FACULTY OF PATHOLOGY
ROYAL COLLEGE OF PHYSICIANS OF IRELAND

GUIDELINES FOR POST-MORTEM CONSENT AND RETENTION OF SAMPLES

FEBRUARY 2000

INTRODUCTION

These guidelines are issued by the Faculty of Pathology of the Royal College of Physicians of Ireland for the guidance of pathologists and other health care professionals in the area of post-mortem consent and the retention and disposition of organ and tissue samples. As indicated below many aspects of these subjects remain unsettled so it is premature to provide a final definitive document, however because there is an urgent need the following are issued as guidelines.

Their development follows recent public and professional debate in the United Kingdom and subsequently in Ireland originating from an inquiry into paediatric cardiac services at the Bristol Royal Infirmary but later involving post mortem practices at many hospitals. Concern focused on the adequacy of post mortem consent, on the circumstances of organ and tissue retention at post mortem and on the subsequent disposition of such tissues and organs.

It is important first to indicate the reasons why post mortem examinations are done. The autopsy or post-mortem examination is one of the most informative investigations in medicine. It provides accurate details on a patient's illness, on the response of disease to treatment and on the cause of death. Modern diagnostic tests such as the newer imaging techniques of computerised tomography (CT) and magnetic resonance imagining (MRI) provide increasingly more detailed information on a patient's illness, but they are not perfect. They are tested by findings at the post-mortem examination which remains a diagnostic gold standard against which the accuracy of other tests is measured.

For the bereaved family the post-mortem provides information and explanations not only on the illness and cause of death but may also reveal co-existing conditions including inheritable problems whose early recognition may be of benefit to other family members.

The benefits from a post-mortem also extend beyond providing information to individual families. The data obtained from post-mortem examinations is important for assessing and improving the quality of medical care; for research into the nature, causes and prevention of disease; for education of doctors and medical students; and for public health planning by providing accurate mortality and morbidity statistics.

Current practice in autopsy pathology was developed many years ago at a time when medical practice was paternalistic and when the principles of informed consent were less developed. The area is particularly difficult as it involves the presentation of an important area of medical practice and scientific inquiry to people who are unfamiliar with the autopsy, and who may find the procedure abhorrent, and at a time of emotional stress. The difficulties are compounded by the absence of a well-defined legal background.

Methods of obtaining consent for a post-mortem examination and the practices of retaining, examining and disposing of organs and tissue which were in use in Ireland up to recently are broadly similar to those in use in most other western countries. Because methods of obtaining fully informed consent had not been developed, implied consent was often assumed in order to retain tissue or organs, if the pathologist determined that it was important to do so for the education of health care professionals or for the advancement of medical knowledge through research. Pathologists were aware that some relatives knew and approved of these approaches but failed to realise that other relatives, especially parents of children who had died, did not know and would be deeply offended when they discovered that organs of their loved ones had been retained without their knowledge. Similarly, when it was necessary to retain organs for technical reasons, for instance if the completion of an autopsy would cause a funeral to be delayed, pathologists sometimes retained the organs to complete the examination but allowed the body to be released for the funeral. In these circumstances pathologists felt that the relatives would prefer for them not to delay the funeral and that it would be inappropriate to inform the relatives in their distress but did not appreciate that many would be offended when they learned what had occurred. In order to achieve the diagnostic, teaching and research functions of the autopsy such retention has been standard practice in both paediatric and adult hospitals and in most cases no records have been kept of organs temporarily retained in this manner. Tissues and organs temporarily retained have usually been disposed of within three to six months by incineration but in some instances, for various reasons, have been kept much longer.

Recent discussions, predominantly in the United Kingdom have focused on:

1. Obtaining a truly informed consent to perform an autopsy. In particular it has been stated that it is no longer acceptable to say that certain details were not given to relatives of the deceased in order to avoid causing them further distress.

2. Indicating that the permission sought is to make an examination to find the cause of death, the nature and extent of disease and the effects of therapy.

