

TRAINING OF TRAINERS

Role of Police in Brain Death and Organ Donation

Resource Manual



Organised by

**Multi Organ Harvesting Aid Network
(MOHAN) Foundation**

In association with

**Police Training College,
Ashok Nagar, Chennai**



MOHAN
FOUNDATION

6th May 2015

**@
Police Training College,
Ashok Nagar. Chennai**

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ROLE OF POLICE IN BRAIN DEATH AND ORGAN DONATION RESOURCE MANUAL

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'Training of Trainers'

Role of Police in Brain Death and Organ Donation

VENUE : SILVER JUBILEE HALL, POLICE TRAINING COLLEGE,
ASHOK NAGAR, CHENNAI.

DATE: 06.05.2015

AGENDA

TIME	SUBJECT	FACULTY
09.30 Hrs To 10.00 Hrs	Registration	-----
10.00 Hrs To 10.05 Hrs	Welcome Address by Tr.K. Periaiah, IPS., Deputy Inspector General of Police, Training, Chennai.	-----
10.05 Hrs To 10.10 Hrs	Inaugural Address by Tr.K. Vannia Perumal, IPS., Inspector General of Police, Training, Chennai.	-----
10.10 Hrs To 10.15 Hrs	Expectations & Introduction to the training module	Ms Lalitha Raghuram Country Director MOHAN Foundation
10.15 Hrs To 10.45 Hrs	Concepts of Organ donation – How to explain it?	Ms Lalitha Raghuram MOHAN Foundation
10.45 Hrs To 11.15 Hrs	Brain Death Movie and Clarification	Dr. Sunil Shroff, Managing Trustee MOHAN Foundation
11.15 Hrs To 11.30 Hrs	Quiz	S. Kavitha, MOHAN Foundation
11.30 Hrs To 11.45 Hrs	Tea Break & Photo Session	-----

11.45 Hrs To 12.15 Hrs	Transplant law – TN/GOs and Police Circulars	Dr. Sunil Shroff, Mohan Foundation & PTC.
12.15 Hrs To 12.45 Hrs	Where do the Police fit in – GH protocol – Inquest, Post – Mortem and Organ Transport Partnership – Hospital out post Police, transplant coordinators and forensic doctors	Transplant Coordinators (MOHAN Foundation, Government Hospital, SIMS) Police Officer - Flower Bazaar
12.45 Hrs To 13.15 Hrs	Patient – Organ recipient interaction	Transplant Coordinator MOHAN Foundation
13.15 Hrs To 14.00 Hrs	Lunch	----
14.00 Hrs To 14.30 Hrs	Case study discussion	MOHAN Foundation & SIMS, Chennai, GKNM Coimbatore
14.30 Hrs To 15.30 Hrs	Simulation group work – Brain death, Organ donation, Role of Police etc.	Dr. Hemal MOHAN Foundation / PTC
15.30 Hrs To 15.45 Hrs	Tea Break	-----
15.45 Hrs To 16.15 Hrs	Test and recap of training	Dr Hemal, MOHAN Foundation
16.15 Hrs To 16.40 Hrs	Valedictory Address and award of Certificates by Tr. K. P. Maghendhran, IPS., Addl. Director General of Police, Training, Chennai.	-----
16.40Hrs To 16.45 Hrs	Vote of Thanks by Tr. N. Mohanraj, Addl. Superintendent of Police, PRS, Avadi@PTC.	----

1. INTRODUCTION

For the year 2013 Tamil Nadu had 66,238 accidents; of these 14,504 were fatal. Most of the fatal accidents were of people riding two wheelers (28%) (source: Tamil Nadu Police SCRB). The number of deceased organ donors for the same year was 130 only. 65% of these donors were of the medico- legal category. This means that the forensic doctors and investigating officers from the police play an integral role in multi-organ and tissue donation.

The cases that require investigation include:

- (1) sudden death of an individual who was in apparent good health,
- (2) deaths by violence, and assault,
- (3) homicides or suicides, (female victim within 7 years of marriage) and
- (4) accidental deaths.

Because all the above cases fall under their jurisdiction, they are responsible for investigating these deaths and for providing accurate determinations of the cause and manner of death for each case. It is for this reason that a post-mortem becomes a important tool for their investigation. The Forensic doctors are also responsible for authorising the retrieval of the organs and tissues for donation as requested.

The donation rate of a city or region can be influenced positively with a good working relationship between hospitals that generate deceased multi-organ donors and their local forensic doctors and investigating officers. Lessening delay and giving succour to the family of the donor will create a positive mindset in the public about the cause.

This training manual provides information on India's law on Organ Donation, the legal forms, examples of protocol followed during a deceased multi organ donation in hospitals and the medical aspects of brain death and organ donation. It also provides the trainer with audio visual training aids in the form of presentations, videos and a list of resource persons that will be of assistance in his/her training.

The training and the manual is a step forward in our goal is to help organ failure patients receive the gift of life.

For any information use the toll free helpline 1800 103 7100 (for clarification on medical, legal and procedural queries regarding brain death, organ donation and transplantation).

2. THE LEGAL ASPECTS OF ORGAN DONATION

Dr. Hemal Kanvinde

Quality Assurance Officer, MOHAN Foundation

Tamil Nadu follows the Transplantation of Human Organs (THO) Act 1994 and its Rules of 1995 (amended in 2008) for donation and transplantation of human organs and tissues. This act allows for donation of human organs and tissues from living as well as from brain stem dead persons (cadaver donation, which is now called deceased donation).

The Act is spelt out in 7 chapters and 25 sections. The relevant sections for the police are given below.

CHAPTER I – PRELIMINARY

Section 2 - Definitions

- (d) "brain-stem death" means the stage at which all functions of the brain stem have permanently and irreversibly ceased and is so certified under sub-section (6) of section 3
- (e) "deceased person" means a person in whom permanent disappearance of all evidence of life occurs, by reason of brain stem death or in a cardio pulmonary sense at any time after live birth has taken place;
- (f) "donor" means any person, not less than eighteen years of age, who voluntarily authorises the removal of any of his human organs for therapeutic purposes under sub-section (1) or sub-section (2) of section 3;
- (m) "recipient" means a person into whom any human organ is, or is proposed to be, transplanted
- (p) "transplantation" means the grafting of any human organs from any living person or deceased person to some other living person for therapeutic purposes.

CHAPTER II - AUTHORITY FOR THE REMOVAL OF HUMAN ORGANS

Section 3. 1. Any donor may, in such manner and subject to such conditions as may be prescribed, authorise the removal before his death of any human organ of his body for therapeutic purposes.

2. If any donor had, in writing and in the presence of two or more witnesses (at least one of whom is a near relative of such person), unequivocally authorised at any time before his death the removal of any human organ of his body after his death, for therapeutic purposes the person lawfully in possession of the dead body of the donor shall, unless he has any

reason to believe that the donor had subsequently revoked the authority aforesaid, grant to a registered medical practitioner all reasonable facilities for the removal, for therapeutic purposes, of that human organ from the dead body of the donor;

3. Where no such authority as is referred to in sub-section (2) was made by any person before his death but no objection was also expressed by such person to any of his human organs being used after his death for therapeutic purposes, the person lawfully in possession of the dead body of such person may, unless he has reason to believe that any near relative of the deceased person has objection to any of the deceased person's human organs being used for therapeutic purposes, authorise the removal of any human organ of the deceased person for its use for therapeutic purposes

4. The authority given under sub-section (1) or sub-section (2) or as the case may be sub-section (3) shall be sufficient warrant for the removal; for therapeutic purposes, of the human organ; but no such removal shall be made by any person other than the registered medical practitioner.

5. Where any human organ is to be removed from the body of a deceased person, the registered medical practitioner shall satisfy himself before such removal, by a personal examination of the body from which any human organ is to be removed that life is extinct in such body or, where it appears to be a case of brain stem death, that such death has been certified under sub-section

6. Where any human organ is to be removed from the body of a person in the event of his brain stem death no such removal shall be undertaken unless such death is certified, in such form and in such manner and on satisfaction of such conditions and requirements as may be prescribed by a Board of medical experts consisting of the following, namely:-

- the registered medical practitioner in charge of the hospital in which brain stem death has occurred;
- an independent registered medical practitioner, being a specialist, to be nominated by the registered medical practitioner specified in clause (i), from the panel of names approved by the Appropriate Authority
- a neurologist or a neurosurgeon to be nominated by the registered medical practitioner specified in clause (i) from the panel of names approved by the Appropriate Authority and
- the registered medical practitioner treating the person whose brain-stem death has occurred.

7. Notwithstanding anything contained in subsection (3), where brainstem death of any person less than eighteen years of age occurs and is certified under sub-section (6), any of the parents of the deceased person may give authority, in such form and in such manner as may be prescribed, for the removal of any human organ from the body of the deceased person.

