GUIDANCE FOR DOCTORS ON POST-MORTEM EXAMINATIONS

Amendments

<table>
<thead>
<tr>
<th>Date</th>
<th>Page(s)</th>
<th>Comments</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 09</td>
<td></td>
<td>General update re : compliance with HTA</td>
<td>Clinical Governance Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendix 3 changed from Dept of Health information leaflet to Trust</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>produced leaflet (leaflet ratified May 2009)</td>
<td></td>
</tr>
<tr>
<td>June 09</td>
<td>8</td>
<td>Para 3 amended</td>
<td></td>
</tr>
<tr>
<td>July 2011</td>
<td></td>
<td>General review and update.</td>
<td></td>
</tr>
<tr>
<td>March 2014</td>
<td></td>
<td>General review and update</td>
<td></td>
</tr>
</tbody>
</table>

Compiled by: Alison Allan Bereavement Officer. In consultation with Jill Down, Head Of Patient Experience ; Sal Maughan, Patient Experience Manager; ; Phil Baker, Lead BMS for Histology ; Elaine Moore, Pathology Quality Manager ; Dr Sujatha Balija, Pathologist and Dr Sahil Ibrahim, Consultant Histopathologist.

Ratified by: Clinical Governance Committee / Quality Governance Committee (Chair’s action)

Date: September 2011

Reviewed: March 2014

Next review due: March 2017, or earlier if required

Comments on this document to: Bereavement Officer/Patient Experience Manager
INDEX

1 INTRODUCTION

2 TYPES OF POST MORTEM
   2.1 Coroners Post Mortem
   2.2 Hospital Post Mortem

3 THE NEED FOR CONSENT

4 WHO CAN GIVE CONSENT (QUALIFYING RELATIONSHIPS)

5 INFORMATION TO BE GIVEN TO FAMILIES BEFORE SEEKING CONSENT

6 ORGAN RETENTION

7 POST MORTEM CONSENT FORM

8 ARRANGEMENTS FOR CONSENT TO POST MORTEM FOR PREGNANCY LOSS AND BABY OR CHILD

9 INFORMATION TO BE GIVEN TO FAMILIES FOLLOWING THE POST MORTEM

10 CULTURAL TRADITIONS

11 LANGUAGE DIFFERENCES

12 SPECIAL NEEDS

13 ARCHIVING ARRANGEMENTS

14 DISSEMINATION AND IMPLEMENTATION

15 PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

16 EQUALITY IMPACT ASSESSMENT

17 REFERENCES

APPENDICES

APPENDIX 1 HTA POST MORTEM CONSENT FORM - ADULT

APPENDIX 2 POST MORTEM CONSENT FORM FOR EXAMINATION OF A BABY OR CHILD

APPENDIX 3 A SIMPLE GUIDE TO THE POST MORTEM PROCEDURE
GUIDANCE FOR DOCTORS ON POST-MORTEM EXAMINATIONS

SEE ALSO:

- Advance Decisions to Refuse Treatment - Guidance for Staff
- Guidelines for using Interpreting Service
- Patient Consent Policy
- Assessing a Patient's Mental Capacity to make Decisions - Guidance for Staff
- Standard Operating Procedure for Hospital Post Mortem Consent (Code LP-MORT-PMCONSENT)

1. INTRODUCTION

This guide is aimed at providing practical information about post-mortem examinations. It is based on the Human Tissue Act 2004 and the guidelines issued by the Human Tissue Authority in July 2006. These documents are available on the internet in PDF format, therefore an Acrobat Reader is required to access them. Hard copies of these documents are held in the Bereavement Office.

The Human Tissue Act established the Human Tissue Authority (HTA) as the regulatory body for all matters concerning the removal, storage, use and disposal of human tissue for scheduled purposes.

The HTA's Codes of Practice, particularly Code 3, give practical guidance and lay down the standards expected of all staff who communicate with relatives of children and adults who may undergo or have undergone a post-mortem examination. Please note that ‘HTA Code of Practice 3 – Post Mortem Examination’ updates and replaces Families and Post-Mortems: A Code of Practice (DOH 2003).