3. Obtaining further permission if tissue or organs are to be used for research or teaching.

4. Clearly stating what tissues or organs have been retained and defining how they will be disposed of.

The Royal College of Pathologists (RCPath) in the UK, with which the Faculty is closely associated, has led the recent discussion in this area. It has invited comment from medical and other health professionals, lawyers and lay groups and has recently produced a draft document which is available on the College's web site (www.rcpath.org). A final document is

planned early this year. The Faculty know of no equivalent discussion in any other jurisdiction.

Most of the RCPath discussions are relevant to Ireland with the major exception of the sections in relation to organ retention. These are based on the UK practice of having funerals many days or weeks after death. The practice of earlier burial which is common in Ireland (and many other countries) will require a different approach to organ retention.

The Faculty is aware that there is a current major review of the Coroners' Service. Some legal issues relating to post mortem practice, which remain at present unresolved, may be clarified by the deliberations of that group.

It is recommended that a liaison group of lay people be formed, possibly in conjunction with the Faculty of Pathology or the Royal College of Physicians of Ireland, to help develop the final recommendations

It is proposed to issue final guidelines later when there is more complete information and organisation in several areas including the report of the coroners' review group, the establishment of a lay liaison group, and receipt and discussion of the final RCPath document.

The attached guidelines have 4 sections and appendices

1) guidelines for obtaining consent for post mortem examinations
2) an information sheet for relatives
3) guidelines for retaining tissue and organs
4) guidelines for disposition of tissues and organs

The appendices include the following model forms and information sheets

1a: Hospital (non-Coroner's) Post Mortem Consent Form
1b: Coroner's Post Mortem Form (for obtaining consent to retain tissue and organs for Research and Teaching)
2a: Information Sheet on Post Mortem Examination (question and answer format)
2b: Information Sheet on Post Mortem Examination (narrative format)

I. CONSENT:

1. Consent for post mortem examination should be requested by:
   A senior member of the medical staff caring for the patient.
   A senior nursing officer on duty.
   A designated bereavement officer.

2. Pathologists have a duty of education to medical, nursing and paramedical staff about the purpose and nature of autopsy practice to facilitate informed discussion with relatives at the time of death.
3. Consent for use of tissue for teaching and/or research should be specifically sought.

4. An information sheet containing information regarding the legal and practical aspects of both autopsy, funeral arrangements, death certification and the disposition of organs retained during the procedure should be available to staff and relatives.

5. Consent for the performance of an autopsy is sought by medical staff involved in the care of the patient. It is not sought by the pathologist who will ultimately undertake the examination. However, Consultant pathology staff should be available for either direct or indirect discussion with relatives if further clarification about any post mortem issues is required. As not all relatives will wish to discuss this difficult and sensitive area, information may be given in a staggered or step-wise fashion, for example, by asking 'do you wish to have any more information about the post-mortem examination?' It is emphasised that the pathologist should seek the consent of the requesting clinician before meeting family members before or after the performance of an autopsy.

6. Limited Post-mortems
Following discussion with relevant medical personnel, including, where appropriate, the pathologist, family members should be given the opportunity to limit non-coroner's post-mortem examinations to areas of specific interest, for instance by confining the examination to the chest or to the abdomen. In the case of autopsies directed by the coroner, a limited autopsy may only be performed when specifically authorised by the coroner.

7. Coroner's Post-Mortems
While a coroner's post mortem examination does not require consent of relatives, this does not absolve medical or nursing staff from a duty to inform relatives about the purpose and nature of the post mortem examination. The coroner may not provide permission for retention of organs or tissue for research or teaching; permission for these areas must come from the next of kin. It is recommended that medical staff discussing such details with the family should record the fact of their discussion either in the patient's notes or using a form specifically designed for such a purpose which also allows the next of kin to indicate if they will permit organs or tissues to be retained for education or research (See Appendix 1).

8. Next-of-Kin
Permission for a non-coroner's autopsy examination must be sought from the next-of-kin. The medical staff seeking consent should satisfy themselves that no closer relatives (who may therefore have a superior right over the disposition of the body) exist. Similarly, they should be satisfied that the patient has not made a living will specifically precluding a post-mortem examination. The pathologist should be directly informed of any disputes that may have arisen between relatives regarding the performance or extent of a post-mortem examination.

