



PRC#4 Organ and Tissue Procurement Committee Standards and Best Practices for Interaction Between Medical Examiner/Coroner Offices and Organ and Tissue Procurement Organizations

Public Review and Comment- Jan 6 to May, 15, 2012

Total responses received= 40

40% endorsed the draft as is.

In general comments received were clearly mixed. The 60% who did not endorse the draft “as is” mostly objected to organ and tissue procurement being favored over medical examiners and coroners. Reflected below were specific issues that were recommended and taken under advisement.

Comment Type Received	Result
Determination of the cause and manner of death should take primacy over organ donation and certainly over tissue donation.	Wording is added to the introduction, standards and best practices indicating that in deaths coming under statutory medical examiner/coroner jurisdiction, determination of the cause and manner of death should not be interfered with by organ or tissue donation.
Mention of prompt completing of autopsy reports without noting any other details of cooperation is inappropriate.	The mention of prompt completion of autopsy reports is replaced by a call for a rational approach, noting that each case is unique and occasional exclusions of permission for donation of certain organs or tissue can sometimes still occur.
The primacy of determination of the cause and manner of death requires ensuring proper preservation and documentation of forensically important physical evidence.	Wording is added to explicitly highlight the importance of preservation and documentation of evidence through cooperation between the procurement and medicolegal agencies.
Tissue donation should not require expedited examination by the medicolegal agency.	Line 18 wording is changed to include the caveat that the speed of tissue procurement shall not compromise the medicolegal investigation or acquisition of forensic evidence.
One commenter asked why an ME/coroner should be contacted first, that it is a matter of logistics which should be worked out between the ME/coroner offices and procurement organizations independently.	This wording was included to avoid having the medical examiner/coroner appear be blamed by the family for blocking donation. Two comments were made by people who work for procurement agencies that the family should be contacted first, with a caveat that the medical examiner/coroner could deny donation, to make the process more efficient. One medical examiner commented that notification the medical examiner/coroner was better and suggested the procedure described in the original Best Practice on lines 60-67. One consultant thought the order need not be prescribed. The order of discussion is moved to Best Practices as a compromise.

In addition to full body photographs, radiographs should also be taken by the procurement agency.	Wording regarding full body photographs is transferred from the Standards to Best Practices and expanded to allow such documentation by either procurement or medicolegal agency. Wording is added to Best Practices suggesting that at the medicolegal agency's request the procurement agency have appropriate radiographs taken prior to donation.
The procurement agency should not have primary rights to specimens needed for toxicological testing.	The paragraph originally on lines 28-35 will be moved from Standards to Best Practices, keeping the primary right to such evidence with the medicolegal agency as the standard and suggesting cooperation on a case-by-case basis to allow both parties to obtain what is needed for their purposes.
One commenter took issue with the term "cardiac pathologist" and suggested that the pathologist examining the heart be one mutually agreed upon.	The term "referred to a cardiac pathologist" is replaced with "referred by the procurement agency to another pathologist mutually agreed upon with the medical examiner/coroner".
Starting the standard regarding discovery of a suspicious lesion is "If" does not indicate appropriate authority	Wording to be changed to "Any suspicious lesion ...".
The meaning of discovery during a "postmortem examination" and communication "immediately" is not clear.	The section was intended to say that good, relevant, and rapid communication should occur, specifically with regard to findings important to procurement including infection/malignancy. Wording was altered to so indicate.
The Best Practice regarding failure of mechanical refrigeration is questioned.	This wording is deleted.
The Best Practice suggesting retaining a small piece of heart at -80 degrees was commented upon for various reasons.	This was included to allow screening for testing for genetic disorders that could have caused death and therefore applied to hearts donated for valves. This is added to the wording for clarity.