

# An Introduction to the Roles of the Designated Officer & Authorised Person

Version 22 September 2010



## Introduction

This document has been prepared by the South Australian Department of Health's Blood, Organ and Tissue Programs Unit in response to requests for guidance from Designated Officers. It presents general advice and an introduction to the role and responsibilities of Designated Officers pursuant to the Transplantation and Anatomy Act 1983 SA. It is envisaged that a more comprehensive handbook on the topic will be made available after consultation with medical officers undertaking this role.

## The Role of the Designated Officer

Designated Officers are involved in the authorisation of a range of services and options under the Transplantation and Anatomy Act (1983) SA. The following link to the Transplantation and Anatomy Act (1983) SA is provided for your information: <http://www.legislation.sa.gov.au>

In South Australia, Designated Officers are responsible for the final authorisation process relating to the removal of organs and tissue from deceased persons who have died in hospital, or whose bodies have been brought to a hospital.

The role of the Designated Officer is traditionally administrative in nature - confirming and recording that approval to proceed to organ and / or tissue removal / post mortem examination / whole body donation is in accordance with the deceased's wishes and / or that there is no objection from the deceased's senior available next of kin.

The role should be distinguished from the duties and responsibilities of clinicians or treating doctors and Organ Donor Coordinators, who initially raise and discuss issues of consent to organ / tissue donation and removal with the deceased's family members at an earlier time.

Designated Officers may authorise the removal of organs and tissue from deceased persons in limited circumstances and for a range of purposes, including the following:

- for organ and tissue donation purposes;
- other therapeutic, medical or scientific purposes; and
- post-mortem examinations.

Designated Officers may also authorise the use of the deceased's body for the purposes of anatomical examination or for the study and teaching of anatomy.

## Essential Criteria for Appointment as a Designated Officer

Before embarking in the role of a Designated Officer, intending applicants must be able to satisfy the following criteria:

- Designated Officers must be medical practitioners.
- Designated Officers and Authorised Persons must first be approved and appointed (in writing) by the Minister for Health – *before* commencing in these positions.
- Although it is the responsibility of the deceased's treating specialists to raise the prospect of organ donation with the deceased's family, the Designated Officer's role in the authorisation process also involves contact with family members and friends – at a traumatic time.
- The Designated Officer should seek the Organ Donor Coordinator's advice prior to discussing the matter of organ donation with others. Officers should be mindful that their foremost responsibility and purpose is to represent the intentions and interests of the deceased and the deceased's family throughout the organ and tissue donation and / or post-mortem process.
- Designated Officers should not have been responsible for, or personally or professionally involved in, the clinical examination or treatment of the deceased person.
- The role does not involve advocacy for, or opposition to, organ and tissue donation or post-mortem examination.

### **Practical Considerations for Applicants – Availability and Accessibility**

- Whilst not included on a specific roster system, Designated Officers will be required to meet their responsibilities on a 24 hour / 7 day per week basis.
- The duties of the Designated Officer are undertaken on a *pro bono* basis, being work undertaken voluntarily and without payment, as a public service.
- Authorisation sometimes takes place after office hours, or when the Designated Officer is not at the hospital. In these circumstances, the Designated Officer may, *after making reasonable enquiries*, give verbal authorisation, which must be noted in writing at that time. The Department has developed a form to facilitate the capture of a verbal authorisation entitled "Designated Officer Authorisation - Record of Authorisation," which is to be used where the original consent documentation is not at hand for signature. The Designated Officer may ask to sight the original consent

documentation or a copy thereof, before forwarding the Record of Authorisation to the relevant facilitating Agency. After hours arrangements currently in place in South Australia allow the majority of the duties of the Designated Officer to be performed via phone.

- While acting as a Designated Officer, pathologists and intensivists are strongly advised to avoid *concurrent* involvement in the processes leading to post-mortem examination of the deceased or donation of the deceased's organs and tissues for transplantation.

