



ABSTRACT

Planning and Development - Government Stanley Hospital, Chennai - Development of Cadaver Maintenance Programmes - at the Institute of Surgical Gastroenterology and Liver Transplant Orders - Issued.

HEALTH AND FAMILY WELFARE [E1] DEPARTMENT

G.O. (Ms) No. 396

Dated: 20.11.2008
Thiruvalluvar Aandu 2039,
Kartthigai -5

Read:

From the Director of Medical Education Lr.Ref.No.11506/P&D1/2/08,
dated 20.2.2008.

ORDER:

The Director of Medical Education in his letter read above, has stated that the Dean, Government Stanley Hospital, Chennai has submitted a proposal for the development of Cadaver Maintenance Programme at the Institute of Surgical Gastroenterology and Liver Transplant which will help to co-ordinate / regulate organ retrieval and transplant in the State as well as reduce the illegal organ trafficking. The Director of Medical Education has further stated that the organs of the brain dead may be utilized to give new life to many patients who require organ transplant for survival. If adequate Medico legal aspects are properly attended to this programme and genuinely followed, it will benefit many young patients, who run the risks of their life due to many acute and chronic life threatening illnesses like liver cell failure, renal failure etc. At the same time, the concept of brain dead patients should not be misused.

2. The Project proposal submitted by the Head of Department of Surgical Gastroenterology, Government Stanley Hospital is detailed below:-

- a) The problem of human organ trafficking is making headlines in recent times bringing great disrepute to the medical profession as well as the nation. More importantly, it is prejudicing current organ transplant programs negatively, thereby posing a dangerous hurdle to the treatment and saving of thousands of lives of those in desperate need of an organ transplant for their survival. Many factors are responsible for these murky episodes of human organ trafficking in the country. One major factor is that the demand for donor organs for outweighs their supply within the legal boundaries.
- b) One major source of organs is the Brain dead cadaver. This source is essentially unexplored. Though, it is more than 13 years since the passage of the human organ transplantation bill, hardly 20 cadavers are made use of annually. The reason for not exploiting this potential and legal source of organs is manifold:

- i) It is a well known fact that the mortality in complicated situations like neurosurgery is high. But the doctor and neurosurgeons hesitate to declare brain death in their patients. They fear that the public will translate this as professional inadequacy or incompetence on their part.
 - ii) There is a state of apathy to the transplant programme in our country.
 - iii) The brain dead, heart beating cadaver needs to be maintained in an intensive care setting till the organs are harvested while they are still suitable for transplant. This will engage the expertise of Intensive care specialists and the use of expensive equipments and beds at the ICCU. The intensivist at the critical care unit would prefer to (and understandably so) utilize their expertise, and expensive utilities to take care of and save the living patients rather than for the maintenance of the brain dead. This is because the potential beneficiaries (more than 10 potential recipients of the various organs of one cadaveric donor) are outside their physical purview and hence they are unable to relate to their needs at the time point of decision making.
 - iv) On the part of the relatives, acceptance of the declaration of death of their relative while the heart is still beating is surely difficult. The emotional turmoil that is a part of the situation especially in our cultural setting is tremendous and will delay the decision of the relatives to consent for organ donation. The brain dead, heart beating relative has to be maintained at a prohibitive cost. The enormous cost involved will also make one wonder if it is worth given the situation that it will not save the life of their dear one.
 - v) The relatives may in fact wonder if the treatment given to their relative was adequate before declaration of brain death. This would adversely influence their decision.
 - vi) The time factor is very critical: Any delay or lack of adequate maintenance of the cadaver till harvest of organs may render the organs unsuitable for transplant.
- c) The above said hurdles can be circumvented and the Brain dead Cadaveric organs utilized for organ transplantation by initiating a "Cadaver Maintenance Program" This will enable saving the life of several patients with end stage organ diseases following successful organ transplants. The program can be conceived and designed on the following lines:

An exclusive ward: An exclusive ward with intensive care facilities, necessary infrastructure and equipments should be available for the maintenance of the brain dead, heart beating cadavers.

Ambulance & Transport: High tech ambulance is necessary for transport without charging the relatives. On information of the declarations of brain death in any hospitals in and around Chennai, an offer to send an ambulance to bring the cadaver and maintain the brain dead without any further economic burden on the relatives can be made.