Section 4. No facilities shall be granted under sub-section (2) of section 3 and no authority shall be given under sub-section (3) of that section for the removal of any human organ from the body of a deceased person,

if the person required to grant such facilities or empowered to give such authority has reason to believe that an inquest may be required to be held in relation to such body in pursuance of the provisions of any law for the time being in force.

2. No authority for the removal of any human organ from the body of a deceased person shall be given by a person to whom such body has been entrusted solely for the purpose of interment, cremation or other disposal.

Section 5. 1. In the case of a dead body lying in a hospital or prison and not claimed by any of the near relatives of the deceased person within forty eight hours from the time of the death of the concerned person he authority for the removal of any human organ from the dead body which so remains unclaimed may be given in the prescribed form by the person in charge for the time being, of the management or control of the hospital or prison or by an employee, of such hospital or prison authorised in this behalf by the person in charge of the management or control thereof.

2. No authority shall be given under sub-section (1) if the person empowered to give such authority has reason to believe that any near relative of the deceased person is likely to claim the dead body even though such near relative has not come forward to claim the body of the deceased person within the time specified in sub-section (1)

Section 6. Where the body of a person has been sent for post-mortem examination -

a. for medico-legal purposes by reason of the death of such person having been caused by accident or any other unnatural cause; or

b. for pathological purposes,

the person competent under this Act to give authority for the removal of any human organ from such dead body may, if he has reason to believe that such human organ will not be required for the purpose for which such body has been sent for post-mortem examination, authorise the removal, for therapeutic purposes, of that human organ of the deceased person provided that he is satisfied that the deceased person had not expressed, before his death, any objection to any of his human organs being used, for therapeutic

purposes, after his death or, where he had granted an authority for the use of any of his human organs for therapeutic purposes after his death, such authority had not been revoked by him before his death.

Section 7. After the removal of any human organ from the body of any person, the registered medical practitioner shall take such steps for the preservation of the human organ so removed as may be prescribed.

Section 8. 1. Nothing in the foregoing provision of this Act shall be construed as rendering unlawful any dealing with the body or with any part of the body of a deceased person if such dealing would have been lawful if this Act had not been passed.

2. Neither the grant of any facility or authority for the removal of any human organ from the body of a deceased person in accordance with the provisions of this Act nor the removal of any human organ from the body of a deceased person in pursuance of such authority shall be deemed to be an offence punishable under section 297 of the Indian Penal Code.

CHAPTER VI - OFFENCES AND PENALTIES

Section 18. 1. Any person who renders his services to or at any hospital and who, for purposes of transplantation, conducts, associates with, or helps in any manner in the removal of any human organ without authority, shall be punishable with imprisonment for a term which may extend to 5 years and with fine which may extend to ten thousand rupees.

2. Where any person convicted under sub-section (1) is a Registered Medical Practitioner, his name shall be reported by the Appropriate Authority to the respective State Medical Council for taking necessary action including the removal of his name from the register of the council for a period of two years for the first offence and permanently for the subsequent offence.

Section 19. Whoever -

- i. makes or receives any payment for the supply of, or for an offer to supply, any human organ;
- ii. seeks to find a person willing to supply for payment any human organ;
- iii. offers to supply any human organ for payment;
- iv. initiates or negotiates any arrangement involving the making of any payment for the supply of, or for an offer to supply, any human organ;
- v. takes part in the management or control of a body of persons, whether a society, firm or company, whose activities consist of or include the initiation or negotiation of any arrangement referred in clause (d); or
- vi. publishes or distributes or causes to be published or distributed any advertisement, -
 - a. inviting persons to supply for payment of any human organ;
 - b. offering to supply any human organ for payment; or
 - c. indicating that the advertiser is willing to initiate or negotiate any arrangement referred to in clause

shall be punishable with imprisonment for a term which shall not be less than two years but which may extend to seven years and shall be liable to fine which shall not be less than ten thousand rupees but may extend to twenty thousand rupees; Provided that the court may, for any adequate and special reason to be mentioned in the judgement, impose a sentence of imprisonment for a term of less than two years and a fine less than ten thousand rupees.

Section 20. Whoever contravenes any provision of this Act or any rule made or any condition of the registration granted, thereunder for which no punishment is separately provided in this Act, shall be punishable with imprisonment for a term which may extend to three years or with fine which may extend to five thousand rupees.

Section 21. 1. Where any offence, punishable under this Act has been committed by a company, every person who, at the time the offence was committed, was in charge of, and was responsible to, the company for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly; Provided that nothing contained in this sub-section shall render any such person liable to any punishment, if he proves that the offence was committed without his knowledge of that he had exercised all due diligence to prevent the commission of such offence.

Notwithstanding anything contained in sub-section (1), where any offence punishable under this Act has been committed by a company and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation - For the purposes of this section, -

- (a) "company" means anybody corporate and includes a firm or other association of individuals; and
(b) "director", in relation to a firm, means a partner in the firm.

In simple words it means that:

- a person can pledge to donate his organs,
- the family can give consent for donation of organs from a brain stem dead (in short, brain dead) patient,
- Brain Death is determined by a panel of four doctors,
- Organ donation will not happen if the inquest is not done by the investigating officer,
- In case the investigating officer decides that a post-mortem is required he needs to ask the doctor of forensic medicine to do so and get his approval for the retrieval of organs.
- There are clear offences and penalties spelt out.

For entire Act - <http://www.mohanfoundation.org/tho/thobill1.asp>

Apart from the THO Act and Rules, the Tamil Nadu Government has passed certain orders under the Ministry of Health and Family Welfare. On the basis of these GOs the hospitals of Tamil Nadu have shown the country how to proceed with deceased organ donation and has Tamil Nadu has become a leader that other states emulate.

The list is given below.

S No.	Number and year	Specification
1	G.O.(Ms.) No. 6 Dated: 8.1.2008	Brain death - Declaration of brain death made mandatory in Government Medical College Hospitals in Chennai - Orders Issued
2	G.O.(Ms.) No. 75 Dated: 3.3.2008	Brain death – Declaration of brain death made mandatory in Government Medical College Hospitals in Chennai – Procedure for declaration of brain death – orders issued.
3	G.O.(Ms.) No. 175 Dated: 6.6.2008	Health & Family Welfare Department - Organ Transplant – Authorization Committee Procedures – Additional responsibilities – Detailed instructions – orders issued.
4	G.O.(Ms.) No. 287 Dated: 5.9.2008	Health & Family Welfare Department – Organ Transplant – Cadaver Organ Transplant Program - Procedure to be adopted for cadaver transplant by the Government and Private Hospitals approved for organ transplant by the Appropriate Authority – orders issued
5	G.O.(Ms.) No. 288 Dated: 5.9.2008	Health and Family Welfare Department - Organ Transplant - Responsibilities of Transplant centers in hospitals - Detailed instructions - Orders issued.
6	G.O.(Ms.) No. 289 Dated: 5.9.2008	Health and Family Welfare Department - Non-Transplant centers - Criteria for non-transplant centers to retrieve organs from brain dead persons - Detailed instructions - Orders issued
7	G.O.(Ms) No.296 Dated:16.09.2008	Cadaver Transplant Program – Designation of Dr. J. Amalorpavanathan, Reader in Vascular Surgery, Madras Medical College and Vascular Surgeon, Government General Hospital, Chennai as Convenor, Cadaver Transplant Program, Tamil Nadu – Orders – Issued.
8	No.27A Dated:15.07.2009	Tamil Nadu Government Gazette - Supplement (THO Rules)
9	G.O.(Ms) No.86 Dated:26.02.2011	Health and Family Welfare Department - Cadaver Organ Transplantation - Post-mortem examination in medico legal cases - Procedure prescribed - Revised Orders Issued.
10	G.O.(Ms) No.87 Dated:26.02.2011	Health and Family Welfare Department - Cadaver Organ transplantation – Participation of Private Hospitals in the State – Compulsory – Orders – Issued.

For more details of each GO and Circular -

http://www.mohanfoundation.org/g_order/government-order.asp

The one relevant to the police is GO No 86 of 2011 – which describes clearly the procedure to be followed in case of an MLC and organ donation.



ABSTRACT

Health and Family Welfare Department – Cadaver Organ Transplantation – Post-mortem examination in medico-legal cases- Procedure prescribed – Revised Orders issued.

HEALTH AND FAMILY WELFARE (Z1) DEPARTMENT

G.O.(Ms) No.86

Dated: 26.02.2011

Thiruvalluvar Aandu 2042

Masi-14

Read:

G.O.(Ms) No.259, Health and Family Welfare Department, dated 14.09.2010.

ORDER:

The Government of Tamil Nadu has revamped the methodologies and issued several orders, streamlining the procedures for "Cadaver Organ Transplantation", an attempt to give "life" a new lease after death. Many of the cadaver organ donors are victims of road traffic accidents or other unnatural deaths, which are Medico-Legal cases and necessitate police inquest followed by post-mortem examination.