Sample consent forms are attached (See Appendix 1a and 1b)
1a Model Consent Form for Hospital (non-Coroner) Post Mortem Examination.
1b Model Consent Form for Retention of Tissue or Organs for Research or Teaching in a Coroner's Post Mortem Examination.

II. INFORMATION LEAFLET

An information leaflet should be provided to the next-of-kin to discuss the purpose and nature of autopsy as well as other areas of relevance, for example death certification.

III. RETENTION OF ORGANS AND TISSUES

1. The Faculty of Pathology strongly endorses high quality post mortem examinations which are an essential component of hospital practice and audit. The retention of samples (blood, tissue or organs) remains an integral part of such an examination, the relevance and completeness of which would be substantially compromised were the retention of such samples always precluded. In addition to those circumstances where retention facilitates subsequent evaluation, there are circumstances where the risk of infection to the pathologist and other members of staff present at the autopsy preclude examination of unfixed tissues or organs

   The determination of which samples are appropriately retained at post mortem examination for the purpose of diagnosis must remain at the discretion of the pathologist performing or supervising the examination. While review of case notes and discussion with clinical staff may suggest likely areas of interest prior to the post mortem examination which may lead to an informed discussion with relatives at that time, post mortem examinations frequently detect previously unrecognised abnormalities which may extend the range of samples which need to be retained. Therefore, it is recommended that a more general consent to the retention of any necessary samples or organs be sought.

   With rare exceptions, detailed laboratory examination of retained organs precludes return of the organ to the body prior to the funeral service. These guidelines differ from those of the Royal College of Pathologists, partly reflecting funeral practice in Ireland. Where possible, families who indicate that they wish to delay funeral services to facilitate the return of temporarily retained organs prior to the funeral should be accommodated.

   Preservation of the microscopic slides and blocks by the Pathology department is demanded by the various international bodies that regulate pathology practice, such as the Royal College of Pathologists and the College of American Pathologists. In addition to forming part of the patient record, this material is also available for further study for the potential benefit of the family. This material also allows objective evaluation and re-evaluation of disease processes in an individual should any new knowledge or medical insight come to pass years after death.

2. Education

   Where the primary purpose of retention of tissues is for the education of hospital medical staff, specific consent for such retention is required and should be indicated on the post mortem consent form.

3. Research

Where the primary purpose of retention of tissues is for the purpose of research, specific consent for such retention is required and should be indicated on the post mortem consent form. Examples of such documents are provided in a question and answer format, which many may find easier to read (appendix 2a) or in a document format, which although more difficult to read may provide more detailed information (appendix 2b).

4. Coroner's Cases

When a post mortem is performed at the request of the Coroner, consent for the retention of tissues or organs for either education or research must have the permission of the Coroner in whose jurisdiction the post mortem is performed. In addition, such retention should have the specific consent of the relatives or the deceased, documented on the appropriate consent forms.

IV. THE ULTIMATE DISPOSITION OF RETAINED ORGANS

1. The ultimate disposition of organs retained at post-mortem should reflect, where possible, the wishes of the individual family. Where families wish to inter the organs with the body, such an arrangement should be facilitated. It is preferable that such arrangements be made through a funeral director's service. Where families express no wish to reclaim organs, a sensitive, acceptable alternative arrangement should be put in place by the hospital, for instance cremation, burial in suitable plot or incineration.

2. Coroner's Autopsy

At present, it is assumed that the Coroner makes no specific order for the retention of tissues beyond the date in which he or she either registers the death or closes the Inquest. Pending any specific legal instructions to the contrary, organs should be handled in the same manner as non-coroner's cases beyond that date.

DRAFT SAMPLE

Appendix 1A:

HOSPITAL (NON-CORONER) POST MORTEM CONSENT FORM

I, ... hereby give my consent to the performance of a post-mortem examination on the body of .....

