

Information About Post-Mortems



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PROGRAMME

Information about Post-Mortems



Contents

Foreword	2
Introduction	3
What is a Post-Mortem?	4
What are the Benefits of Post-Mortems?	4
Types of Post-Mortem	5
How Long Will the Post-Mortem Take?	6
Why Do We Need to Keep Some Tissues?	6
What Will Happen to Any Tissues Retained During the Post-Mortem?	8
Will the Post-Mortem Delay Funeral Arrangements?	8
When Will the Post-Mortem Report Be Available?	8
Where is the Post-Mortem Report Sent?	9
Who Issues the Death Certificate?	10
What is an Inquest?	10
Deaths Reportable to a Coroner	11
Local Contact Details	13

Foreword

This booklet aims to assist people who have lost a relative, friend or loved one and who are faced with questions whether there should be a post-mortem examination, or an inquest. The varying procedures are explained in simple terms. If you have any worries or queries about anything associated with the death, members of the hospital or hospice staff, or of the counselling or pastoral care team, can be approached for advice. This publication is an adaption of an earlier one arising from the *Care for People Dying in Hospitals Project* which was based in Our Lady of Lourdes Hospital, in Drogheda, from 2004-2006.

Introduction

When a death is due to natural causes, and the attending doctor can certify the cause of death, a post-mortem examination, also called an autopsy, is not needed. However, if there is any aspect of the patient's illness needing clarification or confirmation, the treating doctor or the next-of-kin may think a post-mortem is desirable. The next-of-kin has the right to ask for or refuse a post-mortem examination in such a situation. When the cause of death is unknown, and in certain other circumstances, the Coroner is obliged by law to order a post-mortem, in which case the permission of the next-of-kin is not required.

With regard to a hospital (or consent) post-mortem it is important that you have enough information before making a decision about whether to agree to one, or to the keeping of tissues or possibly organs. This may be a difficult decision for you. This guide aims to give practical information about the post-mortem examination. If there is something about which you are unclear, or would like explained in more detail, please ask the person who has given this publication to you to arrange a meeting with an appropriate member of staff.

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, known as a pathologist, assisted by a mortician, a specialist technician. It is performed to establish the cause of death and/or to examine the effects of treatment. Unless the post-mortem examination is directed by the Coroner your consent must be obtained before any investigations are carried out.

What are the Benefits of Post-Mortems?

Post-mortem examinations provide valuable information on the cause of death. They can provide vital information for future treatment and research. As a relative you may like to know about aspects of your relative's illness that could affect your own health. Some illnesses are hereditary and these can be identified during a post-mortem examination. It may also reveal co-existing conditions including inheritable problems whose early recognition may benefit other family members.

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

Types of Post-Mortem

There are two types of post-mortem examination:

1. **CORONER'S POST-MORTEM:** The Coroner is an independent official with legal responsibility for the medical-legal investigation of certain deaths including those of a sudden, unexplained, unnatural or violent nature*. In some circumstances this enquiry may necessitate a post-mortem examination.

If the Coroner directs that a post-mortem examination take place the question of obtaining consent from the next-of-kin does not arise.

2. **CONSENT POST-MORTEM:** If a Coroner's post-mortem examination is not required, the doctors may ask you to agree to a post-mortem examination on your relative. This may help the doctors give you, if you wish, more detailed information about why your relative died. It may also contribute to the development of new treatments for future patients with similar problems. Consent post-mortem examinations can be:

Full

This involves a detailed examination of all the internal organs including the brain, heart, lungs, liver, kidneys, intestines, blood vessels and small glands.

* A list of some of the deaths reportable to a Coroner is given at the end of this booklet

Limited

You may be uncomfortable with the idea of a full post-mortem. You may then be asked to agree to a limited post-mortem examination. This could involve examination only of those organs directly involved in your relative's illness. A limited post-mortem examination may only lead to an incomplete or partial assessment. It may fail to identify the cause of death and any medical conditions which affected multiple organs.

How Long Will the Post-Mortem Take?

A post-mortem examination typically takes two to three hours. It usually involves retention of tissues (small pieces of an organ) and fluids and may, in exceptional cases, involve retention of organs for detailed laboratory examination.

Why Do We Need to Keep Some Tissues?

In a Coroner's post-mortem, tissues, and very occasionally an organ, may need to be retained to determine and verify the cause of death.

In a consent (hospital) post-mortem, the reasons why a pathologist may need to retain tissues, and very occasionally an organ, may include:

WHY DO WE NEED TO KEEP SOME TISSUES?

- to allow microscopic examination
- to determine the cause of death
- to further examine the effects of medical treatment
- to facilitate discussions between other clinicians and pathologists regarding the cause of death and the effects of treatment
- to assist specific current research projects
- for archiving for future research projects
- for medical education and training.

You may wish to ask about:

- the implications of agreeing to these uses
- whether tissues, parts or organs will be sent to medical schools or used for research
- whether tissues or organs will be sent to another laboratory for examination.

If you do not wish organs, or any tissues, to be retained, it is important that you inform the medical team when permission to carry out a post-mortem examination is granted. It is important that you record what you agree to on a special consent form. You will be given a copy of this form. You may prefer to agree to the pathologist carrying out the post-mortem and keeping what is necessary without going into specific details.

