



# Department of Defense DIRECTIVE

NUMBER 6465.3

May 4, 2004

---

---

USD(P&R)

SUBJECT: Organ and Tissue Donation

- References:
- (a) DoD Directive 6465.3, subject as above, August 16, 1995 (hereby canceled)
  - (b) Sections 1095(g) and 1109 of title 10, United States Code
  - (c) [DoD Instruction 1000.13](#), "Identification (ID) Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals," December 5, 1997
  - (d) Section 273 of title 42, United States Code
  - (e) Joint Commission on Accreditation of Healthcare Organizations: Comprehensive Accreditation Manual for Hospitals:<sup>1</sup> 2004, Standard RI.2.80 (September 2003)

## 1. REISSUANCE AND PURPOSE

This Directive reissues reference (a) to update policy and responsibilities, including those under reference (b), concerning the donation of human organs and tissues for the medical treatment of living patients.

## 2. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities and all other organizational entities in the Department of Defense (collectively referred to as "the DoD Components").

---

<sup>1</sup> Available from: Department of Publications, Joint Commission Resources, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181. ISBN: 0-86688-822-5 ISSN: 1076-5638.

### 3. DEFINITIONS

Terms used in this Directive are found in enclosure 1.

### 4. POLICY

It is DoD policy that:

4.1. All DoD beneficiaries are encouraged, without coercion, to donate organs and tissue.

4.1.1. Each officer candidate receives appropriate information about organ and tissue donation during initial training.

4.1.2. Each recruit receives appropriate information about organ and tissue donation after completing basic training and before arriving at his or her first duty assignment.

4.1.3. Members of the Armed Forces have recurring, specific opportunities to elect to be organ or tissue donors while serving in the Armed Forces and when they retire.

4.1.4. Members of the Armed Forces electing to be organ or tissue donors are encouraged to advise their next of kin about their decision to donate and any subsequent change of that decision.

4.1.5. All DoD beneficiaries, 18 years of age or older, other than members of the Armed Forces, are also given the opportunity, when obtaining a Uniformed Services identification card and enrolling in the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with DoD Instruction 1000.13 (reference (c)), to elect to be an organ and tissue donor.

4.2. The Military Health System (MHS) shall support an effective organ and tissue donor program.

4.2.1. Appropriate training shall be provided to enlisted and officer medical personnel to facilitate the effective operation of organ and tissue donation activities under garrison conditions and, to the extent possible, under operational conditions. Under garrison conditions, this training should involve participation by the local Organ Procurement Organization (OPO). Training should include respect for the sensitivities

of potential donors, their family members and circumstances when discussion of donation is warranted.

4.2.2. Medical information systems, such as the Composite Health Care System (CHCS), shall record beneficiaries' organ donor election information and shall interface with personnel data systems, such as DEERS, that record similar information.

4.2.3. Medical logistical activities shall support an effective organ and tissue donation program as much as possible without jeopardizing operational requirements.

4.2.4. The MHS shall participate, through the military transplant centers (MTCs), in the National Organ Procurement and Transplantation Network established under 42 U.S.C.273 (reference (d)) that facilitates and coordinates the donation of organs and tissue, the recovery of donated organs and tissues, and the matching of donors and recipients.

4.2.5. MTCs shall have appropriate agreements with OPOs granting DoD recipients access to organs and tissues donated by DoD donors.

4.2.6. All inpatient Medical Treatment Facilities (MTFs) shall maintain, in coordination with an MTC and the local OPO, a Memorandum of Understanding (MOU) to provide organ and tissue procurement services.

4.3. DoD military personnel information systems shall support an effective organ and tissue donor program.

4.3.1. Armed Forces members and other DoD and Uniformed Services beneficiaries' organ and tissue donor election information shall be recorded in DEERS and shown on the individual's DoD-issued identification card.

4.3.2. Advanced systems for recording Uniformed Services members' personal data and information (such as the Common Access Card and Personal Information Carrier) shall also be capable of recording organ and tissue donation elections.