I am not aware that the deceased has expressed any objection or that any other relative objects.

I understand that this examination is carried out to establish the cause of death, clarify the extent of a disease process and to examine the effects of treatment, a process which involves retention of tissue and may involve retention of organs for detailed laboratory examination. I confirm that I have been given a post-mortem information sheet and that I understand that I have the right to refuse this examination.

It has been explained to me that tissues and organs which are removed during the post mortem may be of value in medical education and research.

I agree that tissue/organs retained at post-mortem may be made available for the education of doctors and students. Yes / No

I agree that tissue/organs retained at post-mortem may be made available for medical research. Yes / No

A limited autopsy may not result in a full explanation of an illness but may, nonetheless, provide important information. Are there any limitations imposed on the post-mortem examination? Yes / No

If so, please specify.....

Temporarily retained organs will be disposed of sensitively in accordance with hospital practice. Please state here if you wish to make an alternative arrangement Yes / No

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Relatives Signature:.....

Relationship to the deceased .....
Date:.....

I confirm that I have spoken with ..... the parent/next of kin of ..... and that the within consent to post-mortem has been freely given on an informed basis.

Health Professionals Name (Please Print) and Signature .....……..
Date:.....…

I confirm that verbal consent was given over the phone

Witness Name (Please Print) and Signature:.....…… Date:.....

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Appendix 1B:

CORONER'S POST MORTEM FORM

I, ... confirm that it has been explained to me that the coroner has ordered a post-mortem examination on the body of .....

I understand that this examination is carried out to [verify] the cause of death, a process which usually involves retention of tissue and may involve retention of organs for detailed laboratory examination. I confirm that I have been given a post-mortem information sheet.

It has been explained to me that tissues and organs which are removed during the post mortem may be of value in medical education and research.

I agree that tissue/organs retained at post-mortem may be made available for the education of doctors and students. Yes / No

I agree that tissue/organs retained at post-mortem may be made available for medical research. Yes / No

Temporarily retained organs will be disposed of sensitively in accordance with hospital practice. Please state here if you wish to make an alternative arrangement Yes / No

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Relatives Signature:.....

Relationship to the deceased .....

Date:.....

I confirm that I have spoken with ..... the parent/next-of-kin of ..... and that additional consent, if any, indicated in A&B above has been freely given on an informed basis.

Health Professionals Name (Please Print) and Signature.....

Date:.....

Appendix 2A:

INFORMATION SHEET ON POST MORTEM EXAMINATION

What is a Post-Mortem?

A post mortem is an examination of a patient after death. The procedure is carried out by a specially trained doctor (a pathologist) and is performed to verify the cause of death and/or examine the effects of treatment. A post-mortem is sometimes referred to as an autopsy.

When is a Post-Mortem done?

A Post-Mortem is performed in two principal circumstances.

Coroner's Post-Mortems

The Coroner is an independent official with responsibility under law for the medical legal investigation of certain deaths. He or she is legally obliged to enquire into the circumstances of sudden, unexplained, violent or unnatural deaths. This includes deaths that occur during/after an operation or other medical procedure, or deaths within 24 hours of admission to hospital. In certain circumstances, this enquiry may necessitate a post mortem examination. If the coroner directs that a post-mortem take place, the question of obtaining consent from a parent or next-of-kin does not arise.
When performing a Coroner's post-mortem, the hospital pathologist is acting independently of the hospital as an officer of the Coroner.

Non-Coroner's Post-Mortem

Where the death of a patient does not require notification to the Coroner or where the Coroner has not directed a post mortem examination as part the enquiry, post-mortem examination will only be carried out with the consent of the parent or guardian. The family may give consent for a complete post mortem examination or may, after discussion with the doctors caring for the patient, limit the post-mortem to the examination of a specific region.

How long will the Post-Mortem take?

Post mortem examination typically requires two to three hours to complete. Subsequent microscopic examination is an integral part of an autopsy and requires the retention of tissue. In certain circumstances, the autopsy is incomplete without the retention of whole organs for detailed laboratory examination.