2. TYPES OF POST-MORTEM EXAMINATIONS

There are two types of post-mortem examinations.

2.1 Coroner’s post-mortem:

The Coroner is an independent officer with statutory responsibility for the legal investigation of some categories of death. Post mortems are ordered so that the Coroner can investigate:-

- Sudden and unexpected death.
- Death where the cause is unknown and the doctor cannot issue a Death Certificate.
- Death where the cause of death is known to be, or suspected to be, due to causes other than natural disease (for example accidents and industrial diseases or where the death is related to the deceased’s employment)
- Where the deceased was not attended during his last illness by a registered medical practitioner.
- Where the cause of death appears to be unknown.
- Where the death was unnatural or was caused by violence or neglect or by abortion or to have been attended by suspicious circumstances.
- Where the death occurred during an operation or before recovery from the effect of an anaesthetic.
- Deaths that have suspicious circumstances or involve a history of violence.
- Deaths where there is any question of self-neglect or neglect by others.
• Deaths that have occurred, or the illness arisen during or shortly after, detention in police or prison custody (including voluntary attendance at a police station).
• Cases where the deceased was detained under the Mental Health Act.
• When death might have been contributed to by the actions of the deceased himself (such as a history of alcohol, drug or solvent abuse, self-injury or overdose).
• Cases where the death may be related to a medical procedure or treatment.
• The death may be due to lack of medical care.
• There are other unusual or disturbing features to the case.
• The death occurs within 24 hours of admission to hospital (unless the admission was purely for terminal care).
• Any deaths where there is an allegation of medical mismanagement.

There is no legal obligation on a doctor to report a death to the Coroner, however the Trust would expect a doctor to report any sudden or unexpected death, or a death where the cause is unknown or not clear, or where there maybe something that is ‘unnatural’ giving rise to or causing the death. This will involve discussion with the Coroner’s Officer before signing the Medical Certificate of Cause of Death (MCCD). If the Coroner reaches the decision that a post-mortem is required, a Pathologist will be asked to carry this out and report the findings to the Coroner. The Coroner will subsequently issue the Medical Certificate of Cause of Death (MCCD) to the person in a qualifying relationship with the deceased.

The Coroner has a legal right to order a post-mortem to help ascertain the cause of death and therefore consent is not required. Consent is also not needed to keep material following a coroner’s post-mortem, or to keep material in connection with a criminal investigation/conviction (HTA Code of Practice 1 2006: page 8, paragraph 27). However, consent is needed for the storage or use of material taken during a coroner’s post-mortem for scheduled purposes, once the material is no longer required for the coroner’s purposes.

When cases are referred to the Coroner for further action it is usually the Coroners Officer who liaises with the family of the deceased. However, if families need further information, there are copies of the Home Office leaflet ‘When Sudden Death Occurs – Coroners and Inquests’ (February 2002) in the Bereavement office. This leaflet provides information for the next of kin in the hours and days immediately following a sudden death, where a coroner is involved. It is available in a number of different languages.

It is helpful to bear in mind that, for some cultures and religious faiths, there is a requirement that the body of the deceased be committed for burial within a prescribed length of time (typically before sundown on the day following the death). If a Coroner’s post-mortem is required this will almost certainly cause some delay to that process. The family will understand that this legal requirement must take precedence over their faith or cultural tradition but sensitivity should be exercised as this may cause additional distress in the already difficult circumstance of loss.

2.2 Hospital post-mortem:

In contrast to the Coroner’s post-mortem, a hospital post-mortem is not undertaken to establish the cause of death, as this should already be known and certified by the Doctor prior to the procedure.

The aims of a hospital post-mortem examination are to enable information and explanations to be provided to bereaved families and their doctors. This may be carried out at the request of the doctors or indeed the relatives of the deceased. Hospital post-mortems can also allow clinicians to gain a fuller understanding of the deceased person’s illness and to enhance future medical care.

