



## BACKGROUND & COLLABORATIVE GOALS

The scarcity of organs available to save the lives of patients in need has been a recognized public health challenge for decades. As of this writing, over four thousand (4,000) people in Illinois are on the waiting list for a life-saving organ, and another person is added to that list every ten minutes. On average, 18 people across the nation die every day while awaiting an organ that may have saved them.

It has been estimated that as many as 70% of potential donors fall under medical examiner/coroner (ME/C) jurisdiction. Therefore, ME/Cs frequently play a critical role in making organs available for transplantation. Because ME/Cs are also responsible for documenting and collecting appropriate evidence in cases falling under their jurisdiction and determining cause and manner of death, it is essential that the organ recovery occur in a carefully coordinated manner. In the early 2000s, there was wide variation in ME/C practices regarding the release of potential organ and tissue donors. Some ME/Cs were inclined to deny recovery of organs and/or tissues for transplantation asserting that recovery would interfere with their ability to fulfill their legal mandate: to determine the cause and manner of death, and to ensure that appropriate evidence is collected and preserved. In 2007, the National Association of Medical Examiners (NAME) conducted a detailed analysis of this variation in practice and concluded that, with appropriate communication and cooperation, this should not be the case in the vast majority of situations. In 2014, NAME revisited its prior position and upheld its prior finding that:

*“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). ... Some ME/C offices currently have “zero denials” and this should be the goal of every ME/C office.”*

Other States have adopted legislation to support a collaborative process and have successfully achieved “zero denials” or organs viable for transplant for over a decade. This Shared Protocol is intended achieve “zero denials” without the need for legislation. By establishing a thoughtful collaborative process developed and endorsed by ME/Cs, Law Enforcement, State’s Attorneys, and the GOH team. Through this Shared Protocol document, the parties seek to:

- Establish a collaborative and cooperative relationship and process that supports the fulfillment of each party’s statutory or professional obligations and promotes the recovery of scarce transplantable organs and tissue.
- Reduce the number of deaths that occur in Illinois by achieving the “zero denial” status maintained by other States.
- Ensure critical information sharing, informed decision making, and efficient use of resources.