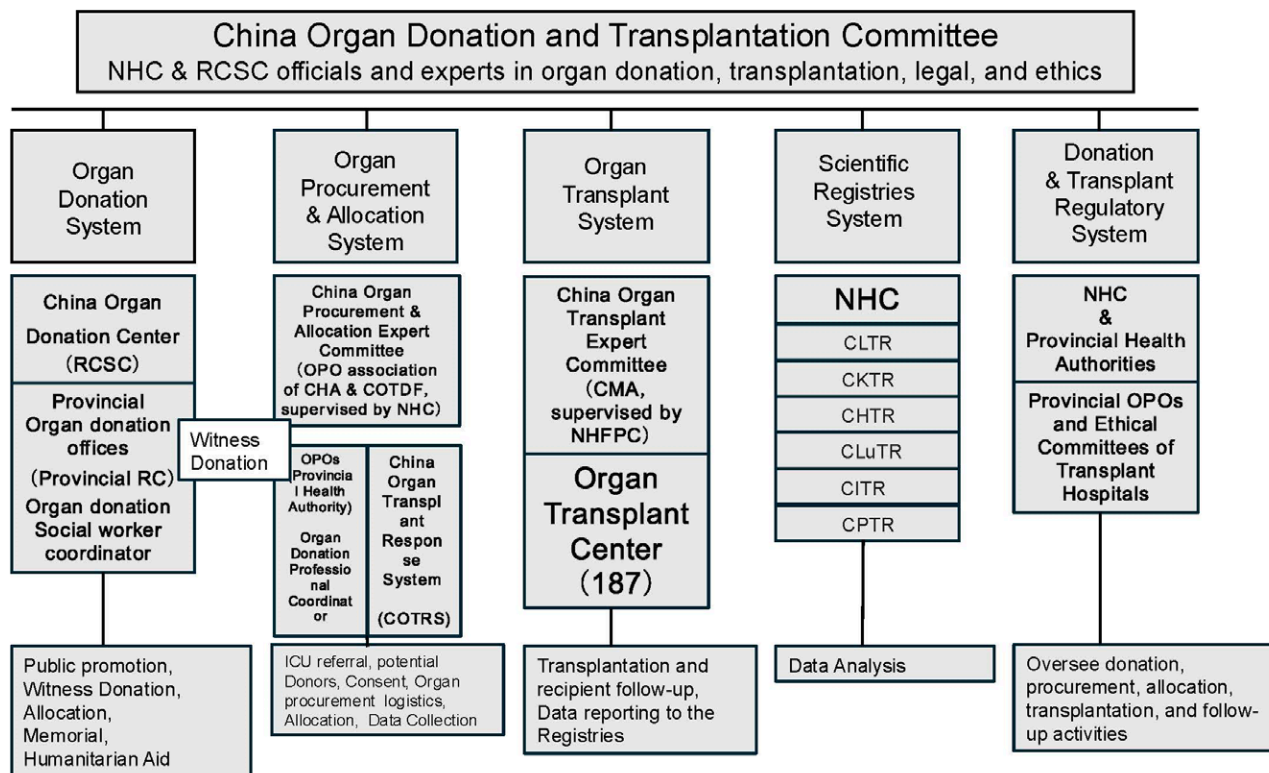


FIGURE 1. China organ donation and transplantation governance structure.^{21,40,41} CHA, china health authority; CHTR, china heart transplant registry; CLuTR, China lung transplant registry; CKTR, china kidney transplant registry; CLTR, china liver transplant registry; CMA, chinese medical association; CINTR, china intestinal transplant registry; COTDF, China organ transplantation development Foundation; COTRS, China organ transplant response system; CPTR, China pancreas transplant registry; ICU, intensive care unit; NHC, National Health Commission; NHFPC, National Health and Family Planning Commission; OPO, organ procurement organization; RC, Red Cross; RCSC, Red Cross Society of China.

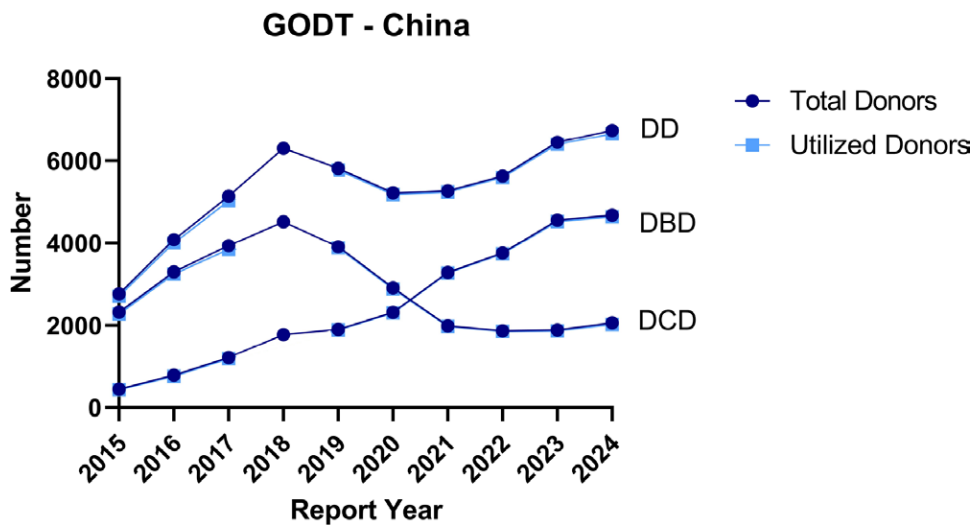


FIGURE 2. China organ donation 2015–2024.⁵¹ DBD, donation after brain death; DCD, donation after circulatory death; DD, deceased donor; GODT, Global Observatory of Donation and Transplantation.

tasked with supporting and managing related work within the bounds of their authority.

The RCSC plays a critical role in this system. It is responsible for promoting organ donation by conducting public awareness campaigns, registering donor consent, witnessing donations, organizing memorial activities, and offering humanitarian support. Additionally, it is charged with developing and managing networks of organ donation organizations and coordinators.

The regulation strictly prohibits the trading of human organs in any form. Furthermore, it empowers any individual or organization to report violations, including cases of misconduct or negligence by regulatory authorities. Health departments and relevant government bodies must promptly investigate such reports and inform those who filed real-name complaints of the outcomes.

Chapter II, Articles 8–14, outlines the legal and ethical principles governing the donation of human organs in China. Organ donation must be voluntary and free of charge, and no individual or organization may coerce, deceive, or entice someone into donating. Citizens with full civil capacity have the legal right to independently decide to donate their organs. They may express this intent in writing or through a will, and they retain the right to withdraw their decision at any time.

If a person explicitly opposes deceased organ donation during their lifetime, no 1 may override that wish. If no opposition is expressed, the deceased’s spouse, adult children, and parents may jointly decide to donate the deceased’s organs, provided the decision is documented in writing.

The regulation prohibits the use of organs from living donors under the age of 18. Living organ donations are restricted to close relatives—spouses, direct blood relatives, or collateral blood relatives within 3 generations—to prevent exploitation.

The state promotes organ donation through education, awareness campaigns, and public messaging, with the news media encouraged to support these efforts. Citizens are also encouraged to register their willingness to donate deceased organs through a system managed by the RCSC.

To honor donors, the Red Cross issues donation certificates to relatives and supports the establishment of memorial facilities across the country. These facilities should be practical and locally adapted. Additionally, the Red Cross and the State Council’s health department organize regular commemorative activities to recognize and memorialize deceased organ donors.

Chapter III, Articles 19–34, outlines the regulatory framework for the acquisition and transplantation of human organs in China. Only qualified medical institutions that meet strict criteria—including dedicated departments, appropriate facilities, trained personnel, and independent ethics committees—are authorized to obtain or transplant deceased organs. These institutions must maintain a clear separation between the departments responsible for obtaining and transplanting organs.