For example, clinicians who have been allocated specific portfolios relating to the facilitation of organ donation may wish to preclude themselves from organ donation-related Designated Officer duties, while continuing to be available for medical autopsy approvals.

- Designated Officers are required to authorise medical autopsies - *but are not involved in the coronial autopsy process*. The Coroner does not require consent or authorisation from the Designated Officer or the senior available next of kin before commencing the coronial autopsy process.

### **Appointment as a Designated Officer**

The South Australian Department of Health (the Department) is advised of applicants for the position of Designated Officer by senior administrative advisors such as General Managers, Chief Executive Officers, Directors of Medical Services (Medical Administrators) or Directors of Nursing at each of the major public and private hospital sites. The hospital nomination process may vary from site to site. Generally, hospital administrators seek input and advice from Clinical Directors to ensure appropriately qualified Designated Officers are nominated for each site. After nomination by hospital administrators, the Minister for Health considers and formally appoints each Designated Officer and Authorised Person in writing.

According to the Transplantation and Anatomy Act 1983 (SA), the term

“designated officer, in relation to a hospital, means a person appointed under Section 6 to be a designated officer *for that hospital*.” (Section 5 T&A Act (1983).

Since the enactment of the Health Care Act 2008 (SA), however, the Department has reorganised and regionalised its health services. Opportunities for stream-lining the administrative arrangements relating to Designated Officers, in light of the new legal status of health regions under the Health Care Act 2008, have been re-considered.

Designated Officers are now restricted to performing their duties within particular health regions as specified on the Department's Designated Officers and Authorised Persons List (the List).

In contrast to established practice, the listed names of all the Designated Officers are *now* linked with the *health regions* where the doctors are authorised to perform their duties - rather than to the hospital sites - as was the case in the past. The Department of Health's Blood, Organ and Tissue Programs is charged with the responsibility of maintaining the List, which is updated regularly to ensure Departmental oversight of this area and to maximise hospital coverage throughout the State. The Department is developing a nomination form to streamline the appointment process.

## General Principles – Donations of tissue after death; Post-mortem examinations; Donations for anatomical purposes

The general principles governing this area are set out in the Transplantation and Anatomy Act (1983) SA; SS. 21; 23-25; 27-29; 31-32 and the duties of the Designated Officer are predicated on the assumption that the deceased has either *died in a hospital or has been brought to a hospital or has been pronounced dead immediately on arrival at hospital.*

- *Before authorising the removal of body tissue from the deceased, the Designated Officer must make reasonable enquiries* to ascertain whether the deceased had, during his or her lifetime, expressed the wish for, or consented to, the removal of body tissue after death for the purposes of transplantation or post-mortem examination or for other therapeutic, medical or scientific purposes *and* had not withdrawn the wish or revoked his or her consent.
- Throughout the legislation, the obligation to “*make reasonable enquiries*” is linked with many aspects of the Designated Officer’s duties and may include – but is not limited to – the following:
  - >Determining whether the deceased consented (and did not revoke this consent) or did not object to a post-mortem examination;
  - >Determining whether or not the deceased wished for, or consented to, the removal of tissue for transplantation, post-mortem examination, therapeutic, medical, scientific or other purposes;
  - >Determining whether or not the deceased withdrew or revoked his or her consent to the removal of tissue for transplantation, post-mortem examination, therapeutic, medical, scientific or other purposes;
  - >Ascertaining whether or not the deceased expressed any objection to tissue removal for the above purposes;

>Determining the identity, or the absence of, senior available next of kin and / or their order of seniority in accordance with the legislation; *with the order of priority of relatives vis à vis the deceased being as follows:*

1. *spouse / domestic partner*
2. *daughter or son over 18 years of age*
3. *parent*
4. *brother or sister over 18 years of age;*

>Determining that the senior available next of kin does not object to the removal of tissue from the body of the deceased;

>Ascertaining the likelihood of coronial interest in the case and circumstances surrounding the death and the possibility of an inquest;

>Ascertaining whether or not a Coroner's direction is in place, indicating that the Coroner's consent to tissue removal is not required (either before or after the deceased's death);

>Where respiration and circulation are maintained artificially for the purpose of transplantation, verifying that two medical practitioners (each having at least five (5) years experience as a medical practitioner) have carried out separate clinical examinations upon the deceased's body to determine the irreversible cessation of all function of the brain - *and* both medical practitioners are in agreement on this finding;

>Ascertaining whether the death *is or may be* a reportable death under the *Coroners Act 2003*.

