Impact of Medical Examiner/Coroner Practices on Organ Recovery in the United States

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Objective. —The object of this research is to determine the nature and extent of the loss of donor organs during a 3-year period that are otherwise medically suitable for organ transplantation owing to nonrelease by a local medical examiner or coroner.

Design and Data Sources. —In a retrospective study of the effects of medical examiner/coroner donor release practices, a detailed survey was mailed to every organ procurement organization (OPO) in the United States. This survey collected specific data (eg, number of cases denied per year), as well as descriptive information.

Results. —Of the 2670 organ donors reported by 39 OPO respondents in 1990, 62.1% were medical examiner cases, and 129 (7.2%) of these cases were denied recovery by the local medical examiner/coroner. The number of denials increased to 181 (9.6% of medical examiner cases) in 1991 and to 251 (11.4% of medical examiner cases) in 1992. It is estimated that the population of medical examiner/coroner denials from 1990 through 1992 may be as many as 884. Twenty percent of the OPO respondents reported that no cases were denied recovery by a local medical examiner/coroner. A comparative analysis reveals that the proportion of total reported potential medical examiner/coroner cases that were denied increased by 65% from 1990 to 1992, while medical examiner/coroner cases released declined slightly.
examiners’/coroners’ denials. There were no donor denials in 10 geographical areas of the United States, nor was there any instance of violation of case law or any documentation of flawed autopsies or collection of forensic evidence in donor cases released. These two factors suggest that the loss of human life from denials is not needed to protect the judicial process. Increased cooperation between medical examiner offices and OPOs could significantly increase the availability of transplantable organs. (JAMA. 1994;272:1607-1613)
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