

07 September 2019



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ORGAN & TISSUE PROCUREMENT IN SOUTH AFRICA: A FORENSIC PATHOLOGIST'S PERSPECTIVE

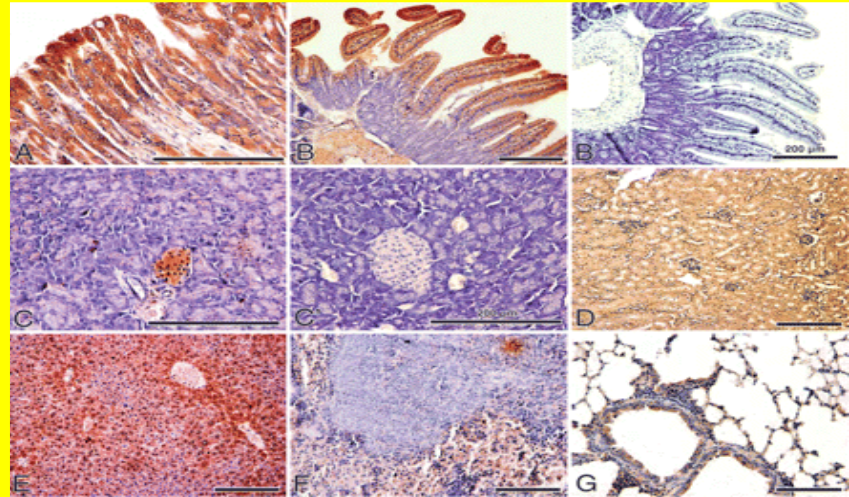
G Saayman
Dept of Forensic Medicine
University of Pretoria



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Faculty of
Health Sciences

Fakulteit Gesondheidswetenskappe
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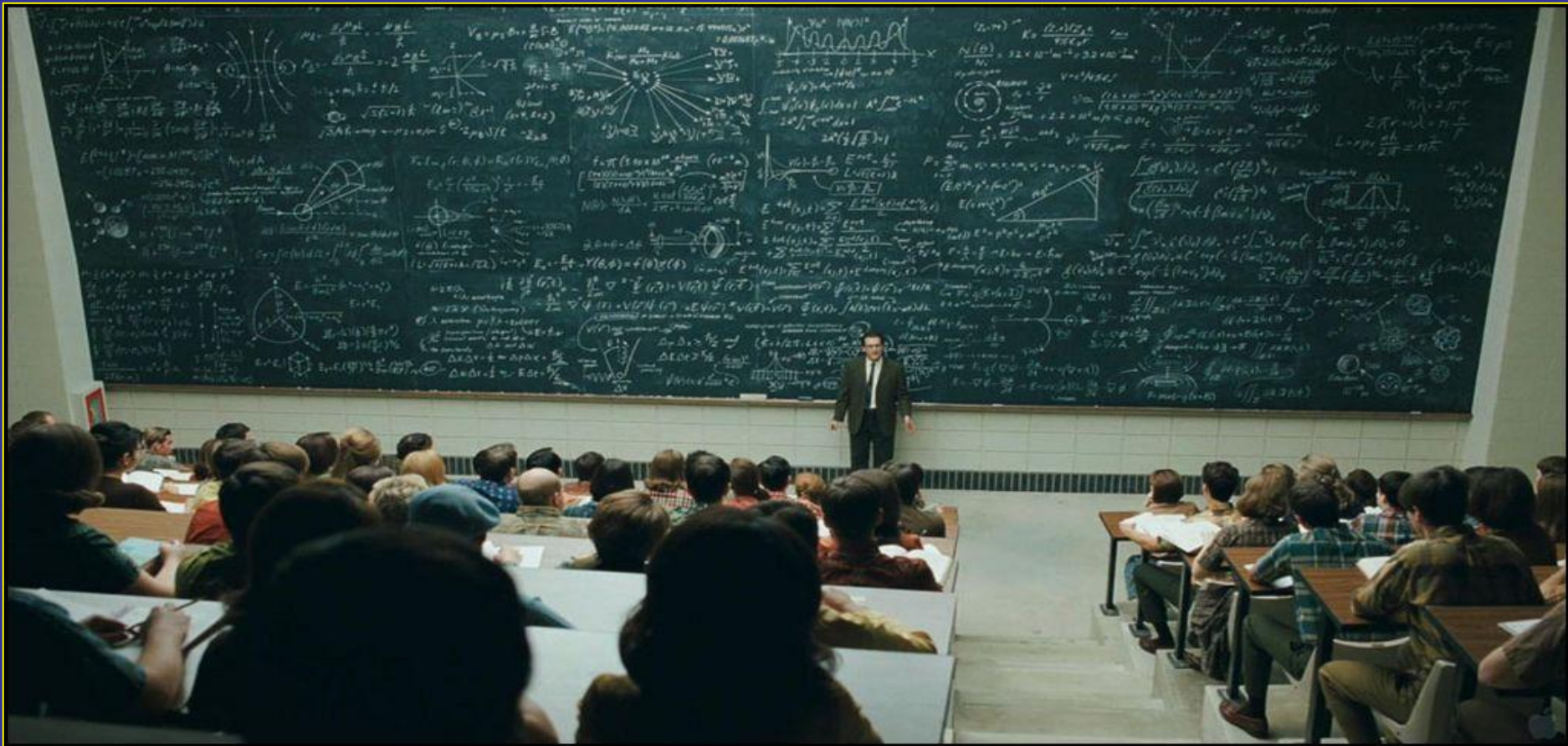
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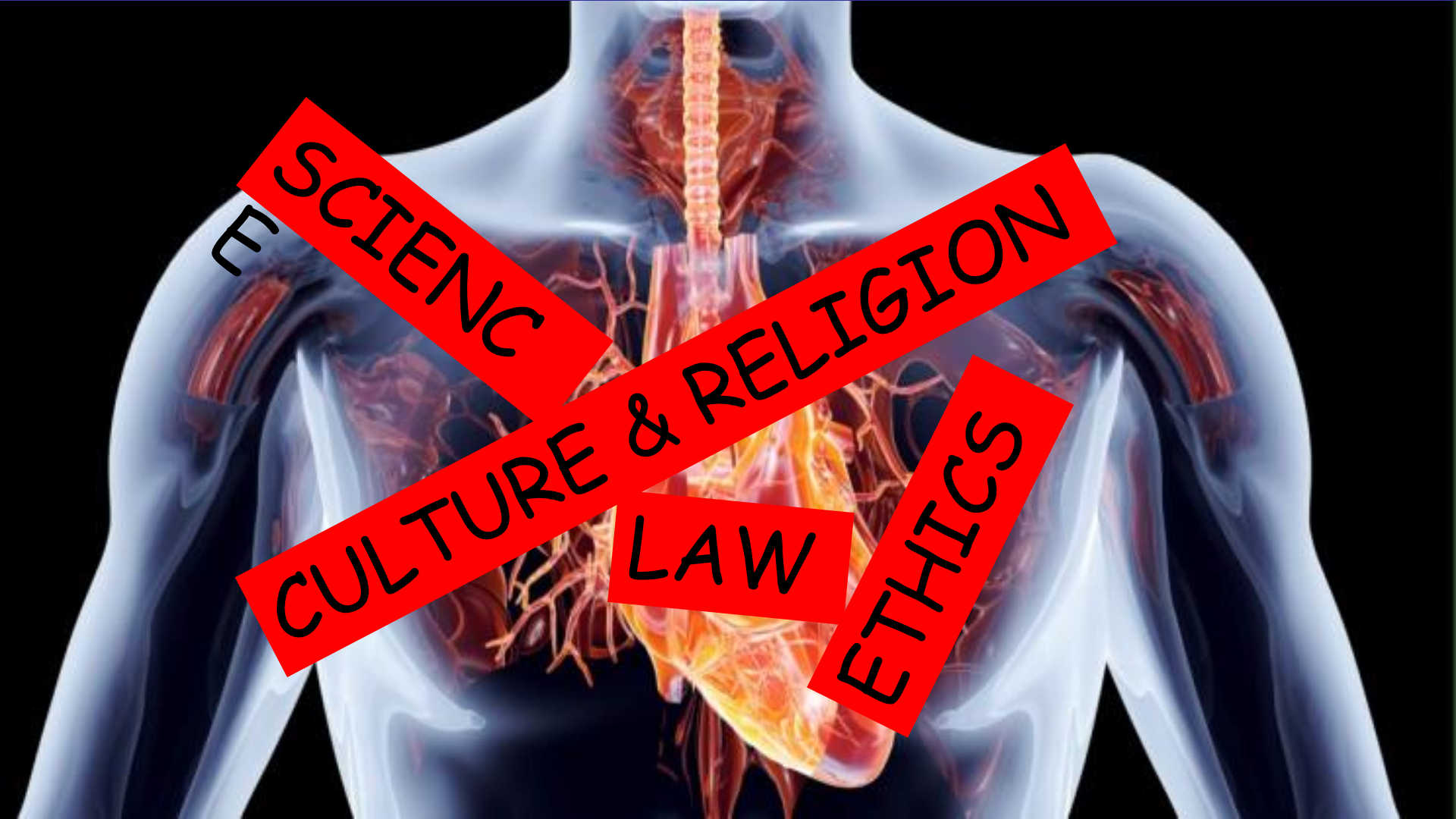




