

# Advanced Transplant Coordinators' Workshop

Resource Manual



**MOHAN**  
FOUNDATION

Navajbai Ratan  
Tata Trust

Sir Ratan Tata  
Trust

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

Supported by  
**Sir Ratan Tata Trust  
Navajbai Ratan Tata Trust**

**30th January 2015, Ramada Egmore, Chennai**

# **2<sup>ND</sup> CONSULTATIVE MEETING FOR SENIOR TRANSPLANT COORDINATORS**

**Friday, 30<sup>th</sup> January 2015**

**Ramada Egmore, Chennai**

## **RESOURCE MANUAL**

**Edited by**

**Dr. Sumana Navin & Ms. Sujatha Niranjan**

**Organized by**



**Multi Organ Harvesting Aid Network**

**Supported by**

**Sir Ratan Tata Trust & Navajbai Ratan Tata Trust**



## **Foreword**

It has been an eventful year for deceased organ donation program in India. Welcome to the 2<sup>nd</sup> Consultative Meeting for Senior Transplant Coordinators. This meeting will be a platform for all the senior coordinators to celebrate their success, exchange and update knowledge, discuss the difficulties faced during the coordination of deceased organ donation, especially with medico-legal cases and develop long-lasting friendships.

The highlight this year will be the signing of Memorandum of Understanding between the National Health Service, Blood and Transplant (NHSBT) and MOHAN Foundation. NHSBT is the apex body for all the organ donation and transplantation activity in UK under the NHS. The objective of this MoU is to create synergies to increase organ donation rate in both the countries. MOHAN is the largest NGO in the field of organ donation in India with a pan-India presence. The transplant coordinators trained by the Foundation are responsible for around 60% of organ donations in the country.

Public and professional education, training, creating organ sharing registry network, and social research are the core areas where MOHAN Foundation has contributed significantly to the programme. The 2014 national figures for deceased donation shows 20% increase in the donation rate from 2013.

Transplant coordinators have so far played a pivotal role in the small success of deceased donation programme in the country. However, for the programme to really take a quantum leap, the ownership of the 'deceased donor' in a hospital needs to be in the domain of the intensive care staff. It is important that 'regional champions' in the ICU are identified or encouraged and their contribution to the programme recognized. Most senior transplant coordinators realise that the challenges in this programme are firmly in the hospital domain and not so much in the public domain. This needs to be widely understood by all who have an interest in the success of deceased donation programme in India.

The two international speakers at this meeting, Prof. James Neuberger, Associate Medical Director of NHS Blood and Transplant, UK, and Dr. Satya Vrat Sharma, MBE, Chair, Promoting Organ Donation, UK, will provide a comparative perspective on organ donation in UK and India, which should help in providing clarity on how to move forward with the deceased donation programme in India.

Dr. Sunil Shroff  
Managing Trustee  
MOHAN Foundation

Mrs. Lalitha Raghuram  
Country Director  
MOHAN Foundation

Date: 30<sup>th</sup> January 2015





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## Programme Schedule

9.25am - 9.30am	Welcome Address	Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation
9.30am - 10.20am	Suggestions to improve the deceased donation program in your hospital / region.  Problems in Deceased Donation in a Corporate Hospital.  What measures can be taken to improve the scenario – Interaction with participants	<b>Moderator -</b> <b>Dr. Sonal Asthana</b> Liver Transplant Surgeon, BGS Global Hospitals, Bengaluru
10.20am - 11.15am	Post-mortem in the case of organ donation (Presentation by Transplant Coordinator from each State)	<b>Moderator -</b> <b>Mr. Ramesh Sharma, IPS</b> Director General of Police (Retd)
11.15am - 11.30am	<b>Tea Break</b>	
11.30am - 12.30pm	Fallacies in declaring brain death; Difficulties in conducting Apnea test and role of ancillary tests	<b>Dr. Vijayanand Palaniswamy, DCH FRACP FCICM</b> Adult and Pediatric Intensivist GKNM Hospital, Coimbatore
12.30pm - 1:15pm	Optimization of potential organ donor (4 scenarios with discussion)	<b>Dr. N. Sridhar</b> Former NHSBT Regional Lead for Organ Donation, Midlands, UK Senior ICU Consultant, Kauvery Hospital, Chennai
1.15pm - 1.30pm	Stem Cell donation – Experience of DATRI	<b>Mr. Raghu Rajagopal</b> , CEO, DATRI
1:30pm - 2.15pm	<b>Lunch Break</b>	
2.15pm - 3.15pm	Inauguration & Ceremony for Signing of MoU between NHSBT, UK and MOHAN Foundation	
3.15pm - 3.30pm	Interaction with Press	
3.45pm - 4.00pm	UK Experience in organ donation and transplantation	<b>Prof. James Neuberger</b> Associate Medical Director of NHS Blood and Transplant, UK
4.00pm - 4.30pm	Promoting organ donation within Black and Minority Ethnic Communities in UK	<b>Dr. Satya Vrat Sharma, MBE</b> Chair, Promoting Organ Donation, UK
4.30pm onwards	<b>Tea</b>	



## OUR INTERNATIONAL FACULTY

### PROF. JAMES NEUBERGER

ASSOCIATE MEDICAL DIRECTOR FOR ORGAN DONATION AND  
TRANSPLANTATION, NHS BLOOD AND TRANSPLANT, UK



Prof James Neuberger qualified from Oxford and did general medical training in London and Leeds. After 10 years at the Liver Unit, Kings College Hospital London, he moved to Birmingham as a Consultant Physician in the Liver Unit, where he continues to work in clinical liver disease and transplantation. In 2008, he was appointed as Associate Medical Director in Organ Donation and Transplantation. He has published extensively on aspects of liver disease and transplantation. He is and has been an editor of Transplantation and Associate Editor for the Journal of Hepatology.

Prof. James Neuberger's presentation

#### **The UK experience in organ donation and transplantation**

- NHSBT is responsible for parts of the donation and transplant pathway
- Donation after brain-stem death – standard model of deceased donation for about 40 years. Low rates in UK.
- Donation after circulatory death introduced in 2003. UK is the world leader.
- Organ Donation Task Force set up and recommendations made in 2006. These recommendations included introduction of minimum notification criteria for potential organ donors, introduction of Clinical Leads for Organ Donation (CLODs), potential donor audit, mandatory training of all clinical staff involved in organ donation, Implementation of effective methods to promote organ donation to the general public.
- This resulted in a 50% increase in organ donation in the UK over a five year period.

**DR. SATYA VRAT SHARMA MBE, DL.**  
Deputy Lieutenant West Midlands  
Founding Chair, Promoting Organ Donation (POD),UK  
Founding Chair, India UK (INUK) forum  
Chair, South Staffordshire Medical Foundation Charitable trust  
President, Black Country Division BMA



**Awards and Honours:**

**MEMBER of ORDER of the BRITISH EMPIRE.** This Prestigious honour (equivalent to Padma Shri in India) was presented by Her Majesty the Queen Elizabeth II of UK at Buckingham Palace on 1<sup>st</sup> March 2011. MBE honour was awarded for services to health care in UK and Wolverhampton



**BMA** : Awarded FELLOWSHIP of BMA - March 2013

**DL** : Appointed Deputy Lieutenant of West Midlands - April 2014

**WCRC:** Awarded **Global Indian Excellence Award** in Summit 2014 - July 2014  
London by World consulting & research Corporation, India.

**Founder of national and international initiatives:**

- Founder of MoU group to create/implement MoU between UK/India - July 2014

**Dr. Satya Vrat Sharma's presentation**

An innovative way to promote organ donation within Black and Minority Ethnic communities in UK was devised and has been successful. His presentation includes the details and also has statistics to analyse the current position. There is still a lot to be done and modifications continue but will it succeed? He devised the scheme 15 years ago and has now enhanced the programme with new enthusiasm. It is hoped that the MoU will provide the required stimulus to achieve more.

## **MOHAN Foundation signs landmark MoU with NHS Blood and Transplant, UK**

### **to increase organ donation rate in India & UK**

MOHAN Foundation, an NGO that has been working in the field of deceased organ donation for the past 18 years signed a landmark Memorandum of Understanding (MoU) with NHS Blood and Transplant (NHSBT), UK on 30th January 2015 in Chennai. The MoU was signed in the presence of Dr. J. Radhakrishnan, IAS, Principal Secretary, Health and Family Welfare, Government of Tamil Nadu. The objective is to promote collaboration and knowledge sharing between the two organisations with the aim of increasing organ donation rates in India and the United Kingdom.