Grief counsellors: Grief counsellors can counsel the relatives during the maintenance time, explain the situation, and encourage the relatives to consider organ donation which can save several lives. If relatives are not willing, then maintenance can be continued till the heart stops, and the cadaver returned to the relatives with dignity. If relatives are willing and consent to the organ donation of their brain dead relative, then the necessary protocol for organ harvestings, maintenance and transport can be initiated.

Transplant coordinators: Transplant coordinators will swing into action after the relatives give a consent and they will coordinate the activities involving the relatives, laboratory centers, intensivists, potential recipients, transport facilities, the organ harvesting and the transplant teams.

The recipient: The potential recipients can be identified from amongst a data base gathered from various hospitals in the following order of preference:

- i. Local hospital, where the cadaver maintenance program is present.
 - ii. Other Government hospitals
 - iii. Non profit hospitals of good repute with the necessary expertise.
- If no matches are found from the above, then;
- iv. Private institutes may be considered.

No fee should be charged from the donor's relatives at all levels;

d) This program will help to encourage transplantation in several ways including those detailed below;

- i) Relatives of the brain dead donor will realize and appreciate the efforts taken to maintain their dear ones.
- ii) Grief counsellors will take part in these activities and make it easy for the relatives to come to terms with the inevitable.
- iii) Religious leaders can also participate and interact with the relatives: This will give a positive impetus to the program.
- iv) When one family consents, then the relatives of the neighbouring brain dead will also be influenced and encouraged to follow suit.
- v) Transplant coordinators will help in saving time and resources, all possible organs from a donor can be harvested and suitable donors identified for each one of them in minimum time.
- vi) Each brain dead donor, can save more than ten lives because different organs can be harvested and transplanted to different recipients in need. This will surely justify the high cost of maintenance of the brain dead ward, the labor intensive program involved and the use of high quality equipment and consumables.
- vii) In the remote event of collapse of the program, the man power, equipments and infra structure can still be put to use in other critical care settings and the investment will not be wasted.

- e) On successful initiation and running of the programme by the State Government, the Central Government can be approached for funding.
 - i) The ORBO (the Organ Retrieval and Banking Organization)
 - ii) Any beneficiary private Hospital may be asked to participate by undertaking the cost of maintenance in all aspects involved for one bed and / or support a part of the manpower.

3. The Director of Medical Education has requested the Government to consider the above proposal and issue orders for the development of Cadaver Maintenance Programme at the Institute of Surgical Gastroenterology and Liver Transplant, Government Stanley Hospital, Chennai.

4. The Government have examined the above proposals of the Director of Medical Education, in detail, and decided to accept the proposal in principle as model venture which would meet the organ requirement for various transplantation surgeries at Government Institutions at Chennai and also towards awareness building among general public about brain death related organ donation Accordingly,

- i) the Government accord sanction to the development of Cadaver Maintenance Programme at Institute of Surgical Gastroenterology and Liver Transplant, in the Government Stanley Hospital, Chennai at the recurring expenditure of Rs.1.11 crores.(Rupees one crore and eleven lakhs only) as detailed in Annexure I.
- ii) the Government sanction, temporarily, the post mentioned in the Annexure.II to this order for a period of one year from the date of their employment or till the need therefor ceases whichever is earlier.
- iii) All the consolidated pay posts except the Staff Nurses shall be filled through Tamil Nadu Medical Service Corporation in consultation with the Head of Department, Surgical Gastroenterology, Stanley Hospital, The Staff Nurses shall be filled up by the .Director of Medical and Rural Health Services from the seniority list of trained Nurses maintained by him on a consolidated pay of Rs.3500/-p.m. in the first year, Rs.4000/-p.m. from the second year and Rs.5000 from the third year till they are regularly absorbed as per the present system in vogue. All other posts sanctioned in time scale of pay (viz) Medical Officer, Ambulance Van Driver and Hospital Worker shall be filled up by the Director of Medical Education / Dean, Govt. Stanley Medical College Hospital as per the powers delegated to them.
- iv) The Government sanction the non recurring expenditure of Rs.1.92 crores (Rupees One Crore and ninety two lakhs) towards building and equipments as given in the Annexure III to this order. Director of Medical Education is requested to incur the above Non Recurring expenditure of Rs.1.92 crores from the over all amount of Rs.75 Crores allotted for the improvement of the Govt. Stanley Medical College Hospital, Chennai for the year 2008-09.

