



ABSTRACT

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.

HEALTH AND FAMILY WELFARE (Z1) DEPARTMENT

G.O. (Ms) No.287

Thiruvalluvar Aandu 2039
Aavani-20
Dated : 05.09.2008
Read :

1. G.O. (Ms) No. 6, Health and Family Welfare Department
Dated 8.1.2008.
2. G.O. (Ms) No. 75 Health and Family Welfare Department
Dated 3.3.2008.

ORDER:-

Considering the large number of patients who are suffering on account of serious organ ailments ranging from heart, liver, kidney etc and could otherwise lead healthy lives if they had the opportunity to have transplant surgery and also as there is a need for streamlining the procedures for cadaver transplants in Government and private hospitals, the Government have analysed the suggestions and opinions brought forward by medical professionals related to this field and the combined opinion of the Director of Medical and Rural Health Services and Director of Medical Education and issue the following orders.

2. All hospitals, approved for transplantation of human organs, and who are willing to participate in the arrangements for cadaver organ transplant program as dictated by this Government Order shall indicate their willingness to the convenor, cadaver transplant program, Tamil Nadu. All participating hospitals will upload details of their waiting list of prospective cadaver organ recipients through an online form to a computer database that will be maintained by the Transplant Coordinator of the Government General Hospital,

Chennai. (hereinafter referred to as Convenor, Cadaver Transplant Program, Tamil Nadu) Assistance for the maintenance of the web-based application may be had from NGO's working for the cause of organ donation.

3. The database will maintain prioritization lists for
 - (i) each hospital
 - (ii) for all Government hospitals combined
 - (iii) for all private hospitals combined and
 - (iv) for Government plus private hospitals combined, based on preset criteria determined in this order.

4. When the family of the brain dead patient is willing to donate his/her organ(s) to benefit others, the following procedures shall be strictly adhered to:-

- (i) The procedures in declaring brain death shall be adhered to as laid out in the Government Order second read above.
- (ii) Form 6 as laid out in the Transplantation of Human Organs Rules, 1995 shall duly be signed by the person(s) in possession of the brain dead patient and in the case of children below the age of eighteen years, the appropriate form namely Form 9 of the Transplantation of Human Organs Rules, 1995 requires to be signed by the persons concerned before organ retrieval.
- (iii) Organ(s) retrieval shall not be carried out on a brain dead patient merely due to an earlier declaration by the said patient in Form 5 of the Transplantation of Human Organs Rules, 1995. While such a declaration shall presuppose the previous intentions of the brain dead patient to donate his/her organ(s), consent in Form 6 of the Transplantation of Human Organs Rules, 1995, is necessary to continue with the process of organ retrieval.
- (iv) Each hospital should have its own waiting list for each organ, which will include the date of registration. The criteria as well as the prioritized waitlist, continually updated, should be made available online to the Convenor, Cadaver Transplant program, Tamil Nadu. Some hospitals may prefer date of registration. Exceptions to the already notified criteria must be substantiated with reasons to the Convenor, Cadaver Transplant program, Tamil Nadu when a request is made otherwise. The decision of the Convenor, Cadaver Transplant Program, Tamil Nadu is final.
- (v) Any individual needing organ transplant through cadaver donation can be registered through only one hospital at a given time. She or he is free to change the registration to any other transplant

hospital, but the original date of registration will continue to apply for purposes of prioritization of organ allocation.

5. Following the above criteria for allocation, the organ(s) of the brain dead patient shall be shared in the following order, based on the respective prioritization list.

(i) If there is a patient who is to be a multi organ recipient and a matching organ donor is available, then the multi organ recipient takes precedence over all others on the regular waiting list. The Convenor, Cadaver Transplant program, Tamil Nadu will take the appropriate decision regarding allocation criteria when such a situation arises.

(ii) Considering the peculiar nature of certain liver ailments, a provision is made, which is as follows:

Potential liver recipients in hospitals are to be listed in one of the two categories namely 'urgent' or 'standard'.

(a) URGENT: Those on the urgent list are those who have:

- (i) Hepatic Artery Thrombosis following a liver transplant.
- (ii) Primary Non function of a graft
- (iii) Fulminant hepatic failure.

These conditions do not require a waiting time on the list.

(b) STANDARD: This list refers to all patients who need a liver transplant but do not fulfill criteria for urgent listing. Patients on the standard list have to be registered for more than 24 hours to be listed in this category.

The Liver is to be allotted to participating hospitals in turn.

Note: Patients on the urgent list supersede the standard list and the hospital misses its regular turn on the rota.

(iii) Similarly, potential heart recipients in hospitals are to be listed in one of the two categories namely 'urgent' or 'standard'.

(a) URGENT:

- (i) Patients with Left Ventricular Assist Device (LVAD).
- (ii) Followed by patients with Intraaortic Balloon Pump (IABP)

(b) STANDARD: Sick, but stable patients waiting at home for a heart transplant.

A Heart is to be allotted to participating hospitals in turn.

(iv) Likewise for lungs, prioritization would be made according to the urgency of transplant and allotted to participating hospitals in turn.

(v) For kidneys no out of turn allocation would be permitted and the sharing criteria in the following para shall be followed.