4.4. Effect of organ or tissue donation election.

4.4.1. An affirmative organ or tissue donation election shown on a DoD-issued card (such as the military Common Access Card or DoD military ID card) or DoD-maintained database (such as DEERS) shall be considered by the DoD medical system to be guidance to the next-of-kin. The decision of the next-of-kin, as defined in paragraph E1.1.4., shall be honored. A negative organ or tissue donation election shown on a DoD-issued card or DoD-maintained database shall be honored.

4.4.2. In cases in which State law provides that an organ or tissue donation election is irrevocable and may not be countermanded by the next of kin, and the donor made such an election in a manner specified by State law (considering matters such as signature and witnesses) and such action is documented as provided by State law (such as on a drivers license, if so provided by State law), DoD medical system personnel may follow the State law, donor election, and donation documentation, rather than the policy of subparagraph 4.4.1.,above.

4.4.3. In cases of the death of a person under age 18, or any death outside the United States, the issue of organ or tissue donation shall be decided by the next-of-kin.

4.5. MTFs implement policies for the procurement and donation of organs and other tissues.

4.5.1. MTF personnel shall immediately notify the local OPO regarding any death, imminent death, or when they recognize the potential for organ and/or tissue donation. The attending physician or other healthcare providers directly involved in the patient's care shall not participate in procedures for recovering or transplanting the donated organs and tissues.

4.5.2. Organ and tissue donation shall be discussed with the next-of-kin in every death in military MTFs unless the potential donor is determined to be medically unsuitable by the OPO or if the patient previously elected not to participate as a donor. The discussion of donation shall be initiated by the OPO and subsequent consent obtained by the OPO.

4.5.3. The MTF shall maintain a listing of patients who die and record the results of action taken to secure the donation of organs or tissues from each patient who dies.

4.5.4. The MTF shall notify the next-of-kin that death has been declared. The hospital shall contact the Casualty Area Command for all deceased DoD donor beneficiaries. The intent is to ensure the primary next-of-kin, not present at the hospital at the time of death, are notified about death declaration by a representative of the Casualty Area Command before organ or tissue donation is solicited by the OPO. The MTF or Casualty Area Command shall notify the OPO that the next-of-kin has been so notified. A member of the local OPO should then telephone the primary next-of-kin to request approval of donation of organs or tissues from the deceased patient. The primary next-of-kin shall be requested to sign a document or send a telegraphic, telephonic, or other recorded message to authorize an organ or tissue gift from the

deceased patient. If any person involved in soliciting the gift has actual notice that a gift approved by another relative listed in paragraph E1.1.4., is opposed by a next-of-kin of higher priority, under paragraph E1.1.4. of enclosure 1, the gift shall not be accepted.

4.5.5. MOUs with OPOs may require equitable sharing of organs and tissues to maximize their use at the MTCs.

4.5.6. After notification that a potential organ and/or tissue donor exists and subsequent confirmation of brain death, the OPO at the MTF, shall notify the MTC of potential organs and/or tissues available from DoD donor patients.

4.5.7. Retrieval costs incurred by the MTF related to the organ and tissue donation shall be reimbursed by the OPO.

4.5.8. All inpatient MTFs shall establish MOUs with one of the MTCs, and the local OPOs for organ recovery services. The MOU shall prohibit all receiving civilian procurement agencies from selling any DoD beneficiary-donated organs and tissues for profit. Military inpatient MTFs shall allow OPO recovery teams to sustain organ function of deceased donor patients and to perform the actual surgical recovery of donated organs and tissues. The MOU shall include a statement that the OPO has privileged the visiting surgeons to perform organ recovery.

## 5. RESPONSIBILITIES

5.1. The Under Secretary of Defense for Personnel and Readiness (USD(P&R)) shall:

5.1.1. Monitor compliance with this Directive and is hereby authorized to issue DoD Instructions and other guidance to implement the policy of this Directive.