- v) The recurring expenditure sanctioned at para 4(i) above and non-recurring expenditure sanctioned at para 4(iv) above should be debited under the following head of account.

"2210- Medical and Public Health 01 - Urban Health Services - Allopathy
110 - Hospital and Dispensaries II State Plan LG - Development of
Cadaver Maintenance Programmes at the Institute of Surgical
Gastroenterology and Liver Transplant in Government Stanley Hospital,
Chennai . (DPC 2210-01-110-LG 0005)

01 Salaries		
01 Pay	:	Rs. 8,50,600
(DPC 2210 - 01 -110 -LG 0112)		
06 House Rent Allowance	:	Rs. 1,12,800
(DPC 2210 - 01 -110-LG 0167)		
08 City Compensation Allowance	:	Rs. 27,000
(DPC 2210 - 01 -110 LG 0185)		
03 Dearness Allowance		
01 Dearness Allowance	:	Rs.5,90,700
(DPC 2210 - 01 -110 - LG 0318)		
03 Dearness Pay	:	Rs.4,25,300
(DPC 2210 - 01 -110 - LG 0336)		
05 Office Expenses	:	Rs.10,00,000
05 Furniture		
(DPC 2210 - 01 -110 - LG 0550)		
16 Major Works	:	Rs.20,00,000
(DPC 2210 - 01 -110 - LG 1602)		
19 Machinery & Equipment	:	Rs.1,37,00,000
01 Purchase		
(DPC 2210 - 01 -110 - LG 1915)		
21 Motor Vehicles		
01 Purchase	:	Rs.25,00,000
(DPC 2210 - 01 -110 LG 2110)		
33 Payment for Professional and Special Services		
04 Contract Payment	:	Rs.16,20,000
(DPC 2210 - 01 -110 - LG 3342)		

The Director of Medical Education is the Estimating, Reconciling and controlling authority for the above new head of account. The Pay and Accounts Officer / Treasury Officer is requested to open the above new head account in their accounts. The equipments should be purchased through Tamil Nadu Medical Services Corporation Limited. The expenditure of sanctioned towards the purchase of equipments shall not be paid in cash but credited to the Personal Deposit Account of the Tamil Nadu Medical Services Corporation Limited.

“K. Deposits and Advances (b) Deposits not bearing interest – 8443.00 Civil Deposits 800 Other Deposits – CE Deposits of Tamil Nadu Medical Services Corporation Limited (DPC No. 8443 00 800 CE 00 OH - Receipt “

- vi) The expenditure sanctioned in para 4(i) and Para 4(iv) shall constitute an item of "New Service" and the approval of the Legislature will be obtained in due course. Pending approval of the Legislature the expenditure will be initially met by an advance from the Contingency Fund. Orders regarding which will be issued by the Finance (BGI) Department. The Director of Medical Education, is directed to send application in the prescribed form along with the copy of this order to Finance (BG.I) Department for sanctioning the advance for required quantum. The Director of Medical Education is directed to send necessary note for inclusion of the expenditure in the Supplementary Estimate to obtain approval of the Legislature at the appropriate stage.
- vii) The expenditure for consumables will be decided at the Revised Estimate 2008-09 or in the next Budget Estimate 2009-2010 based on the demand.
- viii) The Minor civil modification required for the Cadaver Maintenance Programme shall be undertaken by the Tamil Nadu Medical Services Corporation Limited.
- ix) The Director of Medical Education is requested to appoint the Medical Officers with MD Anesthesia qualification or Surgical qualification with experience in Liver Transplant in the sanctioned posts. He is also requested to depute One Reader in Anesthesia in Govt. Stanley Medical College Hospital to the Cadaver Maintenance Programme to run the Project under the overall supervision of the Head of Department, Institute of Surgical Gastroenterology, Government Stanley Medical College Hospital, Chennai.
- x) Permission is granted to the Head of Department, Institute of Surgical Gastroenterology, Government Stanley Medical College Hospital to admit the Brain dead cadaver whenever referred to this unit as normally all the cadavers are sent to Mortuary.
- xi) The Managing Director, Tamil Nadu Medical Services Corporation Limited is requested to constitute an Ethical Committee for over all supervision of the ethics of this project. The Committee shall include a retired Judge, Socialactivists, Hospital Administrators and the Head of Department, Institute of Surgical Gastroenterology , Govt. Stanley Medical College & Hospital, Chennai.