2. Sections 4 and 6 of the Transplantation of Human Organs Act, 1994 (Central Act 42 of 1994) outline the need for procedural clearances that are required to be made prior to organ retrieval from a person who is brain dead and whose body may be required for post-mortem examination, it being a medico-legal case. Currently the procedure required to do post-mortem in such cases has proved to be a major impediment in popularizing cadaver organ donation. Therefore in the Government Order above, orders were issued devising certain procedures for facilitation of organ transplantation in Medico-legal cases.

3. A State level workshop was held at Government General Hospital, Chennai on 21st October 2010 regarding further streamlining of the Cadaver Organ Transplant Programme (COTP) in Tamil Nadu and certain Modifications were proposed to facilitate implementation of the said programme. It was viewed that incorporation of certain modifications would create a better environment for promoting organ donation and comply the procedural formalities without much difficulty.

4. The Government have examined the modifications and decided to issue modified orders to the Government Order read above by incorporating the modifications suggested in the workshop held at 21.10.2010 at Government General Hospital, Chennai, which are below.

(i) As and when a suspected brain-death takes place, the authorized doctors shall conduct the first brain stem death test as prescribed in G.O.Ms.No.75, Health and Family Welfare Department, dated 03.03.2008.

(ii) Should this first test prove positive, the near relatives namely spouse, son, daughter, father, mother, brother or sister of the patient (potential organ donor) shall be consulted and their consent would be sought for organ donation.

(iii) After consent is obtained from the near relatives of the patient, the Investigation Officer of the medico-legal case concerned shall immediately be requested by the Transplant hospital concerned, in Form - I annexed to this Order, to come to the hospital, in order to expedite the conduct of the inquest, through the police outpost or designated police station of the hospital.

(iv) The second brain-stem death test on the potential organ donor shall then be carried out according to the Transplantation of Human Organs Rules, 1995 and Form 8 of the said Rules (as in Annexure I of G.O.Ms.No.75, Health and Family Welfare Department, dated 3.3.2008), will be signed by the authorized doctors, and this shall be independent of the other inquest formalities.

(v) On receipt of 'Death Intimation' along with Form 6 and Form 8 of the said Rules, the Investigation Officer shall conduct the inquest and determine whether a post-mortem is required. If the post-mortem examination is not required, then the Investigating Officer shall inform the near relatives of the potential organ donor and accordingly the organ retrieval may take place.

(vi) In case the Investigating Officer decides that a post-mortem is needed, he shall submit:-

a) a requisition for conducting the post-mortem;

- b) 'Organ functional Status Certificate' issued by the medical officer who had treated the patient in Form II annexed to this Order; and
- c) copies of Form 6 and Form 8 of the said Rules, to the Medical Officer who will conduct the post-mortem examination.

(vii) The medical officer who will conduct the post-mortem shall then authorize the organ retrieval, as per section 6 of the Transplantation of Human Organs Act 1994, in Form - III annexed to this order.

(viii) The organ retrieval shall take place, following which the post-mortem shall be conducted by the medical officer designated to do the post-mortem. Any duly authorized Transplant hospital (Government or Private) will utilize, for the purpose of post-mortem, the services of the medical officer(s) from the Forensic Medicine Department of the Government Medical Colleges or any other qualified Forensic Medicine Expert(s) or any Government medical officer(s) or pathologists posted in the Forensic Medicine Department or any Government Medical Officer (serving or retired) who has/have experience in post-mortem work. After completion of the post-mortem, the body shall be handed over to the police who shall then complete the necessary procedures.

(ix) A diagrammatic presentation to facilitate understanding of the steps involved in the above procedures is annexed to this order.

The conduct of post-mortem in the above procedure will be by qualified persons as contemplated in section 174 (3) of the Code of Criminal Procedure, 1973 (Central Act 2 of 1974).

This order issues with the concurrence of Home Department vide its U .O.
No.1228/POI-VII/2011, dated 21.2.2011.

(BY ORDER OF THE GOVERNOR)

V.K.SUBBURAJ,
PRINCIPAL SECRETARY TO GOVERNMENT

To

The Director of Medical Education, Chennai - 10.

The Director of Medical and Rural Health Services, Chennai - 6.

The Dean, Government General Hospital, Chennai - 3.

The Dean, Government Stanley Hospital Chennai - 1.

The Dean, Government Kilpauk Medical College Hospital, Chennai -10.

Copy to:

The Home Department, Chennai - 9.

The Director General of Police, Chennai - 4.

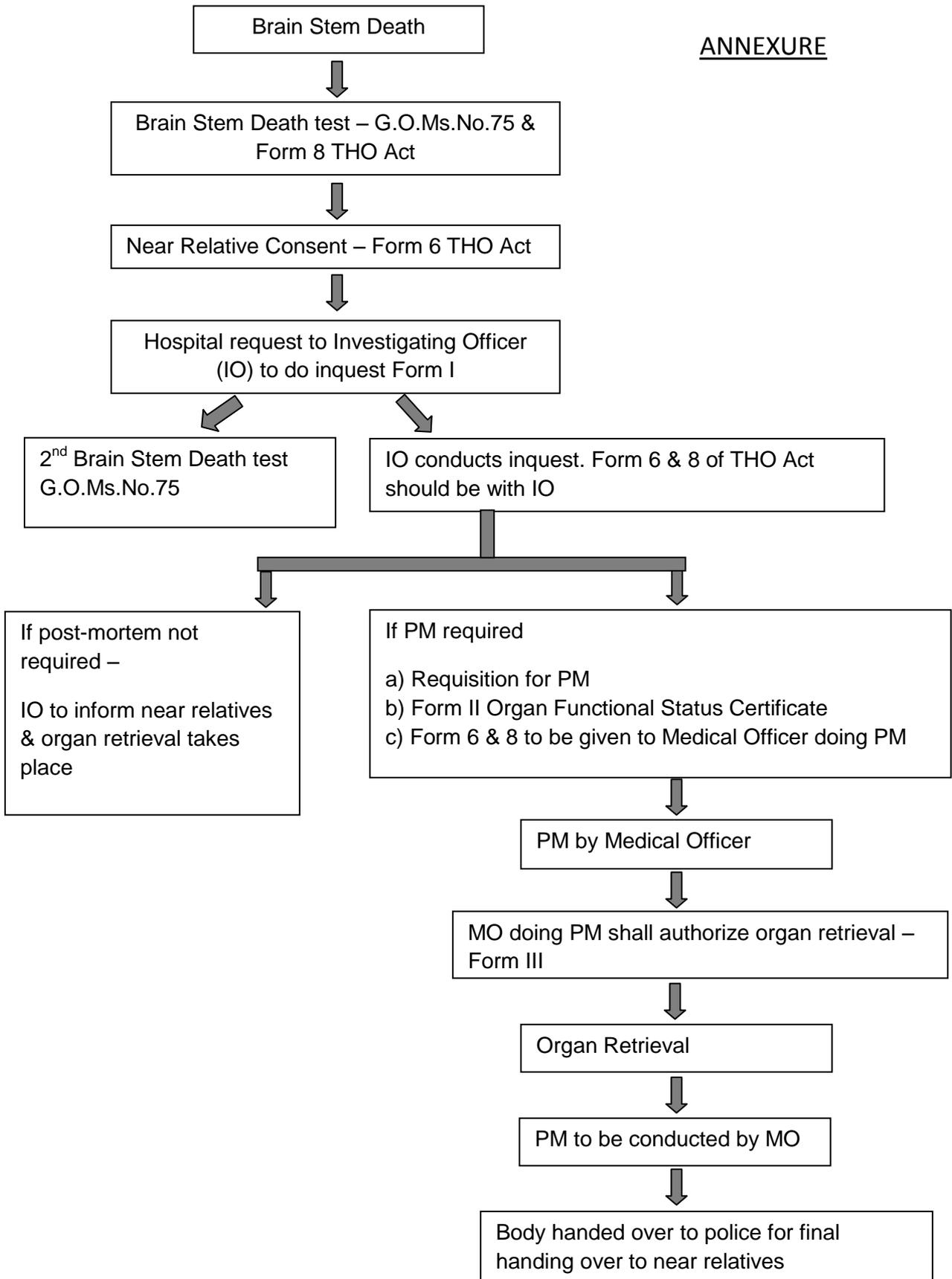
The Covenor, Cadaver Transplant Programme, Madras Medical College, Chennai-3.

SF/SC

/FORWARDED BY ORDER/

26.2.2011
SECTION OFFICER
26/2

ANNEXURE



/true copy/

801924088
26.2.2011
SECTION OFFICER
[Signature]

Form - I

Police Intimation Form

From

Chief Medical Officer / Residential Medical Officer,

----- Hospital,

Address

To

The Inspector of Police / Investigating Officer

----- Police Station.

Address:)

Sir,

Thiru/Tmt-----aged-----years of-----

(Address) sustained injuries (details) and was admitted in-----

hospital on----- (dd/mm/yy).

