Modification of the examination of fitness for custody as a result of external factors in the period 2013–2018

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Abstract

Background and objectives: Previous studies have shown that the assessment of fitness for custody is influenced by external factors. In this study, we analyzed whether the changes that occurred in the period 2015–2016 (predominant involvement of forensic medicine, significant increase in the proportion of the population with a migration background) had an impact on the examination of fitness for custody in the Halle/Saale area (Germany).

Material and methods: A retrospective analysis of 1271 examinations of fitness for custody from the period 2013–2018 was carried out. Therefore, two periods (2013–2015 and 2016–2018) were considered and the various parameters were evaluated using several statistical programs.

Results: In terms of the reasons for examination, there was a significant decrease in alcohol intoxication and a significant increase in psychiatric illnesses (p = 0.016) in the period 2016–2018. Regardless of the time period there was an increase in examination time of approximately 3.5 min for examinations of people with a migration background. In comparison of the two time periods, fewer persons examined were fit for custody without restrictions and significantly more were fit for custody with restrictions only (p = <0.001).

Discussion and conclusion: The present study confirmed the influence of external factors on examination of fitness for custody. With the predominant involvement of forensic medicine, there was a significant increase in persons with limited fitness for custody. The increased proportion of persons with a migration background resulted in a broader variety of indications as well as an increase in examination time and the involvement of interpreters. For the future guarantee of the examinations, these changed circumstances must be taken into account, also including appropriate payment.

Keywords
Examination of fitness for custody · Police custody · Forensic medicine · Doctor consultation · Influencing factors

Background and question

For several decades, the assessment of medical fitness for police custody in the region of Halle/Saale has been carried out with varying intensity involving forensic medicine and an accompanying systematic evaluation. Between the periods 1997–2003 and 2006–2010, significant differences in the indications for medical consultation and in the decisions on fitness for custody were evident [9], primarily due to the new police custody regulations introduced in 2006.

In the period 2013–2018, especially two other factors were observed that might also have triggered changes. In 2014, an agreement was reached between the po-
The slide directorate and the University Hospital to determine that the examination would be one of the duties of the on-call forensic medical service. Initially, however, this examination was often carried out by a separate team of other physicians from different disciplines. Only from 2016 onwards, was there an increased use of the forensic physicians, resulting in the fact that since 2018 the examination has only been carried out by other physicians in rare cases. Furthermore, an increase in the proportion of the population with a migration background (primarily refugees and foreigners), which began in 2015, was suspected to have led to higher demands in terms of time and personnel, while other conditions remained the same. The aim of this study was to examine the extent to which these changes have led to a modification of examination of fitness for custody.

Material and methods

A retrospective analysis of the examinations from the central police custody in Halle (Saale) for the period 2013–2018 was conducted. For this survey, a review of all original protocols was done, whereas the following parameters were recorded pseudonymously:

- Frequency of physician involvement
- Gender
- Age group
- Indications for consultation
- Duration of the examination
- Examination within or outside normal working hours
- Decision on fitness for custody
- Requirements in case of limited fitness for custody
- Recommendations in the event of lack of fitness for custody
- Migration background
- Presence of a language barrier
- Necessity to consult an interpreter

In order to detect the changes, the data was divided into two 3-year periods: 2013–2015 and 2016–2018; however, the proportion of influencing factors could not be separated exactly, as an increasing proportion of persons with a migration background was already recorded in the second half of 2015, and in 2016 the proportion of forensic medical expertise only gradually increased again.

The statistical analysis was performed using the statistical programmes R, version 4.0.3. [21] and GraphPad Prism, Version 8.0.1 (GraphPad Software, San Diego, CA, USA) [7].

Part of the acquired data had already been used in another retrospective study [12], which focused on the recording of specific medical risk profiles and their evaluation regarding emergency medical aspects, but in contrast to the present study, only the total collective was considered there.

Results

In the entire study period 1271 of the 3335 persons taken into custody underwent medical consultations, resulting in a frequency of medical consultations of 38.1%. These cases were almost equally distributed, with 635 in the first period (2013–2015) and 636 in the second period (2016–2018). Since a total of 1574 persons were taken into custody in the first period and 1761 persons in the second period, the proportion of cases with necessity of medical consultation decreased from 40.3% to 36.1%.