The MoU was signed at the culmination of a consultative meeting for senior Transplant Coordinators from across the country organised by MOHAN Foundation. This is the second such national meeting that has been held to address the learning needs and challenges faced by senior transplant coordinators in the country. Transplant coordinators have a key role to play in the organ donation pathway and do the most difficult task of supporting and obtaining consent for donation from a grieving family

Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation said, “An inspiring example is the work of MOHAN Foundation’s transplant coordinators based at the Rajiv Gandhi Government General Hospital, Chennai. Between February 2010 and December 2014, the families of 160 brain dead patients were counselled about organ donation. 106 families said ‘yes’ – making the choice to donate the organs of their loved ones to perpetuate life rather than having the organs buried or cremated. This is a 66% consent or conversion rate, which is comparable to that in the West.”

The signatories of the MoU were Prof. James Neuberger Associate Medical Director for Organ Donation and Transplantation, NHSBT and Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation. Also present was Dr. Satya Vrat Sharma, MBE, Chair, Promoting Organ Donation (POD), UK and Chair of the MoU Steering/Implementation Group. Prof. Neuberger and Dr. Sharma expressed optimism that sharing knowledge and experience on the different aspects of organ donation and transplantation would have a positive impact, especially on minority and hard-to-reach groups.

Dr. Sunil Shroff said that this collaboration had come about because of the unflagging enthusiasm and great initiative shown by Dr. N. Sridhar, Former NHSBT Regional Lead for Organ Donation, Midlands, UK and presently Senior ICU consultant, Intensive Care Unit, Kauvery Hospital, Chennai.

The MoU will be reaffirmed in UK on the 26<sup>th</sup> of February 2015 in London at the House of Lords. The MoU launch will be led by Baroness Illora Finlay, a distinguished physician and currently President of the British Medical Association.



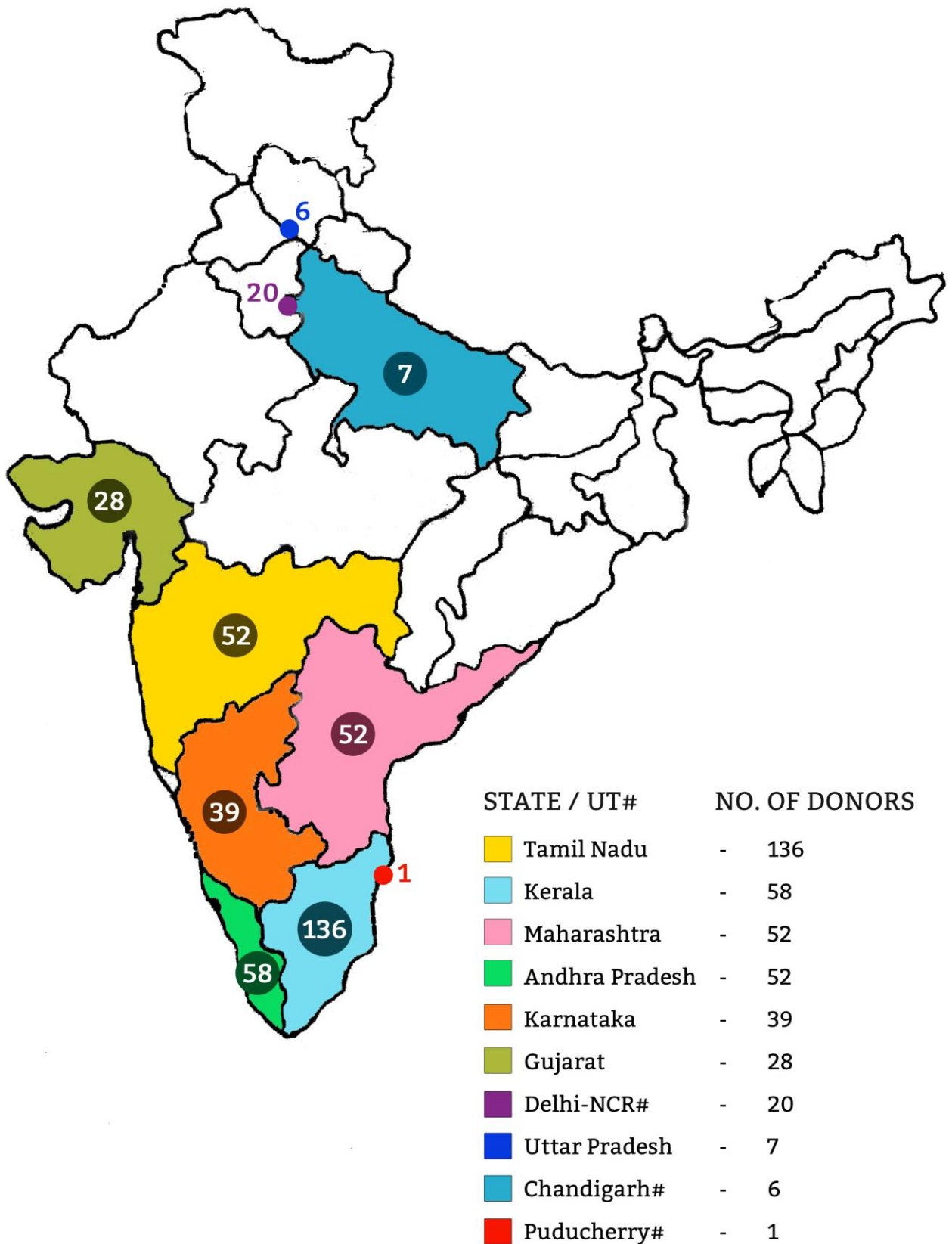
## **Deceased Organ Donation in India – 2014**

<b>State</b>	<b>No. of Donors</b>	<b>ODR*</b>	<b>Kidney</b>	<b>Liver</b>	<b>Heart</b>	<b>Lung</b>	<b>Pancreas</b>	<b>Intestine</b>	<b>Total Organs</b>
Tamil Nadu	136	1.9	227	129	41	15	4	1	417
Kerala	58	1.7	104	44	6	0	0	0	154
Maharashtra	52	0.5	89	43	0	0	0	0	132
Andhra Pradesh	52	0.6	92	54	1	1	0	0	148
Karnataka	39	0.6	72	37	5	0	0	0	114
Gujarat	28	0.5	55	25	0	0	0	0	80
Delhi-NCR	20	1.2	32	18	0	0	0	0	50
Puducherry	13	10.4	26	0	0	0	0	0	26
Uttar Pradesh	7	0.04	14	0	0	0	0	0	14
Chandigarh	6	5.7	9	4	1	0	1	0	15
<b>Total</b>	<b>411</b>	<b>0.34</b>	<b>720</b>	<b>354</b>	<b>54</b>	<b>16</b>	<b>5</b>	<b>1</b>	<b>1150</b>

\* ODR (pmp) – Organ Donation Rate (per million population)



## STATES / UTs WITH DECEASED ORGAN DONATION PROGRAMME



## Central Government Act

### Section 174 in The Code of Criminal Procedure, 1973

174. Police to enquire and report on suicide, etc.

(1) When the officer in charge of a police station or some other police officer specially empowered by the State Government in that behalf receives information that a person has committed suicide, or has been killed by another or by an animal or by machinery or by an accident, or has died under circumstances raising a reasonable suspicion that some other person has committed an offence, he shall immediately give intimation thereof to the nearest Executive Magistrate empowered to hold inquests, and, unless otherwise directed by any rule prescribed by the State Government, or by any general or special order of the District or Sub- divisional Magistrate, shall proceed to the place where the body

of such deceased person is, and there, in the presence of two or more respectable inhabitants of the neighbourhood, shall make an investigation, and draw up a report of the apparent cause of death, describing such 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 (if any); such marks appear to have been inflicted.

(2) The report shall be signed by such police officer and other persons, or by so many of them as concur therein, and shall be forthwith forwarded to the District Magistrate or the Sub- divisional Magistrate.

(3)<sup>1</sup> When-

(i) the case involves suicide by a woman within seven years of her marriage; or

(ii) the case relates to the death of a woman within seven years of her marriage in any circumstances raising a reasonable suspicion that some other person committed an offence in relation to such woman; or

(iii) the case relates to the death of a woman within seven years of her marriage and any relative of the woman has made a request in this behalf; or

(iv) there is any doubt regarding the cause of death; or

(v) the police officer for any other reason considers it expedient so to do, he shall, subject to such rules as the State Government may prescribe in this behalf, forward the body, with a view to its being examined, to the nearest Civil Surgeon, or other qualified medical man appointed in this behalf by the State Government, if the state of the weather and the distance admit of its being so forwarded without risk of such putrefaction on the road as would render such examination useless.