5.1.2. Establish a DoD Organ and Tissue Donation Committee, chaired by the Principal Deputy Under Secretary of Defense for Personnel and Readiness, to provide direction and assistance to DoD Organ and Tissue Donation programs. The USD(P&R) and the Secretaries of the Military Departments shall designate additional members of the Committee from among senior military and civilian personnel responsible for military personnel policy and healthcare policy.

5.1.3. Ensure the Assistant Secretary of Defense for Health Affairs shall establish an information program and appropriate educational materials to inform Armed Forces members and other DoD beneficiaries of the importance of organ and tissue donation and of the DoD organ and tissue donation program.

5.1.4. Ensure the Director, Defense Human Resources Activity shall establish systems and procedures to enter donor information in DEERS and on the Uniformed Services identification card in accordance with reference (c).

5.2. The Heads of the DoD Components shall:

5.2.1. Implement the program established under subparagraph 5.1.2., above, to inform DoD beneficiaries about the DoD organ and tissue donation program.

5.2.2. Implement the procedures established under subparagraph 5.1.3., above, to enter donor information in DEERS and on the Uniformed Services identification card.

5.3. The Secretaries of the Military Departments shall ensure that MTFs comply with this Directive. MTFs shall:

5.3.1. Comply with Joint Commission on Accreditation of Healthcare Organizations guidelines on the procurement and donation of organs and other tissues, as published in the Comprehensive Accreditation Manual for Hospitals (reference (e)).

5.3.2. Have a written, established procedure for contacting the local OPO about a potentially available organ or tissue donor. This procedure should also establish the method for contacting one of the MTCs based on existing MOUs and Memorandum of Agreements. The MTF procedures should maximize the use of donated organs and tissues at both MTCs and civilian transplant centers.

5.3.3. Use and budget for civilian transportation of organs, tissues, and recovery teams unless military transportation is faster or clinical necessity dictates otherwise.


5.3.4. Consistent with reference (b), receive any reimbursement from the OPO for the recovery cost related to organ and tissue donation from DoD beneficiaries at MTFs.

5.3.5. Consistent with reference (d), prohibit DoD personnel in their respective Military Departments from receiving direct or indirect remuneration for organ retrieval from DoD beneficiaries.

5.3.6. Ensure organ and tissue donor election is recorded within the CHCS as per subparagraph 4.2.2.

6. EFFECTIVE DATE

This Directive is effective immediately.



Paul Wolfowitz  
Deputy Secretary of Defense

Enclosures - 1  
E1. Definitions

## E1. ENCLOSURE 1

### DEFINITIONS

E1.1.1. DoD Beneficiaries. Individuals who have been determined to be entitled to or eligible for medical benefits and therefore authorized treatment in a MTF or under DoD auspices.

E1.1.2. DoD Recipients. DoD beneficiaries who are eligible to receive organ and tissue donations.

E1.1.3. Donor. An individual who makes a gift of all or part of his or her body for specific purposes.

E1.1.4. Next-of-Kin. The available interested party who shall be designated according to the following order of priority:

E1.1.4.1. The spouse of the donor.

E1.1.4.2. An adult son or daughter of the donor.

E1.1.4.3. Either parent of the donor.

E1.1.4.4. An adult brother or sister of the donor.

E1.1.4.5. A grandparent of the donor.

E1.1.4.6. A guardian of the donor at the time of death. The designated next-of-kin may waive all referenced rights for organ disposition in favor of the next interested party.

E1.1.5. Organ. The heart, lung, liver, kidney, pancreas, or any other organ or portion thereof that is currently or shall be suitable for transplantation.

E1.1.6. Organ Procurement Organization (OPO). A formal civilian organization that, within a designated area, coordinates activities related to the procurement of organs and tissues for a specific type of transplantation. OPOs evaluate potential donors, discuss donation with surviving family members, arrange for the surgical removal and transplantation of donated organs, and educate the public about the need for organ and tissue donation.



E1.1.7. Tissue. The cornea, eye, skin, bone, bone marrow, dura, blood vessel, fascia, or any other tissue that is currently or shall be suitable for transplantation.