

Summary of Concerns Related to HB630

Death sentences and executions are declining, both nationally and in Missouri. In 2018, Missouri had no executions and only one death sentence.

TAKEAWAY:

HB630 will have little impact to no impact on increasing the number of organs available for transplantation.

Practical Considerations:

- Because of the length of time between sentencing and execution, the risk for prisoners to become infected with communicable diseases while in prison increases.

TAKEAWAY:

Organs would likely be ineligible due to age and risk of infection.

- Inmates executed by lethal gas or injection do not die on life support, meaning that donation must be accomplished using donation after circulatory death (DCD) protocols. These protocols:

- Exclude heart donation
- Require rapid organ retrieval after a five-minute waiting period
- Require a sterile facility, which most prisons lack, resulting in the need for prisoner transport and execution at a hospital or alternative location
 - Unlikely that hospital administrators or medical professionals will support hospital executions

TAKEAWAY:

The timing of organ retrieval would be impractical or nearly impossible and result in additional risks for all involved.

Ethical Considerations:

- Medical professionals trained to perform organ retrieval and transplantation may decline procedures associated with execution for moral/ethical reasons
- Potential recipients may not be willing to accept inmate donor organs due to moral objections and associated health risks
- Heavy burden on Department of Corrections to implement the law effectively and safely which would involve significant and specialized health care expertise

Impact on Public Relations and Potential Stigma:

- Risk of creating additional stigma surrounding organ donation, thereby reducing organ authorization rates and ultimately putting Missouri lives at risk
- Negative perception by diverse communities
- Reduced ability to add diverse individuals to the donor registry