6. Sharing of Organs for waitlisted recipients, retrieved from cadaver donors in Government Institutions:

(i) First priority to the list of the Government Hospital where the deceased donor is located, for liver, heart and one kidney. The other kidney would be allocated to the general pool in the priority sequence as listed below.

(ii) Second priority to the combined Government Hospitals list

(iii) Third priority to the combined Private Hospitals list

(iv) Fourth priority to Government Hospitals outside the State, (in order to maximize organ utilization)-provided earlier information and such a request has been registered with the Advisory committee / Convenor, Cadaver Transplant Program, Tamil Nadu.

(v) Fifth priority to Private Hospitals outside the State (in order to maximize organ utilization) provided earlier information and such a request has been registered with the Advisory committee/ Convenor, Cadaver Transplant Program, Tamil Nadu.

(vi) Finally, if the organ(s) remains unutilized by the above criteria, it may be offered to a foreign national registered in a Government or Private hospital within and then outside state.

(This is to ensure that there is no wastage of organs donated)

7. Sharing of Organs for waitlisted recipients retrieved from cadaver donors in Private Hospitals, which are transplant centers.

(i) First priority to the list within the Private Hospital where the deceased donor is located, for liver, heart and one kidney. The other kidney would be allocated to the general pool in the priority sequence as listed below.

(ii) Second priority to the combined list of Government and Private Hospitals.

(iii) Third priority to Government / private hospitals outside the state, (in order to maximize organ utilization) provided earlier information and such a request has been registered with the Advisory committee / Convenor, Cadaver Transplant Program, Tamil Nadu.

(iv) Finally, if the organ(s) remains unutilized by the above criteria, it may be offered to a foreign national registered in Government or private hospital within and then outside the state, provided earlier information and such a request has been registered with the Advisory committee /Convenor, Cadaver Transplant Program, Tamil Nadu.

8. Whenever a deceased donor becomes available in a hospital, the concerned hospital shall contact the Transplant Coordinator or a member of his team at the Government General Hospital, Chennai who will then make allocations based on the above. MOHAN Foundation and National Network for Organ Sharing, (NNOS), NGO's promoting organ transplantation may assist the Transplant Coordinator, Government General Hospital, Chennai to facilitate this arrangement and ensure that most number of cadaver organs donated are utilized to benefit organ failure patients.

9. Considering that a number of practical issues are involved such as

- (i) establishing formats and procedures for recipient listing, organ allocation and transfer
- (ii) coordination between hospitals where donor / recipient are located
- (iii) working towards a coordinating body that would be institutionalized and fine-tuning identification criteria to determine the beneficiaries-
- (iv) Proposing policy initiatives from time to time.
- (v) Need for watching the working of the cadaver organ transplantation program,

the Government have decided to form an Advisory committee that would address the above issues and ensure stability in functioning of the cadaver organ transplant program

10. This Advisory committee shall be headed by the Secretary, Health or his nominee as Chairman and the committee shall consist of:

- (i) Secretary, Health or his nominee-Chairman
- (ii) Convenor, Cadaver Organ Transplant Program, Tamil Nadu (i.e Transplant Co-ordinator, Government General Hospital, Chennai.)
- (iii) Director of Medical Education or preventative
- (iv) Director of Medical and Rural Health Services or representative
- (v) Transplant team member, Government Stanley Hospital, Chennai
- (vi) Transplant team member, Kilpauk Medical College Hospital, Chennai.
- (vii) Transplant team member, Government General Hospital. Chennai.
- (viii) One senior police officer of DIG rank or above as nominated by the Director General of Police, Chennai.
- (ix) Member from MOHAN Foundation, Chennai.
- (x) Member from National Network for Organ Sharing, (NNOS) Chennai.
- (xi) One transplant team member from three different hospitals that currently have largest cadaver donation experience.

The Advisory committee shall in turn nominate four sub-committees to assist in its functioning for

- (i) Liver
- (ii) heart
- (iii) kidney
- (iv) other organs- to determine the severity of illness for listing a patient for transplant.

11. The Advisory committee shall also propose within three to six months to Government the Coordinating body that needs to be formed and institutionalized to periodically give inputs on organ sharing and allocation and to further-streamline the program.

(BY ORDER OF THE GOVERNOR)

V.K.SUBBURAJ,
PRINCIPAL SECRETARY TO GOVERNMENT

To

All Registered Transplant Hospitals,
through the Director of Medical and
Rural Health Services, Chennai - 600 006.
The Director of Medical & Rural Health Services, Chennai 600 006.
The Director of Medical Education, Chennai 600 010.
The Dean, Government General Hospital, Chennai 600 003.
The Dean, Government Stanley Hospital, Chennai-600 001.
The Dean, Government Kilpauk Medical College Hospital,
Chennai - 600 010.
The Transplant Co-ordinator, Government General Hospital,
Chennai - 600 003.
The Director General of Police, Chennai - 600 004.
Copy to:
The Senior P.A. to Minister for Health, Chennai - 600 009.
The P.S. to Secretary to Government,
Health and Family Welfare Department, Chennai - 600 009.

/FORWARDED BY ORDER /

SECTION OFFICER