5. This order issues with the concurrence of the Finance Department vide its U.O.No.69986/Health-II/08-1/ dated 20.11.2008 and U.O.No.72682/CMPC/2008-I, dated 20.11.2008 and ASL No.1286 (One thousand two hundred and eighty six)

(By order of the Governor)

V.K.SUBBURAJ
PRINCIPAL SECRETARY TO GOVERNMENT.

To

The Director of Medical Education, Chennai-10,
The Dean, Government Stanley Hospital, Chennai-1
The Pay and Accounts Officers (North) Chennai 1.
The Accountant General, Chennai 18.

Copy to:

The Prof & Head of Department of Gastroenterology,
Government Stanley Hospital, Chennai-1.
The Senior P.A to Minister (Health), Chennai-9.
The Senior P.A to Minister (Finance), Chennai-9,
The Secretary to C.M, Ch-9,
The Health and Family Welfare (J / H/S) Department, Chennai-9,
The Finance (Health-II) (B.Coord), (BG.I)(BG.II) CMPC/ Department,
Chennai-9.

Clean Copy for file

//Forwarded / by Order//

SECTION OFFICER

ANNEXURE-I

Name of Post	No of post	Scale of pay (Rupees)	Total expenditure (Rupees)
1. Medical Officers	4	8000-275-13500 Rs.30000x4x12 (approximately)	14,40,000
2. Staff Nurses	18	3500x18x12 (consolidated pay)	7,56,000
3. Physician Assistant	6	7500 x6x12 (consolidated pay)	5,40,000
4. Grief Counsellors	2	8500 x2x12 (consolidated pay)	2,04,000
5. Transplant Coordinator	1	10000 x12 (consolidated pay)	1,20,000
6. Hospital Worker	6	2550-55-2660-60-3200 Rs.6200x6x12 (approximately)	4,46,400
7. Ambulance driver	1	3200-85-4900 Rs.10000x12 (approximately)	1,20,000
8. Consumables Drugs /catheters /fluids/investigation	1	Rs.10000/bed/day x3 beds x250 days Rs.10000x3x250	75,00,000
		Total	1,11,26,400

V.K.SUBBURAJ
PRINCIPAL SECRETARY TO GOVERNMENT

/True Copy/

SECTION OFFICER

ANNEXURE II

Name of Post	No of post	Scale of pay (Rs)
1. Medical Officers	4	8000-275-13500
2. Staff Nurses	18	3500/- (consolidated pay)
3. Physician Assistant	6	7500 /- (consolidated pay)
4. Grief Counsellors	2	8500 /- (consolidated pay)
5. Transplant Coordinator	1	10000 /- (consolidated pay)
6. Hospital Worker	6	2550-55-2660-60-3200
7. Ambulance driver	1	3200-85-4900

V.K.SUBBURAJ
PRINCIPAL SECRETARY TO GOVERNMENT

/True Copy/

SECTION OFFICER

ANNEXURE III**Non recurring expenditure :**

Building:		(Rupees in lakhs)
Available in Surgical gastroenterology block, Government Stanley Hospital,	Needs some structural modifications	20
Equipments:		
High end transport ambulance	1	25
ICU special cots	5 nos	2
Multiparameter monitors	5 nos	25
Infusion pumps	20 nos	20
Infusion syringes	20 nos	10
Special bed to prevent bed sores	5	5
Sequential compression device	5	5
Warmer	5 nos	2
Ventilators (high end)	6 nos	60
Defibrillator	1 nos	2
N I Ventilator (BIPAP)	2 nos	6
Furniture	As Required	10
Total (Non recurring)		192

V.K.SUBBURAJ
PRINCIPAL SECRETARY TO GOVERNMENT

/True Copy/

SECTION OFFICER