To determine answers to the above questions, the Designated Officer may seek information from the Organ Donor Coordinator, the medical practitioner requesting the post-mortem examination, the deceased's treating GP and specialists, the State Coroner's Office, the deceased's spouse, relatives, friends, and / or religious and legal advisors.

In the first instance, the Australian Organ Donor Register should be checked by the Organ Donor Coordinator (or staff member with access to the Register) to ascertain the deceased's wishes.

## Action Check List – Organ & Tissue Removal for Transplantation

- Where an inquest and Coroner's involvement envisaged → No authorisation of tissue removal *unless* Coroner's consent to removal has been obtained.
- Where respiration and circulation are maintained artificially for the purpose of transplantation → verify that two medical practitioners (each having at least five (5) years experience as a medical practitioner) have carried out separate clinical examinations upon the deceased's body to determine the irreversible cessation of all function of the brain - *and* both medical practitioners are agreed on this finding.
- Confirm that the Australian Organ Donor Register has been checked by the Organ Donor Coordinator or staff member with access to Register for a record of the deceased's intentions.
- If deceased had expressed the wish for / consented to tissue removal and had not revoked consent → Authorisation in writing.
- If deceased objected to tissue removal → No authorisation.
- If deceased *did not consent but did not object* to tissue removal and the Designated Officer has no reason to believe senior available next of kin (SANOK) objects → Authorisation in writing.
- If SANOK objects to tissue removal → No authorisation.
- If deceased *did not consent and did not object* to tissue removal and no next of kin can be found and therefore it cannot be determined if any next of kin has an objection → Authorisation in writing.
- If more than one SANOK at the same level of priority (one approves, one objects to tissue removal) → No authorisation.
- Complete the Authorisation by Hospital Designated Officer section of the standardised SA Health-DonateLife SA form "Authority for the Removal of Organ/s and/or Tissue for Transplantation or Research Purposes."
- Refer also to page 6 of this document for order of priority of relatives.

## Action Check List – Post-mortem Examinations (Medical Autopsies Only) and the Use of Tissue Removed for Post-mortem Examinations for Therapeutic, Medical or Scientific Purposes

- If possible reportable death under *Coroner's Act 2003* (and every death occurring in a hospital should *initially* be considered for notification to the Coroner) → Request that the Medical Officer certifying the death refer the matter to the Coroner or refer matter to the Coroner if appropriate → No authorisation of Post-mortem (PM) *unless* Coroner has consented to PM or the Coroner has directed that his / her consent to PM is not required by issuing an Authorisation to Dispose of Human Remains (ADHR).
- Ensure SANOK has received and read a copy of the Post-Mortem Examination Booklet "When a Person Dies – The Hospital Autopsy Process – Information for Family and Friends."
- **Complete PART A and PART B** (where necessary) of the following forms: "SA Health AUTHORITY FOR POST-MORTEM EXAMINATION FOR ALL NON-CORONIAL POST-MORTEM EXAMINATIONS PART A; and "SA Health CONSENT TO POST-MORTEM EXAMINATION FOR ALL NON-CORONIAL POST-MORTEM EXAMINATIONS PART B" according to instructions set out in the form "Authority for and Consent to non-coronial post-mortem examination form – MR82F Part A and Part B Guidelines for Completion."\*\* **PART A enables the Designated Officer to provide authorisation for a non-coronial post-mortem examination. The deceased's identification / record details must be attached to Part A and Part B of each form.**

**PART B** is to be completed and signed (wherever possible) by the senior available next of kin of the deceased person. *However, **where consent to the post-mortem examination is given over the telephone, the Medical Practitioner requesting a non-coronial post-mortem or the Designated Officer is to complete the form in front of another witness from answers provided by the senior available next of kin. Two people must be present for the entire conversation and whilst the form is being completed. One witness must be a medical practitioner who must also make a written record of the consent. The form should be signed by both the Designated Officer and the Medical Practitioner.***

The forms should be delivered to, and retained by, the hospital mortuary and a copy filed in the deceased's medical record. Forms should be retained in accordance with the SA Public Hospitals Retention and Disposal Schedule RDS 2000/0012.