What will happen to any organs retained during a post-mortem?

Where organs have been temporarily retained for detailed laboratory examination, they will be respectfully buried in accordance with hospital guidelines. In most cases, this will take place 3 to 6 months later. It is possible to make alternative arrangements either by indicating a preference on the relevant consent form (coroner's or non-coroner's consent form) at the time of the post-mortem or by asking the undertaker to contact the pathology department.

Will the post-mortem effect a funeral arrangement?

Every effort is made to perform the post-mortem in a timely fashion so as not to effect or impinge upon funeral arrangements which family may have made. Funeral arrangements are not typically delayed even under circumstances where the Coroner orders an inquest (see below).

A post-mortem examination does not involve disfigurement of the remains which may be viewed afterwards in the same manner as if no post mortem had been performed.

6. When will the post-mortem report be available?

Typically, the post-mortem report takes up to six weeks to complete. In certain circumstances, such as complex metabolic diseases, the final report may take up to three months.

Once the post-mortem report has been completed, further information, including details of the post-mortem findings, may be obtained from the medical staff who cared for the patient. Some parents may wish to seek a meeting with the medical and nursing staff specifically to discuss these matters.

7. Who issues the Death Certificate?

Where a Coroner's post-mortem has been performed, the death will be registered when the Coroner issues a coroner's certificate on receipt of the final post mortem report.

Where a non-Coroner's post-mortem has been performed, the death certificate is issue by the doctor who attended the patient. In both cases, the death certificate is ultimately available from for e.g. for Dublin

District Registrar's Office,
Joyce House, 8-11 Lombard Street East,
Dublin 2,
Telephone: 01-671-1968.

8. What is an Inquest?

An inquest is an enquiry in public by a Coroner into the circumstances surrounding a death. The inquest will establish the identity of the deceased, how, when and where the death occurred and the particulars which are required to be registered by the Registrar of Deaths. Questions of civil or criminal liability cannot be considered or investigated at an inquest and no person can be blamed or exonerated. The purpose of the inquest therefore is to establish the facts surrounding the death and to place those facts on public record. An inquest must be held by law when a death is due to unnatural causes and the decision to hold an inquest is otherwise at the discretion of the coroner.

Where an inquest has been arranged, the Coroner will issue the coroner's certificate after the inquest has been completed.

9. What are the benefits of performing post-mortems?

The autopsy or post-mortem examination is one of the most informative investigations in medicine. It provides accurate details on a patient's illness, of the response of disease to treatment and on the cause of death. Modern diagnostic tests such as the newer imaging techniques of computerised tomography (CT) and magnetic resonance imagining (MRI) provide increasingly more detailed information on a patient's illness, but they are not perfect. They are tested by findings at the post-mortem examination which remains a diagnostic gold standard against which the accuracy of other tests is measured.

For the bereaved family the post-mortem provides information and explanations not only on the illness and cause of death but may also reveal co-existing conditions including inheritable problems whose early recognition may be of benefit to other family members.

The benefits from a post-mortem also extend beyond providing information to individual families. The data obtained from post mortem examinations is important for assessing and improving the quality of medical care; for research into the nature, causes and prevention of disease; for education of doctors and medical students; and for public health planning by providing accurate mortality and morbidity statistics.

DRAFT SAMPLE

Appendix 2B: **Information for relatives**

The Autopsy or Post Mortem Examination

Introduction: The death of a loved one is a traumatic and difficult time for relatives. The hospital community sympathises with relatives in their grief and tries in whatever way possible to make things easier. At this sad time it may seem a major imposition to introduce the question of a post mortem examination, also called an autopsy, but there are very good reasons for this as discussed below.

The following document provides the reasons why an autopsy is requested and gives details of what is involved. It supplements the information you will receive from your doctor and is provided to enable you to reach an informed decision on whether you will give permission for an autopsy, and whether conditions are attached to your permission. A consent form is appended to allow you to indicate this. Some relatives may find it difficult to read a document of this nature at a time of extreme grief. You should also be cautioned that the document, of its nature, gives explicit details that some may find distressing. You may prefer to have a friend help you read it, or to keep a copy to read later when the pain of sorrow is less intense.