2. The near relatives of the patient have expressed a positive inclination to donate the organs of the patient in the event of the patient's Brain death. The Brain Death Certification process is now in progress, as per the Transplantation of Human Organs Act, 1994 (Central Act 42 of 1994).

3. You are requested to immediately come to the hospital in order to expedite the conduct of the inquest and carry out necessary procedures to enable the Cadaver Organ donation.

Yours faithfully,

Copy to:

Concerned Commissioner of Police

or

District Superintendent of Police

/true copy/

801064008
26.2.2011
SECTION OFFICER
8/261

Form - II

Organ(s) Functional Status Certificate

This is to state that Thiru / Tmt-----
s/o / d/o----- who had been admitted in our hospital on -----
----- (date) (IP No. -----) has been certified as Brain dead on ----- (date) at ----
-----A.M. / P.M. as per the THO Act, 1994

It is certified that the following organs of this brain dead potential organ donor are in functioning status:

- (1)
- (2)
- (3)
- (4)
- (5)

(Signature by any one of the doctors authorized
by the Medical Superintendent of the hospital)

/true copy/

801054008
26.2.2011
SECTION OFFICER
26/

Form - III

Organ Retrieval Authorization Form

I / We, Dr. ----- hereby authorize, as per Section 6 of the Transplantation of Human Organs Act, 1994, (Central Act 42 of 1994) for the retrieval, of the under mentioned organs, for the purpose of transplantation from the Brain Cadaver of Thiru / Tmt -----
-----s/o / d/o-----
----- whose Brain Death was certified as per the said Act and the functioning status of the organs intended to be retrieved for transplantation purpose have been certified.

organ authorized for retrieval:

- (1)
- (2)
- (3)
- (4)
- (5)

(Signature of the Post - mortem Medical Officer Who will conduct Post - mortem)

/true copy/

26.2.2011
SECTION OFFICER
26/

The police department has come out with a circular that also assists in saving time so that the organ retrieval can take place at the earliest. It states that the local hospital outpost can begin the investigation and not wait for the investigating officer of the police station where FIR is filed to arrive to do the investigation. They can take over the case when they reach the hospital. The circular is given below:

Police Circular Memorandum on Inquest Procedure

Rc. No 21421/Crime (1)/2009

Office of the Director General of Police

Chennai – 600 004

Dated : 13.07.2009

Circular Memorandum

Sub:- Police – Tamil Nadu Third Police Commission – Recommendation No. (Para 434 (37.44) – Visit of the accident places by the investigation officers – instructions issued.

- Ref:-
- 1) G.O.(MS) No 11 Home (Pol.XI) Department dated 6.1.2009
 - 2) Chief Office U.C.Note in Rc.No 113949/RA (10/2006-2. dated: 13.4.2009)

1) It is brought to the notice of the Tamil Nadu Police Commission that when a person suffers a serious injury in an accident case and is referred to hospitals situated in Chennai or Madurai or Coimbatore a far off place from the jurisdiction Police Station, where better medical facilities are available and if the victim happens to die after a few days, the body is kept in the hospital till the arrival of the investigating officer from where the case was registered for conducting inquest.

2) This results in a delay of one or two days causing additional hardship to the relatives of the deceased who are already traumatized by the death.

3) Hence the inquest may be conducted by the local jurisdiction police and documents be transferred to the concerned Police Station for further investigation. Since the purpose of inquest is only to ascertain the apparent cause of death describing wounds, fractures, bruises and other marks of injury as may be found on the body and stating in what manner or by what weapon or instrument such marks appear to have been inflicted. This inquest should be conducted in the presence of 2 or more respectable inhabitants of the neighbourhood.

4) The Tamil Nadu Third Police Commission in its recommendation No. 434 para 37 44 in chapter 36 – has stated that. “The local jurisdiction police may be authorized to conduct inquest in accident cases without waiting for arrival of officers from far off places where cases were registered or the occurrence took place”.

5) The High powered committee has also agreed to this recommendation in respect of accident cases only. Government have also accepted the decision of the committee.

6) Therefore, all Commissioners of Police in Cities and Superintendents of Police in District are requested to instruct the Investigation Officers of the local jurisdiction police accordingly and they may be authorized to conduct the inquest in accident cases without waiting for the arrival of officers from far of places where cases are registered of the occurrence took place.

7) Receipt of the circular memo may be acknowledged.

Sd/-Seema Agrawal
For Director
General of Police

To

All Commissioners of Police in Cities

All Superintendents of Police in Districts

Copy to All Deputy Inspector Generals of Police in Ranges

Copy to All Inspector Generals of Police in Zones

Copy to A&R Section (For Printer Circular)

Copy to A&R Section (For Printer Circular)

Copy to RAI Section, Chief Office

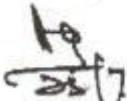
Copy to All Superintendents in Crime Section, Chief Office

Copy to: Personal Assistant (Admin) Crime, Chief Office

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Superintendent


3. BRAIN DEATH

Ms. S. Kavitha

Marketing Coordinator, Mohan Foundation

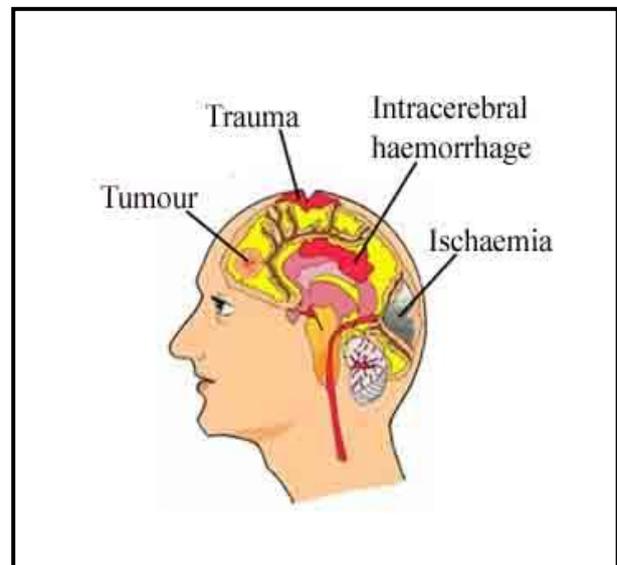
Brain death is the total and irreversible loss of all brain function and the circumstance under which the donation of vital organs most commonly takes place. Brain death occurs when a person has an irreversible, catastrophic brain injury, which causes total cessation of all brain function (the upper brain structure and brain stem). The “**brain stem**” is the vital section of the brain that determines consciousness and ability to breathe spontaneously.

Brain death occurs in patients who have suffered a severe injury to the brain as a result of trauma or some other medical cause. As a result of the injury the brain swells and obstructs its own blood supply. Without blood flow, the brain tissue dies.

Brain death is not a coma or persistent vegetative state. Brain death is determined in the hospital by a panel of four doctors not associated with the transplantation team.

Some causes of brain death include:

- Trauma to the brain (i.e. severe head injury caused by a motor vehicle crash, gunshot wound, fall or blow to the head)
- Brain tumour
- Anoxia (i.e. drowning or heart attack when the patient is revived, but not before a lack of blood flow/oxygen to the brain has caused brain death)
- Cerebrovascular injury (i.e. stroke or aneurysm)



A person who is brain dead will never come back to life.

How does the doctor determine brain death?

Doctors examining the patient will conduct a series of tests to determine whether any brain stem activity is present. The doctors will test for brain-stem reflexes and finally the perform apnoea test to confirm brain stem death. The testing is performed by four doctors

1. R.M.P., In-charge of the Hospital in which brain-stem death has occurred.
2. R.M.P., nominated from the panel of names approved by the Appropriate Authority.
3. Neurologist / Neuro-Surgeon nominated from the panel of names approved by the Appropriate Authority.
4. R.M.P., treating the aforesaid deceased person.

The legal time of death is the 2nd apnoea test.

What is Apnoea Test?

The apnoea test is a mandatory examination for determining death of the respiratory (breathing) centre in the brain stem. This is the ultimate test to establish brain-stem death. A positive apnoea test demonstrates that spontaneous respiratory response fails to occur even in the presence of stimulatory drive from carbon dioxide. That is, the patient fails to breathe even with high levels of carbon dioxide in the blood, which is the strongest stimulation to breathe. This means that brain-stem death has occurred.

In an adult, the test is repeated after a minimum time interval of 6 hours and in children the test is repeated after 12 - 24 hours. The time interval of 6 hours – is very crucial for all legal and coordination processes to be completed in case organ donation is being contemplated.

This is because a brain dead person's medical condition is very unstable and a cardiac arrest can occur at any time. In that case the life saving organ donation is not possible.

I have understood that when an individual dies, that his/her heart stops beating. If my loved one is dead, why does the heart continue to beat?