A hospital post-mortem can only be carried out with full documented consent from the person in a qualifying relationship with the deceased. (see section 4.0). Consent is also required for the removal, storage and use of any organs or tissues after a hospital post-mortem.
3. THE NEED FOR CONSENT

The Human Tissue Act (2004) makes it a mandatory requirement that written consent from relatives to undertake a hospital post mortem is needed. However, there is no obligation to obtain consent from the family if, in accordance with Section 1 (1) of the Human Tissue Act 1961, the deceased has left clear instructions, preferably in writing, that his or her body or tissues should be used for transplantation, medical education or research.

A consented post-mortem examination can either be **full** (involving a detailed examination of all the internal organs) or **limited** (which might for example involve examination of only those organs directly involved in the deceased’s illness). Those options should be explained to the deceased’s relatives.

It is the responsibility of the deceased’s Consultant to seek consent, knowing the medical problems and the unresolved aspects that merit investigation. However, in exceptional circumstances, another member of the team is able to discuss the post mortem and obtain consent. The person should be sufficiently senior (i.e.: Registrar) and well informed, with a thorough knowledge of the post-mortem procedure. Responsibility for obtaining consent must not be delegated to untrained or inexperienced staff. Wherever possible, consent is best obtained by a person with whom the relatives have an established relationship.

It will be the responsibility of the Bereavement Officer to check that the person nominated to take consent has completed the Trust’s electronic training module “Seeking Consent for a Hospital Post Mortem” prior to taking consent.

At the discussion, the family may find it helpful to have someone present who they know and trust (such as the hospital chaplain or their own religious representative or in the case of a neonatal death, the nurse responsible for the baby’s care). The Bereavement Officers are also available to help and support families during this time.

Relatives must be given the option of changing their minds, within an agreed time limit. They will be provided with the name, telephone number and/or email address of the Deceased’s Consultant (or whoever led the discussion) should they want to change their mind or ask further questions at a later stage.

4. WHO CAN GIVE CONSENT (QUALIFYING RELATIONSHIPS)

The Human Tissue Act 2004 defines ‘appropriate consent’ differently, depending on whether the deceased person was a child or an adult.

**ADULTS** – Appropriate consent means the consent of the deceased prior to death, a nominated representative, or someone who stood in a ‘qualifying relationship’ to the deceased. Those in a qualifying relationship to the deceased person are (highest first):

- a) Spouse or partner (including civil or same sex partner)
- b) Parent or child (in this context a ‘child’ should be over the age of 18)
- c) Brother or sister
- d) Grandparent or grandchild
- e) Niece or nephew
- f) Stepfather or stepmother
- g) Half-brother or half-sister
- h) Friend of long standing.
Consent should be obtained from the person ranked highest. If, for example, a spouse or partner refuses consent, then that decision should take precedence even if other family members object to that decision and would give consent.

**CHILDREN** – A child is defined as being under 18 years old. ‘Appropriate consent’ means the child’s prior consent if they were competent to do so, or the consent of a person with parental responsibility for the child.

Identifying the most appropriate person to give consent may not be straightforward and staff must be careful not to make assumptions.

Where the person who has died does not have immediate and obvious family members or a nominated representative, all reasonably practical steps should be taken to trace one. The process and outcome of this trace will be documented by the Bereavement Office Team. If no living relatives can be traced, and there is no evidence of objection on the part of the deceased person, the hospital may legally carry out the post-mortem. However, careful consideration will be given as to whether it is ethically right to do so. Only the Chief Executive (or designate) has the authority to make this decision; such decisions must never be delegated to junior staff.

5. **INFORMATION TO BE GIVEN TO FAMILIES BEFORE SEEKING CONSENT**

Meetings about the post mortem will take place in an area with suitable privacy and comfort away from the clinical area. There is an available room in the Bereavement Office where counselling can take place. This room has access to IT facilities, should they be required. If this room is not large enough, the Bereavement Officer can organise the booking of a larger meeting room elsewhere in the hospital.