The majority examined were men (93.9%, n = 1194). The proportion of women showed a slight but not significant increase from the first period (4.9%, n = 31) to the second period (7.2%, n = 46). In terms of age group distribution over the entire period, individuals aged 21–30 years made up the largest proportion (39.3%, n = 499), followed by individuals aged 31–40 years (29.7%, n = 378) and 41–50 years (14.2%, n = 180). The youngest age group (<20 years) was significantly less likely to be involved (8.6%, n = 109), as were the two oldest groups (51–60 years: 6.5%, n = 83; >60 years: 1.7%, n = 22). There were no significant differences when comparing the two periods.

In order to classify the indications for medical examination, the criterion was selected which was in the foreground during the assessment (Fig. 1). In about one third of all cases (32.7%, n = 416), it was acute alcohol intoxication, followed by alcohol/drug/medication withdrawal syndromes (14.4%, n = 183). Drug/medication influence (11.8%, n = 150) and trauma (12.0%, n = 152) were almost equal in third place, followed by internal (10.2%, n = 130), non-specific (8.0%, n = 102) and psychiatric (6.5%, n = 82) indications. The proportion of other specific indications (such as epilepsy) was low (4.1%, n = 52) and rare diseases (e.g., narcolepsy, cataplexy, congenital genetic defects) represented just a rarity at 0.3% (n = 4). When comparing the two study periods, alcohol intoxications were significantly more frequent in the first period than in the second (p < 0.001); however, the trend towards a decrease in alcohol withdrawal syndromes from the first to the second period, as shown in Fig. 1, was not quite significant (p = 0.053). In contrast, psychiatric diseases were significantly more frequent in the second period (p = 0.016). The occurrence of the remaining reasons for the medical examinations did not change significantly from the first to the second period.

Averaged over the entire study period, a medical assessment took about 27.2 min, ranging from 5 to 180 min. The average examination time in the first period was 25.0 min, which was shorter than in the second period (29.5 min). Most examinations (88.7%; n = 1128; 575 vs. 553) took place outside regular working hours (weekdays 07:30–16:00), with no noticeable difference between the two periods.

For further statistical evaluation of the duration of the examinations, a multiple regression of the entire dataset was performed. In particular, the aim was to clarify whether there was a correlation between the duration and the time of the examination (first vs. second period) and whether, independently of this, a migration background of the person examined also had an influence on the duration of the examination. There was no indication of a statistically significant interaction between the time of the examination (first vs. second period) and the presence or absence of a migration background (b = −1.51; SE = 2.112; t = −0.71; p = 0.48). As the presence of a language barrier and a migration background were strongly correlated (Pearson’s product-moment correlation: r = 0.80; p < 0.001; t = 48.15; df = 1269), we decided not to
include this as an additional predictor in the model. On average, the duration of an examination of fitness for custody in the first period and without the presence of a migration background was 24.46 min (b = 24.46; SE = 0.67; t = 36.42; p < 0.001). An examination in the second period took on average 4.20 min longer (b = 4.2016, SE = 0.906, t = 4.6, p < 0.001). If the examined person had a migration background, the examination lasted on average 3.55 min longer, regardless of the time of examination (b = 3.5578; SE = 1.0469; t = 3.398; p < 0.001).

Regarding the medical decision after the examination, in 75.4% (n = 958) of all cases in the entire study period (2013–2018) a limited fitness for custody was conducted. In a total of 17.4% of cases (n = 221), unrestricted fitness for custody was determined, while over both periods, approximately equally distributed, lack of fitness for custody was assessed in a total of approximately 7.2% of cases (n = 92). In the first period, unrestricted fitness for custody was confirmed significantly more often (χ²-test, p < 0.001) (Fig. 2). In contrast, limited fitness for custody was certified significantly more often in the second period (χ²-test, p < 0.001).

In the cases with limited fitness for custody, several medical recommendations were often made. The most frequent recommendation (59.9%, n = 761) was to require a new medical examination in the case of a considerable deterioration in condition. In descending order of frequency, 43.8% (n = 557) of cases involved a recommendation of more frequent checks (than specified in the detention order) and in 33.7% (n = 428) the use of a video surveillance in the detention cell (video cell) was suggested. Recommendations on food and fluid intake, at 15.3% (n = 195), and on taking medication, at 11.0% (n = 140), were also relatively frequent. Less frequent were recommendations to see a specialized physician (5.9%, n = 75), to limit the period of detention (3.4%, n = 43) or to be placed in a large cell (1.0%, n = 13).