Provincial health departments are responsible for designating institutions and service areas for organ procurement. Medical institutions identifying potential donors must report to designated procurement centers and notify the Red Cross, which appoints coordinators to witness the process. Transferring donors or organs across regions without authorization is strictly prohibited.

Before organ retrieval, ethics committees must review and approve each case, including the evidence that the donation is voluntary and not for profit. Committees are multidisciplinary and must reach a two-thirds majority to approve. Death must be legally confirmed before organ retrieval, and personnel involved in retrieval or transplantation are barred from making the death determination^{17,18,52–58} (Figures 3–6). Institutions must handle donor remains respectfully after retrieval.

Organ allocation must adhere to fairness, justice, and transparency, using a national distribution system. This system records donor and recipient data and prohibits the use of unregistered or misallocated organs. Organs donated by relatives of transplant candidates may be given priority under equivalent conditions.

A “green channel” for the rapid transport of organs is to be maintained through coordination with national agencies. Institutions applying to perform organ transplants

Organ Procurement in Type C-I Donors (DBD)

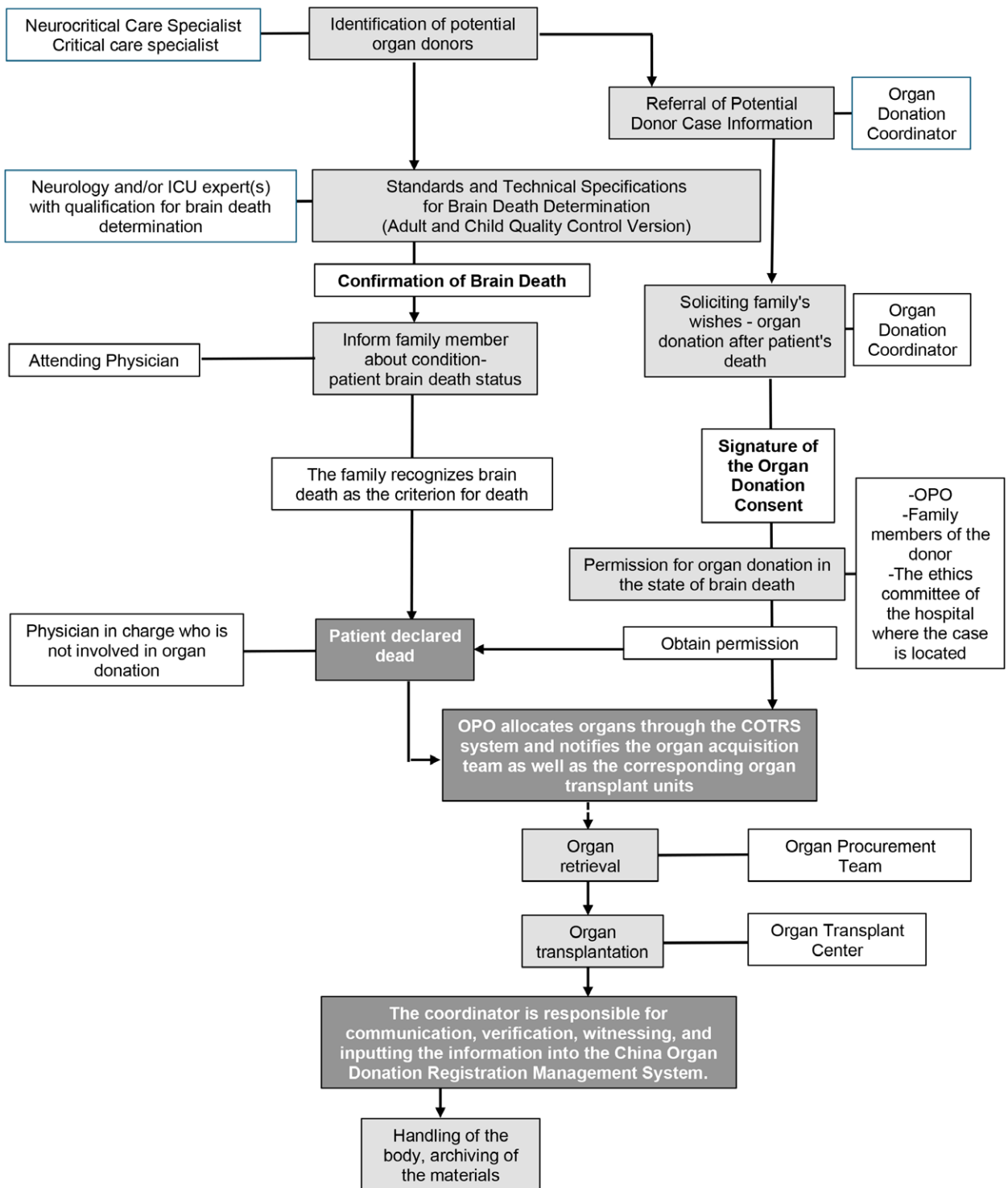


FIGURE 3. Process of organ donation and procurement in type C-1 donors (DBD).⁵⁶ COTRS, China Organ Transplant Response System; DBD, donation after brain death; ICU, intensive care unit; OPO, organ procurement organization.

must be reviewed and approved by the national health authority based on qualifications and local needs. Approved facilities are listed publicly, and noncompliant institutions must cease operations and be deregistered.

Transplant surgeons must meet specific professional and clinical experience standards, undergo training, and be formally certified. In living organ donation, ethics committees must verify donor consent, family relationship, and ethical