The heart has the ability to beat independently of the brain as long as it has oxygen. The heart will stop beating as all bodily systems begin to stop working shortly after brain death. At the time a doctor declares brain death, the patient is dead. Mechanical support (a

ventilator) keeps oxygen going to the organs until they can be recovered for transplant. The machine is not keeping the patient alive, it is keeping the organs viable until they can be recovered.

Is brain death the same as being in a coma or persistent vegetative state?

No. Brain death is death. A patient who is in a coma or persistent vegetative state typically has some brain stem function (which controls breathing) and possibly other brain function. When a person is brain dead, no part of the brain is functioning any longer.

If my loved one is brain dead, what does that mean?

When someone is brain dead, it means that the brain is no longer working in any capacity and never will again. Other organs, such as the heart, kidneys or liver, can still work for a short time if the ventilator supplying oxygen to the body is left in place, but when brain death is declared, it means the person has died.

Why is a brain dead patient in an ICU and not in a mortuary?

When the patient is being treated for severe head injury he shall be kept in an ICU and he will need assistance in breathing. A ventilator support ensures that all his organs are getting oxygenated blood. When the patient reaches a brain dead stage, he is kept in the ICU to keep his organs in a working condition for organ donation.

4. ORGAN DONATION

Ms. S. Kavitha

Marketing Coordinator, MOHAN Foundation

Organ donation is the process of removing tissues or organs from a live, or recently dead, person to be used in another. The former is the donor and the latter is the recipient. Multi organ donation can happen when a patient is declared brain dead.

Will my family have to pay for the donation?

A road traffic accident is the most common cause of brain death in India. The victim is taken to the emergency ward and then into ICU. The cost of the treatment during these crucial times is charged to the patient. Once brain death has been certified and the patient's family has given consent for organ donation, the costs incurred towards keeping the patient in the ICU and organ retrieval do not go to the patient's family.

How does my age and health affect organ donation?

No set age limit exists for organ donation. The decision to use organs is based on various medical criteria, not age alone. It may be that a few organs are suitable for donation, while others are not. The doctors will decide at the time of death whether a person's organs and tissues are suitable for transplantation.

However, a few guidelines with regard to age and organ donation:

- Upto 100 years - Corneas
- Upto 70 years - Kidneys, liver, skin
- Upto 50 years - Heart, lungs,
- Upto 40 years – Heart valves

Does my religion approve of donation?

All of the major religions in this country approve of organ and tissue donation and consider it a gift – an act of charity. If you have questions, contact your religious guide/adviser.

How do I pledge to become a donor?

You can take a pledge online and join a donor registry, take a donor card. Show this donor card to your family and friends and speak to them about your pledge. You have to be above 18 to take the pledge. To start the conversation you can use an interesting story in the newspaper, about a talk you heard or an example of a relative who received the gift of life. If you wish to change your mind inform your family and discard the donor card.

Try: http://www.mohanfoundation.org/download_donorcard.asp

If the hospital knows that I have pledged my organs, will it adversely affect my treatment?

Whether you carry a donor card or not, it will not make a difference to the medical treatment given to you. Organ donation can only occur after brain death has been declared by doctors. The doctor in charge of your care has nothing to do with transplantation.

Can I sell my organs?

No. The buying and selling of organs is illegal as per the Transplantation of Human Organs Act 1994

Will organ and tissue donation change the appearance of my body?

No, donation does not disfigure the body or interfere with funeral arrangements. The surgeons who do the retrieval surgery treat the donor with care.

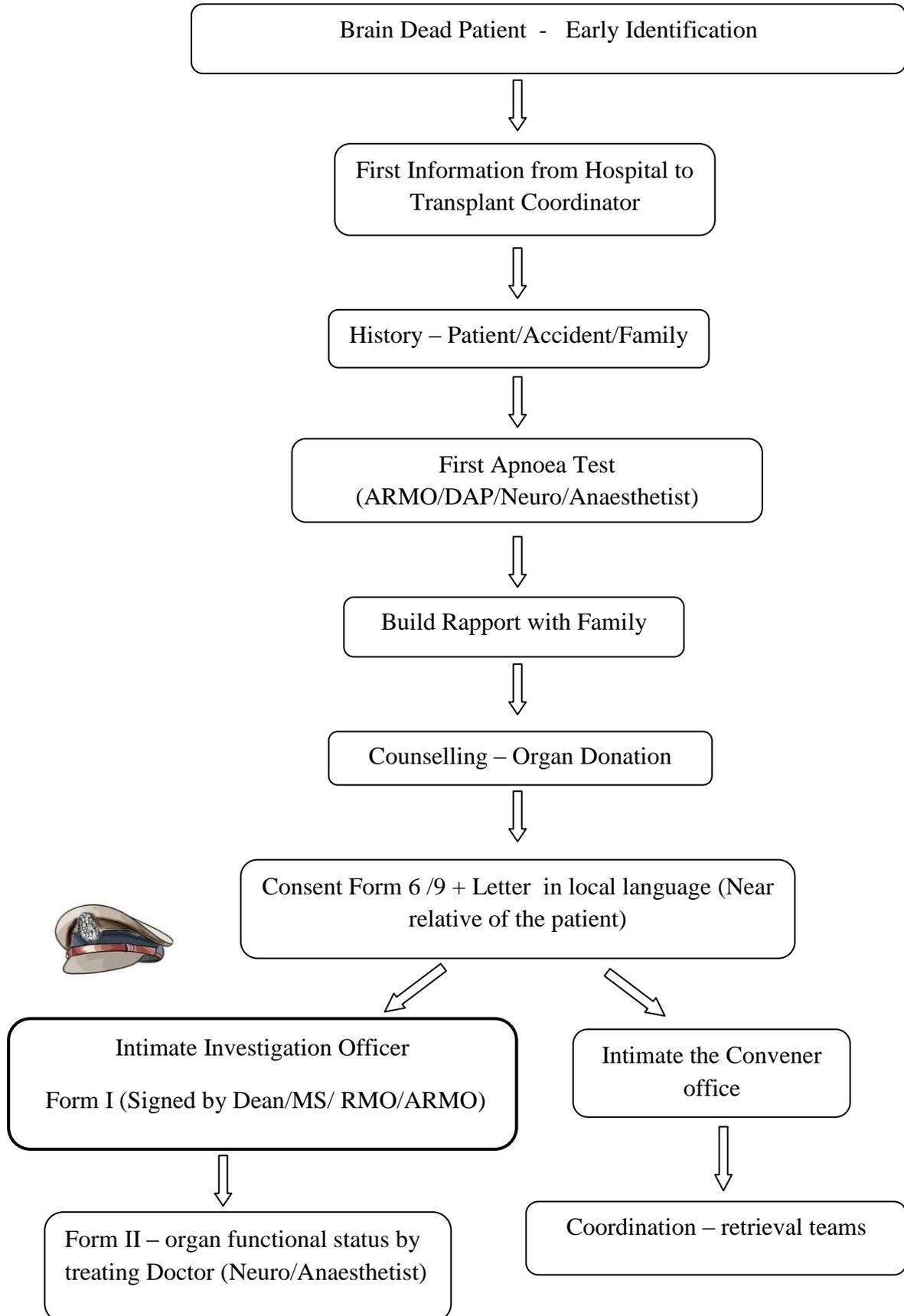
Will the identity of the recipients be revealed to the donor family?