Guidance from the Human Tissue Authority states that in very exceptional circumstances, if a face to face meeting is not possible, consent can be given by telephone or email. However, telephone conversations must be accurately recorded and relatives should still be sent a copy of the consent form (see section 7) and other relevant documentation. The Bereavement Officers will ensure that this is done.

Seeking consent is a process which involves listening, discussing and questioning so as to arrive at a shared understanding.

Information leaflets will be given to families prior to obtaining consent. It is recommended that the HTA leaflet “Post Mortem Examination – Your Choice about Organs and Tissue” is used (Appendix 3) This document is currently only available in English. However, should the need arise, the Bereavement Officer will arrange for the information to be translated prior to consent being sought (for more information see : Guidelines for using Interpreting Service, available on TrustNet). If necessary, arrangements will also be made for an interpreter to be present at the meeting.

Hospital Chaplaincy is always available to provide additional pastoral, emotional or spiritual support if this is appropriate. The on-call Chaplain can always be contacted via the hospital switchboard or the Chaplain can assist in making contact with the family’s own religious representative. Some families may have particular religious issues relating to post-mortem. For some religions, post-mortems are prohibited unless required by law and this must always be borne in mind when talking to families of a specific faith. The Hospital Chaplain is available to provide advice on this and guidance can also be found in the Trust folder ‘Meeting the Patient’s Religious Needs’ which is available in hard copy on all wards or clinical areas and on the Trust intranet under the heading “Pastoral Services”.

---

[Page 6 of 25]
Honest, full and clear information must be provided to allow the deceased person’s family or representative to make a properly considered decision. The information should include the nature of the intended activities and the reasons for them. The post mortem procedure should be explained sensitively but fully and, if required, the pathologist who will be doing the post-mortem should be available for a discussion.

The family of the deceased need to be given the opportunity to talk and to ask questions and they should be given a reasonable amount of time to reach their decision. Information regarding bereavement counselling will be offered.

6. ORGAN RETENTION

In some exceptional circumstances, Pathologists may ask to keep specific organs such as the heart, to enable medical staff to carry out a more detailed examination. If that is the case it should be explained to relatives that the identity of the organ and the diagnosis would be confidential and treated in the same confidential manner as all medical records.

Pathologists may wish to keep the organ indefinitely because of the long term availability that the organ provides as an opportunity to learn important information about the underlying condition and its treatment, both now and in the future. Wherever possible, before discussion with the family, the responsible clinician should contact the pathologist who will perform the post mortem examination so that accurate guidance can be given on which, if any, tissue or organs are likely to be retained and for what period and purpose.

Both verbal and written information will be provided for relatives about the options for the disposal of organs, body parts, and tissues retained at post-mortem. It is recommended that families are given a copy of the NHS Retained Organs Committee booklet entitled ‘Options for Disposal of Retained Organs and Tissue – An Information Leaflet for Parents and Relatives’ (Feb 2002). These leaflets can be found in the Bereavement Office.

Relatives may have concerns about tissue, body parts or organs being retained indefinitely and they must be asked for their views on this when consent to carry out a post-mortem examination is discussed. It must also be explained to relatives that if they change their mind in the future, the hospital can arrange for disposal of the organ or its return for cremation or burial as relatives wish.

It is important that the family’s decision is fully recorded on the consent to post mortem form. Relatives will be given copies of any consent forms to keep. Alternatively, relatives may agree to the Pathologist carrying out the post mortem and retaining what is considered necessary without going into specific details. It is important that their wishes are recorded. If families give consent for the retention and use of tissue and organs after the post mortem, they should be asked if they wish to receive (generalised) information about how this is subsequently used, for example through research newsletters or websites. These wishes should be recorded.

Whether or not relatives wish to receive information about use of donated tissue, proper documentation of all tissues and organs retained should be maintained, so that at any time the location and use of these is recorded and may be fed back to relatives if desired. The pathologist who undertakes the post-mortem is responsible for ensuring this happens.