(4) The following Magistrates are empowered to hold inquests, namely, any District Magistrate or Sub- divisional Magistrate and any other Executive Magistrate specially empowered in this behalf by the State Government or the District Magistrate.

## **Section 176 in The Code Of Criminal Procedure, 1973**

176. Inquiry by Magistrate into cause of death.

(1)<sup>2</sup> When any person dies while in the custody of the police or when the case is of the nature referred to in clause (i) or clause (ii) of sub- section (3) of section 174] the nearest Magistrate- empowered to hold inquests shall, and in any other case mentioned in sub- section (1) of section 174, any Magistrate so empowered may hold an inquiry into the cause of death either instead of, or in addition to, the investigation held by the police officer; and if he does so, he shall have all the powers in conducting it which he would have in holding an inquiry into an offence.

1. Subs. by Act 46 of 1983, S. 3

2. Subs. by s. 4, *ibid*.

(2) The Magistrate holding such an inquiry shall record the evidence taken by him in connection therewith in any manner hereinafter prescribed according to the circumstances of the case.

(3) Whenever such Magistrate considers it expedient to make an examination of the dead body of any person who has been already interred, in order to discover the cause of his death, the Magistrate may cause the body to be disinterred and examined.

(4) Where an inquiry is to be held under this section, the Magistrate shall, wherever practicable, inform the relatives of the deceased whose names and addresses are known, and shall allow them to remain present at the inquiry. Explanation.- In this section, expression "relative" means parents, children, brothers, sisters and spouse.

## Review Research Paper

# Critics and Sceptics of Medico-legal Autopsy Guidelines In Indian Context

\*Basant Lal Sirohiwal, \*\*Luv Sharma, \*\*\*P.K. Paliwal

### Abstract

Medicine is governed by set code of principles which are followed by every Medical professional during his medical practice. Doctors dealing with medico-legal work, bear a further burden of not only abiding by these rules but also by being vested with deciding authority in such matters. World over, medico-legal authorities issue guidelines and rules, which vary in procedural content from nation to nation. In India, the basic guidelines are almost the same, though differences in their applications differ from state to state. Comparison of both Indian and Western scenarios on this issue lay bare a basic difference. Uniform medico-legal guidelines and standard protocols make medico-legal work less complicated in practice. In India, however, stark differences exist even amongst states as far as application of medico-legal guidelines is concerned. Consequently, no comprehensive unanimity exists in medico-legal work in India. This paper attempts to make a critical and sceptical analysis of this problem with a few suggestions for the streamlining of medico-legal work in India.

**Key Words:** Medico-legal guidelines; Differences; Manual, Medical Professional

### Introduction:

Whenever a patient comes to a general practitioner, he should abide by some guidelines, both in the interest of the patient as well as himself. These become more important particularly in medico-legal subjects. All states in India have different formats for medico-legal and postmortem examination with almost identical content, but different autopsy guidelines are being followed in different ways in each state whose critical and skeptical analysis has been attempted in this article.

### Legal Concept:

The concept of a medico-legal autopsy has been mentioned in the sections 174 and 176 Code of Criminal Procedure (Cr.P.C.) during investigations of a suspected death. [1]

### Objects of a Medico-Legal Autopsy:

The objective of the post-mortem examination is to establish the identity of a body, when not known, to ascertain the time since death and the cause of death; and whether the death was natural or unnatural and if unnatural, whether it was homicidal, suicidal or accidental.

In case of newly born infants, the question of live birth and viability assume importance and should be determined. [2]

The term "postmortem examination" is often used as a simile for "autopsy." Basically, it is not.[3] A postmortem examination means only what it says that the body was examined after death. It can mean and often does mean that the physician merely looked at the body, fully clothed, or that he "viewed" the body at a funeral home or in a morgue.

A complete autopsy involves opening all body cavities and all organs of the trunk, chest, and head. [3] In all cases, a complete and not a partial examination are more necessary in this country on account of the imperfectness of the preliminary evidence as to the possible cause of death. [4] However, legal authorities have often made exceptions to this rule by commenting that it is not at all necessary for the autopsy surgeon to open all the cavities in the body of the deceased, where the cause of death is otherwise ascertainable.

The postmortem report is still reliable even if no x-ray was done. This is exemplified in the celebrated murder case of Smt. Indira Gandhi late Prime Minister of India, The Apex court stated in its judgment that undisputedly Smt. Indira Gandhi died as a result of the gun shot injuries inflicted by Beant Singh and Satwant Singh with their service revolver and carbine respectively. In view of such clear evidence about the cause of the death, the post-

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mortem or a fuller postmortem examination loses all its significance. It becomes important only in cases where the cause of death is to be established and is a matter of controversy. [5]

### **General Guidelines for Conducting the Post-mortem Examination:**

- **Consent for Post-mortem Examination:**

No consent is required for post-mortem examination of medico-legal deaths. However, whenever a pathological / hospital autopsy is required for knowing the nature of the disease resulting into the death of a non- medico-legal subject; then the consent of relatives is a must.

- **Authority to conduct a Post-mortem:**

A medico-legal post-mortem can be conducted only after a written request has been made by the police or by the order of the Court. It can be conducted only by a medical officer who has been authorized to do so. [6, 7]

- **Time of Conduction of a Post-mortem:** [6]

It may however, be noted that no medico-legal post-mortem examination is permitted to be conducted after 5.00 P.M. unless there is serious threat to the law & order machinery and in such situation instructions for conducting the medico-legal post-mortem is invariably issued by the District Magistrate by stating the reason.

- **Other Salient Requisites:**

1. Post-mortem examination is not an emergency requiring pressing necessity or urgency, which is a common misconception in the eyes of the lay public, authorities and investigating agencies. Such pressure on the autopsy surgeons usually leads to improper and unscientific actions which will negatively affect the outcome of the post-mortem examination and ultimately leading to denial of justice in the Courts of Law.
2. Written request /requisition on a prescribed form (25.35 A, B, C) [7] i.e. Inquest report from competent authority like police or magistrate is a must. [6,7] Sometimes, it has been observed that the authorities ask for post-mortem examination without complete inquest reports by stating that the inquest is being prepared and will be submitted soon by the time that the autopsy is over.

Such requests preferably should not be entertained. In order to render this part of the evidence more definite and more valuable, it is necessary that the police, in handing over the body for examination, should at the same time hand over an account of all that is known as to the suspicious circumstances of death and it should be noted by the medical officer

whether he was in possession of this information or not when making the post-mortem examination. [4] It looks odd that as per these instructions, post-mortem examination may be conducted without knowing the account regarding the suspicious circumstances of death and will put the doctor in adverse situation. However, most of the recognized authors mention that the police report should be thoroughly gone through before commencement of the post-mortem examination.

3. Post-mortem examination is permitted from 6.00 Hrs to 18.00 Hrs on all days and the requisition for autopsy can only be received up to 16.00 Hrs. [2] In India, whenever, a death occurs around sunset, the relatives cremate/bury the body the next morning. Therefore, apart from the scientific reasons of not performing night autopsies, there is a religious and cultural basis for this too.
4. The authors feel that a receipt should be issued to the police official indicating the date and exact time of bringing the body in the mortuary. Prior to receipt of the police papers it should be ensured that a tag indicating the name of police post with FIR/DD number has been put on the dead body by the police for the purposes of identification, and a completely filled request form must be submitted along with the inquest papers by the police officials;
5. An autopsy should be conducted in broad daylight and not in artificial light between 7 a.m. to 5 p.m. [8] Always avoid delaying in performing PME.
6. The identification of the dead body must be confirmed by the relatives /police before the start of the PME; always take signature of at least two relatives of the deceased persons on the PM report in case of known bodies, and police official in case when the body is unknown. This issue assumes greater significance in cases of burnt/mutilated/decomposed dead bodies. There have been reports in the media that such bodies got exchanged.
7. Medical officer should always try to study all the available facts of the case prior to PME from inquest report, hospital records, the bed head ticket /summary of the death etc. The condition of the deceased before death must be perused to know his clinical condition, treatment and terminal events for taking precaution for self as well as staff of the mortuary in case of high risk infectious diseases like AIDS, rabies, etc; in hospital deaths.