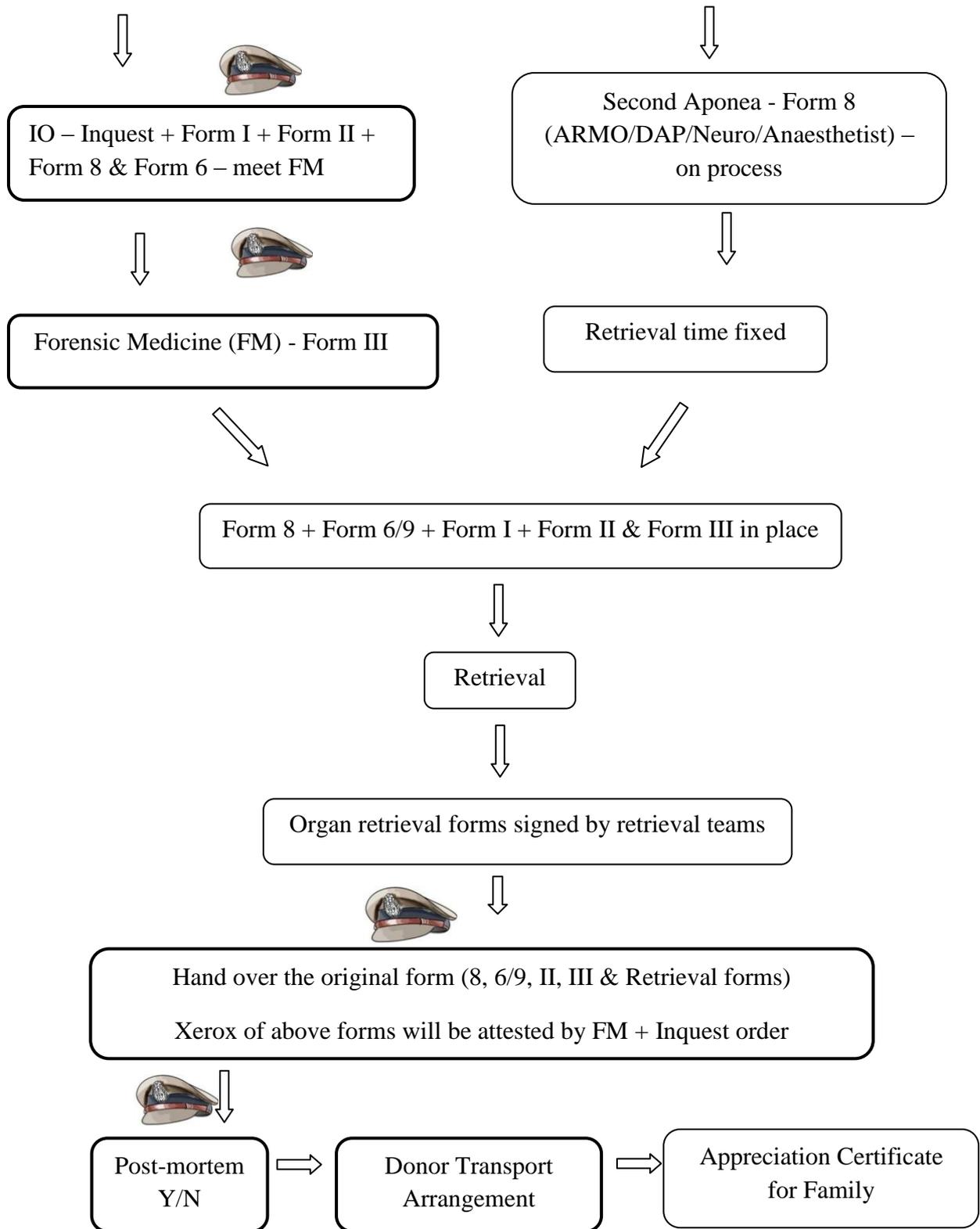
No, the identity of both the donor and recipient remains confidential. Basic information may be provided to both recipients and donor families after the transplant.

What will happen to my donated organs and tissues?

There is a computerized system that ensures the fair distribution of organs in Tamil Nadu. It is managed by the Tamil Nadu Network for Organ Sharing, which is overseen by the Transplant Authority of Tamil Nadu. The patients who will receive your organs will be identified based upon such factors as blood type, length of time on the waiting list, severity of illness and other medical criteria.

5. FLOW CHART- ORGAN DONATION





6. FAMILY CONSENT

Ms. A. T. Sunitha

Transplant Coordinator, MOHAN Foundation

In India the family plays a major role in the process of organ donation. The Family has to decide whether they want to donate the organs of their loved one to save others' lives. Only when they give their consent in a legal form (Form 6/9) the hospital can proceed with the legal and medical procedures. The accident creates a feeling of shock and when they are told that the victim is dead the family goes into grief. This should be kept in mind by the investigating officer when he approaches the family for the inquest.

The people undergo the following **Stages during the Grief** - இழப்பின் போது ஒருவருக்கு ஏற்படும் துயரத்தின் நிலைகள்

Denial இழப்பை ஏற்க மறுத்தல்

Anger நடப்பதை ஏற்க முடியாமல் கோபம் கொள்ளுதல்

Bargaining இழப்பினை மீட்க தன்னிடமிருக்கும் பிறவற்றை

Depression மனச்சோர்வடைதல்

Acceptance இழப்பை ஏற்று கொள்ளும் மனநிலையை அடைதல்

Counselling done by counsellor / Transplant Coordinator

In the hospital, outside the ICU or in a separate room the hospital counsellor or transplant coordinator speaks to the family about brain death and clarifies all their doubts. Then the family is counselled for organ donation.

→ Group counselling - If they are a family that takes a collective decision

- Individual Counselling – if there is a single key person who is the decision maker for the family

Few points to remember when you (investigating officer) meet the family

- Discussion of donation/counselling is already over
- Whether the family members understand the concept of Brain death
- To find out the genuineness of their understanding and consent given
- The family does not expect any form of returns
- Speed up the organ donation process by checking if PM is needed or not and send directions accordingly

Responsibility of the Investigation officer towards the family

- To organize the free ambulance for the donor and family
- To hand over FIR copy and Death Report to the family

7. POST-MORTEM IN THE CASE OF ORGAN DONATION

Post mortem (PM) is done to determine the cause of death. The investigating officer for the case may or may not request a PM be conducted on the cadaver. In case the cause is not clear or suspicious the investigating officer will ask the forensic doctor to conduct the PM.

Examples of systems followed in some states of India

QUESTION	KERALA	TAMIL NADU	ANDHRA PRADESH	MAHA - RASHTRA	KARNATAKA
Delay in handing over the body due to post -mortem?	Yes	Yes	No	Yes	Yes
Post- mortem be waived off? Do you know any of the hospitals where PM is waived off?	No	No	No *It is conducted at the same time of harvesting organs and a forensic expert would be present during harvesting	No	No
Post-mortem done with or without opening the skull?	Skull is opened	Skull is opened	Skull is not opened	Skull is opened	Skull is opened
Does Post-mortem report play an important role for claiming insurance?	Yes	Yes	Yes	Yes	Yes
Does your hospital perform post-mortem after sunset?	No	Govt. Hospitals – No	Yes	No	Yes

8. CASE STUDIES

Mr. K. Prakash

Transplant Coordinator, MOHAN Foundation

Case 1 - Police arrive after 12 hours to conduct investigation

Mrs. A, a 50-year-old female, was the mother of two sons and one daughter. She lived happily with her family at Ayalvadi village. After her husband passed away she took the responsibility of providing for the family. She was the only hope for the family. One day, she slipped and fell on her back. On the spot, she started to bleed from her ears, initially she was taken to Chengalpattu Govt. Hospital and then referred to Rajiv Gandhi Government General Hospital (RGGGH), Chennai on 11.09.2013.

On 13.09.13 at 11.15 pm, Form I was submitted to the outpost police station of RGGGH. The intimation was given to the concerned police station by the outpost police. Even though the Police Intimation was given at around midnight of 13th, the investigation officer reached the hospital at noon the next day. (12 hours after the first intimation about the organ donation case) .

Since the police were not aware of the difference between brain death and cardiac death, there was delay in preparing inquest and he was not ready to give approval for organ donation. There was **24 hours delay in handing over the body to the family.**

The family donated Liver, Heart, Kidneys of Mrs A.

Case 2 - Doctors spend time teaching the investigating officer about types of deaths

Mr. B, 45-year-old male, married, lived with his wife and two sons at Thozhuthavur village. He was the breadwinner of the family. He had already pledged for eye donation, which motivated the family to donate his organs. He fell down from his bike and was severely injured on the back of his head and he was brought to Rajiv Gandhi Government General Hospital (RGGGH), Chennai on 13.09.2013. Form-I was submitted to the outpost police station, RGGGH at 11:30 pm who immediately informed the Arakkonam police station.

The investigating officer (IO) arrived at the hospital at 08:00am on 15/09/2013. The IO was not aware about the organ donation procedures; transplant coordinators, Neurosurgeon and treating doctor explained the organ donation process and the role of the police in detail. After that the IO prepared the inquest and visited the Institute of Forensic Medicine to get authorization from the Medical Officer for organ retrieval.

The investigation officer was not aware of organ donation procedures and it took almost half a day to make him to understand the role of police in the process of organ donation. Because of this issue, retrieval was delayed and the family members were not happy with donation due to delay.

This donor gave Liver, Heart, Kidneys and Corneas.

Case 3- Approval and inquest form comes via a fax to GH

Mrs. Y, 45yrs old was living at Neyveli Township. One November evening, Mrs. Y met with an accident and brought to Neyveli government hospital for treatment. She was referred to Rajiv Gandhi Government General Hospital the next day.

Form I was submitted to the outpost police station of RGGGH. The First intimation was given to Neyveli Township Police Station by the outpost police. Since it takes more than five hours to reach Chennai, the transplant coordinator requested Mr. Raja, Inspector of Police, Neyveli Township police station to give his verbal authorisation to proceed (usually called the NOC) with the formalities of organ donation and send the inquest form. At 2.00pm on the same day, inquest order was received by fax at the Dean's office with a request that the cadaver should be kept at the mortuary till they arrive to complete the inquest.

Only because of Police department we were able to coordinate the case. Their support and interest and timely work saved many lives and the body was handed over without any delay. The donor gave her Liver, Heart, Kidneys and Corneas to save others.

