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A Plan to Recover More Organs for Transplant Runs Into Difficulty

By ANEMONA HARTOCOLLIS

For years, even as the medical community persuaded more people to become organ donors, it faced a seemingly insurmountable problem: Most people do not die in hospitals, making saving their organs for transplant nearly impossible.

Three years ago, an emergency doctor at Bellevue Hospital Center in Manhattan proposed a groundbreaking plan. The city would have an “organ preservation vehicle” monitor emergency radio frequencies and chase after ambulances, ready to swoop in as soon as a person was declared dead.

But with a deadline to qualify for \$1.5 million in federal grant money just a month away, the idea has run into what might be another insurmountable barrier: How to meet the needs of law enforcement officials who want to preserve the bodies — with all the organs intact — of people who die under circumstances that might need to be investigated?

The objections come after exhaustive attempts by the plan’s architects to overcome things like ethical concerns about making sure no life-saving treatment was withheld, and the more visceral reaction that having an organ-harvesting crew shadow a medical crew sounds ghoulish.

“We’re in favor in principle and are working to have it happen,” Paul J. Browne, a spokesman for the Police Department, said last week. “The issue is essentially the city law on who is in charge of the body.”

The police are required to report to the medical examiner deaths that result from apparent homicide, accident or suicide, or that occur in a correctional facility or in any suspicious or unusual manner, including people who are young and seemingly healthy. The medical examiner or a representative is then required, according to the city code, to go to the scene to “take charge” of the dead body and investigate the cause of death.

But there is only a short window of time after death — perhaps 20 to 30 minutes — for the organs to be preserved. That leaves little time for the medical examiner to arrive at the scene and release the body. Mr. Browne said the concern was that responsibility for making the right call would be shifted to a police officer at the scene.

Dr. Lewis R. Goldfrank, the leader of New York’s project, and chairman of emergency medicine at Bellevue, the city’s premier public hospital, said last week that he was working hard to overcome the concerns. He said the project had been configured to exclude “anyone who is conceivably involved in a crime — a gunshot or stab wound, someone who might be strangled, you wouldn’t touch.”

He said that the exclusions would be based on the examination of a physician at the scene, paramedics and police officers, and that the medical examiner could be consulted by phone. “We have already reached agreement with the office of the chief medical examiner that that’s probably adequate,” he said. An agreement had been made, he said, to take a blood sample to test for poisoning.

Ellen Borakove, a spokeswoman for the medical examiner’s office, said that the medical examiner wanted the project to work out but declined to comment further.

On Friday, Jessica Scaperotti, a spokeswoman for Mayor [Michael R. Bloomberg](#), said: “Because rapid organ recovery requires important decisions to be made in new ways under tight deadlines, we have to think through the procedures for releasing a body to the hospital to prevent the policy from having unintended consequences.

“The city is very interested in promoting organ donation and continues to discuss the possibility of a rapid organ-recovery ambulance to expedite the process and save lives.”

Dr. Goldfrank said the protocol had also been adjusted to address uneasiness about the approach.

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The organ-recovery vehicles would be parked out of sight of the ambulances, and the emergency medical crews would not be made aware of their presence, to avoid influencing their efforts to save the person. Also, a person's consent for organ donation would no longer be presumed, even if, for example, it said so on the person's driver's license. A family member would have to be at the scene to assent to the donation, he said.

Dr. Goldfrank said the pilot was meant to last six months in the area around Bellevue and would involve kidney donation. He hoped it could then be expanded citywide.

"Ninety-five percent of people die outside a hospital," he said. "They die when walking on the street or in their homes in bed."

He estimated that nationwide every year, recovering organs outside the hospital could result in about 20,000 additional people becoming donors.

While that would help, it would make only a dent in the demand: Nearly 6,000 people are waiting for kidneys in the New York area alone, according to the New York Organ Donor Network.

Another barrier the project may encounter is the relatively small number of New Yorkers who have registered as organ donors. In New York City, about 580,000 residents are registered as potential donors, according to the New York Organ Donor Network.

New York's proposed organ recovery project would be the only one of its kind presently operating in the United States, officials said, although it is based on models in Europe.