8. Don't allow any unauthorized person into the mortuary while PME is going on. Being laymen, certain scientific facts/findings could be distorted after being leaked out by interested parties to the press that may lead to avoidable rumour mongering regarding the case. Such situations can show the forensic personnel in bad light. However, some exceptions can be made to this general rule- the Investigating Officer can be shown certain findings found on autopsy contrary to the inquest report. Allegations of the relatives could be scientifically countered by showing them the findings on the dead body.
9. The Medical Officer should not accede with the version of the relatives or the police while giving opinions which must be based honestly on the scientific facts.
10. Prepare the PM Report simultaneously and at the earliest and the original copy the PMR should preferably be handed over to the police. However, there is a recent Punjab & Haryana High Court Order on preparation of medico-legal reports generated by computer and uploading the same on the web.
11. Considering the inadequate infrastructure and manpower, the authors have evolved an alternative that in the first instance, hand-written report is handed over to the police and later on a computerized report may be obtained after about a week. This will significantly lead to a decrease in paperwork and workload as only those cases in which the police file a charge sheet in the Hon'ble Courts may request for the same. Many times the police do not report to collect the computer generated reports.
12. Hand over the PM report and other articles only to an authorized police official;

As per settled principles of law, PM Report is not a public document. [9] In fact, the opinion of Medical officer contained in the post-mortem report is only to aid the investigating officer in the investigation and this report is not a record of Medical Officer of his official "act" for use of the public and, thus not a public document covered under sections 74 and 76 of Indian Evidence Act. [10]

Therefore, post-mortem report being an expert opinion can be given only on specific orders of the court, on clear direction regarding issuing of the same, whether the post-mortem report is to be supplied to the applicant or not. Postmortem examination - when and whom held- the legal requirement in respect of postmortem examination by a qualified surgeon

are contained in section 174(3), code of criminal procedure. [1]

In every case where death appears to have been due to suicidal, homicidal, accidental or suspicious causes and where any doubt exists as to the exact cause of death, or if it appears to the officer conducting the investigation whether under section 157 [1] or section 174, code of criminal procedure [1] expedient to do so, the body shall be sent to the nearest medical officer authorized by the local government to conduct postmortem examination. The sending of the body for examination may only be dispensed with, where such action is otherwise required when condition exist, such as advanced putrefaction, which would clearly makes examination useless.

Many a times, it has been observed that after the post-mortem the attendants request for keeping the dead body in the cold storage and to take the body on the next day. Such a request may be considered depending upon the circumstances related to the availability of cold storage and if at all it is allowed, these bodies should be kept separately to avoid mixing with other cadavers in the mortuary.

Ordinarily, a dead body is sent to the morgue for autopsy, but in exceptional cases [2] the medical officer may be taken to visit the scene of death. Preferably, this practice should be avoided as far as possible because it will increase the workload on already meagre number of experts.

The medical officer must establish the identity of the deceased before the start of the post-mortem by at least one relative or accompanying person and the police official. The signatures should be obtained on the post-mortem report before the start of the autopsy. In cases of unidentified dead bodies, it is the primary duty of the Police personnel accompanying the dead body to identify such bodies before the start of the autopsy. This is very essential as there may be mixing of such unclaimed dead bodies in the mortuary leading on to autopsy of wrong bodies as has been reported in literature.

All the details of the post-mortem observed by the medical officer should be carefully entered by him on the spot in the post-mortem report or in a notebook but whenever the rough notes are prepare, the same should be preserved, which can be used as evidence in a legal inquiry in case a serious discrepancy arises in the report submitted to police and the notes. He should not mind the report getting soiled; this will enhance its value, inasmuch as it goes to prove that it was written at the time

when facts were still fresh in the mind. If there is an assistant, the best plan is to dictate to him as the examination proceeds step by step, and then to read, verify and attest the report. [2]

In the absence of an assistant, a tape recorder may be useful. It is not safe to trust memory and to write the report later after completing the examination. There must be no discrepancy in the notes and the report to be sent to court and must tally with each other. Nothing should be erased and all alterations should be initialled.

However, the recent judgment by The Hon'ble High Court of Punjab & Haryana ordering submission of computerized Medico-legal reports to police/courts at time of autopsy must be kept in mind in the present scenario. [11] However, keeping these orders in view with regards to limited infrastructure and trained computer operators, in our department we have devised procedure to give hand written reports immediately to the police with directions to collect a computer generated copy after about a week.

To decrease this workload, only those post-mortem reports should be computer generated where the police decide to file a charge sheet in the Hon'ble courts. Medical officer should note the timings of the arrival of the body at the morgue, the date and hour of the post-mortem examination. The necessary papers authorizing the medical officer to hold an autopsy are frequently brought by the police long after the body has arrived.

This dilatory method on the part of police has occasionally led to the decomposition of the body in post-mortem room even when it has arrived in a good condition. It is, therefore, safer to note the exact time of delivery of these papers. The accused person is not entitled to inspect any document (including post-mortem and other medico-legal reports) or property in the custody of the investigating agency till such time that a charge report had been filed against him in the court.

### **Comparison of Medico-legal issues related to Autopsies in Different States of India:**

**Night Post-mortems:** as far as possible, post-mortem examination should be performed in daylight, and not in artificial light. However in the recent past, various state governments have issued orders to introduce night post-mortems. This has led to objections from Forensic Medicine experts regarding the verification of colour matching which is more accurate in natural light than in artificial light in different

injuries. [2] It has been observed in almost in every facility that the dead bodies should be received along with inquest papers only up to 4 pm, as it will take one to one and a half hours to complete an autopsy.

This suggested time frame is contrary to the authors experience that it takes more than three hours to complete an ordinary autopsy; at times even more. Therefore, the dead body should be sent to the doctor for autopsy sufficiently early to avoid inconvenience to the relatives of the deceased. Some glaring differences with respect to night autopsies in various states are detailed below:

- Gujarat government permits post-mortem at night if it is not a case of poisoning or suspected poisoning, if it is not a case of woman below thirty years, if it is not a case of woman dying in her husband's or in-laws place, if the body is not distorted and if adequate light resembling day light is provided. [2]
- The Medico-Legal Advisory Committee of the Ministry of Home Affairs based on the opinion of the standing committee of Forensic Medicine in the Bureau of Police Research and Development has recommended that the present practice of doing post-mortem during daytime be continued. [12]
- The Government of Kerala permits post-mortems from 8 am to 5 pm only. [13] Government of Kerala has given instructions to all district collectors, superintendent of police, revenue divisional officers and district police surgeons that post-mortem examination should be conducted in day light and not in artificial light as far as possible and that it should be as thorough and complete as circumstances permits. [14]
- In Tamil Nadu in 1996, post-mortems was permitted to be conducted on all the government hospital during night if the claimant of the body insisted and the cause of death was due to accidents.
- The order of Tamil Nadu states that the post-mortem can be conducted at night because cause of death is already well known. It is axiomatic to say that in case where the cause of death can be established by clinical examination and other attendant factors, the conduct of post-mortem can be dispensed with altogether. [15] In Tamil Nadu the post-mortem is permitted from 06.00hours to 18.00 hours on all days and the requisition for autopsy can be received up to 16.00 hours. [16]



Post-mortem is not an emergency and it should be remembered that the autopsy are performed as part of scientific investigation in aiding the administration of justice. Therefore, providing night post-mortem services cannot be equated to the absolute and paramount duties of a medical practitioner to save the life of a person in emergency situation. [2] It is only the politically influential and affluent who are able to obtain permission for night post-mortems. [17]

According to Hindu mythology, the cremation of dead bodies is never conducted after sunset. In fact, whenever death occurs after sunset, the body is kept at a calm and cool place till sunrise; some sects even worship the dead body by keeping lamp lighted throughout the night. Other religions such as Islam and Christianity also bury their dead in the day and never at night. However, in the modern age, people reside in multi-story apartments where it is not possible to carry the body up a high rise building; for such cases it may be useful to conduct the autopsy after sunset with facility of cremation nearby.

### Remuneration for Medico-Legal Work:

To make the often avoided and unsung speciality of medico-legal work interesting, attractive and lucrative, remuneration of a suitable amount must be sanctioned. Such remuneration has already been sanctioned in states like Kerala, Madhya Pradesh, Manipur, etc. However for the majority of states, no such provision exists. However, way back in 1882, the provincial Government of Punjab sanctioned Rs.16/- for conducting post-mortem examinations and Rs. 10/- for conducting a medico-legal examination, that is still being ignored till date throughout this country, notwithstanding the appreciation of the rupee in 131 years. [4]

### Conclusion:

The main aim of this paper was to attempt to formulize a uniform streamlined autopsy guideline in Indian context. Therefore, we have tried to compile the same considering

all the available instructions and rules with a critical and skeptical analysis of the same.