Reasons for doing an autopsy: The autopsy or post-mortem examination is one of the most informative investigations in medicine. It provides objective details on a patient's illness, on the response to treatment and on the cause of death. Modern

diagnostic tests such as scans and endoscopy provide increasingly more accurate information but they are not perfect; the autopsy is the ultimate test against which they are measured. It is the gold standard of diagnosis.

Information from the autopsy is important for assessing and improving the quality of medical care; for research into the nature, causes and prevention of disease; for education of doctors and medical students; and for public health planning by providing accurate mortality and morbidity statistics.

Procedure: The autopsy consists of 7 components, 1) request for autopsy with appropriate permissions, 2) identification, 3) review of the history and medical record, 4) external examination, 5) internal examination, 6) special tests and 7) autopsy report.

1-3. PERMISSION, IDENTIFICATION AND HISTORY: The autopsy may be performed at the direction of the Coroner (a coroner's autopsy) or at the request of a doctor who has obtained the permission for the procedure from the next of kin of a deceased hospital patient (a hospital autopsy). A separate leaflet on the coroner's autopsy indicates the circumstances where a death is referred to the coroner. The autopsy is performed by a pathologist who is a medical doctor specially trained to identify disease in organs and tissues. The pathologist first checks that there is a valid permission to undertake the autopsy, confirms the identity of the deceased and reviews the clinical record and accounts of the circumstances of death.

4. EXTERNAL EXAMINATION: The skin and surface of the body is carefully examined and any abnormalities or lesions are noted. Diagnostic images or photographs of lesions may be taken.

5. INTERNAL EXAMINATION: This is like a major operation and usually takes one to two hours to complete. A large incision is made in the chest and abdomen. Then the major organ systems are removed and each is carefully dissected. An incision is made in the scalp so that the top of the skull can be opened and the brain removed and examined. Any diseased area in the organs or tissues is noted and may be photographed. Small portions of tissue from each organ are taken to prepare microscopic slides. Samples of blood and other fluids may be taken for biochemical, microbiological or other special examinations. The organs and tissues are then returned to the body and the incisions are sutured. Finally the body is released to the undertaker. The body may be viewed in the normal way and no evidence of the autopsy examination is visible.

6-7. SPECIAL EXAMINATIONS AND REPORT: The pathologist then writes a report on the findings to which is added the results of special examinations and the microscopic examination.

CORONER'S AUTOPSY: For a coroner's autopsy a report is prepared, incorporating all the information,

and giving the cause of death. This report usually takes 2-4 weeks but it may take much longer because of special tests. The coroner may then issue a certificate which allows the registrar of deaths to issue a death certificate. Alternatively in certain circumstances the coroner may order an inquest, which is a hearing of all the evidence about a person's death, before issuing a certificate.

HOSPITAL AUTOPSY: For a hospital autopsy the pathologist discusses the findings with the patient's doctor and then issues a final report usually 4-8 weeks following the autopsy. The next of kin may obtain a copy of the pathologist's report, either directly or throught their general practitioner, and may discuss the findings with the pathologist or with the deceased's doctor.

Retention of tissue. Samples of blood, fluids or tissue are kept for special examinations such as biochemistry, toxicology and microbiological examination and are discarded after examination according to hospital procedures. Small pieces of tissue are taken to prepare microscopic slides which are examined to identify any abnormalities more precisely. These pieces are first placed in formalin, a tissue preservative, and later smaller pieces are selected to be included in wax blocks from which microscopic slides are made, the excess tissue is disposed of according to hospital procedures. The wax blocks and slides contain tissue, which includes samples of the deceased's genetic material, and are kept indefinitely in the pathology department archive.

