



EASTERN REGIONAL HEALTH AUTHORITY  
ÚDARÁS RÉIGIÚNDA SLÁINTE AN OITHIR

PROTOCOL/GUIDELINE FOR  
HOSPITALS AND OTHER RELEVANT  
AGENCIES IN PROVIDING A  
QUALITY RESPONSE TO FAMILIES IN  
RELATION TO NON CORONERS POST  
MORTEM PRACTICES

*December 2002*

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## Introduction

This document is intended to provide advice/guidance to hospital personnel in relation to procedures to be followed in coroner post mortem cases. It recognises that individual hospitals may need to modify the guidelines somewhat to reflect local issues/considerations. It should, however, be remembered that the primary purpose of this document was an attempt to standardise practice between and among hospitals – as such efforts should be made to keep local modifications to a minimum.

It is recommended that hospitals review their policies and guidelines in the area of post mortem practice on a regular basis. **It is not intended that this document be provided to families/relatives** – sample family information sheets are provided

A separate document dealing with procedures in “coroner” post mortems is also available in your hospital.

Throughout this document significant emphasis is placed on the whole question of consent. These guidelines acknowledge that a balance needs to be struck between providing enough information to ensure that families/relatives can make an informed decisions, while at the same time recognising the need for sensitivity and empathy at a time of great upset.

A sample consent form is also included as an appendix but it is important to appreciate that consent forms in themselves are only intended to be a record of the fact that a communication process has taken place. The test of this process is whether any piece of information has been withheld which might, if given, lead to a different decision being taken by the next-of-kin. Accordingly issues such as what the post mortem entails, what is likely to happen with

## **Non Coroner Post Mortem Document**

organs, and how the deceased will look afterwards are all issues to be addressed.

There is no doubt that providing all necessary information is, at times, a difficult and stressful task. Where a clinician was involved in the care of the deceased it is considered desirable that he/she should communicate with family on the issues surrounding the post mortem. Notwithstanding this, a multidisciplinary approach to supporting relatives will often be appropriate. It is therefore suggested that in addition to the senior clinician the following professionals be included in this team and drawn on as required:

Nursing/Midwifery staff

Bereavement counsellor

Medical social worker

Pathologist

Pastoral care

## **The Scope of this Document.**

This document deals with the following issues.

1. Communication with families - key issues to be covered
2. Consent options in relation to carrying out post mortem and organ retention.
3. Communication of results to families
4. Choices for families in relation to organ disposal
5. Storage of organs following completion of post mortem
6. Record management

**2. Informed Consent for Non-Coroner Post Mortems**

In the case of a non-coroner post mortem it is important to ensure that relatives understand what a post mortem is and why it is undertaken. This discussion should include details of what a post mortem entails and in particular the following:

- a) that post mortem examinations can either be full or limited and what each entails, including the fact that limited post mortems may not provide as much information as full post mortems.
- b) that in order to examine the organs of the body it is necessary to remove them for weighing, measuring and dissection as part of the diagnostic process,
- c) that body fluids/tissues are sometimes taken for testing such as biochemical, metabolic and toxicology analysis and genetic testing.
- d) that tissue samples are taken for the purposes of diagnosis and retained as histological blocks and slides, which form part of the hospital's post mortem record and therefore subsequent review if required. The storage and management of these slides will follow the procedures which are in place for dealing with samples from surgical procedures.
- e) that clinical photography/x-rays may be used as part of the post mortem process and become part of the post mortem record,
- f) that in certain circumstances a pathologist may consider it necessary to retain organs for further diagnostic purposes. In such circumstances consent is required. As the need to retain organs, or parts of organs, may only become apparent during the post mortem itself it needs to be discussed in advance with the next of kin, as it may affect funeral arrangements.

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g) that a pathologist may consider to retain organs and tissues for education and/or research purposes. In these circumstances separate consent is required. In seeking this consent then the issue of how such organs and tissues will be used, stored and ultimately disposed of (excepting blocks and slides) should be discussed. It should be fully explained to relatives that all such samples are fully anonymised and that on completion of the research the organs, or parts of organs would be disposed respectively and in accordance with hospital policy at the time.

h) In a minority of cases where organs have been retained for educational purposes they are used as medical museum specimens for teaching purposes. In such cases they are appropriately prepared, anonymised and if their educational value ceases at any time in the future they will be disposed of in keeping with practice at that time.

Other relevant issues to be covered should include the following:

i) how the deceased will look subsequent to the procedure,

j) whether the post mortem will delay the funeral,

k) how the death is registered,

l) how retained organs and tissues will be stored, and,

m) the options for disposal of organs not returned to the body prior to the funeral. *It should be stressed that decisions in this regard are not required immediately and that families will be contacted at the appropriate time.*

Sample information leaflets provided in the appendices to assist relatives in making their decision to consent to a non-Coroner's post mortem. More detailed guidance on the issues of storage and disposal are contained further on.

## **2. Consent options in relation to non-coroner post mortems**

It should be made clear to the families that they have a number of options with regard to both the carrying out of a post mortem and the retention of organs.

With regard to the carrying out of the post mortem there are three options as follows:

### *Full post mortem*

In a full Post-Mortem examination all internal organs such as the brain, heart, lungs, and glands will take place. Incisions are made to allow the organs to be removed and studied in detail. X-rays and/or photographs may be taken during the examination.

### *2) Limited post mortem*

A limited post mortem confines itself to an examination of those organs most likely to have been directly related to the cause of death. It should be conveyed to the families that a limited post mortem might not provide either the family or the pathologist with sufficient information to establish/clarify a definite diagnosis. It might also be pointed out to families that a pathologist will rightly decline to conduct a limited post mortem where he/she believes that it is unlikely to provide a diagnosis (Any limitations being sought by the family need to be conveyed to the pathologist within the consent form.)

- *Withholding of consent*

where permission is not granted to carrying out a post mortem.

Where families consent to a post mortem there are a number of options in relation to organ retention, as follows: (These options apply to both limited and full post mortem)

- Retention of organs, or parts of organs, tissues and/or other body fluids for diagnostic, education and /or

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research purposes. However this does not preclude junior pathology/mortuary staff who would ordinarily be present from attending. (A sample form can be found in appendix 2, which covers the consent that is needed for the permanent retention of organs, or parts of organs, tissues and/or other body fluids.)