7. POST-MORTEM CONSENT FORM

The Human Tissue Authority (HTA) have produced a model form for use of NHS Trusts taking consent for a post mortem examinations of an adult (see appendix 1). This form is not recommended for babies, obstetric losses or children (see section 8.0).
Although the consent form is important as a record of the consent given, the completion of the form is just one part of the consent process. The full explanation, discussion and time for reflection given to those consenting are equally, if not more, important.

It is important to establish clearly when consent has been given, to ensure the removal, storage or use of any tissue is lawful.

Once consent has been obtained the family will be given a permanent record of the discussion and of the agreement reached. A signed copy of the consent form will be retained in the patient’s record.

The Bereavement Officer must be informed of the date of the post-mortem, so that he/she can arrange for the patient’s clinical record to be sent to the Mortuary.

8. ARRANGEMENTS FOR CONSENT TO POST-MORTEM FOR PREGNANCY LOSS AND BABY OR CHILD

It is recommended that deceased babies over 24 weeks of gestation have a post-mortem to ascertain the cause of death. If parents decline, this should be documented in the notes. Post-mortems on babies are carried out by a Perinatal Pathologist at St Georges Hospital.

The HTA does not distinguish between foetal tissue and other tissue; therefore, consent must be obtained for a post-mortem examination of foetal tissue or products of conception, regardless of gestational age. Consent must also be sought for post-mortem examinations on children. The HTA currently do not have any specific guidance surrounding post-mortems on babies/children nor does it have a specific consent form. Therefore, the HTA have recommended that Trusts use guidance contained within ‘Families and Post Mortems: A Code of Practice’ (Department of Health, 2003), which states that written consent from the mother must be obtained for a post-mortem examination. Asking parents to agree to a post-mortem examination of their baby or young child is particularly difficult. The Stillbirth and Neonatal Death Society (SANDS) has published specific and detailed guidance for health professionals on managing pregnancy loss and the death of a baby/child entitled ‘Pregnancy Loss and the Death of a Baby: Guidelines for Professionals’ (2007). There is a copy of this in the Birth Reflections office in Abbey Wing and on the Neo Natal Intensive Care Unit.

As the HTA’s consent form is intended for recording consent for a post-mortem examination on an adult, Trust staff are advised to use ‘Consent to a Hospital Post Mortem Examination on a Baby or Child’ Form (Department of Health, 2003 – attached as appendix 2)

Prior to consent being taken parents should be given “A Guide to the Post Mortem Examination Procedure involving a baby or child” and also “Information for parents about post mortem examination of babies and children at St Georges Hospital.”

A follow-up meeting for parents is arranged by Consultant secretaries, not the Bereavement officer.

9. INFORMATION TO BE GIVEN TO FAMILIES FOLLOWING THE POST-MORTEM

Before the post mortem is carried out, the clinician that obtained consent should inform the family when the results are likely to be available.

It is good practice to let the relatives see a copy of the post-mortem report. Arrangements should be made to let the next of kin know the initial results of the post-mortem as soon as possible, followed by an appointment for a fuller briefing when the full report is available to the Consultant. The results meeting should allow for as wide a discussion as the family want, and should be organised by the Bereavement officers.
Some families will not want to know the results of a postmortem, or will not wish to discuss them in detail. Their wishes must be respected. However, the opportunity to discuss them at a later date should remain open to them, and they should be told this.

Care should be taken regarding the possible disclosure of information which the deceased person may not have wished to be disclosed (for example, HIV status), and information should not be shared with relatives if the deceased person expressed this wish prior to their death.

10. CULTURAL TRADITIONS

Attitudes to post mortem examination and the use of organs and tissues after death differ greatly amongst different cultures. Those Trust staff involved in the process of taking consent must take into account the values and beliefs of the culture and religion of the deceased patient and the person giving consent. The Chaplains can always be contacted (via the Hospital Switchboard) for further advice or the family may wish to have the opportunity to speak with their own religious representative.