it's complicated....

"...and that, ladies & gentlemen, is how a woman's mind works..."





SCIENCE

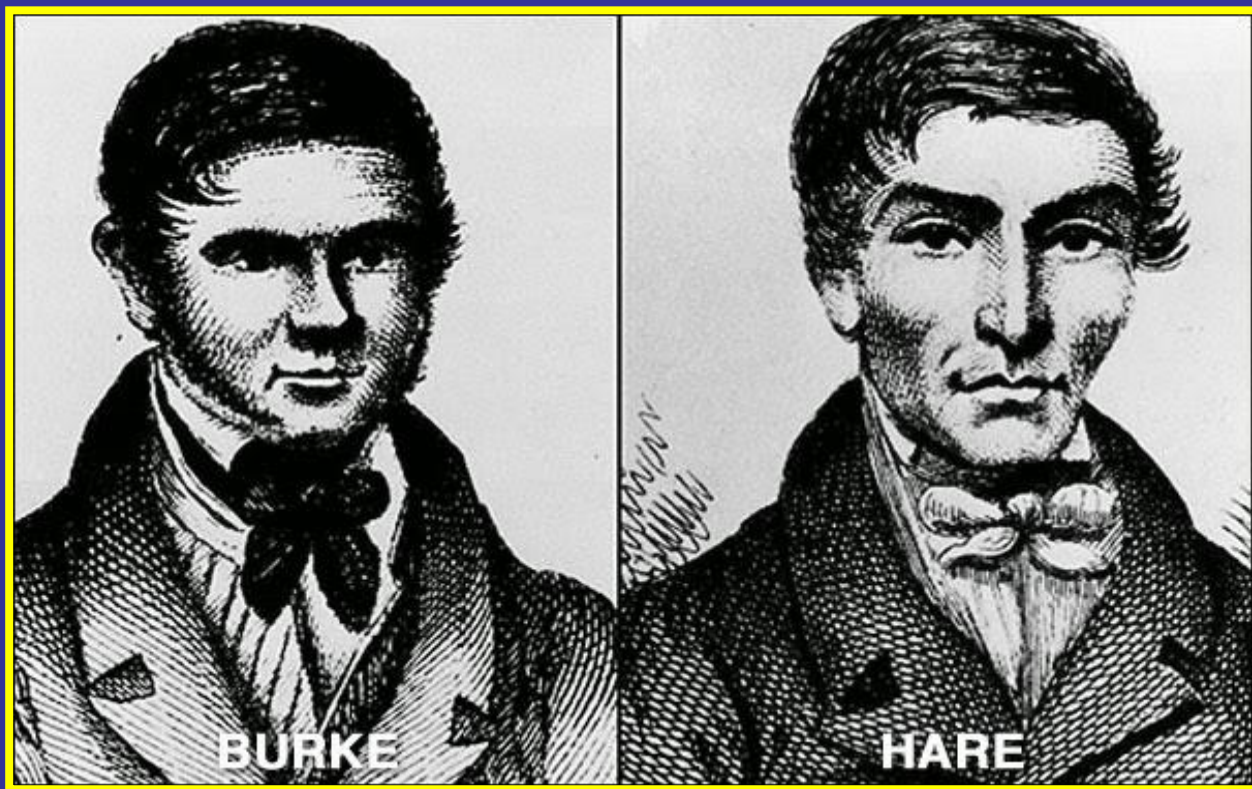
CULTURE & RELIGION

LAW

ETHICS



"Wax Venus", London Science Museum



William Burke & William Hare ...



Burke & Hare

The Body Snatchers...



Private medical school of
dr Robert Knox...
Glasgow, Scotland, 1828









EXECUTION of the notorious WILLIAM BURKE the murderer, who supplied DR. KNOX with subjects.

The execution of William Burke

Alder Hey Hospital, Liverpool



"Staff pathologist at Alder Hey Hospital, Professor Dick van Velzen, ...took hundreds of organs from children who died at the Liverpool hospital when he worked there between 1989 and 1995..."



...After the scandal emerged in 1999, hundreds of distressed parents, who had been unaware they had buried their children with missing body parts, were forced to hold second funerals..."



... Chief Medical Officer Liam Donaldson's report was that organ removals and retention, had
"reached an almost ghoulish intensity"...

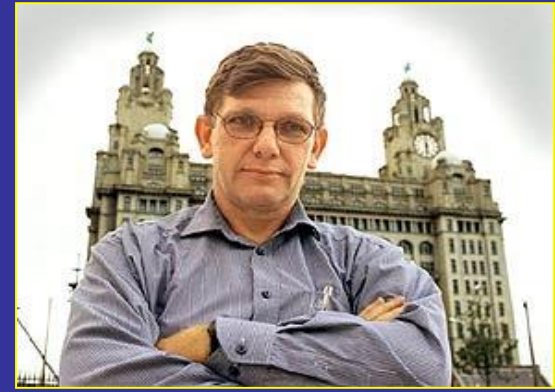


... Health Secretary Alan Milburn reported it as "grotesque"...

the "...*Alder Hey report was the most shocking that he had read*".

... "on a scale and in a way that is *horrific beyond anything anybody will have seen in this country*"...

ALDER HEY SCANDAL DOCTOR IN THE CLEAR



Alder Hey pathologist will not face criminal charges

Crown Prosecution Service (Jun 2004):

"...there was no prospect of being able to establish that a criminal offence had been committed."