There are different guidelines, Performa and rules for autopsy work all over India, whereas the investigative protocol is uniform for all investigative agencies almost throughout. This leads to a confusing and compromising situation as far as medico-legal autopsies are concerned.

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## **POST-MORTEM IN THE CASE OF ORGAN DONATION – STATE WISE PERSPECTIVE**

### **Introduction**

Any unnatural death (accident, suicide, murder, dowry death) becomes a medico-legal case as per the law with the police and the Forensic Medicine doctors playing pivotal roles. Usually unnatural death cases are registered under Section 174 Cr. P. C (investigation into the cause of death by the police) or Section 176 Cr. P.C. (investigation into the cause of death by the Magistrate or Tahsildar. Road Traffic accidents are booked under Indian Penal Code (IPC) 304a.

Road traffic accidents leading to head injury remain the main cause of brain death in India. So in the context of deceased organ donation, many of them would be classified as medico-legal cases. There is a fine balancing act that follows. The law of the land has to be followed on the one hand where post-mortem is a requirement in medico-legal cases, while on the other hand the families of the deceased donors need to be supported by speeding up the process.

The different states in India follow varying procedures with regard to the post-mortem procedure in deceased organ donation. The Transplantation of Human Organs (Amendment) Act, 2011 and Transplantation of Human Organs and Tissues Rules, 2014 have tried to offer some solutions in this regard

### **“Procedure for donation of organ or tissue in medicolegal cases –**

**(1) After the authority for removal of organs or tissues, as also the consent to donate organs from a brain-stem dead donor are obtained, the registered medical practitioner of the hospital shall make a request to the Station House Officer or Superintendent of Police or Deputy Inspector General of the area either directly or through the police post located in the hospital to facilitate timely retrieval of organs or tissue from the donor and a copy of such a request should also be sent to the designated post mortem doctor of area simultaneously.**

**(2) It shall be ensured that, by retrieving organs, the determination of the cause of death is not jeopardised.**

**(3) The medical report in respect of the organs or tissues being retrieved shall be prepared at the time of retrieval by retrieving doctor (s) and shall be taken on record in post-mortem notes by the registered medical practitioner doing post-mortem.**

**(4) Wherever it is possible, attempt should be made to request the designated post-mortem registered medical practitioner, even beyond office timing, to be present at the time of organ or tissue retrieval.**

**(5) In case a private retrieval hospital is not doing post mortem, they shall arrange transportation of body along with medical records, after organ or tissue retrieval, to the designated post-mortem centre and the post mortem centre shall undertake the post-mortem of such cases on priority, even beyond office timing, so that the body is handed over to the relatives with least inconvenience.”**

MOHAN Foundation initiated a short study on ‘Post-mortem in the case of organ donation’ through the Transplant Coordinators of different states to get a clear picture of the status now. This could be the starting point for a national consensus with the final aim being to ease the process for the families of the deceased donors who have been instrumental in giving the ultimate gift of all – Life.

## KERALA

**Ms. Saranya, Transplant coordinator, MOHAN Foundation; Deputed at Government Medical College, Thiruvananthapuram**

### Questionnaire

1. Is there any delay in handing over the body due to post-mortem?

✓Yes                      No

**The delay in handing over the body depends on the time of organ retrieval and the time at which the post-mortem procedure is commenced on the same day or the next day morning (Around 9-10:00AM). After the organ retrieval is done, the body is shifted to the Mortuary and followed by sending for inquest and post-mortem procedure. The post mortem procedure takes around 1 hour and then the body is handed over.**

If yes please mark the hours of delay

- 0-6hrs
- **6-12hrs ✓**
- 12-24hrs

2. Can post-mortem be waived off in case of Organ Donation? Do you know any of the hospitals where PM is waived off?

Yes                      ✓No

3. In your hospital is the Post-mortem done with or without opening the skull? (If the skull is **not** opened for post-mortem please mention the name of the forensic doctor and contact number)

Doctor's name

Phone number

### **POST-MORTEM IS DONE BY OPENING THE SKULL**

4. Does Post-mortem report play an important role for claiming insurance?

✓Yes                      No

5. Does your hospital perform post-mortem after sunset?

Yes                      ✓No (NOT DONE AT PRESENT IN KERALA)

### **SYNOPSIS**

An interview was done with the Forensic Surgeons from three zones in Kerala, District Hospital, Kannur from North Zone, District Hospital, Alappuzha from Central zone and Government Medical College, Trivandrum representing the Central Zone. The study reveals that the post-mortem is done between 9:00AM to 5:00PM of the day and usually it is not performed beyond 5:00PM. Hence, in case of Medico Legal Case (MLC) there will be delay in handing over of the donor's body to the family members till next morning. All Post-mortem procedures are performed only in the Government Hospitals and none of the private hospitals have the provision for the same.

## TAMIL NADU

**Ms. Sunitha, Mr. Prakash, Mr. Jeyabal, Transplant Coordinators, MOHAN Foundation  
Deputed at Rajiv Gandhi Government General Hospital, Chennai**

1. Is there any delay in handing over the body due to post-mortem?

☒ Yes                      No

If yes please mark the hours of delay

- 0-6hrs
- 6-12hrs
- 12-24hrs ☒

**Most of the time the retrieval gets over by evening so the family has to wait for the next day**

2. Can post-mortem be waived off in case of Organ Donation? Do you know any of the hospitals where PM is waived off?

Yes                      ☒ No

3. In your hospital is the Post-mortem done with or without opening the skull?  
(If the skull is **not** opened for post-mortem please mention the name of the forensic doctor and contact number)

Doctor's name

Phone number

### **With opening the Skull**

4. Does Post-mortem report play an important role for claiming insurance?

☒ Yes (FIR Report and Death Report)                      No

5. Does your hospital perform post-mortem after sunset?

Yes                      ☒ No

## Synopsis

We have coordinated about **20 Multi Organ Donations** in Rajiv Gandhi Government General Hospital in Chennai. In our Hospital post-mortem is done between 10.00am - 04.00pm of the day .If in case of request from the higher official they will be extending up to one hour. During the MLC case coordination we face trouble in handing over the body to the family due to a time delay. Sometimes the families have felt why they decided to donate the organs of their loved ones. So it could be nice if the forensic medicine is present during the retrieval itself.

**Mr. Nethaji, Program Manager, Multi Organ Transplantation, SRM Hospitals.**

1. Is there any delay in handing over the body due to post-mortem?

✓Yes                      No

If yes please mark the hours of delay

- **0-6hrs ✓**
- 6-12hrs
- 12-24hrs

**Yes, there is delay of about 2-4 hrs in handing over the body to the donor's family.**

2. Can post-mortem be waived off in case of Organ Donation? Do you know any of the hospitals where PM is waived off?

✓Yes                      No

**The post-mortem can be waived off if the brain injury is due to RTA. Further the police can certainly continue their investigation based on the ORGAN FUNCTIONAL STATUS FORM as per Tamil Nadu GO 86.**

**The IO can decide based on the clarity of FIR/incident of RTA and allow the straightforward cases without PM. Ironically I have not come across even one such MLC case without PM. I think the IOs should be empowered more on waiving PM and the example should be set at the senior level.**

3. In your hospital is the Post-mortem done with or without opening the skull? - (If the skull is **not** opened for post-mortem please mention the name of the forensic doctor and contact number)

Doctor's name

Phone number

**Yes, in all the MLC cases which I have coordinated, the skull was opened during PM.**

4. Does Post-mortem report play an important role for claiming insurance?

**No idea. Did not have any such cases.**

5. Does your hospital perform post-mortem after sunset

✓Yes                      No

As far as PM after sunset, we had no issues. In fact most of our post-mortems were done after sunset only.