11. LANGUAGE DIFFERENCES

The Trust recognises that on occasions, relatives or next of kin required to provide consent may experience difficulties in doing so due to language or communication barriers. In this situation, the Bereavement Officer will ensure that appropriate support is made available to relatives or next of kin, in line with the Trust’s Guidelines for Using the Interpreting Service.

12. SPECIAL NEEDS

The Bereavement Officer will ensure that wherever possible the individual needs of relatives or next of kin required to provide consent are identified and met. This will include meeting the needs of people with learning disabilities, physical disabilities or communication problems such as hearing or visual impairment. This should involve use of the following:

- Hearing loops for the hearing impaired.
- A meeting with relatives or next of kin who are wheelchair users will be made in a room where there is wheelchair access.

13. ARCHIVING ARRANGEMENTS

Previous expired copies of this guidance will be stored electronically and in hard copy in the Bereavement Office and the Bereavement Officer will provide copies on request and can be contacted on 2319/2516.

14. DISSEMINATION AND IMPLEMENTATION

The Bereavement Officer will ensure the current guidelines are forwarded to the Quality Department to ensure they are available on the Trust’s intranet. Hard copies of the guidelines will also be held in the Bereavement Office and a further individual copy will be provided to staff in support and preparation for participating in the consent to post mortem process.

15. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF THIS GUIDANCE

The Patient Experience Manager/Bereavement Officer will monitor the effectiveness of the guidelines through the monitoring completion of the Human Tissue Authority consent forms which are the documentary evidence of adherence to the guidelines.
16. EQUALITY IMPACT ASSESSMENT

Addendum A  Equality Impact Assessment Summary

Name of Author: Alison Allan

Policy/Service: Guidance for Doctors on Post Mortem Examinations

<table>
<thead>
<tr>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Description of the aims of the policy</td>
</tr>
<tr>
<td>• Context in which the policy operates</td>
</tr>
<tr>
<td>• Who was involved in the Equality Impact Assessment</td>
</tr>
</tbody>
</table>

The aim of this guidance is to provide practical information about post mortem examinations and the consent process which must be followed. The guidance is based upon the Human Tissue Act 2004 and the Human Tissue Authority Guidance 2006.

The Human Tissue Authority’s Code of Practice sets out the standards expected of staff who communicate with the relatives of patients who may undergo post mortem, and this guidance reflects the standards required.

It is intended for use by internal staff only.

<table>
<thead>
<tr>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)</td>
</tr>
<tr>
<td>• The data sources and any other information used</td>
</tr>
<tr>
<td>• The consultation that was carried out (who, why and how?)</td>
</tr>
</tbody>
</table>

The policy has undergone an initial equality impact assessment in December 2007 where the comments of ethnic groups were sought via the End of Life Care Group and the Head of Pastoral Care. In updating the Impact Assessment, the End of Life Care Group has again commented on the policy; this group includes patient representation. Since its first impact assessment, there have been no significant changes to the policy.

<table>
<thead>
<tr>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Describe the results of the assessment</td>
</tr>
<tr>
<td>• Identify if there is adverse or a potentially adverse impacts for any equalities groups</td>
</tr>
</tbody>
</table>

As detailed above, the policy has been circulated amongst the Trust’s End of Life Care Group, which includes Patient Representation, and it has been agreed that no changes were felt to be necessary. There are no adverse or a potentially adverse impacts for any equalities groups.

<table>
<thead>
<tr>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide a summary of the overall conclusions</td>
</tr>
</tbody>
</table>

There are no adverse or a potentially adverse impacts for any equalities groups, hence there are no recommended changes as a result of this impact assessment.