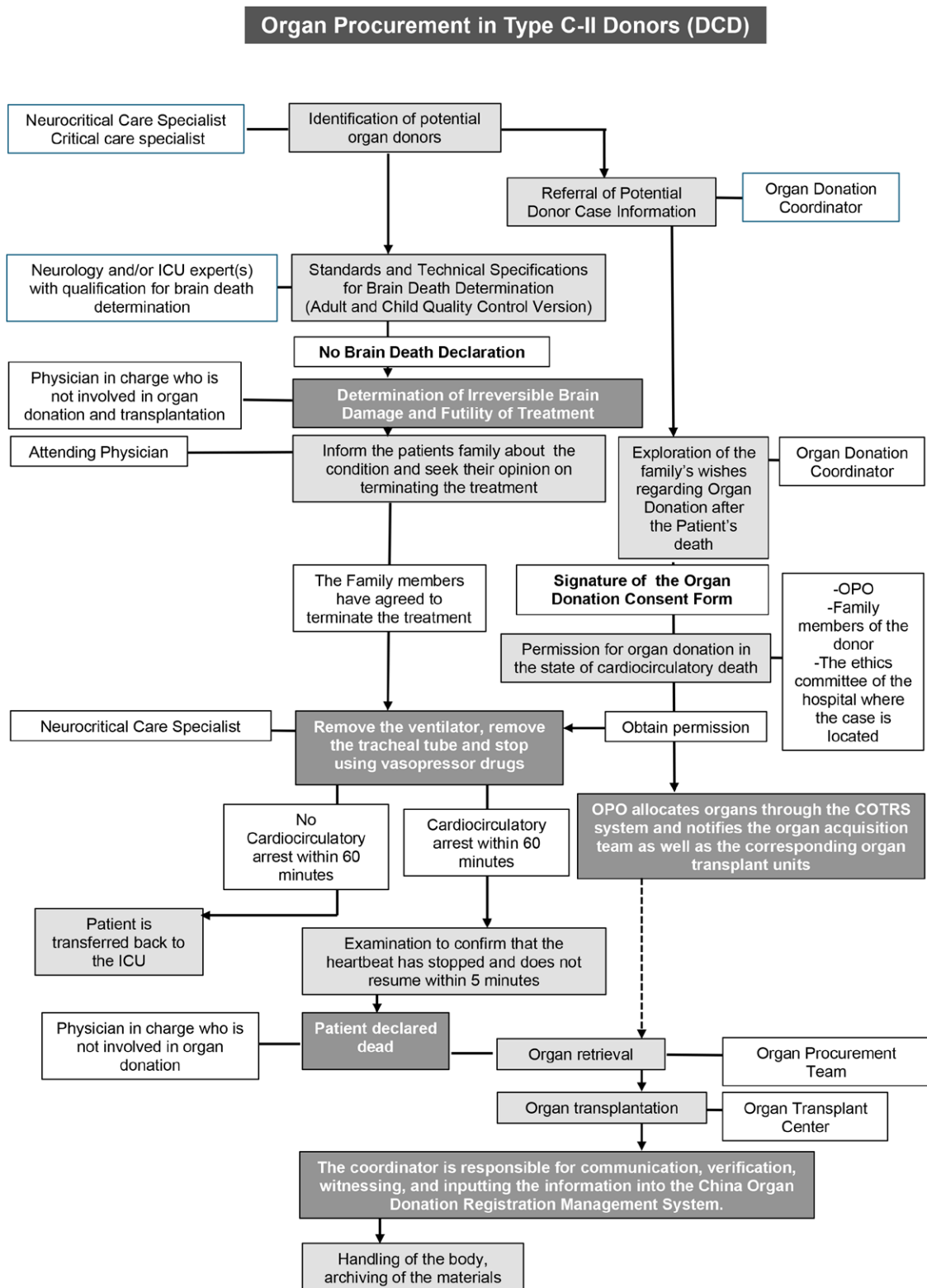


FIGURE 4. Process of organ donation and procurement in type C-2 donors (DCD).⁵⁶ COTRS, China Organ Transplant Response System; DCD, donation after circulatory death; ICU, intensive care unit; OPO, organ procurement organization.

compatibility. Donors must be fully informed of medical risks, and written consent and documentation must be obtained and stored.

Institutions are prohibited from charging for organs but may bill recipients for related medical services and actual

costs related to the process of organ procurement. Fees for recovering the cost of organ procurement must be transparently calculated and regulated by both national and provincial authorities. Personal information of donors and recipients must be legally protected.

Process of organ donation and procurement in Type C-III Donors with ECMO support (DBCD)

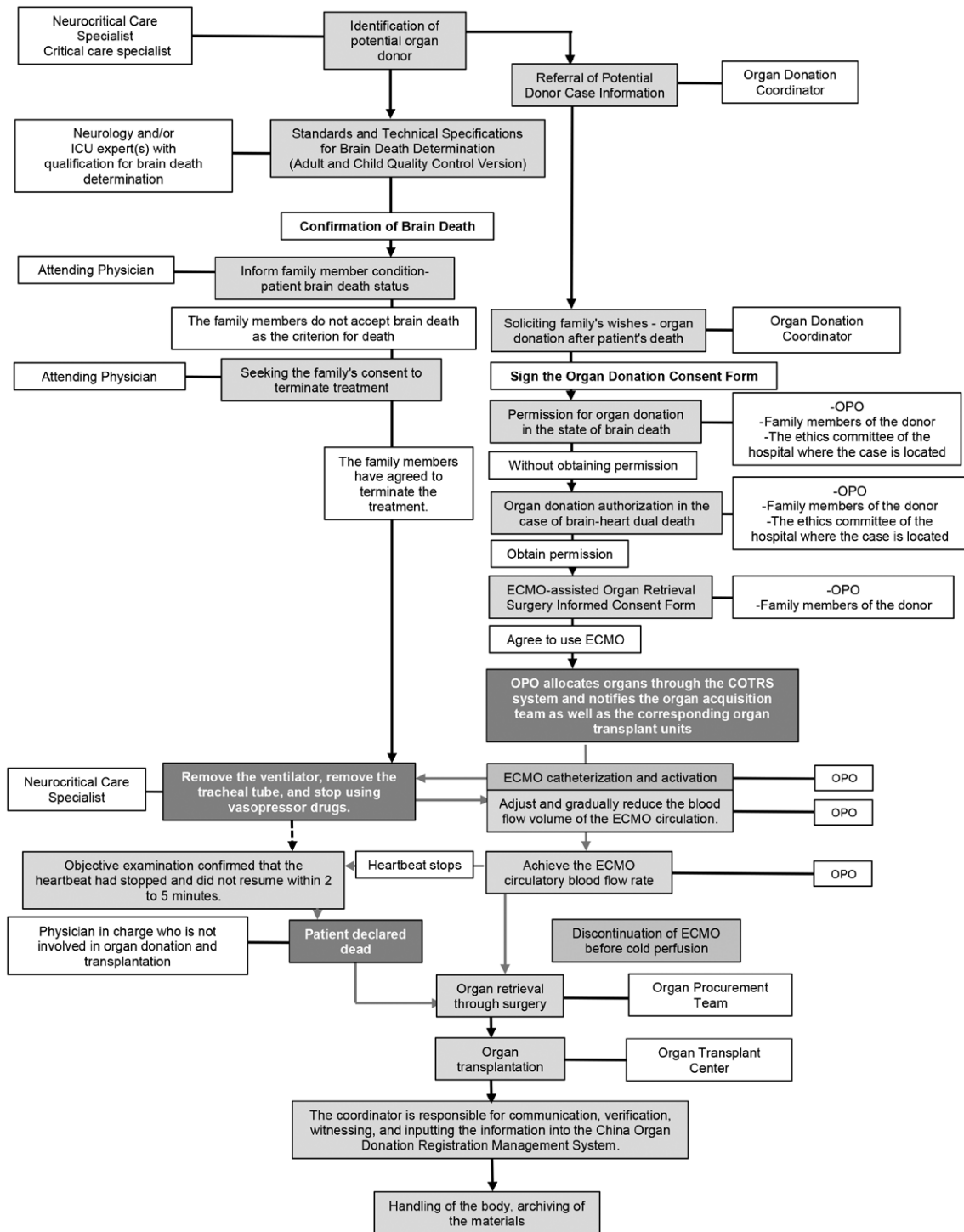


FIGURE 5. Process of organ donation and procurement in type C-3 donors with ECMO (DBCD).⁵⁶ COTRS, China Organ Transplant Response System; DBCD, donation after brain-circulatory death; ECMO, extracorporeal membrane oxygenation; ICU, intensive care unit; OPO, organ procurement organization.

Finally, all medical institutions must report organ procurement and transplant activities to the provincial health department, supporting the establishment of a national registration and reporting system for transparency and oversight.

Chapter IV, Articles 35–49, of the regulation outlines the legal responsibilities and penalties associated with violations in the donation and transplantation of human organs. It emphasizes the integration of administrative

Process of organ donation and procurement in Type C-III Donors without ECMO (DBCD)