- Retention of organs, or parts of organs, tissues and/or other body fluids for diagnostic purposes only. This consent option precludes the use of the Post Mortem examination itself or the organs for any formal education or training purposes.
- No retention of organs, or parts of organs, tissues and/or other body fluids under any circumstances – while acknowledging that tissue will ordinarily be retained in blocks and slides This consent option precludes the use of the Post Mortem examination itself or the organs for any formal education or training purposes.

A copy of a sample consent form is attached (Appendix 1). A copy of the completed consent form should be given to relatives. Should a family decide to grant permission to a post mortem the facility of having a meeting with hospital personnel, as appropriate when the report is available should be offered. If for some reason the family do not wish to avail of this, the option of having the report released to an appropriate person, such as a general practitioner, can be offered.

Accurate records of all discussions held between the relative(s) concerned and any member of the multidisciplinary team should be kept. These should be signed and dated on the patient's file. More detailed guidance on record management is offered further on in this document.

### **3. Communications of Post Mortem Results to Families**

Families should be given the following options in relation to communication of the post mortem results:

- 1 No communication whatsoever where the family indicates that they do not want to be given details of the results,
- 2 Written communication with the next of kin
- 3 Meeting with the next of kin involving relevant personnel. In this context it is suggested that the hospital consultant/team requesting the post mortem should be involved in communicating the results to the next of kin.
- 4 The results are sent to the general practitioner so that he/she can discuss the findings with the next of kin/family

#### **4. Choices in relation to Organ Retention and Disposal following Completion of Post Mortem Examination**

##### **Organ Disposal- Choices for families**

It is important to discuss with relatives, what is involved in a post mortem and what will happen to organs and tissues that have been retained. While this may seem insensitive at the time of death, it is crucial that relatives understand that organs and tissues may not be returned to the body in time for the funeral. Where prompt return of organs is not possible, the options available for subsequent disposal should be fully explained to families, but it is important to appreciate that no decision is required from the family at that time.

The key aim for hospitals should be to preserve as much choice as is practicable for families in making a decision relating to dignified and respectful disposal. The preferred options for disposal are burial and cremation.

When obtaining consent to a post mortem it is important that disposal issues are discussed with the family or their representative but that an immediate decision is not necessary at this time. The hospital will consult with you on number of disposal options :

- a) Hospital arranges burial or cremation without your participation and in line with normal practices.
- b) Hospital arranges burial or cremation in line with any specific request that you may have..
- c) Next of kin takes responsibility for disposal of deceased's organs, the organs are given to you on the understanding that they will be buried or cremated in an approved place to achieve this, it is recommended that you use an undertaker for this process.

:

### **Burial**

In the case of a hospital arranged burial, it should be explained that organs and remaining tissues will be appropriately sealed, clearly identified and buried in a hospital plot at a named cemetery. It is noted that some hospitals bury organs and tissues communally. If this is the case it should be explained to relatives that such organs are sealed and identified and that the burial takes place when a sufficient number of organs and tissues have accumulated for burial. An appropriate ceremony should take place prior to burial. If families so wish they may attend this ceremony. A register of such burials should be maintained.

### ***Cremation***

For the purposes of a hospital-arranged cremation, organs should be appropriately sealed, identified and sent to a named crematorium. It should be made clear to the family that cremating any part of the body in the absence of bone does not result in ashes. It is essential that relatives understand that there will not, in fact, be any ash left from the organs/tissue. Families should be informed that detailed forms need to be completed prior to cremation.

In the case of wax blocks and slides taken at the time of post mortem for histology purposes it should be explained to families that these form part of the long-term hospital record in relation to the post mortem and that disposal of these is not advisable. It is important to explain to relatives that blocks and slides form part of the autopsy record and that disposal would mean that there will be no remaining histology record for the family. A decision taken by a family to dispose of blocks and slides should be documented. If, for some reason, discussion is taking place in relation to

release of blocks and slides it should be borne in mind that the Coroners approval will be necessary in a Coroners case.

### **Religious Beliefs**

There are many cultural traditions associated with death and the burial process. It is important that in the context of the options associated with disposal that members of the multidisciplinary team dealing with the family are sensitive to their practices. To ensure this, hospitals will need to give due consideration to staff training needs with regard to awareness/understanding of cultural traditions.

## **Organ Storage**

The way in which organs, or parts of organs, tissues and/or other body fluids are retained should be fully explained to relatives. It is important that hospitals ensure that best practice with regard to the storage of such organs and tissues is adhered to. Organs that are retained must be stored in a respectful manner and be clearly identifiable. The following offers guidance on issues relating to storing organs and tissues:

### ***Short Term Storage for Diagnostic Purposes***

Organs and tissues that are retained for the purpose of completing the post mortem process should be kept in appropriate containers that are clearly identified, traceable and stored in a designated secure area. As soon as the diagnostic process is complete the organs can and should be released as soon as is appropriate.

In the case of all organs, or parts of organs, tissues and/or other body fluids including blocks and slides, that have been retained as part of the post mortem process a document tracking system should be in operation so that they can be traced and located with ease.

### ***Longer Term Storage for Education and Research***

In the case where informed consent has been given for retention of organs, or parts of organs, tissues and/or other body fluids for education and research purposes there are a number of broad principles, which should underpin the storage arrangements. In order to ensure due respect these procedures will include security, ventilation, and proper archiving arrangements.

## Record Management

The practice of having a secure and effective way of recording information surrounding the death and subsequent post mortem is central to the issue of post mortem and organ retention. All medical and pathology records should be reviewed to reflect the following information.

- (a) name, hospital medical reference number and date of birth;
- (b) date and place of death/miscarriage;
- (c) name and address of next of kin;
- (d) whether post mortem carried out.
- (e) date informed consent given;
- (f) signed informed consent form;
- (g) name of pathologist and others in attendance;
- (h) post mortem reference number
- (i) date of examination;
- (j) date of preliminary/final post mortem reports;
- (k) record of specific instruction from clinicians;
- (l) record of retained organs, other samples, wax blocks, slides, photographs, x-rays, if organs are disposed of, record should be kept of date and method of disposal;
- (m) case notes;
- (n) copy of any other relevant correspondence or notes;
- (o) name and address of general practitioner;
- (p) date of when post mortem report sent to general practitioner;
- (q) record of communication with next of kin;
- (r) date that final report sent to Consultant; (if appropriate)
- (s) date that final report sent to Social Worker; (if appropriate)
- (t) record of disposal options selected by the relatives.