In 10.2% (n = 130) of cases, other measures (e.g., checking awakenability, sitting guard, changing bandages) were used. With the exception of the latter option, all recommendations were used more frequently in the second period (Fig. 3). Among the 92 cases with a lack of fitness for custody, hospitalization was recommended most frequently for the group of other specific indications (e.g., diabetes, post-myocardial infarction, epilepsy or injuries requiring surgical treatment), at 41.3% (n = 38). In descending order of frequency, hospital admissions were recommended for mental illness or disorder (21.7%, n = 20), severe traumatic brain injury (12%, n = 11), alcohol intoxication (6.5%, n = 6), alcohol withdrawal syndrome (5.4%, n = 5) and advanced drug withdrawal syndrome (2.2%, n = 2). In addition, there were seven cases (7.6%) in which the persons were transferred to home care and three cases in which a positive assessment could not be issued due to refusal of the medical examination.

According to the information on nationality or country of origin in the detainees’ custody documents, at least 25.0% (n = 318) of cases involved a migration background. Furthermore, a language barrier was present in at least 18.2% (n = 232) and an interpreter was called in for 14.2% (n = 181). The frequency of these three
factors increased significantly from the first to the second study period ($p < 0.001$, Fig. 5).

**Discussion**

A previous investigation of the fitness for police custody in the region of Halle (Saale) has already shown highly significant differences in the indications for consulting a physician and in the medical decisions [9]. These changes were mainly due to a newly introduced police custody order in which medical aspects were strictly regulated. The influence of external factors on the outcome and circumstances of the examination of fitness for custody could also be demonstrated in other studies. For example, the involvement of nurses in the North of England led to faster response times and better cooperation with police officers [4]. In Hamburg (Germany), low-threshold hospital admissions could be avoided during the G20 summit through cooperation between forensic physicians and trauma surgeons [13]. It is also known from studies concerning deaths in police custody that changes in outcome can be achieved by modifying external influencing factors. In Norway, for example, a reduction in police custody as well as more frequent medical consultations and video surveillance led to a significant decline in such deaths [1, 2]. In Nebraska (USA), a decrease in suicides because of prevention measures and training programs was the main cause [18, 19].

The present study included 1271 cases, which were divided into two investigation periods (2013–2015 and 2016–2018), each with almost the same number of arrested persons investigated, due to the external

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**Fig. 3** Relative number of medical measures in relation to all cases with measures from the respective period (partly multiple options, rounded to full percentages)

**Fig. 4** Absolute number of medical recommendations in the absence of fitness for detention in the two study periods
influencing factors that have occurred in the meantime.

The frequency of medical consultations for the entire period was similar to the period 2006–2010 (39.4%) with an average of 38.1% [9]. This ratio is in the upper range compared to all German states [24], which lies between 5.5% and 48.3%. The reason for this could have been an increase in awareness due to several deaths in the last two decades that attracted a lot of publicity [9, 10]. A possible reason for the somewhat lower frequency of investigations in the second period could be the increased involvement of forensic physicians since 2016. Due to conflicts with other obligations in the forensic on-call service, the agreement on a case-related critical review of the indication for medical consultations was made with the responsible police directorate. Thus, for example, examinations of alcoholized persons without relevant deficits or significant concomitant illnesses, that were otherwise routinely requested, were avoided. Age and gender distributions, with a dominance of males and younger age groups, shows considerable consensus with other European studies [3, 11].

The indications for medical consultations were in accordance with other European studies in which intoxications and corresponding withdrawal syndromes were predominant [3, 14, 16, 23]. In the entire period, the spectrum of reasons for medical examinations was even more diverse than in the previously studied period from 2006–2010 [9]. The decrease in acute alcoholization with a simultaneous increase in drug/medication influences is most likely due to corresponding changes in consumption habits in Germany [5]. The increasing share of internal, non-specific and psychiatric indications could be explained by the rise in the proportion of persons with a migration background to 25%. Although, according to the World Health Organization, migrants and refugees usually have a good general state of health, there is often an increased risk of a number of acute and chronic diseases, especially mental disorders and diseases, during migration or during their stay in host countries due to unfavorable living conditions or changes in lifestyle habits [25].