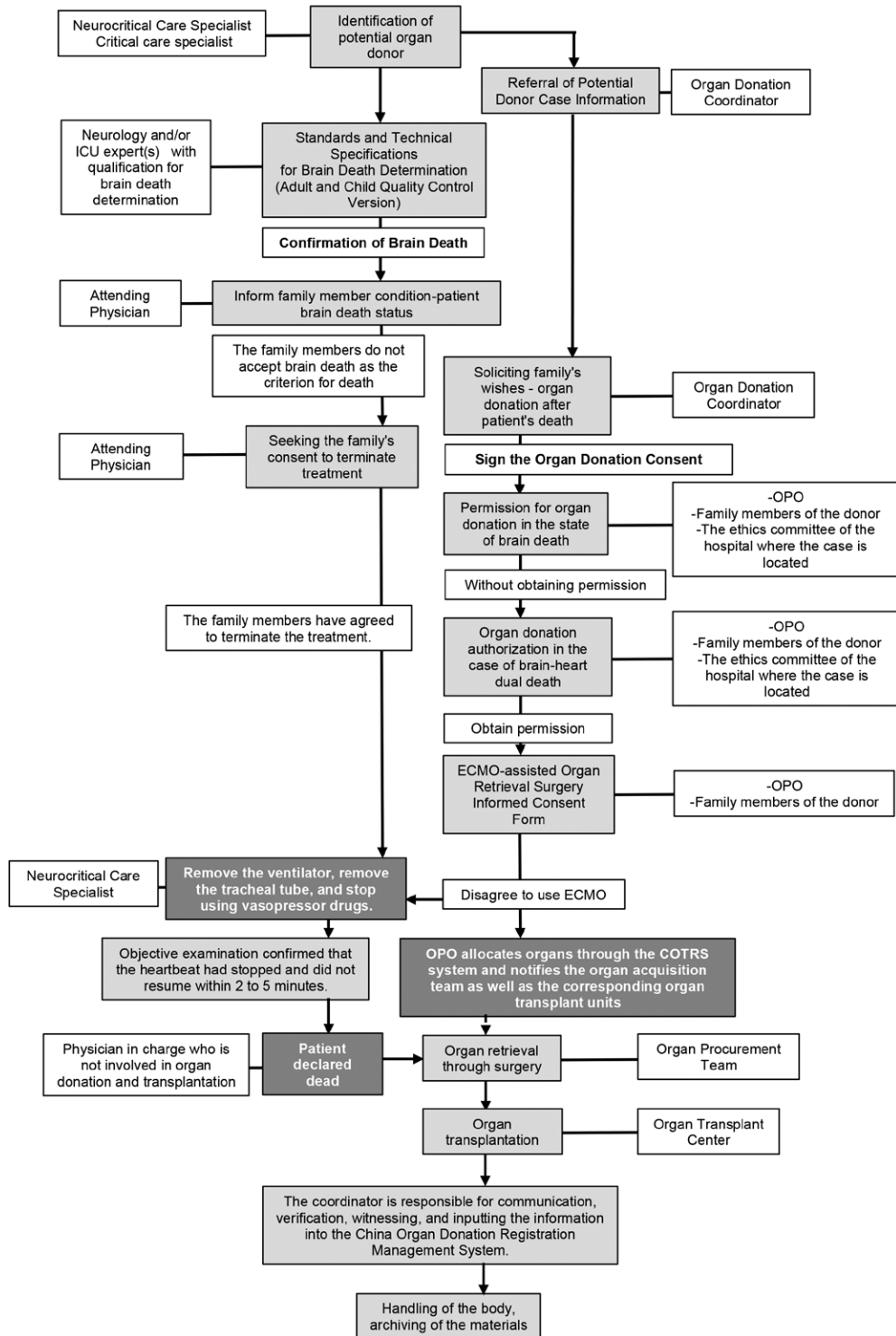


FIGURE 6. Process of organ donation and procurement in type C-3 donors without ECMO (DBCD).⁵⁶ COTRS, China Organ Transplant Response System; DBCD, donation after brain-circulatory death; ECMO, extracorporeal membrane oxygenation; ICU, intensive care unit; OPO, organ procurement organization.

enforcement and criminal justice to investigate and punish illegal activities. Individuals or entities involved in organ trading, unauthorized organ retrieval, or coercing minors

or others into donation are subject to criminal prosecution. Medical personnel found guilty may face permanent revocation of their medical licenses.

Severe administrative penalties are also prescribed. For example, trading organs or conducting unauthorized transplants may result in confiscation of illegal gains, hefty fines (ranging from 10 to 20 times the transaction amount), suspension or revocation of medical licenses, and bans on performing transplants for up to 10 y or permanently. Public officials involved in such offenses face removal from office and potential criminal charges.

Institutions performing transplants without proper registration, using unqualified staff, or failing to meet the required standards face penalties including fines of up to 500 000 yuan, loss of authorization, and suspension of medical personnel. Violations such as falsifying donation data, bypassing the national allocation system, or neglecting ethical and procedural obligations—like failing to consult an ethics committee or mismanaging donor remains—can result in both institutional and individual punishments.

The regulation also penalizes violations such as:

- Unapproved transregional transfers of potential donors
- False documentation
- Use of organs without ethics committee approval
- Breaches of confidentiality regarding donor and recipient information
- Improper financial charges beyond approved costs

Human organ donation coordinators are also held accountable. Failure to perform duties—such as witnessing deceased organ retrieval—or providing false statements can result in lifetime disqualification. Additionally, any public official who abuses power or engages in favoritism in the donation or transplant process faces legal consequences, including criminal liability.

Lastly, any party that causes harm through violations of the regulation must assume civil liability in accordance with the law.

Chapter V, Article 50, stipulates that the Regulation shall come into force on May 1, 2024, revoking the one from 2007.

Process of Organ Donation and Procurement After Death

The organ donation process in China after death follows 8 major steps: registration, donation assessment, donation confirmation, organ retrieval, organ allocation, body handling, humanitarian assistance, and documentation archiving as published in March 2019⁵⁶ by Feng H et al on behalf of the Chinese Society of Organ Transplantation and Chinese Medical Association (ChMA).^{52–57}

Registration

Chinese citizens have the legal right to donate organs voluntarily and without payment. Registration occurs in 2 forms:

- Premortem registration: Individuals can register at human organ donation offices, registration stations, or online. Upon submitting the completed form, they receive an official “China Human Organ Donation Card,” and their information is recorded in the national registry.
- Postmortem application: If the individual has not registered or opposed donation, immediate family members (spouse, adult children, and parents) can apply for organ donation through the hospital’s OPO or donation office, with documentation proving their relationship.

Donation Evaluation

Once irreversible brain damage or brain death is clinically suspected, a brain death determination panel makes the diagnosis of brain death or irreversible brain injury upon request of the supervising physician. If brain death is confirmed or irreversible brain injury is diagnosed, the patient can be considered as a potential organ donor. After informing the relative of the above diagnosis, the physician in charge may ask the relative if he/she is willing to donate organs or ask the relative through the Human Organ Donation Coordinator, to respect the citizen’s right to voluntary organ donation after death. If the relative has the wish to donate organs, the physician in charge or the Human Organ Donation Coordinator actively contacts the OPO of the service area to which the hospital belongs and applies for a donor evaluation expert to evaluate and maintain the donor’s major organ functions and general condition. The human organ donation coordinator carefully assesses the authenticity and feasibility of the relatives’ organ donation wishes and assists the relatives in the procedures related to organ donation the Red Cross staff will help in the process of organ related organ donation procedures. If the hospital where the potential donor is located does not have the ability to determine brain death or diagnose irreversible brain damage and to assess and maintain organs and the whole body, the Red Cross can coordinate with experts who are qualified to determine brain death and with the OPO assessment team to provide assistance.

The withdrawal of life-sustaining treatment (WLST) applies to patients with irreversible brain injury who are on mechanical ventilation and present with severe neurological damage or organ failure likely to result in death. This includes patients predicted to die within 60 min after withdrawal of life support, or those diagnosed as brain-dead but for whom death is declared only after cardiac arrest because of cultural or legal considerations. The process must occur in an appropriate clinical setting and in accordance with institutional protocols. Personnel involved in organ transplantation or procurement, including members of the OPO and surgical teams, must not be present during this procedure. If the donor survives for an extended period after WLST (currently, the maximum acceptable time according to guidelines in various countries is 180 min), continuing the DCD process is not recommended.⁵⁷

Following withdrawal, the patient’s vital signs must be continuously monitored using both clinical and invasive modalities. Recommended parameters for determining the cessation of cardiopulmonary function include absence of pulse, spontaneous respiration, blood pressure, and heart sounds; no detectable invasive arterial pressure; absence of brainstem reflexes (eg, fixed and dilated pupils); and confirmed deep coma.