**Mr. Senthil Kumar, Transplant Coordinator, Government Stanley Hospital, Chennai**

1. Is there any delay in handing over the body due to post-mortem?

☒ **Yes**                      ☐ **No**

If yes please mark the hours of delay

- **0-6hrs** ✓
- 6-12hrs
- 12-24hrs

2. Can post-mortem be waived off in case of Organ Donation? Do you know any of the hospitals where PM is waived off?

☐ **Yes**                      ☒ **No**

3. In your hospital is the Post-mortem done with or without opening the skull? (If the skull is **not** opened for post-mortem please mention the name of the forensic doctor and contact number)

Doctor's name

Phone number

**In all MLC cases with opening skull during post mortem**

4. Does Post-mortem report play an important role for claiming insurance?

☒ **Yes**                      ☐ **No**

5. Does your hospital perform post-mortem after sunset

☐ **Yes**                      ☒ **No**

**Mr. F. Sagayam, Executive Officer for Transplantation, MIOT Hospitals, Chennai**

1. Is there any delay in handing over the body due to post-mortem?

☒ Yes                      No

If yes please mark the hours of delay

- **0-6hrs** ✓
- 6-12hrs
- 12-24hrs

2. Can post-mortem be waived off in case of Organ Donation? Do you know any of the hospitals where PM is waived off?

Yes                      ☒ No

**Not legally possible as of Now in the state of Tamil Nadu. It is done at Hyderabad based on the local understanding but records says PM Done**

3. In your hospital is the Post-mortem done with or without opening the skull? (If the skull is **not** opened for post-mortem please mention the name of the forensic doctor and contact number)

Doctor's name

Phone number

**It's done as per norms as required not possible to give report without opening the skull**

4. Does Post-mortem report play an important role for claiming insurance?

☒ Yes                      No

**100% legal requirement and helps for claims**

5. Does your hospital perform post-mortem after sunset?

## ANDHRA PRADESH

**Dr. Bhanu Chandra, Programme Manager, MOHAN Foundation**

1. Is there any delay in handing over the body due to post-mortem?

Yes ☐ **✓No** ☒

If yes please mark the hours of delay

- 0-6hrs
- 6-12hrs
- 12-24hrs

2. Can post-mortem be waived off in case of Organ Donation? Do you know any of the hospitals where PM is waived off?

Yes ☐ **✓No** ☒

**The post mortem is not waived off but it is conducted at the same time of harvesting organs and a forensic expert would be present during harvesting.**

3. In your hospital is the Post-mortem done with or without opening the skull? (If the skull is **not** opened for post-mortem please mention the name of the forensic doctor and contact number)

Doctor's Name          Dr. Janardhan, Osmania General Hospital

**Post-mortem done without opening the skull**

4. Does Post-mortem report play an important role for claiming insurance?

**✓Yes** ☒          No ☐

**It is an essential document for claims processing in case of death due to accident.**

5. Does your hospital perform post-mortem after sunset?

**✓Yes** ☒          No ☐

**Harvesting & post mortem are done simultaneously and generally in the middle of the night.**



## MAHARASHTRA

### Bulu Behera & Kanchan Shewde, Transplant Coordinators, Nagpur

1. Is there any delay in handing over the body due to post-mortem?

✓Yes                      No

If yes please mark the hours of delay

- **0-6hrs** ✓
- 6-12hrs
- 12-24hrs

2. Can post-mortem be waived off in case of Organ Donation? Do you know any of the hospitals where PM is waived off?

Yes                      ✓No

3. In your hospital is the Post-mortem done with or without opening the skull? (If the skull is **not** opened for post-mortem please mention the name of the forensic doctor and contact number)

Doctor's name

Phone number

**In Our Hospital if the post-mortem will be required then open 1) chest 2) Skull 3) Abdomen**

4. Does Post-mortem report play an important role for claiming insurance?

✓Yes                      No

5. Does your hospital perform post-mortem after sunset

Yes                      ✓No

## KARNATAKA

**Akshatha, Transplant coordinator, MOHAN Foundation, Bengaluru**

1. Is there any delay in handing over the body due to post-mortem? YES/NO

✓Yes                      No

**Sometimes. The delay is mostly when post mortem is carried out in different hospital other than the one where retrieval is going to be**

2. Can post-mortem be waived off in case of Organ Donation? Do you know any of the hospitals where PM is waived off?

Yes                      ✓No

**The doctors are of the opinion that it is a must and can't be waved off.**

3. In your hospital is the Post-mortem done with or without opening the skull? (If the skull is not opened for post-mortem please mention the name of the forensic doctor and contact number)

(Doctor's name /Phone number)

### **With opening the Skull**

4. Does Post-mortem report play an important role for claiming insurance?

✓Yes (FIR Report and Death Report)                      No

5. Does your hospital perform post-mortem after sunset?

✓Yes (if there is a need)                      No

Post Mortem in the case of organ donation in the state of Karnataka especially in Victoria Hospital, Bangalore, where I work, has a smooth sail and does not face much delay and difficulty.

However, there is no much delay in handing over the body due to Post – Mortem if Post Mortem is carried out in a hospital where the organs are retrieved or donated. If the post – mortem has to be done elsewhere other than the same hospital, then there would be a delay which would be like 0 to 4 hours or 0 to 6 hours even in some cases depending on the distance and location of the place of post-mortem. But in Victoria Hospital, where I work, first preference for Post – Mortem is given to those bodies which opt for organs donation and thus no delay whatsoever.

The post mortem could be in way waved off in case of organ donation. It is a must and it has to be carried on in case of organ donation in my hospital. Of course, the provisions will be made for such bodies so that there is no delay but post mortem is must. In my knowledge there aren't any hospitals which do not carry out post mortem in case of organ donation in Karnataka.

In my hospital the post mortem is done by opening the skull only. No post mortem takes place without opening the skull.

The post mortem reports do play a vital role in claiming the insurance. The families too are very particular about the reports and without the reports there is no claim for insurance.

My hospital does perform post – mortem even after sunset if there are any such cases of organ donation. My hospital practically works 24 hours a day with regard to post mortem.

**.POST-MORTEM IN THE CASE OF ORGAN DONATION – STATE WISE PERSPECTIVE**

<b>QUESTION</b>	<b>KERALA</b>	<b>TAMIL NADU</b>	<b>ANDHRA PRADESH</b>	<b>MAHARASHTRA</b>	<b>KARNATAKA</b>
Is there any delay in handing over the body due to post -mortem?	Yes	Yes	No	Yes	Yes
Can post- mortem be waived off in case of Organ Donation? 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	No	No
In your hospital is the Post–mortem done with or without opening the skull?	Post-mortem is done with opening the skull	Post-mortem is done with opening the skull	Post-mortem is done without opening the skull	Post-mortem is done with opening the skull	Post-mortem is done with opening the skull
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	Government Hospitals – No	Yes	No	Yes

## **GOLD FOUNDATION**

### **AN INITIATIVE BY SENIOR TRANSPLANT COORDINATORS IN MUMBAI**

GOLD (Gift Of Life Donors) Foundation is the initiative of two senior transplant coordinators in Mumbai – Mr. Anirudha Kulkarni and Ms. Sujata Nadar. Mr. Jayaprakash Naidu, a volunteer, is also a part of the initiative. It was started in September 2013. GOLD aims to empower the deceased donor transplant programme in Mumbai through the following objectives – awareness, advocacy, rehabilitation through entrepreneurship. It also supports the needs of organ transplant patients. Two other senior transplant coordinators Mr. Santosh Sorate and Mr. Prakash Saindane are also members of GOLD.

### **Activity Report**

#### **Housing Society, Mulund**

Awareness session conducted at Housing society, Mulund. The session was attended by 200 people

#### **Awareness session at Jai Hind College**

We were invited by Jai Hind College to conduct an Awareness session on the topic 'Organ donation and Transplantation' on 2<sup>nd</sup> September, 2013. The session was arranged in one of the classrooms and nearly 50-60 students of Degree College attended the session. The session was conducted by Ms Sujata Dhoke, Mr Anirudha Kulkarni, and Mr Jai prakash Naidu trustees of GOLD Foundation and was followed by an interaction with the students. The students actively participated in the discussion and clarified their doubts. They were quiet forthcoming in their interest towards the issue.

#### **Documentary on Organ Donation, KC College**

Students of KC College made a documentary on the theme of 'Organ Donation'. They approached GOLD Foundation for additional information on this topic in December, 2013. One of the trustees, Ms Sujata Dhoke gave her valuable inputs to the students. She was also interviewed by them as a part of the documentary.

#### **Donation to APEX Foundation**

Family of a late transplant patient had donated some materials required for dialysis to one of the trustees of GOLD Foundation, Mr Aniruddha Kulkarni in December, 2013. We at GOLD Foundation took the opportunity to donate the same to APEX Kidney Foundation, Mumbai a charitable trust founded in 2008. We donated it to this trust as they work towards prevention of kidney diseases by educating the general population through early detection.