Recording information in this manner ensures that there is a clear audit trail for future enquiries relating to post mortem practice.

**1. Appendix 1**

**Sample Post Mortem Consent Form**

I.....hereby give my consent to the performance of a post mortem/examination being carried out on.....

- I have been given an information leaflet and I understand that I can ask for clarification of any issue that I am not certain about. I understand that there is no obligation whatsoever to agree to the post mortem examination. YES/NO
- I understand that it will be necessary to remove organs, or parts of organs, tissues and/or other body fluids for examination during the post mortem. YES/NO
- I understand that x-rays or photographs may be taken during the post mortem examination
- I understand that some tissue or organs may need to be retained for more detailed laboratory examination.
- I understand and small amounts of organs/tissue will be retained for the purposes of preparing histological blocks and slides, which become part of the permanent post mortem record.
- I agree that retained organs may be used for:
  - Diagnostic purposes only
  - Education purposes
  - Research purposes

Non Coroner Post Mortem Document

I would like the hospital to make arrangements for the disposal of any retained organs in accordance with hospital policy

Yes

No

If no, record preference here (including option of waiting to make decision when the organs are ready for disposal)

\_\_\_\_\_

\_\_\_\_\_

I understand that I can record here any limitations that I wish to place on the examination

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CONSENT TO A POST MORTEM BEING CARRIED OUT IN ACCORDANCE WITH THE DETAILS NOTED ABOVE:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Name in print: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone number: \_\_\_\_\_

Counter-signed by healthcare professional: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_



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*SAMPLE FAMILY INFORMATION LEAFLET*

**Non-Coroner Post Mortem Examinations - Adults**

## **Introduction**

A Post-Mortem (which is also called an autopsy) is the medical examination of a person that takes place after death. It may seem somewhat insensitive of us to bring up the question of a post mortem at this difficult time for you and your family but there are important reasons why we need to do so.

From the outset you should understand that you are entirely free to decide whether or not a post mortem will be carried out.

This information leaflet is intended to help you understand what is involved in a Post Mortem examination, why it can be important and to outline your choices in this regard. We want to respect your wishes in every way we can. If there is anything you don't fully understand or would like to discuss further please do not hesitate to contact a member of staff that you are dealing with in the hospital.

## **Why are Post-Mortem examinations carried out?**

The post-mortem examination is one of the most informative investigations in medicine. It provides objective details on a person's illness or disease and on the response to any treatment given to them. The Post Mortem is an important means of establishing a medical diagnosis. A post mortem can sometimes leave questions unanswered in relation the death but even in these situations it can provide important and valuable information for the family and the doctors.

For the bereaved family the post-mortem provides information and explanations about the cause of death but can also reveal other conditions, knowledge of which could be of benefit to other family members.

The information obtained during the examination can also greatly assist doctors by providing knowledge that can be used in their treatment of other people in the future.

Post-Mortems can also be very valuable for ongoing medical training purposes.

### **What does a Post-Mortem entail?**

The post mortem examination is performed by a specially trained doctor called a Pathologist. A Pathologist specialises in the study of disease. During the examination the Pathologist is assisted by a Technician who is also specially trained for this purpose. The post mortem examination itself is carried out with the same care that would be taken if the deceased were having an operation.

During the Post-Mortem the body is carefully examined and any abnormalities or injuries are noted. In a full Post-Mortem examination all internal organs such as the brain, heart, lungs, and glands will take place. Incisions are made to allow the organs to be removed and studied in detail. X-rays and/or photographs may be taken during the examination.

Small portions of tissue from each organ may be kept to prepare microscopic blocks and slides. These slides are carefully examined to establish a diagnosis and they become part of the post mortem record. A small amount of blood may also be kept to facilitate biochemical, metabolic and toxicology analysis.

A limited Post-Mortem can be carried out which confines itself to those organs most likely to have been directly associated with the cause of death.

### **Appearance of the deceased after the Post-Mortem**

Relatives are often concerned about the appearance of their loved one after the Post Mortem examination. Incisions are carefully stitched and dressed as neatly as possible and as facial disfiguration should not occur it is not usually obvious from the appearance of the deceased that a Post-Mortem has been undertaken.

**Will the post-mortem affect funeral arrangements?**

Every effort is made to perform the post-mortem in a timely fashion so as not to affect or impinge upon funeral arrangement. Funerals are not usually delayed however as availability of Pathologists can vary you should discuss intended funeral arrangements with the hospital staff you are dealing with.

**Will any organs or tissue be retained?**

In some cases, it is necessary to temporarily retain whole organs (such as the heart), or parts of organs, tissues and/or other body fluids for detailed examination in order to make a diagnosis but not to establish/clarify the cause of death. Organs and tissues that are retained for the purpose of completing the post mortem process are carefully stored.

As soon as the diagnostic process is complete the organs can be released by the Pathologist. The Hospital will make contact with you at that time.

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

There are a number of options open to you in relation to how retained organs can be dealt with. It is not necessary for you to make a decision in this respect now but the hospital will consult you on a number of disposal options -

- a) Hospital arranges burial or cremation without your participation and in line with normal practices.
- b) Hospital arranges burial or cremation in line with any specific request that you may have.
- c) Next of kin takes responsibility for disposal of deceased's organs, the organs are given to you on the understanding that they will be buried or cremated in an approved place to achieve this, it is recommended that you use an undertaker for this process.

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d) You might like to consider giving the organ(s) for medical/education and research purposes. This means that the organs are kept indefinitely by the hospital and can be very valuable for on-going medical training purposes. In such cases they are appropriately prepared, anonymised and if their educational value ceases at any time in the future they will be disposed of in keeping with practice at the time. In some rare instances they are preserved and framed as medical museum specimens. When the organs are no longer needed they will be respectfully disposed of by the Hospital in accordance with the policy at that time.

