



CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH
Donald F. Schwarz, MD, MPH
Deputy Mayor, Health & Opportunity
Health Commissioner

Nan Feyler, JD, MPH
Chief of Staff

MEDICAL EXAMINER'S OFFICE
Sam P. Gulino, MD
Medical Examiner

321 University Avenue
Philadelphia, PA 19104

Telephone (215) 685-7470
Fax (215) 685-9465

Testimony of
Sam P. Gulino, M.D., Chief Medical Examiner
Philadelphia Medical Examiner's Office
Philadelphia Department of Public Health

Good morning/afternoon, Mister Chairman and Members of the Judiciary Committee, and thank you for inviting me to provide testimony in favor of House Bill 30, the Donate Life PA Act.

My name is Dr. Sam Gulino, and I am the Chief Medical Examiner for the City of Philadelphia, a position I have held for the last 6 years. To give you a brief summary of my background, I am a forensic pathologist and have been working full-time in the field of medicolegal death investigation for almost 20 years. I have worked in and with jurisdictions ranging from the large urban center of Philadelphia to small, sparsely populated rural counties in Missouri and Florida, and nearly every size jurisdiction in between. I have personally conducted autopsies in more than 5000 cases, including hundreds of homicide cases. In my roles as Chief Medical Examiner in Philadelphia and previously as Deputy Chief Medical Examiner in Tampa, Florida, I have been responsible for overseeing the evaluations of tens of thousands of cases in total.

Medical examiners and coroners have an obligation to properly investigate each death that falls under their jurisdictions and to provide information to law enforcement. My simple message today is that there is nothing in House Bill 30 that contradicts or conflicts with that obligation.

There are two portions of the Bill that speak specifically to the role of the coroner or medical examiner. The first of these is on page 18 of the Bill, amending §8617 of Title 20 to require a medical examiner or coroner to report deaths occurring outside the hospital to their organ procurement organization through a mutually agreed-upon protocol. Since these are individuals pronounced dead outside of the hospital, these cases are suitable only for tissue donation. Tissue donation is not dependent on maintaining a beating-heart donor in an intensive care unit. The medicolegal death investigation is able to proceed while the donor potential is being assessed and next of kin authorization is sought. In many cases, tissue donation can occur after the autopsy is completed.

In January of 2013, the Philadelphia Medical Examiner's Office entered into such a protocol with the Gift of Life Donor Program. Twice a day, a member of my staff faxes a list of newly-reported cases to Gift of Life. A coordinator from Gift of Life contacts our office for next-of-kin contact information in those cases that meet initial screening criteria. This collaboratively-developed process takes only a few minutes out of our day, but it has had significant results. Since the beginning of 2013, a total of 23 additional donors have resulted from this direct referral process. Twenty-three families who would not otherwise have had the opportunity to choose tissue donation were able to make that choice. The tissues from these 23 donors have the potential to benefit literally dozens of living patients.

The second portion of the Bill that directly affects coroners and medical examiners is on page 39 of the Bill, adding §8627 to Title 20. This section addresses situations in which a medical examiner or coroner is considering denying removal of organs for transplantation. It is important to note that this section of the Bill is about organ donation and not tissue donation. Most tissue donation involves tissues that are banked for later

use in surgical procedures, while organ donation results in the immediate, life-saving transplants for patients with life-threatening illnesses. It is, therefore, sensible to require collaboration and careful deliberation before denying organ transplantation.

House Bill 30 does not restrain coroners or medical examiners from denying organ donation, it merely requires them to consider the decision very carefully first. If a medical examiner or coroner wants to deny transplantation of an organ, the Bill would require that they or their designee be present in the operating room to see the organ first-hand and, if necessary, request that a biopsy be taken of the organ. If the coroner or medical examiner still wants to deny transplantation, they must give their reasons in writing. If a patient with a life-threatening illness is to be denied an organ transplant, and if a family who has authorized organ donation is to be told that donation cannot proceed, it is reasonable to ask for the decision to be fully informed and for the specific reasons for denial to be stated.

When collaboration occurs between death investigation officials and organ procurement organizations, compelling reasons to restrict life-saving organ donation are unlikely to be found. In my experience, organ procurement organizations are willing to go to significant lengths to assure that the concerns of the coroner or medical examiner are addressed so that donation can proceed. In my own practice, depending on the nature of the case, this has included allowing me or my staff into the intensive care unit to take photographs of wounds before donation, getting additional x-rays or other tests to document the condition of a particular organ, taking digital photographs of the organs as they are being removed from the donor, or allowing me or my staff to be present in the operating room to view the organs first-hand. In each case, this collaboration permitted donation to proceed. In all the cases I have personally examined and all the cases handled by those pathologists I have supervised, I am unaware of any case in which permitting organ donation has hampered the preservation of evidence, determination of cause and manner of death, or successful prosecution of a crime – nor has any such case been shared with me by any colleague in the field.

House Bill 30 has the potential to greatly enhance organ and tissue donation, benefitting both the transplant recipients and the families of the donors, without impairing medical examiners or coroners from satisfying their statutory obligations.

Thank you very much for allowing me to address the committee today, and I would be happy to answer any questions you may have.