#### **Awareness session with residents of Housing society, Mulund East**

Awareness session conducted at Housing society, Mulund on 20<sup>th</sup> October, 2013. The session was attended by 55 people

#### **Awareness session with Rotary Club of Thane Hills**

We were invited to conduct an Awareness session with the members of Rotary Club of Thane Hills on 13<sup>th</sup> March, 2014 at Hotel Satkar Residency, Thane as a part of their weekly meeting.

Mr Jai Prakash Naidu, board member of GOLD foundation introduced the trust and spelt its objectives to the audience. Thereafter the session on organ donation and transplantation was conducted by Ms Sujata Dhoke. It was followed by another round of question answers which was facilitated by Mr Anirudha Kulkarni.

Around 50 members attended the session. Post session they also visited the counter and some of them filled up the donor cards while others took the information booklet home. The organisers thanked the GOLD Foundation team for their dedication towards the cause.

### **Awareness Program at Oberoi Woods Society, Goregaon**

Ms Sujata Dhoke and Mr Anirudha Kulkarni, trustees of GOLD Foundation conducted an awareness session for the residents of Oberoi Woods Society on 18<sup>th</sup> May, 2014. The session was attended by nearly 60 people. The society members applauded the trustees for their efforts to spread awareness on the issue of organ donation and transplantation.

### **Session on Organ Transplant for Trustees**

Ms. Sujata Dhoke conducted a session on Organ Transplantation before the members of Trustee Board on 1<sup>st</sup> June, 2014. Some members of the Trustee Board come from different backgrounds, though they share a common interest of working towards the cause of organ donation. This session helped to clarify legal and practical challenges of organ donation and transplantation. Through such sessions it is envisaged that all members will be trained to conduct awareness sessions for the public.

### **Awareness Session with senior citizens on account of Father's Day**

Gold Foundation was invited by Mr Vedant Sameer Mohite to conduct a awareness session on Organ donation and transplantation with senior citizens. This session was organised by an unregistered organisation called "Anaam Prem" on account of World Father's Day on 15<sup>th</sup> June, 2014. The session was attended by nearly 200 senior citizens.

The venue of the session was Raje Sambhaji Sabharhi, Aruonodaya Nagar, Veer Savarkar Road, Mulund East, Mumbai-400081





### REGISTRATION FORM

Last Name/ Initial ..... First Name .....  
Sex ..... Age ..... ISOT Membership No. ....  
Hospital Name .....  
Hospital Address: .....  
Post Code/Zip Code: ..... City: ..... Country: .....  
Contact Detail (Preferred Mailing Address): .....

Post Code / Zip Code ..... City: ..... Country: .....  
Telephone (+country + city code+): ..... Mobile: .....  
Email: (up to 2 email addresses).....

Tick if using: ☐ What's app ☐ Twitter ☐ Facebook

Specialty: Nephrology / Urology/ Transplant Surgeon / Hepatology / Cardiac - Lung Transplantation /  
Post-graduate / Paramedical / Tx. Coordinator / Critical Care / Pathologist/ Immunologist / Basic Scientist

#### Accompanying Person (s)

Name: ..... Age ..... Sex - M / F Relationship .....  
Name: ..... Age ..... Sex - M / F Relationship .....

### REGISTRATION FEE

Category	Early bird upto 1 <sup>st</sup> Mar 2015	Normal After 1 <sup>st</sup> Mar 2015	Late 20 <sup>th</sup> Sep 2015 onwards & Spot
Members -Indian and SAARC	Rs 5,000 or US \$150	Rs 6,000 or US \$200	Rs 7,500 or US \$250
Accompanying person	Rs.3,500 or US \$100	Rs.4,500 or US \$150	Rs.5,500 or US \$200
Non-members	Rs.5,500 or US \$200	Rs.6,500 or US \$250	Rs.8,500 or US \$350
Students / Paramedical Staff and Transplant Coordinators	Rs.2,500 or US \$100	Rs.3,000 or US \$150	Rs.4,000 or US \$200

Mode of payment: ☐ Cash ☐ Cheque ☐ Demand Draft ☐ Bank Transfer

Payable to "ISOT-2015" payable at Chennai

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# 26<sup>th</sup>

## Annual Conference of Indian Society of Organ Transplantation



**2<sup>nd</sup> to 4<sup>th</sup> Oct 2015  
Chennai, India**

**CONTACT:**  
Tel: +91 44 26447000 / +91 9444607000  
E-mail: isot2015@gmail.com / info@isot2015.com  
Website: www.isot2015.com

## First Announcement August 2014

### Welcome Message

#### Dear Delegates,

Greetings from the Organizing Committee of the 26th Annual Conference of Indian Society of Organ Transplantation. It is our proud privilege to make the first announcement of this Conference and welcome you to Chennai.

The venue and dates for the conference have been finalised. Chennai is hosting this conference after 17 years and many, who attended the last conference, will remember it with some fond memories. Do check out the website to see images from the 1997 conference and take a walk down memory lane.


The current organizing committee will try and match the hospitality of the 1997 conference and ensure that the scientific content of the meeting is of the highest quality. The committee will do its very best to bring together leading national and international faculty for the conference. Our endeavour will be to ensure that the delegates get the best value for their time and money. Making this conference a memorable experience is one of the highest priorities of the organizing committee.

Chennai is the gateway for exploring 'South India' and there are many interesting and historical places to visit. Please plan your visit well in advance to enjoy your stay in this part of the world.

Please remember that 'Early bird' enjoy discounted registration.

Yours truly,



  
**Dr. Sunil Shroff**  
Organizing Secretary



**Dr. Georgi Abraham**  
Chairman

### Who Should Attend

The congress will have sessions related to kidneys, liver, heart, lungs, hand, skin donation and transplantation. It aims to bring together -

- ✓ Transplant Physicians
- ✓ Transplant Surgeons
- ✓ Transplant Scientists
- ✓ Transplant Pathologists
- ✓ Transplant Immunologists
- ✓ Transplant Coordinators & Nurses
- ✓ Other transplant professionals

### Workshops On

- ✓ Interventional Nephrology
- ✓ Transplant Coordinators
- ✓ Transplant Immunology
- ✓ Transplant Pathology

### Abstract Online

- ✓ Visit: <http://www.isot2015.com/abstract.asp>

### Registration Online

- ✓ Visit: <http://www.isot2015.com/register.asp>

Registered delegates will enjoy all the benefits of the conference, however this cannot be guaranteed for spot registration. Delegates will receive a comprehensive 'Conference Kit' along with other benefits such as lunch, dinner and beverages.

Registrants also get a free entry to the 'Trade Fair' organized to display the latest products from the Pharma Companies.

### **Secretariat for ISOT 2015 Conference, MOHAN Foundation,**

3rd Floor, 267 Kilpauk Garden Road, Chennai - 600 010, India

Tel: 91 44 26447000 / 91 9444607000

E-mail: [info@isot2015.com](mailto:info@isot2015.com) / [isot2015@gmail.com](mailto:isot2015@gmail.com)

# **Transplant Coordinator's One Year Certification Course**

**[www.mohanfoundation.org](http://www.mohanfoundation.org)**

## **Learn At Your Own Pace**

MOHAN Foundation offers the 'Transplant Coordinator's structured one year programme where you can learn at your own pace. A unique hybrid learning certification course for working health care professionals.

## **Objective**

Creating a cadre of health care professionals dedicated to "Transplant Coordination and Grief Counselling" in India and South Asia to improve Organ Donation Rate in this region.

## **About the Course**

This course will help you understand the requirements for both deceased and living organ donation and transplantation with a focus towards kidney and liver transplantation.

## **Who should Join**

Ideal - ICU nurses, doctors, allied health science graduates, social workers with at least 12 months experience in a hospital setup.