### **Will the post-mortem report be available?**

Post-Mortem reports can be obtained on request from the Hospital. As laboratory tests can take time to complete the report itself may not be available for some months.

Post mortem reports contain a lot of clinical/medical terminology and if you do want to know the full results you might find it more helpful to accept an invitation to meet with the medical staff when the report is finalised, or perhaps have the report itself released to an appropriate person who can help to interpret the findings – such as your General Practitioner.

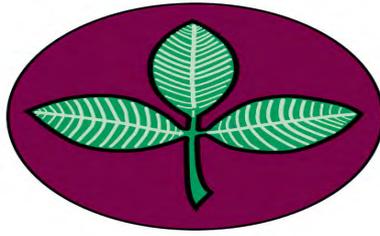
### **Who issues the Death Certificate?**

The Hospital issues a notification of the death to the registrar of Deaths, Birth and Marriages and thereafter the death certificate becomes available from the registrar Deaths, Birth and Marriages. If a hospital Post-Mortem is carried out the Hospital may not issue the notification to the Registrar until laboratory tests are completed.

Non Coroner Post Mortem Document

The relevant Registrar's office is located at:

***We hope that we have provided you with enough information on the different areas of post mortem examinations. If you have any questions that you feel have not been answered or if you have any queries you should not hesitate to ask.***



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*SAMPLE FAMILY INFORMATION LEAFLET*

**Non-Coroner Post Mortem Examinations - Children**

## **Introduction**

A Post-Mortem (which is also called an autopsy) is the medical examination of a person that takes place after death. It may seem somewhat insensitive of us to bring up the question of a post mortem at this difficult time for you and your family but there are important reasons why we need to do so.

From the outset you should understand that you are entirely free to decide whether or not a post mortem examination will be carried out.

This information leaflet is intended to help you understand what is involved in a Post Mortem examination and why it can be important, to outline your choices in this regard. We want to respect your wishes in every way we can. If there is anything you don't fully understand or would like to discuss further please do not hesitate to contact a member of staff that you are dealing with in the hospital.

## **Why are Post-Mortem examinations carried out?**

The post-mortem examination is one of the most informative investigations in medicine. It provides objective details on a child's illness or disease and on the response to any treatment given to them. A Post Mortem is an important means of establishing a medical diagnosis. A post mortem can sometimes leave questions unanswered in relation to the exact cause of death but even in these situations it can provide important and valuable information for families and doctors.

For bereaved parents and family members the post-mortem provides information and explanations not only on the death but can also reveal other conditions, knowledge of which could be of benefit to other family members.

The information obtained during the examination can also greatly assist other doctors by providing knowledge that can be used in their treatment of other people in the future.

Post-Mortems can also be very valuable in ongoing medical training.

### **What does a Post-Mortem entail?**

The post mortem examination is carried out by a specially trained doctor called a Pathologist. A Pathologist specialises in the study of disease. During the examination the Pathologist is assisted by a Technician who is also specially trained for this purpose. The post mortem examination itself is carried out with the same care that would be taken if the child were having an operation.

During the Post-Mortem the body is carefully examined and any abnormalities or injuries are noted. In a full Post-Mortem examination of all internal organs such as the brain, heart, lungs, glands will take place. Incisions are made to allow the organs to be removed and studied in detail. X-rays and/or photographs may be taken during the examination.

Small portions of tissue from each organ may be kept to prepare microscopic blocks and slides. These slides are carefully examined to establish a diagnosis and they become part of the post mortem record. A small amount of blood may also be kept to facilitate biochemical, metabolic and toxicology analysis.

A limited Post-Mortem can be carried out which confines itself to those organs most likely to have been directly associated with the cause of death. For example, if a child has died of a cardiac condition, the heart and lungs might only be examined. Because there is less involved in a limited Post Mortem examination it may be that information about other abnormalities, which might have contributed to the death, is not discovered.

### **Appearance of your child after the Post-Mortem**

Parents are often concerned about the appearance of their child after the Post Mortem examination. Incisions are carefully stitched and dressed as neatly as possible and as facial incisions should not necessary occur it is not usually obvious from the appearance of the child that a Post-Mortem has been undertaken.

After the post mortem you can see and hold your child again if you wish and your child can be dressed in his/her own clothes. We would also suggest a cap or bonnet for smaller infants or children to cover any bandages/incisions that may have been made during the process. You may dress your child yourself or the hospital staff can do this if you prefer. The appearance and colour of your child's skin will change naturally after death irrespective of whether or not a post mortem examination is carried out.

**Will the post-mortem affect funeral arrangements?**

Every effort is made to perform the post-mortem in a timely fashion so as not to affect or impinge upon funeral arrangements. Funerals are not usually delayed however as availability of Pathologists can vary you should discuss intended funeral arrangements with the hospital staff you are dealing with.

**Will any organs or tissue be retained?**

In some cases, it is necessary to temporarily retain whole organs (such as the heart), or parts of organs, tissues and/or other body fluids for detailed examination in order to make a diagnosis. Organs and tissues that are retained for the purpose of completing the post mortem process are carefully stored.

As soon as the diagnostic process is complete the organs can be released by the Pathologist. The Hospital will make contact with you at that time. It should be remembered that tissue samples as mentioned earlier are not ordinarily released as they form part of the medical records

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

There are a number of options open to you in relation to how retained organs can be dealt with. It is not necessary for you to make a decision in this respect now but the hospital will consult you on a number of disposal options -

## Non Coroner Post Mortem Document

- a) Hospital arranges burial or cremation without your participation and in line with normal practices.
- b) Hospital arranges burial or cremation in line with any specific request that you may have..
- c) Next of kin takes responsibility for disposal of deceased child's organs. The organs are given to you on the understanding that they will be buried or cremated in an approved place. To achieve this, it is recommended that you use an undertaker for this process.
- d) d. You might like to consider giving the organ(s) for medical/education and research purposes. This means that the organ(s) are kept indefinitely by the hospital and used in the training of medical students and doctors. In such cases they are appropriately prepared, anonymised and if their educational value ceases at any time in the future they will be disposed of in keeping with practice at the time. In some rare instances they are preserved and framed as medical museum specimens.

When the organ(s) are no longer needed they will be respectfully disposed of by the Hospital in accordance with the policy at that time.