Retention of organs: In a coroner's autopsy it is sometimes necessary to temporarily retain whole organs (such as the heart) or large portions of organs for detailed examination in order to make a diagnosis. When there is a question of neurological disease it may be necessary to keep the brain for examination by a pathologist specialising in brain diseases, a neuropathologist. When the examination of these retained organs is complete the tissue is disposed of according to hospital procedures. In a hospital autopsy if it is desirable to retain whole organs special permission from the next of kin is required. In all cases, when the body is released to the undertaker following autopsy the pathologist provides a notice to indicate what tissues and organs, if any, have been retained.

Disposition of organs and tissue: Organs which are retained for detailed examination are placed in a preservative fluid called formalin. They are stored in containers on shelves in a room in the autopsy department until the autopsy report has been completed. This may take several months. Each quarter the pathology department places the examined organs from all the autopsies from the previous quarter in a single coffin which is [e.g. buried with dignity in a local cemetery] – **[*these details may vary in different hospitals*]**. Relatives who wish to make

alternative arrangements may do so through the undertaker, or alternatively by contacting the pathology department, soon after the funeral. Blood, tissue swabs and small tissue samples are disposed of by incineration.

Research: Microscopic slides and tissue wax blocks which are retained for diagnosis are a valuable source of information on the nature of disease and may be used for research. If permission is given to use this material for research it will be carried out under strict conditions of confidentiality and according to the approval of the hospital research ethics committee.

Teaching: Organs or large segments of organs which contain disease are a major resource in teaching doctors and students of the health sciences. When permission is given by the next of kin such organs are used anonymously (the name of the patient may never be disclosed) to teach students the details of diseases and may be placed in transparent containers in the pathology teaching collection of the Medical School.

Benefits: For the bereaved family the autopsy provides information and explanations not only on the illness and cause of death but also may reveal co-existing conditions including inherited diseases whose early recognition may be of benefit to other family members. New diseases are often first recognised by autopsy, for instance the new variant of CJD (Creutzfeldt Jacob disease), much in the news recently because of its association with mad cow disease, was defined by post mortem studies. Family members are often comforted by the knowledge that their loved one's death, through the autopsy, can advance medical knowledge and contribute to the fight against disease.

Risks: If permission is received late it may not be possible to complete a hospital autopsy without risking delay to the funeral; in these circumstances the autopsy will not be done. An autopsy ordered by the coroner however may rarely result in delay or postponement of the funeral. Incisions in tissue are carefully made so as not to be visible when the body is viewed, occasionally however, there may be small incisions in a visible area but these can be expertly concealed by the undertaker. If the deceased has suffered from certain infectious diseases, precautions, including the use of a body bag, may be recommended.

Confidentiality: The report of a coroner's autopsy is sent to the coroner who, on completion of the coroner's investigation, may release it on request to the family and other interested parties. The hospital autopsy report is part of the deceased patient's hospital medical record and is held on the hospital computer system. This report is confidential and is protected by the Data Protection Act and may not be accessed by the public under the Freedom of Information Act. On request a copy

will be given to the next of kin. Information from the autopsy may be used in hospital statistics and reports but the patient's identity is never disclosed. Similarly if there is permission to use organs for teaching or research the deceased's identity is never disclosed.

Voluntary Permission

CORONER'S AUTOPSY: The coroner does not need the permission of the next of kin to order an autopsy. However the coroner's purpose is to obtain a diagnosis and to find the cause of death; permission to use organs for teaching or research may not be given by the coroner and the relatives may be asked to provide this permission.

HOSPITAL AUTOPSY: Permission for a hospital autopsy requires consent from the next of kin. Relatives are free to refuse permission and may not be penalised in any way for a refusal. The next of kin involves all relatives of a particular degree; a spouse, if there is no spouse both parents, if no living parents the siblings. Permission may not be given by a friend. A nominated next of kin who signs a permission form must indicate that no other relative of a similar degree objects to the permission.

Further information: The pathology department will be pleased to have a pathologist discuss any details concerning an autopsy with the family at any time. However the pathologist is not allowed to discuss details of a coroner's autopsy unless the coroner's investigation is complete or the coroner gives permission. You may contact the pathology department at phone number xxx xxxx.