Case 4. RTA in Salem – FIR in Bengaluru

Dr. P Vijayanand,
GKNM Hospital, Coimbatore

Pt X met with a RTA in Salem and was treated in a local private hospital. No FIR was made. But was transferred on the same day to Bangalore. He was admitted in a corporate hospital for 36 hrs. He was made MLC by the hospital. He was transferred to Coimbatore for further treatment. On arrival identified brain stem dysfunction. Apnea test confirmed brain dead. Declared dead after two tests and notified police in Salem that the patient is dead and the sequence of events. Police delayed in whole process. It took 14 hrs to sort the issue. The local police got involved and got the process completed without any further issues.

Questions:

1. What would be the approach for the FIR to be made in TN?
2. Who should do the Inquest?
3. How to transfer the authority?
4. How a NOC should be done?
5. Who takes up the authorisation?
6. Who coordinates all the process?
7. Who steps in when there is un-resolvable problems or crisis?

9. LEGAL FORMS FOR ORGAN DONATION

Ms. A. T. Sunitha

Transplant Coordinator, MOHAN Foundation

FORMS	COORDINATED BY	SIGNED BY
Form 8 – Brain Death Declaration	Treating Doctor Staff Nurses Transplant Coordinators	Neuro Surgeon Neuro physician Intensivist Treating Doctor Dean/ Residential Medical Officer
Form 6 Adult consent Form Form 9 paediatric Consent Form	Transplant Coordinator Next of Kin (family)	Family members
G.O.86 - Form I First Intimation	<u>Transplant Coordinator</u> <u>Outpost Police to Investigation Officer</u>	Residential Medical Officer
G.O.86 - Form II Organ Functional Status	Treating Doctor Staff nurses	Treating Doctor
G.O.86 - Form III Authorisation for Organ Retrieval	Investigation Officer, Forensic Doctor (Transplant Coordinator will accompany)	Forensic Doctor
Request Letter from Dean for organ retrieval (only for RGGGH)	Transplant Coordinator Dean / Residential Medical Officer	Dean / Residential Medical Officer
Organ Retrieval Forms	Transplant Surgeon (organ wise separate) Transplant Coordinator Recipient coordinators	Transplant Surgeon
Post mortem Report	<u>Forensic Doctor</u> <u>Investigation officer</u> <u>(Transplant Coordinator will accompany)</u>	Forensic Doctor Investigation officer

Notes:

- A set of forms will be given to the investigation officer after the post-mortem gets over.
- The investigation officer will hand over the body to the family member.

FORM 5
[See Rule 4(2)(a)]

I.....S/o,D/o,W/o.....
aged.....resident of in the
presence of persons mentioned below hereby unequivocally authorise the removal of my
organ/organs, namely,..... from my body after my death for therapeutic
purposes.

Signature of
Donor

Dated:

(Signature)

1. Shri/Smt./Km.....S/o,D/o,W/o.....
aged.....resident of

(Signature)

2. Shri/Smt./Km.....S/o,D/o,W/o.....
aged.....resident of
is a near relative to the donor as

Dated.....

FORM 6

[See Rule 4(2)(b)]

I.....S/o,D/o,W/o.....aged.....resident of
.....

.....having lawful possession of the
dead body of Shri/Smt./Km.....
S/o,D/o,W/o.....aged.....resident of.....

..... having known that the deceased has not expressed any objection
to his/her organ/organs being removed for therapeutic purposes after his/her death and also
having reasons to believe that no near relative of the said deceased person has objection to
any of his/her organs being used for therapeutic purposes, authorise removal of his/her body
organs, namely

Dated.....

Place.....

Signature

Person in lawful possession of the dead body.

Address.....

.....

FORM 8

[See Rule 4(3)(a) and (b)]

We the following members of the Board of medical experts after careful personal examination hereby certify that Shri/Smt/Km----- aged about ----- son of/wife of/ daughter of----- resident of ----- is dead on account of permanent and irreversible cessation of all functions of the brain stem. The tests carried out by us and the findings therein are recorded in the brain stem death certificate annexed hereto.

Dated.....

Signature.....

1. R.M.P.-In-charge of the Hospital
In which brain-stem death has occurred.
Authority.

2. R.M.P. nominated from the panel of
Names approved by the Appropriate

3. Neurologist/Neuro-Surgeon nominated
deceased from the panel of names approved by the
Appropriate Authority.

4. R.M.P. treating the aforesaid
person.

Brain Stem Death Certificate

(A) PATIENT DETAILS :

1. Name of the Patient Mr/Ms. -----
S/O,D/O,W/O - Mr-----

Sex -----Age-----

2. Home Address -----

3. Hospital Number -----

4. Name and Address of next of kin or -----

person responsible for the patient (if -----
 none exists, this must be specified) -----

5. Has the patient or next of kin agreed -----
 to any transplant? -----

6. In this a police Case? Yes----- No-----

(C) PRE-CONDITIONS:

1. Diagnosis : Did the patient suffer from any illness or accident that led to irreversible brain
 damage? Specify details -----

Date and time of accident/onset of illness -----
 Date and onset of non-responsive coma -----

2. Findings of Board of Medical Experts:

The following reversible causes of coma have been excluded:

- Intoxication (Alcohol)
- Depressant Drugs
- Relaxants (Neuromuscular blocking agents)

	First Medical Examination		Second Medical	
	Examination			
	1 st	2 nd	1 st	2 nd
Primary hypothermia				
Hypovolemic shock				
Metabolic or endocrine disorders				
Tests for absence of brain stem functions				
2) Coma				
3) Cessation of spontaneous breathing				
4) Pupillary Size				

- 5) Pupillary light reflexes
- 6) Doll's head eye movement
- 7) Corneal reflexes (Both Sides)
- 8) Motor response in any cranial nerve distribution, any responses to stimulation of face, limb or trunk
- 9) Gag reflex
- 10) Cough (Tracheal)
- 11) Eye movements on caloric testing bilaterally
- 12) Apnea tests as specified
- 13) Were any respiratory movements seen?

Date and Time of first testing -----

Date and Time of second testing -----

This to certify that the patient has been carefully examined twice after an interval of about six hours and on the basis of findings recorded above, Mr/Ms-----is declared brain-stem dead.

Signatures of –

1. Medical Administrator In charge of the hospital

2. Authorized Specialist

3. Neurologist/Neurosurgeon
patient

4. Medical officer treating

- NB.I. The minimum time interval between the first testing and second testing will be six hours.
- II. No.2 and No.3 will be co-opted by the administrator in charge of the hospital from the panel of experts approved by the Appropriate Authority.

FORM 9

[See Rule 4 (3) (b)]

I, Mr./Mrs.....son of/ wife of Resident of
..... hereby authorise removal of the
organ/organs, namely,
.....for therapeutic purpose from the dead body of my
son/daughter Mr./Mrs aged..... whose brain-stem death has
been duly certified in accordance with the law.

Signature :
Name :
Place :
Date :

FORMS I, II and III needed for MLC case given in earlier chapter.

10. LIST OF RESOURCE PERSONS (doctors/ transplant coordinators)

District	Name and contact number	Hospital
Chennai	MOHAN Foundation- 9444607000	Rajiv Gandhi Govt General Hospital
	Mr. F. Sagayam- 7299068286	MIOT
Coimbatore	Mr. Sivakumar- 9894179922	Kovai Medical Centre Hospital
	Mr. Ananth- 8220044838	GKNM Hospital
Madurai	Mr. Johnson- 9842108020	Madurai Kidney Care
Trichy	Ms. Carunia- 9715473981	Front Line Trichy
Salem	Dr. Hari- 9566506666	Salem Gopi Hospital
Vellore	Mr. Jayashankar- 9677583628	CMC
Thanjavur	Dr. Senthil Rajkumar- 9443654324 Mr. Arul Prakash James- 7402605567	Meenakshi Hospital
Puducherry	Dr. Sreejith- 9489148338	JIPMER
Tamil Nadu State Authority Chennai	Office Number Miss. Anjana Bindlish Mr. P. K. Sreekumar	044 25363141 9445485373 9445485374

11. HANDOUT FOR ALL POLICE STATIONS

Investigation Officer in the Process of Organ Donation (Brain Death) MLC case Roles & Responsibilities

Prepared by
MOHAN Foundation
267 Kilpauk Garden Road, Chennai 600010
Tel – 26447000 or 9444607000
www.mohamfoundation.org

Salient points of a MLC - brain death - organ donation case

1. Brain dead person will not be in the mortuary
2. Brain dead person will be in an ICU - connected to a ventilator and with chest movement and warm.
3. The person you will interact with will be a counsellor / transplant coordinator.
4. The death certificate will be called a Brain stem death certificate and will be a two-page document with signatures of four doctors.
5. Organs from a brain dead person can save lives of many organ failure patients.
6. The brain death patient is very unstable. The earlier the organs are retrieved the better the chance of the organs being useful to the recipients. .
7. Therefore the urgency of action from the police investigating officer to complete his duties at the earliest.

