

6. Preservation

The Coroner is not able to direct the placing of catheters and artificial perfusion for the purposes of preservation. However, the Coroner can indicate if such a step is likely to interfere with the investigation into death or not. Local standard protocols may assist here.

7. Relevant information

The information a Coroner might require prior to agreeing to donation may include the following:

- Appropriate consent/authorisation from the deceased or the next of kin.
- Unnatural or unknown sudden cause of death.
- Confirmation of time, date and place of death, if available.
- Clear and accurate circumstances surrounding the death.
- Trauma to the body.
- Known natural disease.
- Suspected alcohol or drug involvement.
- Suggested neglect during treatment.
- Police or crime involvement or a Health and Safety inquiry.

8. Extent of Coroner's agreement

It may be possible to agree either to removal of all proposed organs and tissue or to retrieval of those parts of the body which are not likely to be significant in any subsequent post mortem examination.

9. Unexplained and Suspicious Deaths

In any case, where a post mortem examination is required, it is helpful to discuss the proposed donation with the pathologist prior to agreement being given. Suspicious circumstances and a possible criminal investigation do not necessarily prevent agreement to donation. However, in such cases, it is important to discuss donation with the pathologist (forensic or otherwise) who will be carrying out the post mortem examination and the senior investigating officer from the police.

10. Refusal of donation

In some cases, it is not possible for the Coroner to agree to donation taking place (for example when a full autopsy is necessary to clarify the cause of death). Refusal to agree to a donation can cause distress to donor families and it is strongly advised that Coroners provide a clear explanation of their reasoning to donor transplant co-ordinators so that donor families can be informed.

11. Successful donation

Organ and tissue donation can save lives or significantly help recipients and donor families. Coroners and Coroner Officers are to be thanked for the role they play in making this possible. Successful donation is often possible when there is good communication between Coroners, clinicians and donor coordinators. Coroners and Coroner Officers are therefore encouraged to have regular meetings with local clinicians and donor co-ordinators to optimise the chances of a successful donation taking place.

Organ & Tissue Donation

An aide memoire for coroners

1. Purpose

The “Organ Donation Task Force” was set up by the Department of Health in 2006 to identify the barriers to organ donation and to help increase transplant rates in view of the considerable shortage of organs available for transplant. Their Report, published in 2008, was agreed by all four UK Health Departments. One of the fourteen recommendations in the Report was to provide guidance for Coroners and Procurator Fiscals to strengthen local arrangements and optimise organ donation. Scotland and Northern Ireland have made their own arrangements in implementing the above recommendation from the Task Force. Therefore, this guidance applies to England and Wales and will refer solely to Coroners. This guidance may need to be revised in 2012 following the introduction of reforms to the process of death certification.

2. Responsibility

The decision to agree to organ or tissue donation is an important one to be taken by the Coroner. Great care should be taken in any proposed delegation of this responsibility.

3. What can be donated?

In appropriate circumstances, very many parts of a body can be used to save a life or significantly improve somebody's quality of life. These include all or parts of:

Hearts	Small Bowel
Lungs	Eyes
Livers	Bone
Kidneys	Skin
Pancreas	Tendons
Heart valve	

4. Prior to death

There is no formal jurisdiction for a Coroner to agree to organ or tissue donation from someone who is still alive. On occasions, an approach may be made when someone is still alive. In such circumstances, it is helpful for the Coroner to provide a provisional indication of his or her likely view, having had discussions with all interested parties which may include Coroners from other jurisdictions. This is usually in circumstances where, in agreement with the family, a decision is taken that it is not in the patient's best interest to continue treatment and active treatment is therefore withdrawn. In some circumstances, organ donation after cardiac death may be appropriate. Tissue donation normally occurs after cardiac death.

5. Time

In all cases, time is of the essence; once removed from the deceased, a kidney can survive in good condition for only up to 24 hours and many organs survive for less time than this. A liver can survive for up to 18 hours, whilst a heart must be transported and transplanted within 4 hours.

Donor co-ordinators and clinicians can find it difficult to obtain a timely decision from the Coroner. It is therefore important that Coroners ensure that they or their deputy/deputies are personally available whenever possible to give a decision in a timely manner.

Donation can occur either from a heartbeating or non-heartbeating donor. Heartbeating donors will have been confirmed dead by neurological criteria. There are different types of non-heartbeating donors and they are described as either controlled or uncontrolled. Controlled non-heartbeating donors are those where further treatment is deemed futile and is withdrawn so organ donation with appropriate consent can be possible after the confirmation of death by cardiac criteria. Uncontrolled non-heartbeating donation can occur following a failed resuscitation in the Emergency Department. In these circumstances, death is unexpected and greater urgency is required. The quicker the response, the greater the chance of a successful donation outcome.