

Position Statement: Medical Examiner Release of Organs and Tissues for Transplantation

This Position Statement was taken largely verbatim from the NAME Position Paper of the same title. That Paper will sunset in accordance with the (2015) NAME Position Paper Guidelines, Five years from publication in December 2019.

NAME recognizes that the USA has a critical shortage of transplantable organs and shortage of tissues which can be used for lifesaving transplant, such as heart valves.

1. Medical Examiners/Coroners (ME/Cs) and Organ/Tissue Procurement Organizations (O/TPOs) should work cooperatively together and establish prospective agreements, protocols, or memoranda of understanding to ensure that both parties get what is needed and that procurement of organs and/or tissues from cases falling under ME/C jurisdiction can be maximized. NAME recognizes that "one size" does not necessarily "fit all" and does not endorse or promote any specific protocols. Recognizing that each local jurisdiction and environment may have unique considerations, these agreements should be formulated between individual ME/C offices and the O/TPOs with which they interact.
2. NAME strongly opposes any existing or proposed legislation prohibiting ME/Cs from attempting to restrict and/or deny organ and/or tissue procurement in cases falling under their jurisdiction, and specifically, opposes the language regarding this topic in the 2006 Uniform Anatomical Gift Act. In states already having such legislation, NAME encourages ME/Cs and O/TPOs to work cooperatively to avoid an adversarial relationship and to avoid the enforcement of such legislation and procuring of organs and/or tissues over the objections of the ME/C.
3. Expenses incurred by ME/C for additional work in cases involving procurement should be reimbursed by the O/TPO. These expenses should be "reasonable and customary" and not artificially inflated simply to discourage donation. In practice, many NAME members and member coroner and medical examiner offices typically provide services, particularly staff time, to organ/Tissue Procurement Organizations as volunteers.
4. NAME contends that with proper communication and cooperation between ME/Cs and O/TPOs, the ME/C can allow for procurement of at least some, if not all, organs and/or tissues in cases falling under their jurisdiction and fulfill their legal mandates without detriment. The USA makes justice for citizens paramount, and because of this tradition, in rare cases, donation may be legitimately declined.
5. ME/Cs should permit the recovery of organs and/or tissues from decedents falling under their jurisdiction in virtually all cases, to include cases of suspected child abuse, other homicides, and sudden unexpected deaths in infants. It is recognized that blanket approvals may not be possible in every case, and may require an "approval with restriction(s)." The time limitations of tissue donation, and competing practical aspects of performing autopsies in the pursuit of a timely answer is recognized.
6. If permitted by confidentiality and other legal requirements in the jurisdiction, ME/C offices should refer all cases to be evaluated as potential donors, as any case not going through the hospital are not otherwise referred. ME/Cs should have a goal of 100% referral of out of hospital deaths investigated by ME/C offices where the last known alive time is within 24 hours.
7. Some ME/C offices currently have "zero denials" and this should be the goal of every ME/C office.

Reference: Pinckard JK, Geiselhart RJ, Moffatt E, et al., National Association of Medical Examiners Position Paper: Medical Examiner Release of Organs and Tissues for Transplantation. Acad Forensic Pathol 2014 4(4): 497-504