\*\*Please note that the forms referred to have been developed for use across the major South Australian hospitals by the South Australian Department of Health, but are not in use at all hospital sites. Moreover, comparable forms are likely to differ from site to site; hence the Designated Officer should seek advice from senior hospital administrators on the correct forms to use at each site.

- If deceased consented and did not revoke consent to PM examination during lifetime → Authorisation of PM in writing.
- If deceased did not object to PM examination during lifetime & SANOK consents to PM → Authorisation of PM in writing.
- If deceased did not object to PM examination during lifetime and SANOK cannot be determined / found → Authorisation of PM in writing.
- If deceased objected and did not withdraw objection to PM examination during lifetime → No authorisation of PM → Designated Officer must *first* obtain Minister's consent before authorising PM.
- If SANOK objects to PM examination → No authorisation of PM → Designated Officer must *first* obtain Minister's consent before authorising PM.
- Note that the Minister may consent to the PM examination of the body of the deceased where, after the Minister has attempted to persuade the SANOK to consent to a PM examination, in the Minister's opinion, the PM examination of the body is necessary to minimise public health risks *and* it is in the interests of public health to justify overriding any objections to a PM.

## Action Check List – Authority to use tissue removed during Post-mortem examination for therapeutic, medical or scientific purposes

- If deceased consented and had not revoked consent during lifetime to the removal of tissue for the purposes of the PM examination, to be used for therapeutic, medical or scientific purposes → Authorisation in writing.
- If deceased did not object during lifetime to tissue removal for the purposes of the PM examination, to be used for therapeutic, medical or scientific purposes and SANOK consents *in writing* → Authorisation in writing.
- If SANOK or another NOK objects to use of tissue removed during PM examination for therapeutic, medical or scientific purposes → No authorisation.
- Research institutions generally provide intending donors with in-house Donor Information and Donor and Next of Kin Consent forms, which must include provision for the Designated Officer's authorisation.
- The Designated Officer's name, hospital, the deceased's name, the Designated Officer's signature and date are required for authorisation.
- Tissue request forms should set out the tissue donation procedure and explain preliminary requirements, giving clear information on subsequent tissue use and storage.
- The donor's rights, obligations and any costs associated with pre- or post-donation processes should be clearly indicated on these forms.

## Action Check List – Donations for Anatomical Purposes - Whole Bodies

- If the deceased expressed the wish / consented to the use of his or her body for anatomical examination or for purposes of studying / teaching of anatomy *and* has signed the University of Adelaide School of Medical Sciences' Body Donation Consent Form → SANOK signs the University of Adelaide School of Medical Sciences Next of Kin Confirmation Consent Form → Authorisation in writing by the Designated Officer - *except where an inquest may be held under the Coroners Act 2003. In that case, the Coroner must first give consent to the body's release for use for anatomical purposes (Check for Coroner's Release Form – Authority to Dispose of Human Remains).*
- If the deceased did not consent, but had no objection to donation for anatomical purposes *and* SANOK has no objection to the use of deceased's body for anatomical examination / teaching of anatomy → SANOK signs the University of Adelaide School of Medical Sciences Body Donation Consent Form and the University of Adelaide School of Medical Sciences' Next of Kin Confirmation Consent Form → Authorisation in writing by Designated Officer. If there is more than one SANOK at same level of priority (one approves, one objects) to tissue removal for anatomical purposes → No authorisation. Refer also to page 6 of this document for order of priority of relatives.
- The University of Adelaide School of Medical Sciences Central Mortuary manages the South Australian Whole Body Donation Program on behalf of all South Australian universities. Mortuary staff manage the initial acceptance, storage and transfer of all bodies donated to science throughout South Australia.
- The release of the body after use by Schools of Anatomy in South Australia is dependent on the type of body donation envisaged by the person making the donation. A Type 1 Donation allows the remains to be used for an indefinite period (*and then cremated at the institution's expense*). A Type 2 Donation allows the remains to be released to the senior available next of kin within 2-3 years (*whereupon the remains can then be cremated / buried at the family's expense*).
- Revocation of the intending donor's consent by the SANOK is possible - until the institution's final acceptance of the body.
- Final acceptance of the donated body by a School of Anatomy depends on a number of factors which may not be evident until the body is examined in the Mortuary.