### **Will the post-mortem report be available?**

Post-Mortem reports can be obtained on request from the Hospital. As laboratory tests can take time to complete the report itself may not be available for some months.

Post mortem reports contain a lot of clinical/medical terminology and if you do want to know the full results you might find it more helpful to accept an invitation to meet with the medical staff when the report is finalised, or perhaps have the report itself released to an appropriate person who can help to interpret the findings – such as your General Practitioner.

**Who issues the Death Certificate?**

The Hospital issues a notification of the death to the registrar of Deaths, Birth and Marriages and thereafter the death certificate becomes available from the registrar Deaths, Birth and Marriages. If a hospital Post-Mortem is carried out the Hospital may not issue the notification to the Registrar until laboratory tests are completed.

The relevant Registrar's office is located at:

*We hope that we have provided you with enough information on the different areas of post mortem examinations. If you have any questions that you feel have not been answered or if you have any queries you should not hesitate to ask.*



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***Protocol/Guideline for Hospitals and other relevant agencies in providing a Quality Response to Families in relation to Coroners post mortem practices***

*December 2002*

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## **INTRODUCTION**

This document is intended to provide advice/guidance to hospital personnel in relation to procedures to be followed in coroner post mortem cases. It recognises that individual hospitals may need to modify the guidelines somewhat to reflect local issues/considerations. It should, however, be remembered that the primary purpose of this document was an attempt to standardise practice between and among hospitals – as such efforts should be made to keep local modifications to a minimum.

It is recommended that hospitals review their policies and guidelines in the area of post mortem practice on a regular basis. **It is not intended that this document be provided to families/relatives** – sample family information sheets are provided separately for this purpose in the appendices. **A separate document dealing with procedures in “non-coroner” post mortems is also available in your hospital.**

It will be appreciated that consent is not required from the next of kin where the coroner orders the post mortem examination. However these guidelines acknowledge that a balance needs to be struck between providing enough information to ensure families/relatives fully understand what is involved, while at the same time recognising the need for sensitivity and empathy at a time of great upset.

Although consent is not required in Coroner’s post mortem cases, the next of kin have certain choices with regard to organ retention and disposal once the Coroner has completed his/her work. This document places significant emphasis on the need for adequate consultation with grieving relatives in this context.

There is no doubt that providing all necessary information is, at times, a difficult and stressful task. Where a clinician was involved in the care of the deceased it is considered desirable that he/she should communicate with family on the issues surrounding the post mortem. Notwithstanding this, a multidisciplinary approach to supporting relatives will often be appropriate. It is therefore suggested that in addition to the senior clinician the following professionals be included in this team and drawn on as required:

Nursing/Midwifery staff

Bereavement counsellor

Medical social worker

Pathologist

Pastoral care

**SCOPE OF THIS DOCUMENT**

This document deals with the following issues

1. Circumstances where there is an obligation to notify the coroner of a death.
2. Coroner notification process
3. Communication with families – key issues to be covered
4. Organ storage following completion of the Coroners examination.

## **1. Circumstances where there an obligation to notify the coroner of a death**

When a patient dies and the death falls within the criteria for reportable deaths laid down by the Coroner's Act, 1962 there is an obligation to notify the Coroner's Office.

In cases of sudden, unnatural or violent death there is a legal responsibility on the doctor, registrar of deaths, funeral undertaker, householder and every person in charge of any institution or premises in which the deceased person was residing at the time of his/her death to report such a death to the Coroner. Deaths, which are usually reported to the Coroner, include the following: -

- Where the death may have resulted from an accident, suicide or homicide;
- Where any question of misadventure arises in relation to the treatment of the deceased.
- Where a patient dies before a diagnosis is made
- When death occurred while a patient was undergoing an operation or was under the effect of an anaesthetic;
- Where the death occurred during or as a result of any procedure;
- Where death resulted from any industrial disease;
- Where death was due to neglect or lack of care;
- Where death has occurred in a mental institution.
- Where death has occurred within 24 hours of admission
- It is important to emphasise that if the clinician has any doubt as to whether the death is reportable he/she should make contact with the Coroner. This should be recorded.

If a death falls within the above criteria every effort should be made to inform the family of the likelihood of a Coroners Post mortem before they leave the hospital.

## **2. Coroner notification process**

In the case of Coroner's Post Mortem the following points should be carefully recorded by the hospital concerned:

- The circumstances of death that warranted notifying the Coroner:
- The name of the person who made the decision to notify the Coroner;
- The date and time of notification
- The name of the person who was notified in the Coroner's Office
- The decision taken by the Coroner's Office.

## **3. Communication with families – key issues to be covered**

Whilst the Family's consent is not required they should be helped to understand the following

- Why it has been necessary to notify the Coroner; and
- That the Coroner has a legal duty to investigate the death and as such consent for the post mortem is not required:
- What the post mortem process itself entails;
- Their choices in relation to organ retention and disposal following completion of the post mortem process.

The following is an outline of the issues to be covered by the hospital in its communication with the family in relation to the post mortem process and the choices they have in relation to organ retention and disposal.

**CORONER POST MORTEM PROCESS -**

- The purpose a coroners post mortem is to establish the cause of death (post mortems can also reveal other conditions knowledge of which might be of benefit to family members)
- The procedure will be performed by a pathologist, or other doctor directed by the Coroner who in these circumstances is acting independently of the hospital on the Coroner's behalf. Families should be advised that the post mortem may not always be undertaken in the hospital or by a hospital pathologist as these matters are entirely at the Coroners discretion.
- In order to examine the organs of the body it is necessary to remove them for weighing, measuring and dissection as part of the coroners post mortem;
- tissue samples are taken for the purposes of histological blocks and slides and that these form part of a long term post mortem record which is ordinarily stored by the hospital; It should be emphasised that disposal of these is ill advised as there will be no histology record for the family
- clinical video/photography/x-rays may be used as part of the post mortem process and become part of the post mortem records;

- it is possible that organs will be retained as part of the post mortem process for the purpose of establishing/clarifying the cause of death.
- the arrangements for storage of organs during the post mortem process;
- how the deceased will look when released for the funeral;
- whether the post mortem will delay the funeral;
- whether the organs, or parts of organs, tissues and/or other body fluids examined will be returned to the body prior to burial;
- choices available to families in relation to any organs/parts of organs that might have been retained after the funeral (see 3.1 below)
- how the death is registered by the Coroner.