NEWS

Medical Trial of the Century Finally to Get Under Way in SA

After nearly seven years of stops and starts, what is expected to be the medical trial of the century appears to be finally heading for the courts.

The trial will be the culmination of a seven-year-long investigation into an alleged organ trafficking scheme that recruited and paid donors from Israel, Brazil and Romania to donate kidneys for 109 illegal transplants performed on Israeli citizens at Netcare's St Augustine's Hospital in Durban.

While eight of the accused were charged before on charges relating to, among others, fraud and contravention of the Human Tissue Act, this time around they will be joined in the dock by Netcare CEO, Dr Richard Friedland, and other representatives of the private hospital group. Netcare was a former complainant in the case.

The others accused are the former head of surgery at the Nelson Mandela School of Medicine, Prof John Robbs, his deputy Prof

will shed more light on the reason why the recipients specifically came from Israel to Netcare in SA for their transplants.

Netcare has consistently denied that it had done anything wrong, claiming that the hospital group 'was a victim of the wrongdoing and that it was misled by false representations'.

In a statement issued on the JSE shortly after summons were served on the accused, the company's board of directors said that it had been advised that the charges made are unjustified and that neither Netcare nor Dr Friedland are guilty of any wrongdoing.

'They will vigorously defend themselves against the charges that have been brought



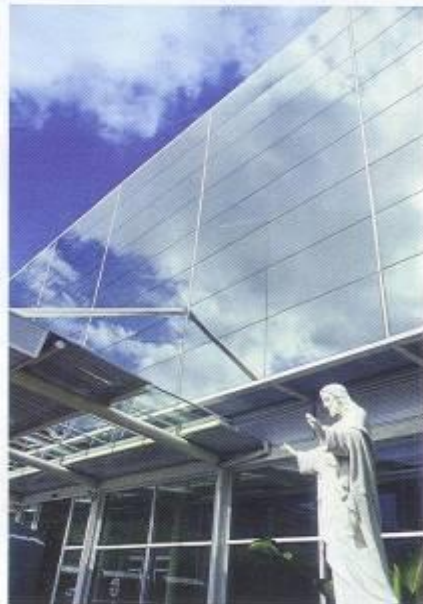
Netcare CEO,
Dr Richard Friedland

Dr Friedland was *inter alia* aware, or made aware, that the illegal transplants were performed at St Augustine's but nevertheless permitted them to continue.

Netcare, it is claimed, received approximately R22m for the operations organised by alleged syndicate leader and co-ordinator, Ilan Perry and Sushan Meir. Meir was convicted in 2004 on several charges relating to his involvement in the illegal transplants.

If found guilty on the charges relating to its involvement in the operations, Netcare could face a fine of approximately R100m.

In papers filed in a civil case in May 2004 in the Johannesburg High Court, Perry claimed that he entered into an oral agreement with the private hospital group in terms of which his company, UDG Medical Services, would refer donors and recipients to St Augustine's and pay for their stay and medical care at the hospital. Perry's civil claim allegedly related



Continued on page 6



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Interpol expose SA body brokers

Jun 11, 2006 | www.dispatch.co.za

An international investigation into human-tissue exports is under way in South Africa.

The Interpol probe into the country's multimillion-rand tissue industry – which turns donated bones, skin and tendons into end products began this week. It was a request requested by US health watchdog, the Food and Drug Administration (FDA).

A forensic investigator, authorised under the Human Tissues Act by the Department of Health, visited the only two tissue banks in South Africa and removed copies of documents, including donor registers and export permits.

His appointment was confirmed in a letter which he handed to tissue-bank officials signed by the Director-General of Health, Thami Mseleku.

The letter authorised him to investigate “allegations of illegal exportation and/or harvesting and/or transportation of human tissue for the purpose of business”.



February 2008

Docs Stole Kidneys from India's Poor

Indian police have arrested a whole team of health professionals suspected of stealing the kidneys of poor people and offering them to foreigners and rich Indians who needed transplants.

The *New York Times* reported that four doctors, five nurses and 20 paramedics were involved in between 400 and 500 illegal transplants in the past nine years. Their *modus operandi* would be to pick up people from the streets, offer them work and drive them to a well-equipped private clinic where they were



"Health News, China:

Beijing: Three doctors have been arrested for illegally harvesting human organs in north China's Hebei province..."

Hospital selling body parts – claim

Corpses cut up for muti in Swaziland

TITUS GWEBU
INDEPENDENT FOREIGN SERVICE

AN EXTENSIVE black market in human body parts has been uncovered in Swaziland's second-largest hospital. Demand is strong in the country for human ingredients for use in tradi-

and have never been found, raising concerns that they were killed for their body parts to be used as muti to help candidates get elected.

Yesterday the country's community of people living with albinism issued a statement of gratitude that the elections passed without the murder of any of their members. Albinos are favoured for notions

Pretoria News
2013-10-01

**INFOGRAPHIC: Trump's America**

A look at all the changes that have been made under Trump's administration so far.

[News](#)[Opinions](#) ▾[Business](#) ▾[Sport](#) ▾[Tech](#) ▾[Motoring](#) ▾[Travel](#) ▾[Lifestyle](#) ▾[Video](#)

Indian police arrest 4 over human remains smuggling

2017-03-22 05:40

Kolkata - Indian police have arrested four suspected corpse smugglers and recovered 18 intact skeletons and other bones believed exhumed from cemeteries in a notorious grave-robbing district.

An official said on Tuesday that police seized the "neatly washed and cleaned" human remains from a village in West Bengal state's Burdwan district that led to the arrest of four men allegedly part of an international smuggling ring.

Anuj Sharma, West Bengal's deputy police chief, said the skeletons were about to be smuggled and sold. We suspect that they are part of an international skeleton smuggling racket".



Personal Viewpoint

Reporting Organ Trafficking Networks: A Survey-Based Plea to Breach the Secrecy Oath

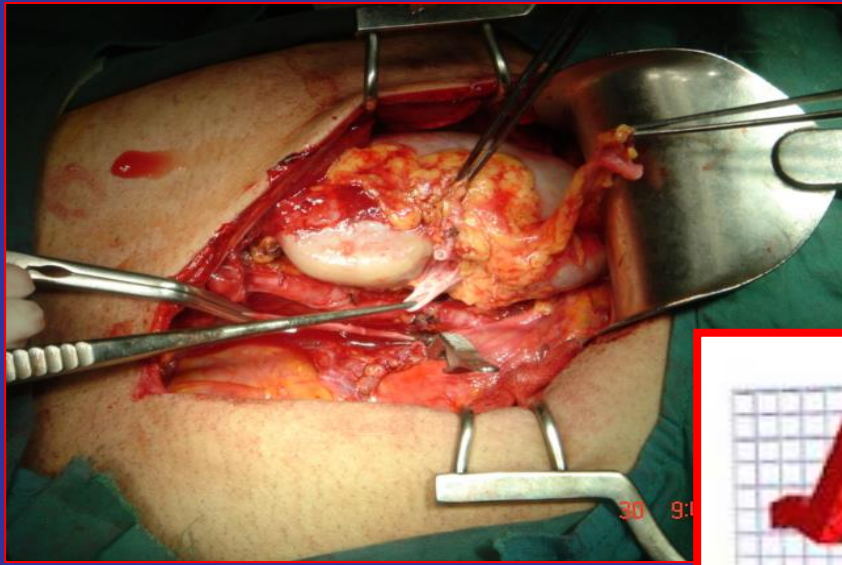
F. Ambagtsheer , L. J. Van Balen, W. L. J. M. Duijst-Heesters,
E. K. Massey, W. Weimar

First published: 14 April 2015 [Full publication history](#)



**KEEP
CALM
AND
DON'T LOOK
BEHIND YOU**





REPUBLIC
OF



REPUBLIEK
VAN

HUMAN TISSUE ACT 65 OF 1983

ASSENTED TO 20 MAY 1983]

[DATE OF COMMENCEMENT: 12 JULY 1985]

(Afrikaans text signed by the State President)

as amended by

Human Tissue Amendment Act 106 of 1984

Human Tissue Amendment Act 51 of 1989

ACT

To provide for the donation or the making available of human bodies and tissue for the purposes of medical or dental training, research or therapy or the advancement of medicine or dentistry in general; for the post-mortem examination of certain human bodies; for the removal of tissue, blood and gametes from the bodies of living persons and the use hereof for medical or dental purposes; for the control of the artificial fertilization of persons; and for the regulation of the import and export of human tissue, blood and gametes; and to provide for matters connected therewith.