- Intending donors are advised to complete 2 copies of the University of Adelaide School of Medical Sciences' Body Donation Consent Form. One (1) signed, witnessed copy should be lodged with the School of Medical Sciences prior to death; the SANOK may keep the other copy for future reference but must in any case agree with the donation and sign the University of Adelaide School of Medical Sciences' Next of Kin Confirmation Consent Form (signing that no other family members object to the donation for anatomical purposes) before the donation can proceed. A signed Death Certificate must also be provided.
- Initially, the SANOK / hospital staff notify the University of Adelaide of the availability of the body. The University has a contract with Harrison Funerals, who transfer the body to the University's Central Mortuary facility, where the body is examined for suitability for donation. (If the donation is not accepted, the next of kin are notified of the University's decision to refuse the body, which is transferred back to the next of kin's chosen funeral home).
- Where the deceased had expressed the wish that his / her body be used for these purposes but had not signed a consent form, the SANOK may sign the University of Adelaide School of Medical Sciences' Body Donation Consent Form in the presence of witnesses on behalf of the deceased, together with the University of Adelaide School of Medical Sciences' Next of Kin Confirmation Consent Form (signing that no other family members object to the donation for anatomical purposes). A signed Death Certificate must also be made available before the body's removal from hospital. Authorisation by the Designated Officer may then proceed (in writing). The institution may then accept or reject the donation.

## The Role of the Authorised Person – The Eye Bank of South Australia

Authorised Persons are officers of the Eye Bank of South Australia (situated at Flinders Medical Centre) and are authorised to remove eye tissue from deceased persons for the purpose of corneal transplantation. Authorised Persons do not require medical training as a prerequisite for the role.

While this document does not address the role and responsibilities of Authorised Persons in detail, it should be noted that Designated Officers are also required to authorise the eye tissue removal activities of Authorised Persons *whilst the deceased's body is in a hospital*. However, Authorised Persons may remove eye tissue *without* prior authorisation from Designated Officers where the deceased's body is in a nursing home or funeral home (assuming all prior consent requirements to tissue removal have been established). In practice, however, the Authorised Person always informs the Designated Officer of activities conducted in these circumstances.

The Designated Officer is required to authorise the removal of eyes from the Deceased's body for the purpose of transplantation where the Deceased's body is in a hospital and must sign the Eye Bank's Verbal Authority for Eye Donation. It should be remembered that Eye Bank staff have only a 12 hour window of opportunity to collect eye tissue after the death of the donor.

Authorised Persons are also appointed by the Minister and are differentiated from Designated Officers on the Designated Officers and Authorised Persons List, which is administered and updated by the SA Department of Health.

### Key Contacts and Mentoring Advice

A number of medical practitioners have agreed to act as advisors and mentors for Designated Officers commencing in the role in South Australia.

For a list of advisors / mentors or to obtain a current list of Designated Officers and Authorised Persons, please contact:

**Blood, Organ and Tissue Programs Unit**  
**Public Health and Clinical Coordination Division**  
**South Australian Department of Health**  
**Telephone: (08) 8463 6197**  
**Fax: (08) 8463 5540**