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• State recommended changes to the proposed policy as a result of the impact assessment</td>
</tr>
<tr>
<td>• Where it has not been possible to amend the policy, provide the detail of any actions that</td>
</tr>
</tbody>
</table>
17. REFERENCES


5. The Human Tissue Authority Post-Mortem Consent Form Available to download from http://www.hta.gov.uk/guidance/model_consent_forms.cfm


APPENDICES

1. HTA Post-Mortem Consent Form

2. ‘Consent to a Hospital Post Mortem Examination on a Baby

3. ‘A Simple Guide to the Post Mortem Procedure’ (Available to download from Trustnet)

Please note that all of these are available in hard copy in a box file marked ‘Hospital Post-Mortem Information Leaflets and Resources’
Appendix 1

Post-mortem examination consent form

Introduction

This form may be adapted, providing it complies with the Human Tissue Act and follows the Human Tissue Authority’s (HTA) codes of practice on Consent, Post-mortem examination and Disposal of human tissue www.hta.gov.uk/legislationpoliciesandcodesofpractice/codesofpractice.cfm. It could be used for older paediatric cases, but is not recommended for stillbirths, neonatal deaths, fetal tissue or non-fetal products of conception.

Staff seeking consent for PM examination must ensure that they have appropriate consent, in line with the Human Tissue Act 2004. Staff must ensure that consent is given by the person concerned whilst alive, their nominated representative or (in the absence of either of these) someone in a qualifying relationship with the deceased immediately before they died. See Guidance note 2 for more information.

The consent form is important as a record of consent given. The completion of the form is just one part of the consent process. Full explanation of the PM examination procedure along with discussion and time for reflection by those consenting, are equally important. Individuals and relatives should be able to discuss this process fully and ask any questions. Staff seeking consent for PM examination must be trained in how to obtain valid consent.

Consent is only valid if proper communication has taken place. Consideration should be given to the needs of individuals and families whose first language is not English.

The consent form covers consent for the PM examination itself as well as for the retention and use of organs and tissue following the PM examination.

Format of the form

Please note that there are three sections to this form.
Consent for post-mortem examination of an adult

Name of deceased:

Date of birth: Date of death:

Consultant / GP in charge of the patient:
Hospital number for deceased:

This form enables you to consent to a post-mortem examination of the body of the person named above. Please read it carefully with the person obtaining consent from you. For each section tick the relevant box to indicate your decisions and sign beneath each section.

☐ I confirm that I have had the opportunity to read and understand the “Simple guide to post-mortem examination procedures”

☐ I confirm that my questions about the post-mortem examination have been answered to my satisfaction and understanding.

Signed by……………………………………..Name………………………………………………

Part 1: Post-mortem examination

A post-mortem examination may be full or limited. The benefits and disadvantages of each will be explained to you. Please choose one of the following options.

Option 1: Consent to a full post-mortem examination

☐ I consent to a full post-mortem examination of the body of the person named above. I am not aware that he / she objected to this. I understand that the reason for the examination is to further explain the cause of death and study the effects of disease and treatment.

Option 2: Consent to a limited post-mortem examination

☐ I consent to a limited post-mortem examination of the body of the person named above. I am not aware that he / she objected to this. I understand that this may limit the information about the cause of death and effects of treatment.

I wish to limit the examination to:

☐ The head and mouth cavity, including the brain
☐ The chest and neck
☐ The abdomen and pelvis
☐ Other (please specify) ………………………………………………

Option 3: Consent to a non-invasive post-mortem examination

☐ I consent to a non-invasive post-mortem examination of the body of the person named above. I am not aware that he / she objected to this. I understand that this may limit the information about the cause of death and effects of treatment.

Signed by……………………………………..Name………………………………………………
Part 2: Retention and future use of tissue samples

As part of a full or limited post-mortem examination tissue samples and small amounts of bodily fluids may be taken and used to determine the diagnosis and extent of the disease. Bodily fluids will usually be disposed of following a diagnosis. However, the tissue samples removed during a post-mortem examination can be stored for use in the future. The storage of the tissue samples and their later use require your consent. These samples can be valuable for the education and training of healthcare professionals, research and other purposes. Please indicate whether you consent to this:

☐ I consent to the tissue samples being stored for future use, and

☐ I consent to the tissue samples being used for the purpose of evaluating the efficacy of any drug or treatment administered to the deceased, or for review on behalf of the family if a need arises

☐ I consent to tissue samples being used for education and training relating to human health, quality assurance, public health monitoring or clinical audit