**Choices in relation to Organ Retention and Disposal following Completion of Post Mortem Examination**

When discussing the post mortem process with the families it should be explained that in the event of the coroner having to retain organs there will be choices in relation to what will happen to the organs once the coroner has no further need of them. It should be emphasised that no decision on organ retention and disposal are required at this stage.

**Choices in relation to organ retention**

The choices in relation to organ retention following the completion of the post mortem process should be explained to families. At the outset it should be pointed out that if the pathologist requests permission to retain organ/parts thereof for educational/research purposes after the coroner has completed his/her process the informed consent of the next of kin is required.

The discussion in relation to obtaining this consent should cover how organs or part of organs will be used and stored. It should be fully explained to relatives that on completion of any education or research organs will be disposed of in a respectful and dignified manner. If organs, or parts of organs, tissues and/or other body fluids are being used for education purposes relatives should be made aware that in a very small minority of cases organs are used as medical museum specimens for teaching purposes. In such cases they are appropriately prepared, anonymised and if they become obsolete in the future they are disposed of in keeping with practice at that time;

Where the family do not wish to give the organs for this purpose the following disposal options are open to them:

***Disposal Options***

The key aim for hospitals should be to preserve as much choice as is practicable for families in making a decision relating to dignified and respectful disposal. The preferred options for disposal are burial and cremation.

The three disposal options available are outlined as follows

- Hospital arranges burial or cremation at the request of the relative/family and without their involvement.
- Hospital arranges burial or cremation at the request of relative/family but where there is consultation with relative/family.
- Next of kin takes responsibility for disposal of deceased's organs

**Where next of kin take responsibility for disposal**

When a family wishes to make its own burial or cremation arrangements the hospital should ensure that the family receives the organs and tissues of the deceased in a dignified manner i.e. in an individual casket appropriately sealed and in a location such as a hospital oratory or family room. In recognition of the health concerns the hospital should strongly and actively encourage families to use an undertaker for this process so as to ensure that appropriate disposal takes place.

**Where the hospital take responsibility for disposal**

When the hospital take responsibility details with regard to the processes of burial and cremation should be outlined in full:

***Burial***

In the case of a hospital arranged burial, it should be explained that organs and remaining tissues will be appropriately sealed, clearly identified and buried in a hospital plot at a named cemetery. It is noted that some hospitals bury organs and tissues communally. If this is the case it should be explained to relatives that such organs are sealed and identified and that the burial takes places when a

sufficient number of organs and tissues have accumulated for burial. An appropriate ceremony should take place prior to burial. If families so wish they may attend this ceremony. A register of such burials should be maintained.

***Cremation***

For the purposes of a hospital-arranged cremation, organs should be appropriately sealed, identified and sent to a named crematorium. It should be made clear to the family that cremating any part of the body in the absence of bone does not result in ashes. It is essential that relatives understand that there will not, in fact, be any ash left from the organs/tissue. Families should be informed that detailed forms need to be completed prior to cremation.

The information booklet on Coroner Post Mortems that accompanies this set of guidelines should be given to relatives to complement this discussion.

A sample Coroner's Post Mortem Acknowledgement Form is contained in Appendix 2 of this document. Relatives should be asked to sign Section A of this document acknowledging:

- that the Coroner's Post Mortem process has been explained to them;
- that they understand that it may involve retention of organs, or parts of organs, tissues and/or other body fluids for diagnostic purposes and that this is not governed by informed consent;
- that they have been given an appropriate information leaflet;

- that there are options available to them with regard to any subsequent retention and disposal of organs, or parts of organs, tissues and/or other body fluids.

The sample form in appendix 2 covers the consent that is needed for the permanent retention of organs, or parts of organs, tissues and/or other body fluids for medical education and research purposes. This issue should be fully discussed with relatives including how such organs would be stored and disposed of in the long term.

#### **4. Organ Storage following completion of the Coroners Examination**

It is important that hospitals ensure that best practice with regard to the storage of such organs and tissues is adhered to. Organs that are retained must be stored in a respectful manner and be clearly identifiable. Where consent has been given for organ retention the hospital should ensure that the organs, or parts of organs, are kept together as far as is practicable.

The following offers guidance on issues relating to storing organs and tissues:

##### ***Short Term Storage for Diagnostic Purposes***

Organs and tissues that are retained for the purpose of completing the post mortem process should be kept in appropriate containers that are clearly identified, traceable and stored in a designated secure area. As soon as the diagnostic process is complete the organs can and should be released as soon as is appropriate. The disposal options for organs and tissues retained as part of the post mortem process are discussed in paragraph 3. above

In the case of all organs, or parts of organs, tissues and/or other body fluids including blocks and slides, that have been retained as part of

the post mortem process a document tracking system should be in operation so that they can be traced and located with ease.

***Longer Term Storage for Education and Research***

In the case where informed consent has been given for retention of organs, or parts of organs, tissues and/or other body fluids for education and research purposes there are a number of broad principles, which should under pin the storage arrangements. In order to ensure due respect these procedures will include security, ventilation, and proper archiving arrangements.

***Religious Beliefs***

There are many cultural traditions associated with death and the burial process. It is important that in the context of the options associated with disposal that members of the multidisciplinary team dealing with the family are sensitive to their practices. To ensure this, hospitals will need to give due consideration to staff training needs with regard to awareness/understanding of cultural traditions.

***Record Management***

The practice of having a secure and effective way of recording information surrounding the death and subsequent post mortem is central to the issue of post mortem and organ retention. All medical and pathology records should be reviewed to reflect the following information.