Almost 90% of the medical examinations had to be performed outside regular working hours, which is in agreement with other studies [6, 9]. The average duration of the examinations was approx. 24.5 min in the first period and then increased significantly by more than 4 min. There seems to be a clear discrepancy in the quality of individual examinations, as their duration ranged from 5 to 180 min. The main reason for this could probably be the lack of national and international examination standards. If an examined person has a migration background, a language barrier or the need for an interpreter, an additional significant increase of the examination duration by approximately 3.5 min. Therefore, the examination of a person with a migration background in the second period took an average of almost 8 min longer than for other persons in the first period; however, other factors, such as the more frequent involvement of forensic physicians with their background knowledge of legal consequences and the more diverse spectrum of indications, can also be considered for the increase in the duration of examinations in the second examination period.

In terms of medical decisions, it appeared that cases with lack of fitness for custody were rarely found (7.2%). In other German studies, this proportion was significantly higher at 17.2% and 11.9%, respectively [11, 24]. In the present study, a clear dominance of cases with limited fitness for custody was evident (75.4%). When comparing the two periods, it became apparent that this option was used significantly more frequently in 2016–2018 and that a continuous increase could be observed with respect to earlier studies from Halle (Saale). While the proportion of those who could only be detained with medical restrictions was 16.7% in 1997–2003, it had already risen to 60.4% in 2006–2010 [9]. This development may be explained by the continuous systematic evaluation and resulting tendency towards increased examination accuracy. Correspondingly, medical restrictions were also given more frequently during this period. The most frequently used requirement to initiate a new medical presentation in the event of a deterioration of condition actually should be a standardized procedure. The increased use of video surveillance, which was required in 60% of the cases in the second period, may also be due to an increasing improvement in the technical equipment of custody cells [12]. The heterogeneous group of “other” indications dominated the cases with lack of fitness for custody at 41.3%, which accounted for only about 10% in 2006–2010 [9]. This emphasizes the range of indications, which had become significantly more diverse by 2018, and should prompt a recategorization of the previously selected range of indica-

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**Fig. 5** Absolute number of cases with migration background, language barrier and interpreter involvement in the two study periods. Significant frequency differences of the individual groups between the first and second period are indicated. $\chi^2$-test for independent samples, ***$p < 0.001$
tions. Hospital admissions due to mental illnesses or disorders also continued to rise in the second period. The fact that these indications already accounted for about a quarter of all hospital admissions in 2006–2010 should be sufficient reason for appropriate agreements between psychiatric hospitals and police stations [9].

During the study period, there was a significant increase in cases with a migration background (20.3% → 29.7%), which corresponds to the development of the migrant population proportion in the region of Halle (Saale) (4.5% → 9.6%) [8, 17]. In addition, there was a considerable increase in examinations with a language barrier. In the entire period, the proportion of these cases accounted for 18.2%, but the involvement of an interpreter was considered necessary in only 14.2% of the cases; however, it should be part of the physician’s responsibility to insist on the involvement of an interpreter when there is a lack of communication [9, 22], even if this implies an increased expenditure of time, money and personnel.

Conclusion

In the present study, it was confirmed that the circumstances and the results of medical examinations of fitness for custody are influenced by external factors. Thus, in addition to a change in the frequency, there was also a broader range of indications for a medical consultation, making it difficult to prioritize a certain medical speciality for this examination. Furthermore, an increasing tendency to attest a limited fitness for custody by issuing restrictions was observed. This development, in addition to the increased effort due to more frequent language barriers, appears to be the reason for the increase in the required examination time.

However, the increased requirements for the assessment of fitness for custody due to the more diverse range of indications and increased examination time are currently not reflected in the liquidation options. Currently, the payment for an examination in police custody varies between €51.29 and €97.34, depending on the day of the week and time of day, and is thus similar to the payment of a forensic blood sample, which requires significantly less effort and medical responsibility. In this context, the withdrawal of physicians from other specialties from such examinations, usually carried out at night, which has been observed since 2016, is quite reasonable. The subsequent repeated attempts by the police department to recruit physicians for those examinations failed. If police departments do not succeed in establishing agreements of responsibility, such as with the Halle University Hospital, serious problems regarding the realization of such examinations are imminent. Besides liquidation issues, this is due to legal, professional and ethical concerns [20]. Since this problem is also known to occur in other regions of Germany [9], the increase in requirements and the extent of physician’s responsibility should be brought into an appropriate relationship by means of liquidation. Likewise, clarification of responsibilities of physicians is necessary in accordance with the respective regional (health) care structures. Otherwise, there is a significant risk that the necessary and responsible task of assessing fitness for custody can no longer be guaranteed adequately or only with considerable delays. This could further increase the already considerable risks of health damage and death in police custody [15, 26].