What Will Happen to Any Tissues Retained During the Post-Mortem?

When tissues, and very occasionally an organ, have been temporarily retained for detailed laboratory examination, they will be lawfully and respectfully disposed of by the hospital. In most cases this will take place about four months later. Alternatively, it is possible to have the tissues returned to you for burial, or cremation, and you can indicate your preference on the consent form.

Will the Post-Mortem Delay Funeral Arrangements?

Every effort is made to ensure the post-mortem does not interfere with funeral arrangements. A post-mortem examination does not involve disfigurement of the body, which may be viewed afterwards in the same manner as if no post-mortem had been performed.

When Will the Post-Mortem Report Be Available?

Typically the post-mortem report takes at least six weeks to complete. In certain complex cases the final report may take longer.

Once the post-mortem report has been completed, further information including details of the post-mortem findings may be obtained from:

1. The Coroner in the case of a Coroner's post-mortem
2. The consultant responsible for the care of the deceased at the hospital in the case of a consent post-mortem.

In the case of a body leaving the jurisdiction of the Coroner (being taken to another country for burial) a rapid provisional report can be sought as a matter of priority from the Coroner. He/she may then give permission for the body to be moved outside the jurisdiction.

Where is the Post-Mortem Report Sent?

All records are kept in the strictest confidence. In the case of a consent post-mortem, the report is sent to the consultant responsible for the patient. In the case of a Coroner's post-mortem, the report is confidential to the Coroner. A copy of the report may be requested from the Coroner. Post-mortem reports will use many medical terms and it may be helpful to discuss the report with your GP or one of the doctors directly involved in the care of the deceased. At your request the report may also be sent to your family doctor.

Who Issues the Death Certificate?

In the case of a consent post-mortem you must register the death at any office of the Register of Births, Deaths and Marriages by producing a medical certificate stating the cause of death from the Doctor who attended the patient. Cases for the Coroner will automatically be registered at the Register of Births, Deaths and Marriages office, however, you will need to collect the death certificate yourself. There is a small charge for the issue of all death certificates.

What is an Inquest?

An inquest is a public inquiry 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 will have to be registered by the Registrar of Deaths. Questions of civil or criminal liability cannot be considered or investigated at an inquest. 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 when death is due to unnatural causes, otherwise the decision to hold an inquest is at the discretion of the Coroner. The Coroner will issue the death certificate after an inquest.

Pending legislation for Coroners aims to widen the scope of an inquest from investigating the medical cause of death to establishing the circumstances in which the person died.

Deaths Reportable to a Coroner

The following is a list of *some* deaths that are reportable to a Coroner:

- Sudden deaths from unknown causes
- Any case where the cause of death is unknown
- Any accident caused by any vehicle, aeroplane, train or boat
- Where there are suspicious circumstances, violence or misadventure
- Suicide
- If the deceased has not been seen and treated by a registered medical practitioner within 28 days before death
- Due to possible negligence, misconduct or malpractice
- Death occurred within 24 hours of admittance to hospital
- Any death which may have been caused by anaesthetic, diagnostic or therapeutic procedure
- Any maternal death that occurs during or following pregnancy (up to six weeks after birth) or that might be reasonably related to pregnancy
- Any death of a child in care
- Any infant death, such as from Sudden Infant Death Syndrome

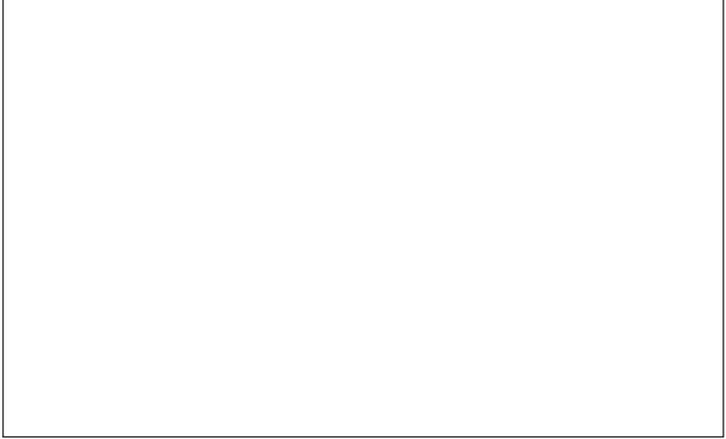
- Certain stillbirths
- If the deceased was in a mental health facility, in prison or in Garda or military custody
- Deaths due to want of care, exposure or neglect
- Any death due to accident at work, occupational disease or poisoning
- Where a body is to be removed from the State
- Where a body is unidentified
- In certain circumstances where a body is to be cremated
- Where a body or human remains is “discovered”
- The death of persons in defined vulnerable groups

The above list is comprehensive but should not be considered all-inclusive.

The Review of the Coroner’s Service – Report of the Working Group, published by the Government in December 2000

Local Contact Details

County Coroner

A large, empty rectangular box with a thin black border, intended for providing contact details for the County Coroner.

Register of Births, Deaths and Marriages

A large, empty rectangular box with a thin black border, intended for providing contact details for the Register of Births, Deaths and Marriages.

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