To confirm the permanency of circulatory arrest, an absolute observation period is required following cessation of circulatory function. Based on existing literature and international guidelines, a minimum observation period of 2 min is required, with an upper limit of 5 min. During this time, no resuscitative interventions may be performed. This is similar to the Recommendation of the American Society of Anesthesiologists: “5.c Declaration of death is made following an observation period recommended to be at least two minutes and not more than 5 minutes.”⁵⁸

Death must be formally declared by 2 attending physicians who are fully independent of both the OPO and the transplant team. This separation ensures objectivity, impartiality, and the legal and ethical integrity of the determination process.

The exact time of death must be precisely documented in the medical record, and the entire procedure should be video recorded to provide transparency, quality assurance, and legal verification. During end-of-life care, the attending medical team must prioritize the comfort and dignity of the donor. The determination of death must be conducted entirely autonomously, and no action related to organ donation may influence or hasten the dying process.

Potential donors are evaluated in 2 stages using the ABC-HOME assessment method: a basic preliminary assessment (ABC) followed by a more detailed evaluation (HOME; Table 1).

Donation Confirmation

Once the evaluation is complete and all immediate family members agree to donate, they must sign the required forms: the “China Human Organ Donation Registration Form” and the “Human Organ Donation Informed Consent Form.” These must be signed in the presence of a donation coordinator and/or Red Cross staff, who also confirm the authenticity.

The coordinator verifies the donor-family relationship using official documents (eg, Identification cards, household records, marriage or birth certificates) and collects copies for archiving. Support may be provided to obtain any missing documents. The confirmation process is officially completed once verification and archiving are finalized.

Organ Retrieval Process

Once the donation is confirmed, the attending physician and the donor’s family or representative must sign a “Termination of Treatment Consent Form.” If brain death is accepted as the standard for death, it must be confirmed, and consent obtained for retrieval under those conditions. If the family prefers retrieval after circulatory death, they may also consent to the use of extracorporeal membrane oxygenation after circulatory death to preserve organ function, with corresponding consent forms signed.

Before any retrieval, the OPO must submit documentation to the hospital’s ethics committee for approval. The ethics committee is informed before organ procurement

in DBD and before WLST in DCD/DBCD patients. Upon approval, the retrieval is carried out as per the donor’s wishes, witnessed by a donation coordinator and/or Red Cross staff, with accurate surgical documentation maintained. Stand down time for DCD is a minimum of 5 min and for DBCD 2 min in accordance with International Standards.^{56,58}

Organ Allocation and Sharing

All donated organs must be allocated through the COTRS. The OPO enters the donor’s medical data into the system before retrieval to begin pre-allocation. If the donor’s condition deteriorates, emergency allocation is activated. After retrieval, the OPO coordinates transportation via a “green channel,” ensuring timely delivery to transplant hospitals. Posttransplant, the donation coordinator completes and archives the donation registration and submits documentation to the provincial office.

Body Handling Procedures

Donor bodies are treated respectfully post-retrieval. Surgical incisions are sutured, missing tissues replaced, and physical appearance restored. If whole-body donation was expressed, the OPO or Red Cross coordinates with receiving institutions. If not, the body is transferred to a funeral home, with support from relevant agencies.

Humanitarian Assistance

Families of organ donors may receive humanitarian aid from Red Cross societies, and civil or additional charitable organizations. Assistance can cover funeral costs, out-of-pocket medical expenses that related to the hospitalization of the organ donation, travel, lost income, and support for low-income families. Families may apply with appropriate documentation, and social recognition measures reported by local communities include support in employment, education, and access to legal services.

Documentation and Archiving

The OPO is responsible for compiling a comprehensive archive of all donation-related materials. This includes donor information, consent forms, clinical records, ethics approvals, witness certificates, and medical evidence of brain or circulatory death. If extracorporeal membrane oxygenation is used, its consent and operational records must also be included. Additional documentation

TABLE 1.
ABC-HOME evaluation method for potential organ donors⁵⁶

Initial assessment (ABC)				Further assessment (HOME)			
Age	Brain damage	Contraindication	Circulation	History	Organ function	Medication	Internal environment
<65 y old	GCS score ≤ 5; spontaneous breathing < 12 times/min; the cause of coma is clear	AIDS; extracranial malignant tumor; systemic infection	Systolic blood pressure; mean arterial pressure; central venous pres- sure; cardiopulmonary resuscitation time; frequency	History of drug addiction; history of hypertension; history of diabetes; length of stay in ICU	Liver and kidney functions; urine volume; ultra- sound examina- tion; x-ray chest film	Vasoactive drugs; diuretic dehydration drugs	Electrolytes; pH value; hemo- globin; albumin

GCS, Glasgow Coma Scale; ICU, intensive care unit.

requirements vary depending on whether the death was brain-related, cardiac, or both.

Declaration of Death

Following the diagnosis of brain death or circulatory death, as described in the above chapter, the patient is declared dead and a medical certificate of cause of death⁵⁷ must be issued to be evaluated by the Ethics Committee.

Following issuance, the death must be formally registered with the Public Security Bureau, which updates the deceased's household registration (hukou) records, thereby establishing the legal termination of civil identity. This registration is a prerequisite for subsequent legal and administrative procedures, including inheritance claims and estate settlement.

Regulation on Living Donation

In terms of living donation, the regulation^{43,59} permits only living-related kidney and liver transplants, restricting eligibility to immediate family members (spouses, parents, adult children, or siblings). Living-unrelated donations are strictly prohibited, reinforcing the ethical safeguard that donations arise from genuine, familial motivation, free from undue pressure. Family consent remains mandatory, reflecting cultural values rooted in Confucian traditions.

Only licensed institutions and certified professionals may perform transplants, all subject to strict clinical, ethical, and reporting requirements. The law also introduces clear penalties for misconduct, including unauthorized organ procurement and ethical violations.

Transparency is ensured through mandatory reporting to national systems such as COTRS, enabling public access to allocation and outcome data, aimed at building public trust.

Ethics Committees for Organ Donation/Transplantation

In a significant step to standardize ethical oversight in human organ transplantation, the National Health Commission of China issued a new set of working rules that took effect on May 1, 2024.⁵⁹ These rules were crafted to uphold the dignity of human life, ensure the rights and welfare of both organ donors and recipients, and align transplant practices with national legislation, including the Civil Code and the Law on Basic Medical Health and Health Promotion.

Under the new framework, every medical institution involved in organ procurement or transplantation must establish an independent Ethics Committee, details are described in Table 2. These committees are not simply administrative bodies but are designed to function with legal authority, transparency, and independence, ensuring that no transplant activity proceeds without thorough ethical review. The Ethics Committees must adhere to the ethical standards and guidelines established by the authoritative ChMA. The ChMA has endorsed and references the WMA criteria, which explicitly prohibit the use of organs from prisoners, allowing only the narrowly defined exception of living organ donation within the immediate family.³⁵ The committee must consist of at least 9 members, representing disciplines such as medicine, law, and ethics, with no >25% being transplant clinicians to prevent conflicts of interest.

The responsibilities of the Ethics Committee are extensive. They are tasked with developing internal ethical review protocols, overseeing both deceased and living donations, and advising on complex ethical issues that arise in clinical settings. They must also run regular training programs to keep members informed on current laws, ethical standards, and procedural updates. All committee members are required to sign confidentiality agreements, emphasizing the importance of privacy protection for donors and recipients.

The process of ethical review is systematic and stringent. In the case of deceased organ donation, the committee must evaluate documentation such as the medical certificate of cause of death, consent forms, and completeness of documentation of medical assessments of donor suitability. For living donations, the review becomes more complex, requiring proof of familial relationships, detailed health and psychological evaluations, and confirmation of informed, voluntary consent. The aim is to ensure that all donations are free of coercion or financial incentives, and that no medical harm comes to living donors beyond what is ethically acceptable.

Approvals are only granted when at least two-thirds of the committee members agree. In urgent cases, meetings may be conducted virtually, but accurate records must be maintained. This system ensures both flexibility and accountability.