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Declarations

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Ethical standards. For this article no studies with human participants or animals were performed by any of the authors. All studies mentioned were in accordance with the ethical standards indicated in each case.

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Änderung der Gewahrsamtauglichkeitsuntersuchungen durch äußere Einflussfaktoren im Zeitraum 2013–2018

Hintergrund und Ziele: Frühere Studien haben gezeigt, dass die Beurteilung der Gewahrsamtauglichkeit durch externe Faktoren beeinflusst wird. In dieser Studie wurde untersucht, ob die im Zeitraum 2015/2016 eingetretenen Veränderungen (überwiegende Einbindung der Rechtsmedizin, deutlicher Anstieg des Bevölkerungsanteils mit Migrationshintergrund) einen Einfluss auf die Gewahrsamtauglichkeitsuntersuchungen im Raum Halle/Saale (Deutschland) hatten.

Material und Methoden: Es wurde eine retrospektive Analyse von 1271 Gewahrsamsuntersuchungen aus dem Zeitraum 2013–2018 durchgeführt. Dabei wurden zwei Zeiträume (2013–2015 und 2016–2018) betrachtet und die verschiedenen Parameter mit verschiedenen Statistikprogrammen ausgewertet.

Ergebnisse: Hinsichtlich der Untersuchungsgründe war im Zeitraum 2016–2018 ein deutlicher Rückgang der Alkoholintoxikationen und ein signifikanter Anstieg der psychiatrischen Erkrankungen (p=0,016) festzustellen. Unabhängig vom Zeitraum gab es eine Zunahme der Untersuchungszeit von ca. 3,5 min bei Untersuchungen von Personen mit Migrationshintergrund. Im Vergleich der beiden Zeiträume waren weniger untersuchte Personen ohne Einschränkungen gewahrsamtauglich und signifikant mehr nur mit Einschränkungen gewahrsamtauglich (p=<0,001).

Diskussion und Schlussfolgerung: Die vorliegende Studie bestätigt den Einfluss externer Faktoren auf die Untersuchung der Gewahrsamtauglichkeit. Mit der überwiegenden Beteiligung der Rechtsmedizin kam es zu einer signifikanten Zunahme von Personen mit eingeschränkter Gewahrsamtauglichkeit. Der gestiegene Anteil von Personen mit Migrationshintergrund führte zu einer breiteren Indikationsstellung sowie zu einem Anstieg der Untersuchungsdauer und dem Einsatz von Dolmetschern. Für die künftige Sicherstellung dieser Untersuchungen müssen diese veränderten Umstände berücksichtigt werden, was auch eine angemessene Bezahlung einschließt.

Schlüsselwörter
Gewahrsamtauglichkeitsuntersuchung · Polizeigewahrsam · Rechtsmedizin · Arztkonsultation · Einflussfaktoren
Dr. med. Axel Rahmel, Medizinischer Vorstand der DSO, äußert sich zutiefst besorgt über die aktuell vorliegenden Organspendezahlen: „Vor dem Hintergrund, dass jedes einzelne Organ zählt und Leben retten kann, stehen wir vor einer dramatischen Entwicklung für die rund 8.500 Patienten auf den Wartelisten.“ Dieser Einbruch im ersten Quartal 2022 kam völlig unerwartet, zumal Deutschland bisher im Vergleich zu den meisten anderen Ländern ohne größere Einbußen durch die Pandemie gekommen ist. Die DSO hat somit in einem ersten Schritt im Zuge ihrer statistischen Erhebungen die möglichen Gründe für diese drastische Abwärtsschraube von der Organpendezahlen analysiert, die zum Teil auch mit den Auswirkungen der Coronavirus-Pandemie kausal in Verbindung gebracht werden müssen:

### Steigende COVID-19-Fallzahlen machen auch vor den Kliniken nicht halt

Die Arbeitsüberlastung in den Kliniken aufgrund des erhöhten Personalausfalls auf den Intensivstationen hat sich im Zuge der allgemein zunehmenden Inzidenzen in den letzten Monaten dieses Jahres drastisch verschärft. Es besteht eine hohe Wahrscheinlichkeit, dass hierdurch weniger Organspenden realisiert werden konnten, als unter normalen Umständen möglich gewesen wären.