1 Definitions

In this Act, unless the context otherwise indicates—

‘**artificial fertilization of a person**’ means the introduction by other than natural means of a male gamete or gametes into the internal reproductive organs of a female person for the purpose of human reproduction, including—

- (a) the bringing together outside the human body of a male and a female gamete or gametes with a view to placing the product of a union of such gametes in the womb of a female person; or

(b) the placing of the product of a union of a male and a

‘**hospital**’ means an institution established as a hospital or registered as such in terms of any law;

‘**import**’ means import into the Republic in any manner;

‘**importer**’ includes a person who, whether as an owner, consignor, consignee, agent or broker, is in possession of, or is in any way entitled to the custody or control of, any imported tissue, blood, blood product or gamete;

‘**inspector of anatomy**’ means an inspector of anatomy appointed as such under section 29 (1);

‘**investigating officer**’ means a person appointed as an investigating officer under section 29A (1);

‘**investigating officer**’ inserted by s. 1 (b) of Act 51



Government Gazette

REPUBLIC OF SOUTH AFRICA

Vol. 469 Cape Town 23 July 2004 No. 26595

THE PRESIDENCY

No. 869

23 July 2004

It is hereby notified that the President has assented to the following Act, which is hereby published for general information:—

No. 61 of 2003: National Health Act, 2004.

NATIONAL HEALTH ACT

(Act 61 of 2003)

Chapter 8:

*Control of use of blood, blood products,
tissue and gametes in humans*

HUMAN TISSUE ACT 65 OF 1983

ASSENTED TO 2 MAY 1983]

[DATE OF COMMENCEMENT: 12 JULY 1985]

(Afrikaans text signed by the State President)

as amended by

Human Tissue Amendment Act 106 of 1984

Human Tissue Amendment Act 51 of 1989

ACT

To provide for the donation or the making available of human bodies and tissue for the purposes of medical or dental training, research or therapy or the advancement of medicine or dentistry in general; for the post-mortem examination of certain human bodies; for the removal of tissue, blood and gametes from the bodies of living persons and the use hereof for medical or dental purposes; for the control of the artificial fertilization of persons; and for the regulation of the import and export of human tissue, blood and gametes; and to provide for matters connected therewith.

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'investigating officer' means a person appointed as an investigating officer under section 29A(1);

(b) the definition of 'investigating officer' inserted by section 51

Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Regulation Gazette

No. 9699

Regulasiekoerant

Vol. 561

Pretoria, 2 March
Maart 2012

No. 35099

2nd March 2012

CHAPTER 8

CONTROL OF USE OF BLOOD, BLOOD PRODUCTS, TISSUE AND GAMETES IN HUMANS

5

Establishment of national blood transfusion service

Allocation and use of human organs

61. (1) Human organs obtained from deceased persons for the purpose of transplantation in the pre-

(2) Human organs obtained from deceased persons for the purpose of transplantation in the pre-

(3) Any person who is competent to make a will may—

(i) in the will;

(ii) in a document signed by him or her and at least two competent witnesses; or

(iii) in an oral statement made in the presence of at least two competent witnesses, donate his or her body or any specified tissue thereof to be used after his or her death, or give consent to the post mortem examination of his or her body, for any purpose provided for in this Act.

(b) A person who makes a donation as contemplated in paragraph (a) must nominate an institution or a person contemplated in section 63 as donee.

(c) If no donee is nominated in terms of paragraph (b), the donation is null and void.

(d) Paragraph (b) does not apply in respect of an organ donated for the purposes contemplated in section 61(1) and the donee of such organ must be determined in terms of section 61(2).

Post mortem examination of bodies

66. (1) Subject to subsection (2), a post mortem examination of the body of a deceased person may be conducted if—

- (a) the person, while alive, gave consent thereto; 10
- (b) the spouse, partner, major child, parent, guardian, major brother or major sister of the body or those in question has given consent thereto;
- (c) such consent is not contrary to a direction given by the deceased before his or her death.

(2) A post

Regulations relating to tissue, cells, organs, blood, blood products and gametes

68. (1) The Minister may make regulations regarding—

- (a) the post mortem examination of bodies of deceased persons; 5
- (b) the preservation, use and disposal of bodies, including unclaimed bodies;
- (c) the removal of donated tissue or cells from persons, tissue or cells obtained from post mortem examinations and the procurement, processing, storage, supply and allocation of tissue or human cells by institutions and persons;
- (d) tissue transplants; 10

Removal of tissue at post-mortem examinations and obtaining of tissue by institutions and persons

67. (1) (a) The Minister may, on the written application of an institution or person requiring tissue for a purpose contemplated in section 64(1), authorise that institution or person, in writing, to obtain such tissue from a medical practitioner contemplated in 25

Act No. 61, 2003

NATIONAL HEALTH ACT, 2003

- | | | |
|-----|---|----|
| 56. | Use of tissue, blood, blood products or gametes removed or withdrawn from living persons | |
| 57. | Prohibition of reproductive cloning of human beings | |
| 58. | <u>Removal and transplantation of human tissue in hospital or authorised institution</u> | 5 |
| 59. | Removal, use or transplantation of tissue, and administering of blood and blood products by medical practitioner or dentist | |
| 60. | <u>Payment in connection with the importation, acquisition or supply of tissue, blood, blood products or gametes</u> | |
| 61. | Allocation and use of human organs | 10 |
| 62. | <u>Donation of human bodies and tissue of deceased persons</u> | |
| 63. | <u>Human bodies, tissue, blood, blood products or gametes may be donated to prescribed institution or person</u> | |
| 64. | Purposes of donation of body, tissue, blood or blood products of deceased persons | 15 |
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| 66. | Post-mortem examination of bodies | |
| 67. | <u>Removal of tissue at post-mortem examinations and obtaining of tissue by institutions and persons</u> | |
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FORUM

MEDICINE AND THE LAW

Partial relief from the regulatory vacuum involving human tissues through enactment of chapter 8 of the National Health Act and regulations thereto

Michael S Pepper

Human tissue legislation is complex. An exhaustive understanding of the law, thorough understanding of human tissue biology and pathophysiology and an appreciation of the diversity of the areas covered in this field, is critical. The importance of interdisciplinary co-operation in the drafting, interpretation and implementation of legislation in this area cannot be overemphasised. Several factors underscore this, including the complexity and volume of the information involved, rapid advances in science, reciprocal

dependence of the law and science on one another for relevance and accuracy, and above all the need to ensure that the patient's well-being and safety are not compromised. The development of technology also must be encouraged in a non-obstructive legislative setting.