Supervision of these ethical committees falls under the jurisdiction of local and provincial health authorities, while the medical institution itself bears primary responsibility for compliance. Institutions or individuals found violating the rules—such as conducting transplants without proper ethical approval or leaking personal donor information—face legal penalties, including fines, license revocation, and criminal charges where applicable.

Ethic Statement and Standpoint of Chinese Medical Professionals—The Chinese Medical Association

At the 223rd WMA Council in Nairobi (2023), the ChMA reaffirmed its commitment to China's 2015 ban on using organs from executed prisoners, noting its critical role in advancing voluntary deceased organ donation and positioning China as the world's second-largest deceased donor country.³⁵ ChMA emphasized compliance with national legal and regulatory frameworks and condemned any use of organs from executed prisoners. It urged all national medical associations—especially in countries where such practices remain legal—to uphold ethical standards, educate physicians, and work toward eliminating such conduct globally.

This statement follows ChMA's earlier commitment made at the WMA General Assembly in Copenhagen (2007), where ChMA endorsed the WMA Statement on Human Organ Donation and Transplantation and pledged to discourage organ procurement from prisoners, except for donations to immediate family members. ChMA continues to support a self-sufficient donation system aligned with WHO principles and calls for global ethical vigilance on this matter.^{35,60,61}

INTERNATIONAL RECEPTION

Recently, Ascher and Delmonico^{62,63} commented on an article from Sun-Yat Sen University in Guangzhou,²⁷ noting

TABLE 2.**Notice of the National Health Commission on the issuance of the working rules of the human organ transplantation ethics committee⁵⁹**

Chapter I: General provisions

Establishes the purpose: to protect human dignity, safeguard life and health, and ensure ethical standards in organ donation and transplantation.
Mandates ethical review for both deceased and living organ donations.
Stresses principles of beneficence, nonmaleficence, fairness, legality, and transparency.

Chapter II: Committee composition

Committees must include at least 9 members with an odd total number, representing medicine, law, ethics, and noninstitutional social sectors.
Less than 25% of members can be transplant physicians.
Directors and deputy directors are elected internally but must not hold clinical or procurement leadership roles in the hospital.
Mandatory training in ethics, regulations, and legal knowledge is required for all members.

Chapter III: Committee responsibilities

Responsibilities include—establishing ethical protocols, reviewing cases, providing ethical guidance, and conducting ethics training.
All members must sign confidentiality agreements.
Committees must report their establishment, membership, and major decisions to the provincial health authorities.

Chapter IV: Ethical review procedures

Reviews must adhere to 5 principles:

1. Voluntariness and noncompensation.
2. Informed consent.
3. Risk minimization (especially for living donors).
4. Fairness and justice in allocation.
5. Privacy protection for donors and recipients.

Deceased donation review: Requires documentation such as medical certificate of cause of death, informed consent, donor evaluation reports, etc.

Living donation review: Requires identity and kinship verification, consent, health/risk assessments, and indication justifications.

Committees assess donor intent, absence of financial inducement, completeness of documentation of medical suitability, and legal/ethical compliance.

A decision requires a two-thirds majority vote.

Chapter V: Supervision and management

Oversight lies with health authorities at county level and above.

Medical institutions are accountable for the ethics review process; institutional leadership bears first-line responsibility.

Violations (eg, unauthorized organ acquisition, false reviews, confidentiality breaches) are subject to penalties under national law.

Committee members who fail in duty or attend <3 meetings per year are subject to replacement.

Implementation

These rules came into effect on **May 1, 2024**, and are intended to enhance transparency, standardization, and ethical integrity in China's organ transplantation practices.

China's cessation of unethical organ procurement in 2015 and the establishment of a centralized oversight system for organ tracking and distribution, with mechanisms to enhance transparency, including the annual publication of data on waitlisting and organ allocation in the "China Transplant Development Report,"^{44–50} a practice consistent with international standards, such as those followed by the United Network for Organ Sharing in the United States or the Deutsche Stiftung Organtransplantation report in Germany.

The recurring concern regarding whether executed prisoners can serve as organ donors warrants consideration from 2 perspectives. They retain the right to exercise free will and are not legally deprived of their civil rights to consent to organ donation—similar to the situation in the United States, Taiwan, China, and Singapore.

In clinical practice, however, the regulatory framework governing organ donation and procurement in mainland China (Figure 1), along with the mandatory involvement of ethics committees that act in line with the ethics standards of the ChMA, effectively precludes the use of organs from executed prisoners. Organs can only be considered from persons dying in ICUs in medical institutions. Before any organ retrieval, a medical death certificate must be

issued, as required in all jurisdictions. This medical death certification is performed by neurologists or intensive care physicians. This explicitly excludes execution sites that are precisely regulated and must be tied to detention or court facilities, avoid public and urban centers, and occur under strict legal authorization in accordance with national law (Articles 261–263)⁶⁴ where the determination and formal certification of death is carried out by coroners. These procedures are in line with the procedures in place in the United States (some US jurisdictions, not all states have the death penalty), Taiwan, China, and Singapore (Table 3), which also have the death penalty, used executed prisoners in the past as organ donors and do not ban it legally.^{64,66–69} The use of organs from executed prisoners is excluded by ethic standards. Moreover, in China, the donation and transplantation process is audited and supervised through a fifth pillar of the system, which provides an additional layer of accountability. This is achieved via the centralized Donation and Transplant Regulatory System, comprising the National Health Commission and Provincial Health Authorities.

As described in the preceding sections on donation and procurement, the process of organ donation and transplantation includes informed consent from the donor's

TABLE 3.
Existing legal and regulatory policies on organ procurement from executed prisoners

Country/region	Death penalty	Transplant legislation	Organ procurement from executed prisoners	Explicit legal ban on organ donation from executed prisoners	Existing legal and regulatory policies on organ procurement from executed prisoners
Mainland China	Yes	Yes	Yes (ended December 31, 2014)	No	Organ donation from executed prisoners was performed until December 2014. Since January 2015, it stopped since the practice was considered unethical and not in line with international standards. Since then, China has implemented rules and regulations including ethic boards governed and supervised by the National Health Commission to practically rule out organ donation from executed prisoners. ^{42,43,59,65}
United States	Yes (some US jurisdictions)	Yes	Yes (1970/80ies)	No	While there is no explicit law prohibiting it, all requests from death row inmates to donate organs after execution have been denied. This is primarily because the practice is widely considered unethical and could incentivize the death penalty. The UNOS Ethics Committee has raised a small number of the many issues regarding organ donation from condemned prisoners. The Committee opposes any strategy or proposed statute regarding organ donation from condemned prisoners until all of the potential ethical concerns have been satisfactorily addressed. ^{64,66}
Taiwan, China	Yes	Yes	Yes (ended July 2015, law amended July 15, 2020)	No	In Taiwan, the use of organs from executed prisoners was previously permitted under law, but this practice has been changed since 2020. The decision to ban organ donation from executed prisoners was driven by international ethical concerns and public pressure. While the previous law allowed for such donations under specific conditions, the amended law now mandates that organs can only be donated by individuals who have given their free and informed consent. ^{10,11}
Singapore	Yes	Yes	Yes (still possible)	No	In Singapore, organ donation from executed prisoners is not explicitly forbidden by law, but it raises significant ethical concerns. While the HOTA and the MTERA govern organ donation, neither specifically addresses the use of organs from executed prisoners. However, the practice of using organs from executed prisoners is widely considered unethical because of issues of informed consent and coercion. ^{7,8,67}

HOTA, Human Organ Transplant Act; MTERA, Medical (Therapy, Education and Research) Act; UNOS, United Network for Organ Sharing.

family and approval from an independent ethics board following declaration of brain death or circulatory death in an ICU. In this context most critically, the issuance of a medical certificate of cause of death is a prerequisite for organ retrieval, and the legal determination of death in China follows a multitiered process. This involves medical certification, registration with the Public Security Bureau, and legal notarization, each managed by designated institutions under strict regulatory oversight.⁶⁹

CONCLUSIONS

In summary, China has undergone fundamental reforms in its legal framework on organ donation and transplantation over the past 30 y. These changes have been internationally documented, legally enshrined in the Chinese Civil Code and Regulations on Organ Donation and Transplantation and further reinforced by an amendment to the Chinese Criminal Law. Ethics Committees are working under the guidance of the Declaration of Helsinki and the international standards of WMA. Data are transparently reported to WHO, presented in annual publications and individual center reports. The policies reflect a broader transformation in China's transplantation

landscape—from a prior emphasis on procedural volume to a contemporary focus on quality, ethical compliance, and patient safety. The 2024 regulatory framework establishes a legally robust and ethically sound infrastructure that safeguards the rights of donors and recipients while facilitating sustainable development of organ transplantation in China.

