

Information for the Coroner

- Identity of deceased (name, date of birth, address, etc)
- Full details of the circumstances leading to admission and death (eg details of any injuries sustained, what is the cause of death, any involvement of drugs and/or alcohol, etc.)
- Whether the incident leading to admission occurred in another jurisdiction
- Whether the police are involved and handling the case
- Whether the deceased's views on donation are known and what they are
- Whether a valid consent from a qualifying relative has been given or is likely to be given
- A copy of the consent form as the coroner will need this for his files
- Whether the donation will be from a heartbeating or non heartbeating donor
- Which organs or tissues are considered suitable for transplantation
- Details of any doctor who can issue a death certificate.

Documenting the Coroner's decision

- All conversations with the Coroner or his Officer must be recorded in the deceased's medical records and the Donor Coordinators donor form
- A form entitled "Coroner Referral Form" may be useful for containing both the information needed by the Coroner and the decision reached
- The Coroner may also have some procedures which must be adhered to for medico-legal reasons; these should also be documented on the referral form and in the medical notes
- These may include the collection of samples (blood, hair, photos, X rays, etc)

- A copy of the transplant operation notes should be forwarded to the Coroner
- Where agreement for the donation is given, the Donor Coordinator should inform the Coroner of the outcome of the donation.

Uncontrolled Donors in the Emergency Department

The Human Tissue Act 2004 supports the use of 'minimum steps' to preserve organs for transplant until the relatives of the deceased person arrive. If the relatives are present, consent will be obtained prior to cannula insertion and perfusion. If relatives are not present, cannulation can still be initiated while efforts are made to locate them.

For minimum steps to be undertaken, there has to be an agreement from the local Coroner prior to commencing an uncontrolled programme. However, due to the time limit for preservation of kidneys, the cannulation procedure will occur before contacting a Coroner. This is usually dependent on there not being any suspicious circumstances such as assaults, drug induced deaths or road traffic accidents.

In the majority of cases, a post-mortem examination will be carried out by the Coroner's Pathologist and donation must not compromise this. The Coroner must be notified of the sudden death and his permission given for the removal of organs/tissues from the donor post the cannulation (minimum steps) procedure. The Donor Coordinator will liaise directly with the Coroner or his Officer regarding donation.

Further guidance on the use of minimum steps can be found in the Human Tissue Authority's Code of Practice on Donation of solid organs for transplantation, which is available from the HTA's website (www.hta.gov.uk).

Guidance for Donor Coordinators Working with Coroners

Introduction

This guidance for Donor Coordinators applies to England and Wales. Separate arrangements have been agreed between the Scottish Transplant Group (STG) and the Procurator Fiscal Service in Scotland and in Northern Ireland. This guidance may need to be revised in 2012 following introduction of reforms to the process of death certification.

The Coroner has a legal duty to enquire into deaths in his or her jurisdiction where the cause is unknown or where the death is violent or unnatural or deaths which occur in prison. He/She must establish who the dead person was, when and where that person died and how that person came by his or her death. In all cases, even in suspicious cases where the police are involved, the coroner is responsible for the final decision as to whether a donation goes ahead.

In these circumstances, organ or tissue donation cannot proceed without the agreement of the Coroner who must be satisfied that such donation will not interfere with his/her duty to investigate the death. It is important to realise that in such cases that must be referred to the Coroner, although the Coroner must agree to donation, the Coroner has no power to authorise donation.

The Coroner must conduct a full investigation of the death and, where necessary, ensure that any evidence relevant to the investigation is preserved. A principal concern of Coroners is to ensure that any forensic examination or criminal proceedings arising from the death are not compromised by the retrieval of organs or other interference with the body. Before giving permission in a particular case, where criminal proceedings are likely, it is important that the Coroner discusses the case with the pathologist (forensic or otherwise) who will be carrying out the post mortem examination and the senior police investigating officer. The Coroner may

also ask for a forensic pathologist to be present at the retrieval. This may mean that donation can proceed where otherwise it may not have been possible.

Provided such procedures are followed and there is an appropriate consent either from the donor or from an individual in a qualifying relationship, the Coroner should have no reason to object to organ or tissue donation in most circumstances. Even in deaths entailing a police investigation, if full information is provided, the Coroner, in consultation with the police, may be able to agree to donation of some organs and/or tissues. However, in such cases, it is often useful to contact as soon as possible, the pathologist and senior police investigating officer, in addition to the coroner.

Deaths which should be reported to the Coroner

A death should be reported to the Coroner if:

- The cause of death is unknown
- It cannot readily be certified as being due to natural causes
- The deceased was not attended by a doctor during their last illness or was not seen within the last 14 days or viewed after death
- There are any suspicious circumstances or history of violence
- The death may be linked to an accident (whenever it occurred)
- There is any question of self neglect or neglect by others
- The death has occurred or the illness arisen during or shortly after detention in police or prison custody (including voluntary attendance at a police station)
- The deceased was detained under the Mental Health Act
- The death is linked with an abortion

- The death might have been contributed to by the actions of the deceased (such as a history of drug or solvent abuse, self injury or overdose)
- The death could be due to industrial disease or related in any way to the deceased's employment
- The death occurred during an operation or before full recovery from the effects of an anaesthetic or was in any way related to the anaesthetic (in any event a death within 24 hours should normally be referred)
- The death may be related to a medical procedure or treatment whether invasive or not
- The death may be due to a lack of medical care
- There are any other unusual or disturbing features to the case
- The death occurred within 24 hours of admission to hospital, unless the admission was for the purposes of terminal care
- It may be wise to report any death where there is an allegation of medical mismanagement

This list is not exhaustive. If in any doubt do not hesitate to contact the Coroner's Office for further advice

Contacting the Coroner or Coroner's Officer

The normal procedure is to contact the Coroner through the Coroner's Office, but it is advisable to have in place a means of contacting the Coroner out of hours. The information given to the Coroner should be as full as possible and should include the circumstances surrounding the death, the patient and next of kin's view of donation and what organs or tissues are suitable for donation. In some circumstances, it may be advisable to contact the Coroner before broaching the subject of donation with the family. In all cases where the police are involved, it is advisable to contact the coroner before speaking to family members.