SWGMDI's Standards for Interactions Between Medical Examiner/Coroner Offices and Organ and Tissue Procurement Organizations and Eye Banks

A Report and Recommendations
Prepared by the Organ and Tissue Procurement Committee of the
Scientific Working Group on Medicolegal Death Investigation (SWGMDI)

INTRODUCTION

Clear policies and procedures should guide regular communication between medical examiner/coroners and organ/eye/tissue procurement agencies and tissue processors in order to facilitate continued improvement of processes and to enhance mutual understanding. The following standards are suggested to ensure appropriate medicolegal investigation of death while at the same time ensuring the quality and safety, and allowing as much as possible the availability of donated organs and tissues.

It is the position of SWGMDI that the procurement of at least some organs and/or tissues for transplantation can occur in almost all cases without a negative impact to the goals of medicolegal death investigation.

Definitions:

Standards are a minimum level of acceptable performance.
Guidelines (or Principles) are a suggested level of performance, but not a standard.
Best Practices are the most rigorous level of performance and are based on current knowledge without resource limitations.

STANDARDS

1. Medical examiners/ coroners and procurement agencies shall cooperate and communicate with each other to optimally facilitate the availability of donated organs and tissues, and the provision of forensic, scientific and medical information, documentation and samples/specimens.

2. Organ and tissue procurement shall be allowed to take place as soon as appropriate after death, guided by any agreements between the medical examiner/coroner and organ and tissue bank(s), the standards of the organ/tissue procurement and processing agencies, recognized medicolegal investigative standards such as those published by the National

Association of Medical Examiners and any applicable regulatory authority. This is especially important for time sensitive recoveries of ocular and tissue allografts in which retention of living cells is important for transplantation (e.g., corneas, whole joints, stem cells). Whenever possible, recovery of tissue prior to autopsy should occur to reduce the potential for contamination of tissue to be recovered for transplantation.

3. The medical examiner/coroner and procurement agencies shall discuss and agree upon practices for notifying the medical examiner/coroner, or their representative, of potential tissue or organ donation cases falling under the jurisdiction of the medical examiner/coroner. During notification of potential donor case discussions, restrictions to procurement and other medical examiner/coroner requests shall be delineated. Documentation, or recording information of authorization for donation, shall be provided to the medical examiner/coroner, if requested.

4. The option of performing an external examination by the medical examiner/coroner or their investigator shall be provided to the medical examiner/coroner prior to procurement when requested. Trace evidence may be collected at this time and fingerprints and/or photographs may be taken. Time limits for organ/eye/tissue shall be considered.

5. Samples for toxicological analysis may be collected by the procurement agency for the medical examiner/coroner. Such specimens shall be taken in accordance with the medical examiner/coroner office's requested practices and procedures and labeled as to date, time and site from which obtained. Blood specimens from the body of the decedent shall include femoral vein blood whenever possible. The procurement agency shall document and notify the medical examiner/coroner if any type of drugs, such as papaverine, were used in the procurement process. All agreed upon body fluid samples shall be returned to the medical examiner/coroner. Blood and other body fluid samples from the earliest dates in the hospital laboratory shall be reserved for toxicological analysis by the medical examiner/coroner except for the minimal amount necessary for infectious disease testing by the procurement agencies. Procurement agencies shall share testing results to minimize the amount of blood needed for testing.

6. At the time of procurement, detailed notes shall be taken and provided to the medical examiner/coroner describing any evidence of injury or disease encountered during the procedure. Any deep venous thrombi or pulmonary thromboemboli encountered shall either remain in situ or be collected and returned with the body to the medical examiner/coroner. The procurement agency shall notify the medical examiner/coroner immediately if other abnormalities (such as hemopericardium) are found during the procurement procedure.

7. If the heart is procured for valves, the medical examiner/coroner shall be provided a report describing the organ at the time of valve procurement. When requested, the entire remainder of the heart tissue shall be returned to the medical examiner/coroner for examination or, with the permission of the medical examiner/coroner, referred to a cardiac pathologist of the medical examiner/coroner's choosing for complete assessment. All reports generated shall be routed to the medical examiner/coroner of record.

8. If an organ is removed and subsequently not transplanted, the non-transplanted organ shall be returned to the medical examiner/coroner, when requested. If not requested, the disposition of the organ shall be provided in writing to the medical examiner/coroner.

9. If a suspicious lesion for occult malignancy, infection or other conditions that may affect potential recipients is discovered during postmortem examination these findings shall be communicated to the organ procurement/tissue agency. This information is vital to those making decisions related to surveillance of organ recipients and to prevent release of unsuitable tissues.

10. In the special case of declaration of death by circulatory criteria (DCD) rather than by neurologic criteria, in which arrangements are made for rapid procurement of organs after cardiac arrest, and in which the death would come under medicolegal jurisdiction, the medical examiner/coroner or their representative shall be notified by the organ procurement organization upon authorization for donation so that efficient and timely medicolegal investigation can take place. An effort shall be made to allow the medical examiner/coroner investigation prior to death pronouncement.

The SWGMDI's Organ and Tissue Procurement Committee members who participated in preparation of this report include:

Donald R. Jason, MD JD (Presiding Officer)
Dan Schultz, MD (Advisor)
Elling Eidbo (Advisor)

Former Committee Members:
Steve Cina, MD (Advisor)
Julie A. Howe
Lakshmanan Sathyavagiswaran, MD

This document was approved for final publication by the SWGMDI Board on June 20, 2013. At that time, the SWGMDI Board Members were:

Barbara Butcher, MPH
Steve Clark, PhD
Laura Crandall, MA
Tim Davidson, MBA-HA
John Fudenberg
Roberta Geiselhart
Randy Hanzlick, MD
Marie Herrmann, MD
Julie Howe, MBA
Bruce Hyma, MD
Donald Jason, MD JD

David (Zeb) Johnson
Danielle McLeod-Henning, MFS
R. Gibson Parrish, MD
Keith Pinckard, MD PhD
Lakshmanan Sathyavagiswaran, MD
Mary Ann Sens, MD PhD
Lindsey Thomas, MD
Frederick Upchurch
Margaret Warner, PhD
Amy Wyman

This document was initially made available for public review and comment as SWGMDI Document PRC4.