ACKNOWLEDGMENTS

The authors thank Bernhard Schwartländer, MD, Institute for Global Health and Development, Peking University, Beijing, China, and former Global Health Envoy, Ministry of Foreign Affairs, Germany, German Embassy in Beijing, China, for his valuable insights and guidance. The authors also thank Jiwei Qin, MD, for his assistance in the preparation and creation of the figures.

REFERENCES

- Robertson MP, Lavee J. Execution by organ procurement: breaching the dead donor rule in China. *Am J Transplant*. 2022;22:1804–1812.
- Sade RM, Carpenter AJ, D'Amico TA, et al. Unethical studies on transplantation in cardiothoracic surgery journals. *J Thorac Cardiovasc Surg*. 2021;112:1746–1752.

3. Judgment. The independent tribunal into forced organ harvesting from prisoners of conscience in China. Available at https://chinatribunal.com/wp-content/uploads/2020/03/ChinaTribunal_JUDGMENT_1stMarch_2020.pdf. Accessed July 10, 2025.
4. Holm AM, Fedson S, Courtwright A, et al. International Society for Heart and Lung Transplantation statement on transplant ethics. *J Heart Lung Transplant*. 2022;41:1307–1308.
5. Robertson MP, Hinde RL, Lavee J. Analysis of official deceased organ donation data casts doubt on the credibility of China's organ transplant reform. *BMC Med Ethics*. 2019;20:79.
6. Starzl TE. France and the early history of organ transplantation. *Perspect Biol Med*. 1993;37:35–47.
7. Westall GP, Komesaroff PA, Gorton MW, et al. Ethics of organ donation and transplantation involving prisoners: the debate extends beyond our borders. *Intern Med J*. 2008;38:56–59.
8. Cameron JS, Hoffenberg R. The ethics of organ transplantation reconsidered: paid organ donation and the use of executed prisoners as donors. *Kidney Int*. 1999;55:724–732.
9. Bersinger AS, Milot L. Posthumous organ donation as prisoner agency and rehabilitation [65 DePaul L Rev]. Available at <https://via.library.depaul.edu/law-review/vol65/iss4/2>. Accessed July 10, 2025.
10. Laws and Regulations Database of the Republic of China. Regulations for executing the death penalty. Available at <https://law.moj.gov.tw/ENG/LawClass/LawAll.aspx?pcode=10010014>. Accessed July 10, 2025.
11. Tsai DF-D, Tsai M-K, Ko W-K. Organs by firing squad: the medical and moral implausibility of death penalty organ procurement. *Am J Bioeth*. 2011;11: 11–13.
12. Guo Y, Yang J. Overview of renal graft. *China Medical News*. 2003;18:18–19.
13. Huang JF, Wang HB, Zheng SS, et al. Advances in China's organ transplantation achieved with the guidance of law. *Chin Med J (Engl)*. 2015;128:143–146.
14. Chinese Ministry of Health. Regulation on human organ transplantation. Available at http://www.gov.cn/zwqk/2007-04/06/content_574120.htm. Accessed July 10, 2025.
15. Shi BY, Liu ZJ, Yu T. Development of the organ donation and transplantation system in China. *Chin Med J (Engl)*. 2020;133:760–765.
16. National People's Congress of the People's Republic of China. Amendment (VIII) to the Criminal Law of the People's Republic of China. Available at: http://www.gov.cn/jfjg/2011-02/25/content_1857448.htm. Accessed July 10, 2025.
17. Huang J, Wang H, Fan ST, et al. The national program for deceased organ donation in China. *Transplantation*. 2013;96:5–9.
18. Brain Injury Evaluation Quality Control Centre of National Health and Family Planning Commission. Criteria and practical guidance for determination of brain death in adults (BQCC version) (in Chinese). *Chin J Neurosurg*. 2013;46:637–640.
19. Brain Injury Evaluation Quality Control Centre of National Health and Family Planning Commission. Criteria and practical guidance for determination of brain death in children (BQCC version) (in Chinese). *Chin J Pediatr*. 2014;52:756–759.
20. National Health and Family Planning Commission of the People's Republic of China. Notice of the interim provisions on human organ procurement and allocation. Available at <http://www.nhc.gov.cn/yzygj/s3585u/201308/8f4ca93212984722b51c4684569e9917.shtml>. Accessed July 10, 2025.
21. Chinese Medical Association. Development status of organ donation and transplantation in China. Available at https://en.cma.org.cn/art/2020/5/13/art_692_34479.html#:~:text=The%20former%20Ministry%20of%20Health%20reviewed%20and%20admitted%20organ%20transplant,programs%20in%20the%20same%20year. Accessed September 18, 2025.
22. Huang J, Millis J, Mao Y, et al. Voluntary organ donation system adapted to Chinese cultural values and social reality. *Liver Transpl*. 2015;21:419–422.
23. Huang J. The "Chinese Mode" of organ donation and transplantation. *Hepato Biliary Surg Nutr*. 2017;6:212–214.
24. Zhang L, Zeng L, Gao X, et al. Transformation of organ donation in China. *Transpl Int*. 2015;28:410–415.
25. Wu Y, Elliot R, Li L, et al. Cadaveric organ donation in China. A crossroads for ethics and sociocultural factors. *Medicine (Baltimore)*. 2018;97:e9951.
26. Zhao H, Wang H, Pu M, et al. An important measure taken for China's organ transplantation response system. *Hepatobiliary Surg Nutr*. 2022;11:651–653.
27. Chen Z, Han M, Dong Y, et al. First affiliated hospital of Sun Yat-sen University, Guangzhou, People's Republic of China: 5-year experience at a high-volume donor and recipient liver transplant center. *Transplantation*. 2023;107:1855–1859.
28. Luo A, He H, Xu Z, et al. Social support of organ donor families in China: a quantitative and qualitative study. *Front Public Health*. 2021;9:746126.
29. Dong NG, Hu XJ, Wang HB, et al. Letter to the editor. *J Thorac Cardiovasc Surg*. 2022;164:127–129.
30. Deutscher Bundestag. WD 9—3000—087/18, 18. Dezember 2018, WD 9: Gesundheit, Familie, Senioren, Frauen und Jugend. Available at <https://www.bundestag.de/services/suche?suchbegriff=WD-9-087-18>. Accessed July 22, 2025.
31. Qin J, Yuan X, Zheng H, et al. Establishing a new liver transplant unit in China—first affiliated hospital of the university of science and technology China, Hefei, Anhui, People's Republic of China. *Transplantation*. 2024;109:387–390.
32. Yuan X, Qin J, Zheng H, et al. Enhanced recovery after liver transplantation—a prospective analysis focusing on quality assessment. *Hepatobiliary Surg Nutr*. 2025;14:423–441.
33. National Health Commission of the People's Republic of China. 国家卫生健康委政务服务平台 器官移植机构. Available at <https://zwfw.nhc.gov.cn/cxx/ywjgcx/qgyzjg/>. Accessed September 18, 2025.
34. Huang J, Nunez JR, Zheng S et al. *China-EU Organ Donation Management (Bilingual Edition)*. Science Press; 2018.
35. World Medical Association. WMA council resolution on organ donation in prisoners. Available at <https://www.wma.net/policies-post/wma-council-resolution-on-organ-donation-in-china/#>. Accessed July 10, 2025.
36. Global Times. Available at: <https://www.globaltimes.cn/content/1161481.shtml>. Accessed July 10, 2025
37. BBC. Available at: <https://www.bbc.com/news/world-asia-china-55097424>. Accessed July 10, 2025.
38. Newsweek. Available at: <https://www.newsweek.com/chinese-doctors-harvested-organs-car-crash-victims-severe-brain-damage-1550795>. Accessed July 10, 2025.
39. The Independent. Available at: <https://www.independent.co.uk/news/world/asia/chinese-doctors-organ-harvest-jail-b1762667.html#>. Accessed July 10, 2025.
40. Zhao H-T, Zheng S-S, Fan J, et al. New chapter in reform and development of organ donation and transplantation in China: embracing past, grounding in national conditions, upholding steadfast belief, and looking forward to future. *Hepatobiliary Pancreat Dis Int*. 2025;24:6–13.
41. National Health Commission Ministry of Civil Affairs of the People's Republic of China. National Development and Reform Commission of China, Ministry of Public Security of China; 2024. Ministry of Finance of the People's Republic of China, Ministry of Human Resources and Social Security of the People's Republic of China, et al. Opinions on Promoting the Healthy Development of Human Organ Donation (2024-05-21). Available at <http://www.nhc.gov.cn/ylyjs/pqt/202405/cd8b76ed457e4e05973d562833476279.shtml>. Accessed September 12, 2025.
42. WIPO. The Civil Code of the People's Republic of China (Articles 1006 and 1007 pages 180 and 181). Available at <https://www.wipo.int/wipolex/en/text/586681>. Accessed July 10, 2025.
43. Order of the State Council of the People's Republic of China (No. 767). Available at https://www.gov.cn/zhengce/content/202312/content_6920195.htm. Accessed July 10, 2025.
44. Huang J. Report on Organ Transplantation Development in China (2015–2018). Chinese Organ Donation Foundation; 2019. Available at https://www.tup.tsinghua.edu.cn/en/book_08327601.html. Accessed January 30, 2026.
45. Huang J. Report on Organ Transplantation Development in China (2019). Tsinghua University Press; 2020. Available at https://www.tup.tsinghua.edu.cn/en/book_09105001.html. Accessed January 30, 2026.
46. Huang J. Report on Organ Transplantation Development in China (2020). China Science and Technology Press; 2021. Available at <https://www.zhangqiaokeyan.com/book-cn/081501276407.html>. Accessed January 31, 2026.
47. Huang J. Report on Organ Transplantation Development in China (2021). Peoples Medical Publishing House; 2022. Available at <https://book.qq.com/book-detail/53749468>. Accessed January 31, 2026.
48. Huang J. Report on Organ Transplantation Development in China (2022). People's Health Publishing House; 2024. Available at <https://weread.qq.com/web/reader/39d32c00813aba113g019e62kc81322c012c81e728d9d180>. Accessed January 31, 2026.