Others - Graduation in Sciences / Social Work / Sociology / Psychology / Hospital Administration – who have interest in the field

**Course Duration** - One Year (twice a year – April & October)

**Course structure** - The course has five components

1. E-learning online modules – There are 60 modules that cover the medical, legal, ethical and religious aspects of organ donation and transplantation as well as counselling, grief counselling and transplant coordination. The modules include theory, PowerPoint presentations, video lectures and films.
2. One week Contact learning at MOHAN Foundation Learning Centres at Chennai, Hyderabad and Gurgaon
3. Application oriented field visits
4. Assignments
5. Project

**Examination** - On completion of the course, the candidate will have to take the final examination and viva voce.



**Total hours – 480**

2 Hours X 5 Days X 4 Weeks X 12 Months = 480 Hours  
(40 hours = 1 month)

Content	Unit	No. of Units	Hours per Unit	Total Hours	Duration
E-Modules	Module	60	4	240	6 Months
Contact classes	Day	5	8	40	1 Month
Project	Project	1	120	120	3 Months
Assignment	Assignment	16	2	32	2 Months
Application oriented visits	Visit	4	8	32	
Examination	Exam	4	3	12	
Viva voce	Viva	4	1	4	

**Course Fees** – Rs.20,000 or US \$ 350 - includes fees for one week contact session. Paid by demand draft in name of MOHAN Foundation (Fees do not include travel, stay and food for the contact sessions)

**Once accepted a brochure, course material and an online username and password will be issued to the candidate.**

**For more Details:**

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

**Toshniwal Building – 3<sup>rd</sup> Floor**

**267, Kilpauk Garden Road**

**Chennai – 600010**

**Tel: 044 - 26447000**

**Application Form - Transplant Coordinator's One Year Certification Course**  
**www.mohanfoundation.org**

Last Name \* .....

First Name or Initials .....

E-mail Address \* .....

Mobile No or Landline Number .....

Present address .....

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City	Pincode	State
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<b>Qualifications</b>	Year	University /College	Grade/Marks
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**Any Hospital Experience – Yes / No**

If Yes - Name of Hospital, Department, Number of Years of Experience

**Current Post**

**Name of Organization /Hospital**

Please enclose Rs.20,000 or US \$ 350 paid by demand draft in name of MOHAN Foundation, Chennai Two Photographs and if possible a letter from your employee or your head supporting your application.

<b>Name of Bank-</b>	<b>Draft Number</b>	<b>Date</b>
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<b>Signature</b>	<b>Date</b>
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### LIST OF FACULTY

Name	Institution
Dr. Vijayanand Palanisamy	G Kuppuswamy Naidu Memorial Hospital, Coimbatore
Dr. Sonal Asthana	BGS Global Hospitals, Bengaluru
Dr. Satya Vrat Sharma, MBE	Chair, Promoting Organ Donation, UK
Mr. Raghu Rajagopal , CEO	DATRI, Chennai
Mr. Ramesh Sharma, IPS	Trustee MOHAN Foundation
Dr. N. Sridhar	Kauvery Hospital, Chennai

### MOHAN Foundation

Dr. Sunil Shroff	Ms.Lalitha Raghuram
Dr. Sumana Navin	Ms.Pallavi Kumar
Dr. Hemal Kanvinde	Mrs.Shaila Agrawal
Ms. Sujatha Niranjan	Ms.S.Kavitha
Mr. Sudhir Dewan	Dr. Christopher Taylor Barry
Dr. Koti Reddy	Mr. K.Raghuram
Mr. Govindasamy	Mr. Avinash Ramani

### LIST OF DELEGATES - CHENNAI

Name	Institution - Chennai
Ms. Niveditha Shankaran	Apollo Hospitals
Mr. A. Johnson	Frontier Lifeline Hospital
Mr. L.Satish	Fortis Malar Hospital
Mr. Vijay Joshua	Fortis Malar Hospital
Mr. Shankar Ganesh	Global Health City
Ms. Padma	Government Ophthalmic Hospital
Mr. Sagayam Francis	MIOT Hospital
Ms. Priya Jebakaran	Madras Medical Mission Hospital
Mr. Parameshwaran	Right Hospitals
Mr.J. Nethaji	SRM Hospitals
Mr. S. Senthil Kumar	Government Stanley Medical College and Hospital

### LIST OF DELEGATES - OUTSTATION

Name	Institution	Place
Ms. Jasly James	Victoria Hospital	Bengaluru
Mr. Sivakumar	Kovai Medical Center & Hospital	Coimbatore
Mr. C.B.Chandrasekeran	KG Hospital	Coimbatore
Mr. Girish Shetty	Apollo Hospitals	Hyderabad
Mr. Johnson	Meenakshi Medical Mission Hospital	Madurai
Ms. Vijaya Lakshmi	Meenakshi Medical Mission Hospital	Madurai
Ms. Kannathal	Meenakshi Medical Mission Hospital	Madurai
Dr. Vaishaly Bharambe	Dr D Y Patil Medical College	Nagpur
Mr. Alagesan	Meenakshi Medical Mission Hospital	Thanjavur
Dr. Rishi Kesavaram	Meenakshi Medical Mission Hospital	Thanjavur
Mr. Lakshmana Kumar	Cethar Hospital	Trichy
Mr. Ananth	G Kuppuswamy Naidu Memorial Hospital	Coimbatore

### LIST OF DELEGATES – MOHAN FOUNDATION

Name	Place
Ms. Akshatha Gowda	Bengaluru
Ms. Nilakshi Sharma	Chandigarh
Ms. Sunitha Velankanni A.T	Chennai
Mr. Prakash. K	Chennai
Mr. Jeyabal. M	Chennai
Dr. Bhanu Prakash	Hyderabad
Ms. Santhakumari	Vijayawada
Ms. Kanchan Shewde	Nagpur
Mr. Bulu Behera	Nagpur

#### Technical Support

- Mr. B.Sivakumar
- Mr. V.Shankar
- Mr. Sridhar
- Mr. Castro Regu
- Mr. Manikandan

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## ABOUT MOHAN FOUNDATION

The Multi Organ Harvesting Aid Network (MOHAN) Foundation was established in 1997 by a group of like 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 5000.

### Regional Offices:

#### Chennai ( Headquarters )

3<sup>rd</sup> Floor, Toshniwal Bldg,  
267, Kilpauk Garden Road  
Chennai-600 010. India.  
Phone : 044-26447000  
Email : [info@mohanfoundation.org](mailto:info@mohanfoundation.org)  
[mohanfound@gmail.com](mailto:mohanfound@gmail.com)

#### Hyderabad

#6-3-634, Flat B-1/A, Second Floor,  
Green Channel, Khairatabad,  
Hyderabad 500 004.  
Phone : 040-66369369  
Email : [hyd@mohanfoundation.org](mailto:hyd@mohanfoundation.org)

#### Delhi - NCR

410 C (A), C block  
Sushant Lok – Phase I Gurgaon - 122002  
Phone : 0124 – 4115211  
Email : [pallavi@mohanfoundation.org](mailto:pallavi@mohanfoundation.org)

#### Bengaluru

Victoria Hospital,  
Near K.R. Market,  
Kalasipalyam,  
Bengaluru - 560002  
Ph: +91-7026252462  
Email : [mohanblr@mohanfoundation.org](mailto:mohanblr@mohanfoundation.org)

### Information Centres:

#### Coimbatore

Marble Arch' Opp: Nilgiris, 159, T.V.Samy Rd (W)  
R.S.Puram, Coimbatore - 641 002,  
Mobile : 94446 07000  
Email : [info@mohanfoundation.org](mailto:info@mohanfoundation.org)  
[mohanfound@gmail.com](mailto:mohanfound@gmail.com)

#### Chandigarh

109, Sector-8A, Chandigarh - 160009  
Mobile : 95015 34590, 97791 35408  
Email : [chandigarh@mohanfoundation.org](mailto:chandigarh@mohanfoundation.org)

#### Nagpur

J-11, Laxmi Nagar,  
West High Court Road,  
Nagpur - 440022. M.S.  
Phone : 0712 - 3275970  
Email : [raviwankhede@mohanfoundation.org](mailto:raviwankhede@mohanfoundation.org)  
[nagpur@mohanfoundation.org](mailto:nagpur@mohanfoundation.org)

#### Vijayawada

C/O STORM, 2nd Floor,  
Opp Bombay jewellers, Hotel DV  
Manor lane, Tikkle road,  
Vijayawada, Andhra Pradesh.  
Email : [hyd.mohanfoundation@yahoo.co.in](mailto:hyd.mohanfoundation@yahoo.co.in)

#### United States

Dr. Anirban Bose  
28 Church Street  
Pittsford, NY 14534  
Mobile : 585 719 6112  
Email : [dr.anirbanbose@gmail.com](mailto:dr.anirbanbose@gmail.com)

**Toll Free Organ Donation Helpline - 1800 419 3737**

**[www.mohanfoundation.org](http://www.mohanfoundation.org)**

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