### Weniger Zustimmungen zur Organpende

Insgesamt sind die Ablehnungen gegenüber einer Organspende in der Akutsituation auf den Intensivstationen um 11 Prozent gestiegen. Auch in den Angehörigengesprächen wird eine Organspende derzeit häufiger abgelehnt als noch im vergangenen Jahr. Lediglich in ca. 15 Prozent der Fälle liegt den Statistiken der DSO zufolge eine schriftliche Willensbekundung des potenziellen Spenders vor.

### Medizinische Kontraindikationen durch SARS-CoV-2 nehmen zu

Auch die medizinischen Kontraindikationen, die eine Organspende ausschließen, haben um rund 11 Prozent zugelegt. Diese Zunahme steht in direkter Relation zu der gestiegenen SARS-CoV-2-Infektionsrate. Im Falle eines positiven Befundes wurden mögliche Spender noch bis vor kurzem von einer Organentnahme ausgeschlossen, da diese in der Regel als Folge einer schweren COVID-19-Erkrankung verstorben waren. In den letzten Wochen nahm allerdings die Zahl potenzieller Organspender, bei denen das SARS-CoV-2-Virus nur als Zufallsbefund nachgewiesen wurde, ohne dass die möglichen Spender diesbezüglich symptomatisch gewesen wären, deutlich zu, sodass sich die Zahlen der Fälle, bei denen der Organspende-Prozess wegen dieser Infektion abgebrochen wurde, im ersten Quartal 2022 gegenüber dem letzten Quartal 2021 nahezu verdoppelt. Internationale Erfahrungen zeigen, dass gerade in diesen Situationen auch bei positivem SARS-CoV-2-Befund eine Organspende unter bestimmten Voraussetzungen möglich ist.

### Vorzeitiges Herz-Kreislaufversagen verhindert Organspende

Laut statistischer Auswertung der DSO ist ein weiterer wesentlicher Grund für den Rückgang der realisierten Organspenden in diesem Quartal eine beobachtete Abnahme von organspendebezogenen Kontakten, bei denen es vor einer möglichen Feststellung des Todes durch Nachweis des irreversiblen Hirnfunktionsausfalls („Hirntod“) zu einem Zusammenbruch der Herz-Kreislauf-Funktion bei den Patienten gekommen ist (ca. 44 Prozent). Die Organe der verstorbenen Spender müssen bis zur Entnahmeoperation künstlich durch intensivmedizinische Maßnahmen funktionsfähig gehalten werden. Versagt das Herz-Kreislaufsystem des Spenders vorzeitig, ist keine Organspende mehr möglich. Auch nahm die Zahl der Fälle um 20 Prozent zu, bei denen es nach einer Kontaktaufnahme des Krankenhauses zur DSO als Koordinierungsstelle zu keiner Feststellung des irreversiblen Hirnfunktionsausfalls kam.

### Dringlicher Appell

Angesichts dieser schwierigen Situation ruft der Medizinische DSO-Vorstand alle Partner im Prozess der Organspende dazu auf, die Patienten auf den Wartelisten nicht aus dem Blick zu verlieren und sich gemeinsam weiter engagiert dafür einzusetzen, die Organspendezahlen in Deutschland trotz widriger Umstände wieder auf einem besseren Weg zu bringen: „Wir dürfen uns nicht entmutigen lassen. Jeder von uns trägt hier eine große Verantwortung gegenüber den schwer kranken Menschen auf den Wartelisten. Aber auch ohne den Rückhalt, das Vertrauen und die aktive Zustimmung aus der Bevölkerung sind keine Organspenden möglich. Die Gemeinschaftsaufgabe Organspende gelingt nur, wenn alle mitmachen“, appelliert Rahmel. Die DSO ist die Koordinierungsstelle für die postmortale Organspende gemäß Transplantationsgesetz und bietet den rund 1.200 Entnahmekrankenhäusern in Deutschland umfassende Unterstützung bei allen Abläufen der Organspende. Dazu gehören auch Vorträge und Beratungen in den Kliniken, Fort- und Weiterbildungen, ein zertifiziertes E-Learning-Fortbildungsprogramm sowie fachbezogene Informations- und Arbeitsmaterialien.

Das PDF der Pressemeldung und ein Chart mit bundesweiten Zahlen können Sie im Presse-Bereich auf www.dso.de herunterladen.