S Afr Med J 2012;102(9):736-737. DOI:10.7196/SAMJ.5940

FLAWED LAW: A CRITICAL ANALYSIS OF THE FAULTS AND SHORTCOMINGS OF CHAPTER 8 OF THE NATIONAL HEALTH ACT OF 2003

Larisse Prinsen
LLM

SUMMARY

During 2011 health law grew by the addition of eight new Regulations dealing with stem cells and related matters. This added to the already existing six Regulations which had been sporadically published since 2007. All these Regulations supplement

Obiter, 2013

Donation of human bodies and tissue of deceased persons

NHA 2003 Ch 8

- 62.** (1) (a) A person who is competent to make a will may— 10
- (i) in the will;
 - (ii) in a document signed by him or her and at least two competent witnesses; or
 - (iii) in an oral statement made in the presence of at least two competent witnesses,
- donate his or her body or any specified tissue thereof to be used after his or her death, or give consent to the post mortem examination of his or her body, for any purpose 15 provided for in this Act.
- (b) A person who makes a donation as contemplated in paragraph (a) must nominate an institution or a person contemplated in section 63 as donee.
- (c) If no donee is nominated in terms of paragraph (b), the donation is null and void.
- (d) Paragraph (b) does not apply in respect of an organ donated for the purposes 20

Donations

NHA – Gen Tissue Regs 2012

- 5.** (1) A donation that does not have a specific institution as donee, the institution in the appropriate category which is nearest to the place where the body is kept of the person whose body or tissue has been so donated, shall be deemed to be the donee.

**GOVERNMENT NOTICES
GOEWERMENTSKENNISGEWINGS**

**DEPARTMENT OF HEALTH
DEPARTEMENT VAN GESONDHEID**

No. R. 175

2 March 2012

NATIONAL HEALTH ACT, 2003

**REGULATIONS RELATING TO ARTIFICIAL FERTILISATION OF
PERSONS**

The Minister of Health has, in terms of section 68 of the National Health Act 2003 (Act No. 61 of 2003), made the regulations in the Schedule.

“cell” means the basic structural and functional unit in people and all living things and is a small container of chemical and water wrapped in a membrane;

No. R. 176

2 March 2012

NATIONAL HEALTH ACT, 2003

**REGULATIONS REGARDING THE RENDERING OF CLINICAL FORENSIC MEDICINE
SERVICES**

“Designated health facility” is a public health facility where investigative process are applied in the determination of cause and manner of injuries to living victims of sexual assault is conducted;

“Patient” means an individual who are receiving a service from, or are being cared for by, health worker

“medical practitioner” means a person registered as a medical practitioner in terms of the Health Professions Act, 1974 (Act No. 56 of 1974), and who is authorised to take body specimens as contemplated in the of the Criminal Amendment



No. R. 180

2 March 2012

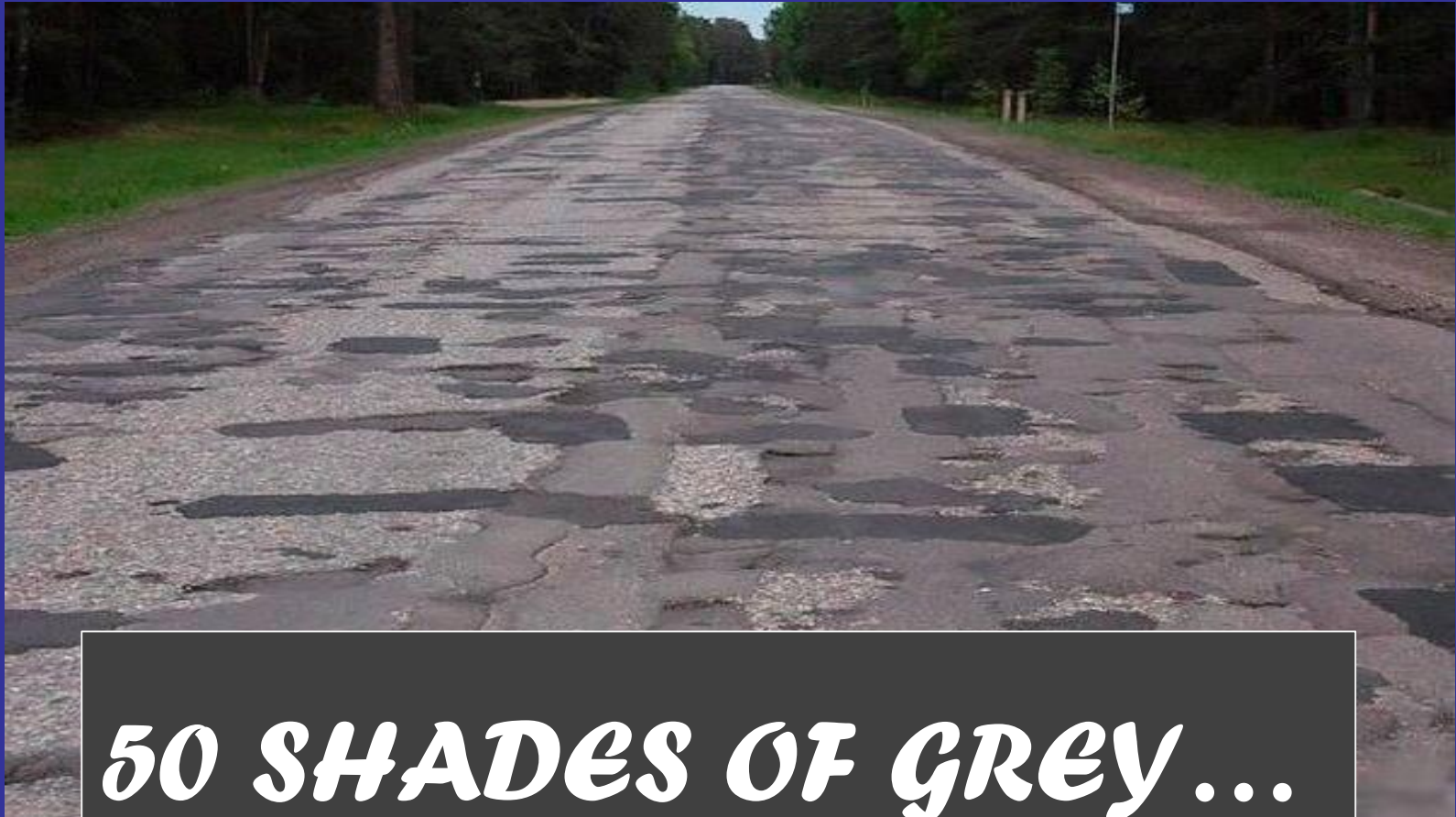
NATIONAL HEALTH ACT, 2003

**REGULATIONS REGARDING THE GENERAL CONTROL OF HUMAN BODIES,
TISSUE, BLOOD, BLOOD PRODUCTS AND GAMETES**

The Minister of Health has, in terms of section 90(1), read with section 68(1) of the National Health Act 2003 (Act No. 61 of 2003), made the regulations in the Schedule.