- (a) name, hospital medical reference number and date of birth;
- (b) date and place of death/miscarriage;
- (c) name and address of next of kin;
- (d) copy of hospital notification to Coroner
- (e) confirmation of post mortem carried out and that it was ordered by the coroner
- (f) name of pathologist and others in attendance;
- (g) post mortem report including reference number

- (h) date of post mortem examination;
- (i) date of preliminary/final post mortem reports;
- (j) record of specific instruction(s) from Coroner;
- (k) record of retained organs, other samples, wax blocks, slides, photographs, x-rays;
- (l) Record of family choices in relation to retention of organs for education and research purposes;
- (m) Record of family choices in relation to disposal options;
- (n) Record of date and method of disposal if appropriate:
- (o) date that final report sent to Coroner;
- (p) case notes;
- (q) copy of any other relevant correspondence or notes;
- (r) name and address of general practitioner;
- (s) date of when post mortem report sent to general practitioner;  
(subject to the coroners approval)
- (t) record of all communication with next of kin;



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*SAMPLE FAMILY INFORMATION LEAFLET*

**1. Coroner Post Mortem Examinations - Adults**

## **Introduction**

A Post-Mortem (which is also called an autopsy) is the medical examination of a person that takes place after death. It may seem somewhat insensitive of us to bring up the question of a post mortem at this difficult time for you and your family. However, as a post mortem has been ordered by the Coroner it is important that we give enough information for you to understand what is involved.

This information leaflet is intended to help you understand what a Post Mortem examination entails and why it is important. Specifically, it sets out the role of the Coroner and why he/she orders post mortems. It is important to state that while your consent is not required for a Coroner's post mortem to proceed, you do have some choices once the post mortem is completed. In this context, we want to respect your wishes in every way we can. If there is anything you don't fully understand or would like to discuss further, please do not hesitate to contact a member of staff that you are dealing with in the hospital.

## **Who is the coroner and why does he/she order post mortem examinations?**

The Coroner is an independent official of the State who has a legal responsibility to investigate death in certain circumstances. These circumstances include accidental, unexpected or unexplained deaths and deaths that occur soon after admission to hospital or soon after an operation.

The Coroner can legally order a post mortem examination even if it is against your wishes and following review of the post mortem report he/she will decide whether or not an inquest will take place.

**Why are Post-Mortem examinations carried out?**

The post-mortem examination is one of the most informative investigations in medicine. It provides objective details on a person's illness or injuries and on the response to any treatment given to them. The primary purpose is to provide detailed information on the cause of death. However there are also potential benefits that can arise, such as, providing families with information on previously undiagnosed conditions, which might be helpful to know about. It can also greatly assist doctors in the treatment of other people.

**What does a post mortem entail?**

A post mortem examination is performed by a specially trained doctor called a Pathologist who specialises in the study of disease. The Pathologist acts on behalf of the Coroner and independently of the hospital. He/she is usually assisted by a technician.

During the Post-Mortem the body is carefully examined and any abnormalities or injuries are noted. Examination of all internal organs such as the brain, heart, lungs, and glands takes place. Incisions are made to allow the organs to be removed and studied in detail. X-rays and photographs may be taken during the examination.

Small portions of tissue from organ/organs are kept to prepare microscopic blocks and slides. These slides are carefully examined to establish a diagnosis and they become part of the post mortem record. A small amount of blood may also be kept to facilitate biochemical, metabolic and toxicology analysis.

**Appearance of the deceased after the Post-Mortem**

Relatives are often concerned about the appearance of their loved one after the Post Mortem examination. Incisions are carefully stitched and dressed as neatly as possible and as facial disfiguration should not occur it is not usually obvious from the appearance of the deceased that a Post-Mortem has been undertaken.

**Will the post-mortem affect funeral arrangements?**

The body cannot be released until the Coroner agrees. Every effort is made to perform the post-mortem in a timely fashion so as not to affect or impinge upon funeral arrangements. However as the Coroner must first agree to release the body for the funeral you should discuss intended funeral arrangements with the hospital/mortuary staff.

**Will any organs or tissue be retained?**

In some cases, it is necessary to temporarily retain whole organs or parts of organs, tissues and/or other body fluids for detailed examination in order to establish/clarify the cause of death. Other organs and/or tissues that are retained for the purpose of completing the post mortem process are carefully stored. Small tissue samples are taken and kept in blocks and slides and these form part of the post mortem record.

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

As soon as the Coroner indicates that he/she has no further need for the organs they can be released by the Pathologist. There are a number of options open to you in relation to how retained organs can be dealt with. It is not necessary for you to make a decision in this respect now but so that you fully understand what is involved the hospital will consult with you on a number of disposal options: -

- a) The Hospital arranges burial or cremation without your participation in line with normal practice.

- b) The hospital arranges burial or cremation in line with any specific request that you may have.
  
- c) The organs are given to you on the understanding that they will be buried or cremated in an approved place. To achieve this, it is recommended that you use an undertaker for this process.
  
- d) You might like to consider giving the organ(s) for medical/education and research purposes. This means that the organs are kept indefinitely by the hospital and can be very valuable in ongoing medical training. In such cases they are appropriately prepared, anonymised and if their educational value ceases at any time in the future they will be disposed of in keeping with practice at the time. In some rare instances they are preserved as medical museum specimens. When the organs are no longer needed they will be respectfully disposed of by the Hospital in accordance with the policy at that time.

As started above you do not need to make a decision now in relation to how retained organs will be dealt with at this time. The hospital will make contact with you as soon as possible after the Coroner has completed his/her work

**Will the post-mortem report be available?**

Post-Mortem reports can only be released on foot of approval of the Coroner. Once the Coroners approval has been given, a meeting can be arranged with hospital staff to discuss the post mortem findings. This meeting can only be arranged when the Coroner has completed his/her work. As laboratory tests can take time to complete, it may not be possible to arrange the meeting for some months.

If, for some reason, you do not wish to attend a meeting but would still like specific information about the post mortem findings, you can

request a copy of the post mortem report from the Coroner. Again this may take some time as laboratory tests are being completed.

It should be appreciated that post mortem reports contain a lot of specialist clinical/medical terminology. For this reason it might be more helpful to have the report released to an appropriate person who can interpret the findings – such as your General Practitioner.

**Who issues the Death Certificate?**

The Coroner issues a notification of the death to the registrar of Deaths, Births and Marriages. This does not take place until the Coroner has completed his/her work. Accordingly, a Post-Mortem might cause delay in the Death Certificate becoming available. If the certificate is likely to be needed more urgently for some reason you should contact the Coroner's office, as an interim certificate of death may be available.