49. Huang J. Report on Organ Transplantation Development in China (2023). Tsinghua University Press; 2025. Available at https://www.tup.tsinghua.edu.cn/en/book_11037401.html. Accessed January 30, 2026.
50. Huang J. Report on the development of Organ Donation and Transplantation in China. 2024; Tsinghua University Press, Beijing. ISBN 978-7-302-70347-1. Available at https://www.tup.tsinghua.edu.cn/en/book_11428801.html. Accessed January 30, 2026.
51. Global Observatory on Donation and Transplantation. Available at <https://www.transplant-observatory.org/>. Accessed July 10, 2025.
52. 国家卫生健康委员会脑损伤质控评价中心. 中国儿童脑死亡判定标准与操作规范. *中华儿科杂志*. 2019;57:331–335.
53. 中华医学会器官移植学分会. 中国心脏死亡器官捐献工作指南 (第2版). *实用器官移植电子杂志*. 2013;1:9–12.
54. Brain Injury Evaluation Quality Control Centre of National Health and Family Planning Commission. Criteria and practical guidance for determination of brain death in children (BQCC version). *Chin Med J (Engl)*. 2014;127:4140–4144.
55. Brain Injury Evaluation Quality Control Center of National Health Commission; Neurocritical Care Committee of the Chinese Society of Neurology (NCC/CSN); Neurocritical Care Committee of China Neurologist Association (NCC/CNA). Criteria and practical guidance for determination of brain death in adults (2nd edition). *Chin Med J (Engl)*. 2019;132:329–335.
56. 中华医学会器官移植学分会. 中国公民逝世后器官捐献流程和规范 (2019版). *器官移植*. 2019;10:122–127.
57. Guo Z, Zhang J, Wang T, et al. Consensus on clinical application of normothermic regional perfusion in organ donation after circulatory determination of death. *Organ Medicine*. 2025;2:1–14.
58. American Society of Anesthesiologists. Statement on controlled organ donation after circulatory death. Available at <https://www.asahq.org/standards-and-practice-parameters/statement-on-controlled-organ-donation-after-circulatory-death>. Accessed September 18, 2025.
59. National Health Commission of the People's Republic of China. Notice of the National Health Commission on the issuance of the working rules of the ethics committee for human organ transplantation. Available at <https://www.nhc.gov.cn/ylyjs/zcwj/202405/cf319f3e9200408d9476f-9394b3e3f6d.shtml>. Accessed July 10, 2025.
60. The Pontifical Academy of Sciences. Final declaration of the ethics in action meeting (2018-03-12). Available at <http://www.endslavery.va/content/endslavery/en/eia/ht.html>. Accessed September 12, 2025.
61. World Health Organization. WHO task force on donation and transplantation of human organs and tissues. Available at https://www.who.int/health-topics/transplantation#tab=tab_1. Accessed September 12, 2025.
62. Ascher NL, Delmonico FL. Organ donation and transplantation in China. *Transplantation*. 2023;107:1880–1882.
63. Ascher NL, Delmonico FL. A last hurrah: reply to Sharif et al regarding China. *Transplantation*. 2024;108:e85.
64. Iwai Y, Behne MF, Long JM, et al. US prison policies on organ donation for individuals who are incarcerated. *JAMA Netw Open*. 2023;6:e232047.
65. National Health Commission of the People's Republic of China. Further standardization of the Ministry of Civil Affairs of the Ministry of Public Security of the National Health and Family Planning Commission Notice on the Management of Medical Certificate and Information Registration for Population Death. Available at <https://www.nhc.gov.cn/guihuaxxs/c100133/201401/7e2bb755e24047ed8c3b10996f8e3bfa.shtml>. Accessed July 10, 2025.
66. Congress.Gov. National Organ Transplant Act. Available at <https://www.congress.gov/bill/98th-congress/senate-bill/2048>. Accessed July 18, 2025.
67. Tembusu Law LLC. Donating organs after death: what Singapore laws says. Available at <https://www.tembusulaw.com/insights/donating-organs-after-death-singapore/>. Accessed July 18, 2025.
68. Criminal Procedure Law of the People's Republic of China. Available at https://fjyjxy.zuel.edu.cn/_upload/article/files/02/15/0647e4ff43bf99ae7be0a48c4f07/4eab8abe-a78b-4487-bf63-cf19e1a4569e.pdf. Accessed July 24, 2025.
69. Health Resources and Services Administration. The ethics of organ donation from condemned prisoners. Available at <https://optn.transplant.hrsa.gov/professionals/by-topic/ethical-considerations/the-ethics-of-organ-donation-from-condemned-prisoners/>. Accessed July 18, 2025.