Establishment of death

9. The death of a person concerned shall be established by at least two medical practitioners, one of whom shall have been practising as a medical practitioner for at least five years after the date on which she or he was registered as a medical practitioner, and none of those medical practitioners shall transplant tissue removed from that person into a living person or take part in such transplantation: Provided that where the tissue concerned is eye tissue, the death of the person from whom the tissue is removed shall be deemed to have been established by the issuing of a certificate of death in terms of the relevant law by a medical practitioner in respect of that person.



50 SHADES OF GREY...

Notice to the health officer

11. (1) If a body has not within 30 days after the death of the deceased been buried, or claimed for burial by a spouse, partner, relative or friend, the person in charge of the institution concerned, or any other person in whose care the body is, shall forthwith direct a notice to that effect, stating the particulars in respect of the body, to the health officer concerned.
- (2) If the notice referred to in subregulation (1) has not been directed to the health officer in writing, it shall be repeated in writing within 30 days after the death of the deceased.

- (3) If no order under subregulation (1) is issued within 2 days after the receipt of a notice contemplated in regulation 11(1), the body concerned shall no longer be at the disposal of the health officer concerned.



EDITORIAL

Law reform dealing with blood, tissues, organ transplants and health research: A lagging legal framework that is strangling innovation

Law is an important component of the regulation of the use of the human body or body parts, new medical developments, and research on human subjects. Complex moral, ethical and public policy considerations must often be balanced when determining

The new framework for the regulation of health research with human subjects

The implementation of parts of chapter 9 of the National Health Act in 2005⁴ heralded a new era in research regulation in South Africa.



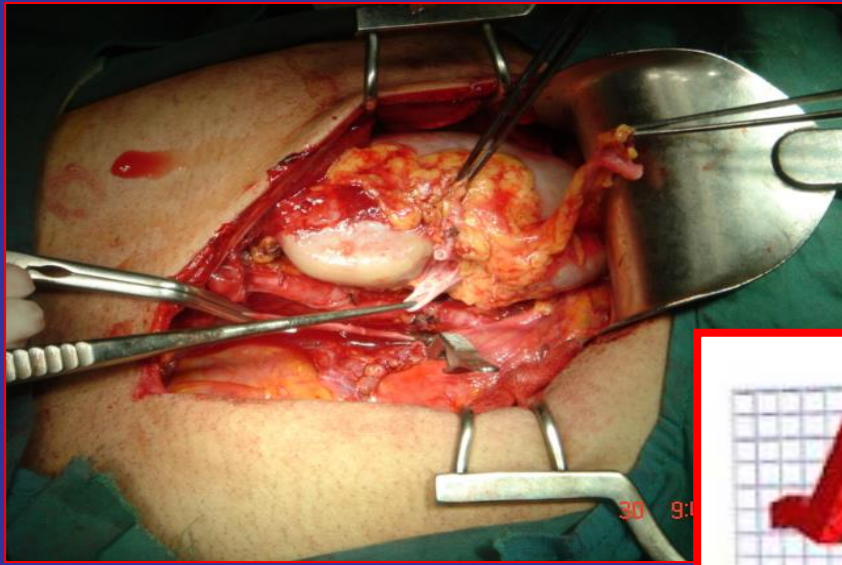
“It will be of little
avail to the people
if the laws are so
voluminous that they
cannot be read, or
so incoherent that
they cannot be
understood”

~

James Madison

WWW.THEFEDERALISTPAPERS.ORG









No. R. 636

20 Jul

NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)

REGULATIONS REGARDING THE RENDERING OF FORENSIC PATHOLOGY SERVICE

The Minister of Health has
(Act No. 61 of 2003), af
regulations in the Schedul

STAATSKOERANT, 11 MAART 2014

GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R. 178

NATIONAL HEALTH ACT, 2003 (ACT NO.

ESTABLISHMENT OF THE NATIONAL FORENSIC PA
COMMITTEE

I, Aaron Pakishe Motsoaledi, Minister of Health, hereby,
National Health Council, in terms of section 91(1) of National
of 2003) ("the Act), read with Regulation 37 relating to
Pathology Service published on 20 July 2007(Gazette No. 30075), establish the National

Government Gazette
StaatskoerantREPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID AFRIKA

Regulation Gazette	No. 10811	Regulasiekoerant
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ISSN 1682-5843



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health

Department:
Health
REPUBLIC OF SOUTH AFRICA

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE SOUTH AFRICAN POLICE SERVICE
(hereinafter referred to as "the SAPS")

herein represented by General KJ Sitole (SOEG)
in his/her capacity as **National Commissioner** and duly authorised.

AND

THE NATIONAL DEPARTMENT OF HEALTH
(hereinafter referred to as "the NDoH")

herein represented by Ms MP Matsoso
in his/her capacity as Director General and duly authorised.

NATIONAL CODE OF GUIDELINES
FOR FORENSIC PATHOLOGY
PRACTICE IN SOUTH AFRICA



2007

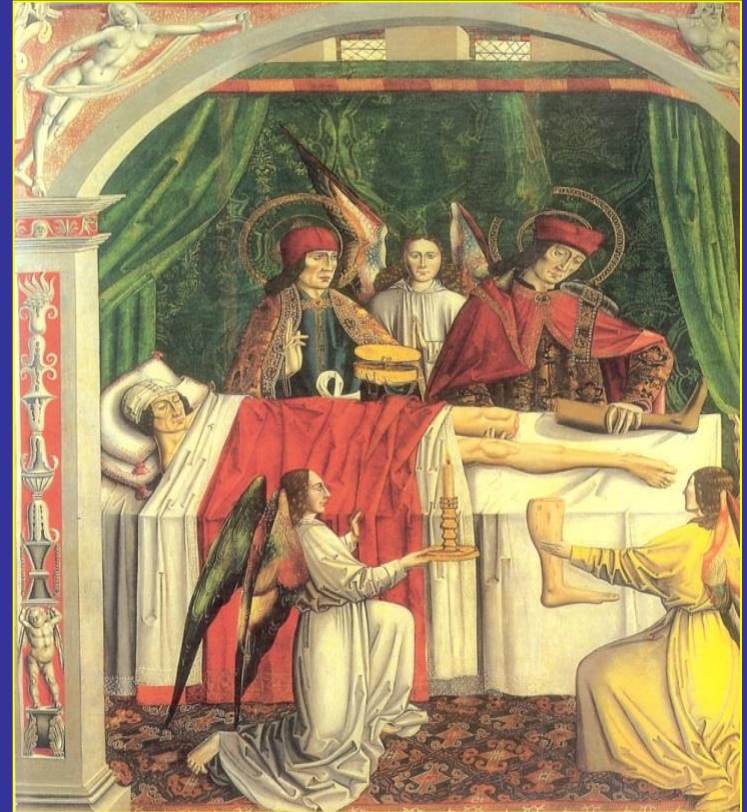


health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Human Organs & Tissue

Heart, kidney, pancreas, lung,
liver...

Cornea, bone, tendons, skin,
heart valves





Newlands Rugby Stadium, Cape Town

Capacity: 52, 000



Use of human tissue:

Teaching

Training

Transplant

Therapeutic

Research

Reproductive...



Daily paper, Houston, Texas



Edward Chibaka, 16, breaks rocks in a quarry in Lesotho, South Africa. An anti-child laborers before age 14 weeks, nearly the same percentage as the worldwide average proportion of working children in the world.

South Africans killing each other at scary rate

BY TERRY LEHANE

Associated Press

JOHANNESBURG, South Africa — Watch your back in South Africa. They kill folks here. Murder them at a bewildering rate.