Duties of the Hospital outpost police officer

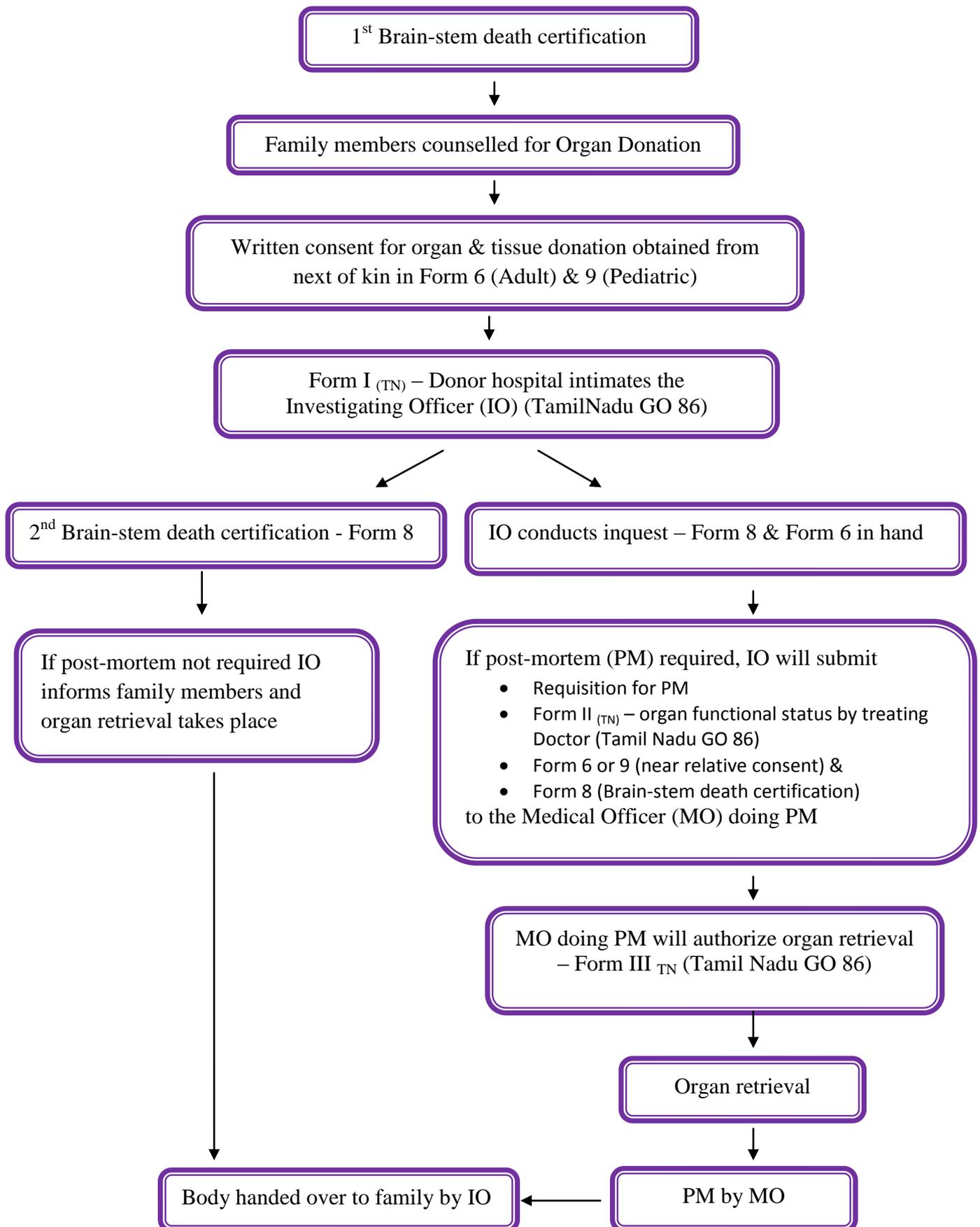
- Intimation to the outpost police station - Form-I (intimation should be given to the station as early as possible so that organ retrieval time can be confirmed based on the arrival of the Investigating officer)
- Informing the concerned division police station for investigation (make sure the information should reach the concerned division police station)
- The outpost police station officers to start the investigation till the concerned division police station officer arrives as per the Circular No Rc. No 21421/Crime (1)/2009ss. (to avoid delay in process of organ donation).
- Make sure the Investigation officer arrives early (it is to confirm the investigating officer is on the way and fix the time for retrieval)

Duties of the Investigation officer and hospital outpost police officer.

- If needed, get an explanation about organ donation by Transplant coordinator of the hospital (the role of transplant coordinator is to explain to the investigating officer if he/she is not aware of the process of organ donation)
- Investigate the case and find out genuineness of the consent from the family members (Organ Donation-the investigating officer should clarify some of the issues on the willingness of the family members)
- Form-8 (brain stem death certificate), Form-6 or 9 (consent form from family), Written consent in local language, Form-I, II, III (related to MLC case G.O. No 86), letter from dean asking for retrieval and along with Inquest order (above mentioned forms should be properly filled)
- Write a letter of request to forensic department & preparation of all the documents for post-mortem (after the retrieval of organs in the OT, all the documents should be ready and handed over to the forensic department)
- Arrange for Free transport of body (Approach the free ambulance service and the Registered Medical Officer from the hospital)
- Hand over the body to the family members along with the death report. (Make sure the transplant coordinator is with the family members till the body is handed over to the family)

Call toll free helpline 1800 103 7100 \ or 944607000 for the any clarification.

Deceased Organ Donation – Medico-Legal Case – Flow chart



என்றும் நான் நினைவில் நிற்க!.....

ஒரு நாள் மருத்துவர் என் மூளை செயலிழந்து
வாழ்க்கை முடிந்து விட்டதாக அறிவிப்பார்

அந்நாள் என் வாழ்வு மரணப்படுக்கை என்றல்லாமல்- இன்னொரு
வாழ்வின் தொடக்கம் என்று கூறுங்கள்

இதயமே ஒரு வலியென கொண்டவருக்கு என் இதயத்தை கொடுத்து -
அவரின் இதய வலியினை போக்க செய்யுங்கள்

சூரியனையோ, சிரிக்கும் குழந்தையின் முகத்தையோ ,
கடைக்கண் பார்வையில் பொங்கும் காதலையோ கண்டிடாதவருக்கு என்
இரு விழிகளை கொடுத்து அனைத்தையும் பார்த்து மகிழ் செய்யுங்கள்

வாகன விபத்தில் சிக்கி தவிப்போருக்கு என் இரத்தத்தை கொடுத்து
அவர்களின் குழந்தைகள் விளையாடுவதை காண செய்யுங்கள் ,

சுத்திகரிப்பு இயந்திர கருவியை சார்ந்து வாழ்பவார்க்கு - என் சிறுநீரகத்தை
கொடுத்து அவர்களின் இயந்திர கருவி வாழ்க்கை போக்க செய்யுங்கள்

என் உடலிலுள்ள எலும்பு, சதை , ஆகியவற்றை ஊனமுற்றவருக்கு
கொடுத்து ஊனம் என்ற குற்ற உணர்வை போக்குங்கள்

என் மூளையில் உள்ள அணுக்களை எடுத்து ஆராய்ந்து , வாய்
பேசியலாதவர்களுக்கு , காது கேட்க இயலாதவர்களுக்கு கொடுத்து
வாய்க்குளிர பேச , தேன் சுடர கேட்க செய்யுங்கள்:

என்னை புதைக்க விரும்பினால் அது என் தவறு , பலகீனம் ஆகியவையகவே
இருக்கட்டும்

என் பாவத்தினை சாத்தானுக்கும் என் உடலை மனிதனுக்கு கொடுத்திடுங்கள்
நான் சொன்னவற்றை செய்வீரேயானால்
நான் வாழ்வேன் என்றென்றும்

Robert Test - 1976

ABOUT MOHAN FOUNDATION

The Multi Organ Harvesting Aid Network (MOHAN) Foundation was established in 1997 by a group of liked minded doctors. It provides facilitative and advisory functions on issues of Deceased Organ Donation.

The Transplantation of Human Organ Act 1994 mandates the declaration of brain death and permits deceased organ donation. In order to promote deceased donation, MOHAN Foundation trains social workers and nurses to become Grief Counselors and Transplant Coordinators.

MOHAN Foundation publishes a quarterly Indian Transplant Newsletter for its members and doctors to know about the latest development at National and International levels.

It creates awareness among the public about Organ Donation specifically Deceased Organ Donation through talks, radio shows, helpline number, transplant games and felicitating deceased donor families.

MOHAN Foundation has its headquarters at Chennai and regional offices at Delhi, Hyderabad and Bangalore. It has Information Centres in Coimbatore, Chandigarh and United States.

Since its establishment, MOHAN Foundation has distributed more the 10 lakh cards and has an "Intend to Donate" Online Registry of more than 10,000.

Regional Offices:

Chennai (Headquarters)

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Toll Free Organ Donation Helpline - 1800 103 7100