The relevant Registrar's office is located at:

***We hope that we have provided you with enough information on the different issues relating to the post mortem examination. If you have any questions that you feel have not been answered or if you have any queries you should not hesitate to ask.***



EASTERN REGIONAL HEALTH AUTHORITY  
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*SAMPLE FAMILY INFORMATION LEAFLET*

**2. Coroner Post Mortem Examinations - Children**

## **Introduction**

A Post-Mortem (which is also called an autopsy) is the medical examination of a person that takes place after death. It may seem somewhat insensitive of us to bring up the question of a post mortem at this difficult time for you and your family. However, as a post mortem has been ordered by the Coroner it is important that we give enough information for you to understand what is involved.

This information leaflet is intended to help you understand what a Post Mortem examination entails and why it is important. Specifically, it sets out the role of the Coroner and why he/she orders post mortems. It is important to state that while your consent is not required for a Coroner's post mortem to proceed you do have some choices once the post mortem is complete and in this regard we want to respect your wishes in every way we can. If there is anything you don't fully understand or would like to discuss further, please do not hesitate to contact a member of staff that you are dealing with in the hospital.

## **Who is the coroner and why does he/she order post mortem examinations?**

The Coroner is an independent official of the State who has a legal responsibility to investigate death in certain circumstances. These circumstances include accidental, unexpected or unexplained deaths and deaths that occur soon after admission to hospital or soon after an operation.

The Coroner can legally order a post mortem examination even if it is against your wishes and following review of the post mortem report he/she will decide whether or not an inquest will take place.

## **Why are Post-Mortem examinations carried out?**

The post-mortem examination is one of the most informative investigations in

medicine. It provides objective details on a person's illness or injuries and on the response to any treatment given to them. The primary purpose is to provide detailed information on the cause of death. However there are also potential benefits that can arise, such as, providing families with information on previously undiagnosed conditions, which might be helpful to know about. It can also greatly assist doctors in the treatment of other people.

**What does a Post-Mortem entail?**

A post mortem examination is carried out by a specially trained doctor called a Pathologist who specialises in the study of disease. The Pathologist acts on behalf of the Coroner and independently of the hospital. He/she is usually assisted by a technician who is also specially trained. The examination is done with the same care that would be used if the child were having an examination, your child is treated in a respectful and caring manner throughout the examination.

During the Post-Mortem the body is carefully examined and any abnormalities or injuries are noted. Examination of all internal organs such as the brain, heart, lungs, and glands takes place. Incisions are made to allow the organs to be removed and studied in detail. X-rays and photographs may be taken during the examination.

Small portions of tissue from organ/organs are kept to prepare microscopic blocks and slides. These slides are carefully examined to establish a diagnosis and they become part of the post mortem record. A small amount of blood may also be kept to facilitate biochemical, metabolic and toxicology analysis.

**Appearance of your child after the Post-Mortem**

Parents are often concerned about the appearance of their child after the Post Mortem examination. Incisions are carefully stitched and dressed as neatly as possible. As facial incisions are not usually necessary it should not be obvious from the appearance of the child that a Post-Mortem has been undertaken.

After the post mortem you can see and hold your child again if you wish and children can be dressed in their own clothes. We would also suggest a cap or bonnet for smaller infants or children. You may dress your child yourself or the hospital staff can do this if you prefer. The appearance and colour of your child's skin will change naturally after death.

**Will the post-mortem affect funeral arrangements?**

The body cannot be released until the Coroner agrees. Every effort is made to perform the post-mortem in a timely fashion so as not to affect or impinge upon funeral arrangements. However as the Coroner must first agree to release the body for the funeral you should discuss intended funeral arrangements with the hospital/mortuary staff.

**Will any organs or tissue be retained?**

In some cases, it is necessary to temporarily retain whole organs (such as the heart), or parts of organs, tissues and/or other body fluids for detailed examination in order to establish /clarify a cause of death. Small tissues samples that are retained for the purpose of completing the post mortem process are carefully stored.

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

As soon as the Coroner indicates that he/she has no further need for the organs they can be released by the Pathologist. There are a number of options open to you in relation to how retained organs can be dealt with. It is not necessary for you to make a decision in this

respect now but so that you fully understand what is involved the hospital will discuss the disposal options below: -

- a) The Hospital arranges burial or cremation without your participation in line with normal practice.
- b) The hospital arrange burial or cremation in line with any specific request that you may have.
- c) .The organs are given to you on the understanding that they will be buried or cremated in an approved place. To achieve this, it is recommended that you use an undertaker for this process.
- d) You might like to consider giving the organ(s) for medical/education and research purposes. This means that the organs are kept indefinitely by the hospital and can be very valuable in ongoing medical training. In such cases they are appropriately prepared, anonymised and if their educational value ceases at any time in the future they will be disposed of in keeping with practice at the time. In some rare instances they are preserved as medical museum specimens. When the organs are no longer needed they will be respectfully disposed of by the Hospital in accordance with the policy at that time.

**Will the post-mortem report be available?**

Post-Mortem reports are not released routinely. If you would like specific information about the post mortem findings you should speak with hospital staff about the possibility of arranging a meeting when the report becomes available. This meeting can only be arranged when the Coroner has completed his/her work. As laboratory tests can take some time to complete it may not be possible for the meeting to be arranged for some months.

If, for some reason, you do not wish to attend a meeting but would still like specific information the post mortem findings you can request

a copy of the post mortem report from the Coroner. Again this may take some time as laboratory tests are being completed. It should be appreciated that post mortem reports contain a lot of specialist clinical/medical terminology. For this reason it might be more helpful to have the report released to an appropriate person who can to interpret the findings – such as your General Practitioner.

**Who issues the Death Certificate?**

The Coroner issues a notification of the death to the registrar of Deaths, Birth and Marriages. This does not take place until all laboratory tests are completed and the final report has been accepted by the Coroner. Accordingly, a Post-Mortem might cause delay in the Death Certificate becoming available and you should specifically ask about this if the certificate is likely to be needed more urgently for some reason, as an interim certificate of death may be available.

The relevant Registrar’s office is located at:

***We hope that we have provided you with enough information on the different areas of post mortem examinations. If you have any questions that you feel have not been answered or if you have any queries you should not hesitate to ask.***