Rabbers kill their victims, businessmen kill criminals, family members kill each other.

Guns battles erupt on streets and in shopping malls. Passers-by whip out pistols and join in firefights between criminals and police or security guards. A recent flurry in high profile bloodshed even has police suggesting they are losing the fight with violent crime.

Plans for South Africa to host soccer's World Cup, in 2000, has focused international attention on the crime rate, with organizers having to answer whether the 150,000 foreign visitors expected for the month-long tournament will be safe.

Statistically a South African is 12 times as likely to be murdered than the average American. The chances of being killed here are 65 times greater than

showed that between April 2004 and March 2005, 19,700 people were murdered in South Africa, an average of 51 a day in a nation of 42 million. There were 26,570 attempted murders, 68,114 reported rapes and 349,389 assaults with serious injury.

Gastrow said studies show the levels of anxiety about crime are higher now than they were in the 1990s when violent crime was at its peak.

South Africans, especially whites, are among the best armed private citizens on Earth.

There are approximately 4.2 million registered firearms in the country, including more than 2.6 million handguns. The government estimates there also are 500,000 to a million unregistered firearms. Tens of thousands of the weapons are reported stolen each year.

Gun Free South Africa, a private gun-control advocacy group, says more people are shot and killed in South Africa

MULTIMEDIA

- >20 000 gunshot fatalities annually in SA...



White suicides outnumber murders

Report warns young African men that they are more likely to die a violent death than anyone else — at 9pm on a weekend

NICKI PADAYACHEE

WHITE people in South Africa are more likely to commit suicide than be murdered.

A new Medical Research Council report says 676 whites committed suicide in 2001 compared with 465 who were victims of homicide.

The document — the third annual report of the MRC's National Injury Surveillance System — also revealed that 80% of those who die violent deaths are men, the majority Africans.

Key report findings include:

- Most victims of "non-natural" deaths were young adults, with 36% of all cases in the 15-to-29 age group.

- Homicide, at 44%, was the main cause of non-natural death;

- More than half the 11 254 murders recorded were committed with guns; and

- Transport-related injuries accounted for the biggest proportion, 32%, of non-natural deaths among women.

The report, released last Wednesday, contains information on deaths in 2001 gathered from 32 mortuaries in six provinces.

It states that non-natural deaths account for between 12% and 14% of South Africa's more than 500 000 annual deaths from all causes.

While 54% of homicide victims died from gunshot wounds, 28% were killed with sharp objects, 13% with blunt objects and 3% were strangled or burnt.

Although guns were the leading cause of death among all groups, coloureds aged between 15 and 19 were the most likely to be stabbed to death.

Most Asian, African and coloured murder victims were young adults, but whites over the age of 65 were most at risk of being murdered.

For both men and women, murder rates rose at weekends, with the peak murder times for women being 8pm and, for men, 9pm.

Martin Schönteich, senior researcher for the Institute for Security Studies, said the weekend murder peaks were due to the fact that many South Africans "binge drink" at those times and many murders were alcohol-related.

Schönteich said that, as men were more likely to be murdered while drinking outside their homes, their peak homicide time occurred later than that for women, who were more often mur-

dered indoors by their partners than by anyone else.

There was a disproportionately high number of suicides among whites — the majority of whom fell into the 30-to-34 and 45-to-49 age groups.

The number of African deaths by suicide was 1 207 compared with 7 698 African deaths by homicide. There were 129 Asian suicides compared with 188 homicides and 190 coloured suicides and 1 335 homicides.

There were nearly five male suicide victims to every female. Men were twice as likely to hang themselves as women, but women were four times more inclined to poison themselves. More people killed themselves on Mondays than on any other day of the week.

Dr Saths Cooper, vice-chancellor of the University of Durban-Westville and chairman of the Professional Board for Psychology, said the high number of white male suicides could be attributed to that group struggling to find work — because of affirmative action and the smaller number of jobs available.

- Because of the larger 2001 sample size, results are not readily comparable with previous years.

Sunday Times
April 2003



~20 000 road traffic fatalities per year...

Calabash Stadium, Johannesburg

Capacity: 84, 000



80,000 non-natural deaths p.a. in SA

British Journal of Anaesthesia **108** (S1): i108–i121 (2012)
doi:10.1093/bja/aer357

Donation after circulatory death

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Pauper's funerals for unclaimed, unidentified bodies 400 corpses buried

Hanti Otto
STAFF REPORTER

More than 400 unidentified corpses were given pauper's funerals in Pretoria this year because nobody identified or claimed them.

The corpses lay in a freezer at the city morgue for about a month until it became clear that no one was interested in claiming them or until every attempt to identify them had failed. They ended up in an unmarked grave in the Zandfontein cemetery or were cremated by the city council.

Trying to identify bodies is only the tip of the iceberg when it comes

mortuary Captain Piet Dreyer.

He explained that if someone died unexpectedly without a medical history, an autopsy automatically follows. This is necessary to help justice take its course.

Capt Dreyer used the example of a man who was assaulted and landed in hospital. When he died an autopsy showed that he died of a lung disease. Without an autopsy it would have been easy to assume that he had died because of the as-

open 24 hours a day. Bodies are brought in day and night, but the busiest time at the morgue is from Monday to Wednesday.

"We go to a lot of trouble to identify the bodies. We have a waiting room where the relatives can wait if someone else is busy identifying a body," Capt Dreyer said.

Only the face of a body is visible when it is displayed for identification. The rest of the body is covered with a sheet and a

the morgue. All but one were identified in this manner.

Unfortunately sometimes no medical record or addresses can be found.

The body is then kept for about a month in the hope that it will be identified or that someone will inquire at the morgue about a missing relative.

A day at the morgue usually starts early when the team goes over the list of bodies that were delivered the previous night. Officials then decide which bodies must go for an autopsy.

If a person is identified the autopsy and the death registration can be

"These are people we
work with. Dead or not,
their relatives are still
alive and are going

Call to speed up paupers' burials as bodies pile up

The 340 unclaimed bodies at Gauteng State mortuaries showed that local authorities should speed up authorisations for pauper burials, Democratic Alliance provincial health spokesman Jack Bloom said yesterday.

Bloom suggested that the Health Department take control of the State mortuaries.

"These mortuaries need to be upgraded and need expert investments.

"I think the Health Department should take control from the police department," he said.



Organ donation in France: legislation, epidemiology and ethical comments

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ABSTRACT

The Bioethics Laws revised in 2004 have defined rules concerning organ donation and trans-

legal requirements are needed to respond to ethical and cultural problems.

In France, the law of Caillavet (No. 76-1181)

Medicine Science & the Law 2009

Organ procurement in forensic deaths: French developments

**Yann Delannoy¹, Nathalie Jousset², Benoit Averland³,
Valéry Hedouin¹, Bertrand Ludes⁴ and Didier Gosset¹**

Medicine, Science and the Law

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Review Article

Do we need to change the legislation to a system of presumed consent to address organ shortage?

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Abstract

Organ transplantation significantly improves the health, quality of life and life-expectancy of people whose organs have failed. Most patients in the UK cannot enjoy the benefits of a transplant because of an extreme shortage of organs. This paper demonstrates the magnitude of the problem of organ shortage and identifies possible causes. The current UK legislation regarding consent to organ transplantation is analysed and compared with other jurisdictions. The hypothesis of changing the legislation to a system of presumed consent in order to address the organ shortage is explored. The main issues surrounding a change in the legislation are considered, and the effects on society and the individual are discussed. This paper argues that there is not enough convincing evidence to support a change in the legislation to a system of presumed consent at this time. Instead, an increase in organ donations could be achieved by improving the effectiveness of the current system of organ donation, and by improving the public's awareness and understanding of organ transplantation issues.

Med Sci Law 2010; 50: 84–94. DOI: 10.1258/msl.2010.009016

Cadaver procurement for anatomy teaching: legislative challenges in a transition-related environment

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Medicine, Science and Law, 2010

Review Article

Ethical and legal issues in organ transplantation: Indian scenario

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Abstract

In 1994, the Government of India enacted the Transplantation of Human Organs Act (THOA) to prevent commercial dealings in human organs. However, a greater number of scandals involving medical practitioners and others in the kidney trade has surfaced periodically in every state in India. The present regulatory system has failed mainly due to the misuse of Section 9(3) of the THOA, which approves the consent given by a live unrelated donor for the removal of organs for the reason of affection or attachment towards the recipient or for any other special reason. Currently in India, approximately 3500–4000 kidney transplants and 150–200 liver transplants are performed annually. However, the availability of organs from brain-dead persons is very low. As a result, live related or unrelated donors form the main source of organ transplantation. Therefore, physicians and policy-makers should re-examine the value of introducing regulated incentive-based organ donation to increase the supply of organs for transplantation and to end unlawful financial transaction.

Med Sci Law 2011; 51: 134–140. DOI: 10.1258/msl.2011.010134



Perhaps the most important and positive lesson that has been learned from this experience is that there is no quick solution; there are no easy answers to the organ shortage...."

Ehrle et al

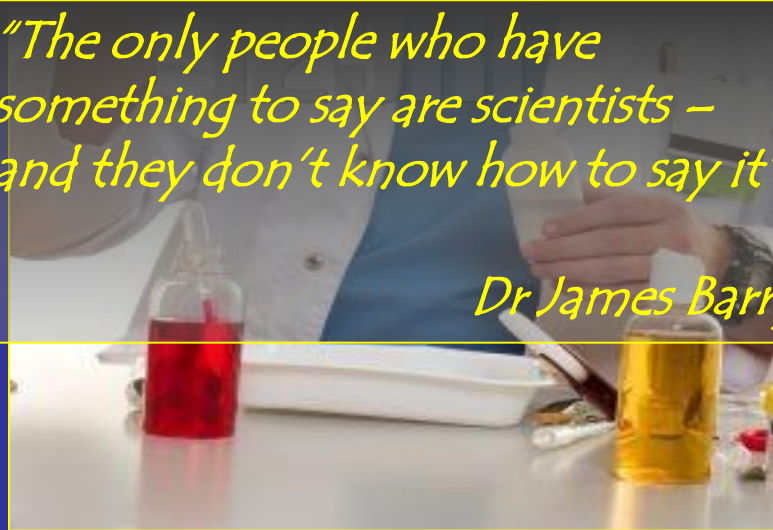
Critical Care Nurse 1999





*"The only people who have
something to say are scientists –
and they don't know how to say it".*

Dr James Barry





It's behind me...

Isn't it..?







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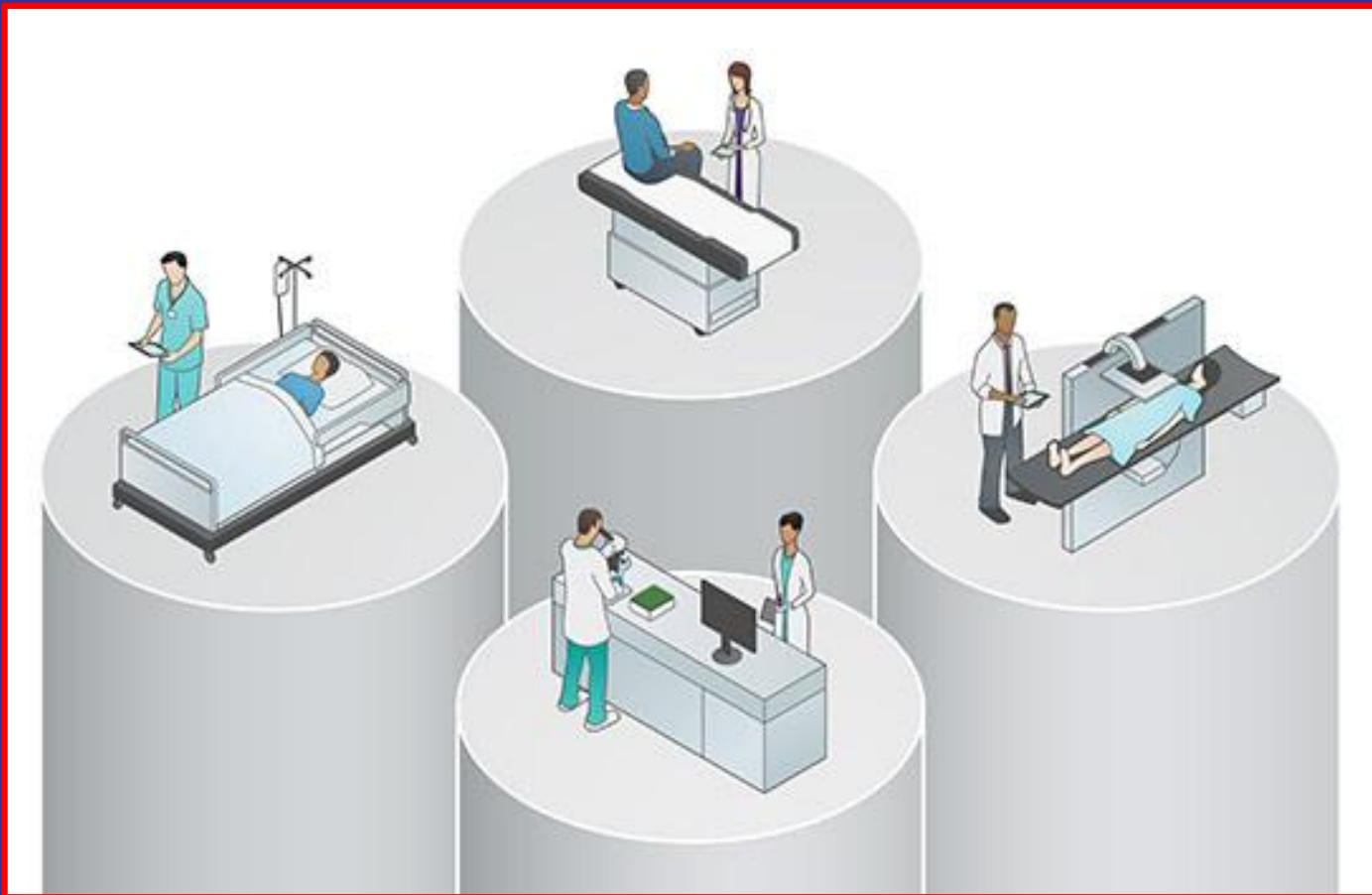
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"It is change, continuing change, inevitable change, that is the dominant factor in society today.

No sensible decision can be made any longer without taking into account not only the world as it is, but the world as it will be."



Isaac Asimov (1920 - 1992)

Japan approves growing human organs in animals for first time

01-08-2019 | 9:14 pm

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