☐ I consent to the tissue samples being used for research that has been approved by an appropriate ethics committee

If you decide tissue samples should not be kept after the post-mortem examination, further diagnosis will not be possible. Please indicate one of the options below for the disposal of tissue samples:

☐ I wish the hospital to dispose of any retained tissue samples

☐ I will make my own arrangements for lawful disposal of any retained tissue samples

Signed by……………………………………..Name………………………………………… ……

Part 3: Retention of organs for more detailed examination

As part of a full or limited post-mortem examination, it may be necessary to retain some organs for more detailed examination. The person explaining about the post-mortem examination will tell you what may be required. The retention of organs for more detailed examination requires your consent. Please indicate whether you consent to this:

☐ I consent to the retention, for more detailed examination, of the following organ(s):

...........................................................................................................................................
...........................................................................................................................................

Disposal of retained organs

After more detailed examination of organs removed during a post-mortem examination, they must be either stored for specified uses or disposed of in a lawful manner. You have the option of donating retained organs for research or medical education. Please indicate your wishes by choosing one of the following options:

☐ I wish to donate retained organ(s) for research into related diseases, after which they will be disposed of lawfully
I wish to donate retained organ(s) for education, after which they will be disposed of lawfully

I wish the hospital to lawfully dispose of any retained organ(s), without them being used for research and/or education

I will make my own arrangements for lawful disposal of any retained organ(s) [See guidance note 1 below]

Signed by……………………………………..Name………………………………………………

Other requirements of the post-mortem examination

In some cases there may be further requirements of the post-mortem examination, such as genetic testing of tissue samples. The person explaining about the post-mortem examination will explain these to you. Other requests or conditions which you would like to make:

…………………………………………………………………………………………………………
…………………………………………………………………………………………………………

Thank you for consenting to a post-mortem examination. You can change your mind about any of the decisions you have made, although there may be a short time limit for some of these. If you wish to make changes to anything you have consented to, or wish to withdraw your consent, please telephone the Bereavement Office as soon as possible and not later than 24 hours after the completion of this form. Please do not hesitate to contact the Bereavement Office if you have any questions.

Signed……………………………………………Name ……………………………………

Address…………………………………………………………………………………………

…………………………………………………………………………………………………………Tel no………………………………………

Relationship to the deceased …………………………………….Date ………………..
[See guidance note 2]

Details of person obtaining consent

Name ……………………………………………Job title ……………………………………..

Contact details……………………………………………………………………………….

Notes for person(s) obtaining consent

• I confirm that the person consenting has a full understanding of the post-mortem examination procedure
• I confirm that I have checked that the person consenting is the appropriate person for the purposes of the Human Tissue Act 2004 [See guidance note 2]
• I have discussed tissue samples being retained for future use and the potential uses for the tissue that is retained
• Consent is indicated by boxes which are ticked and signature of the person giving consent
• I have discussed any special requests or conditions concerning the post-mortem examination procedure
• Where appropriate, I have discussed the requirements of the post-mortem examination with……………………………………………………….. [insert name of pathologist]

Signed……………………………………………………..Date………………………………

• I have offered a photocopy of this form to the person giving consent
• If consent is subsequently withdrawn, either for the entire post-mortem examination, or for specific sections of it, each page of each copy of the form (or the relevant section(s)) should be clearly struck through. The person taking the withdrawal should also sign and date the form clearly, and note action taken to inform the mortuary (the date and time and member of mortuary staff informed).

Guidance notes

• Guidance note 1

Tissue blocks and glass slides should not be placed inside the body for the purpose of reuniting tissues with the deceased, and this should be discussed with the relatives during the consenting process. Blocks and slides should be placed in a suitable container and transported with the body should the family wish to delay the funeral until they are returned.

If retained tissue cannot be reunited with the body before it is released for burial or cremation, the establishment will have a procedure that ensures the relatives are informed and that there is prompt and appropriate disposal in accordance with the Code of practice on Disposal of human tissue.

• Guidance note 2

Staff seeking consent must ensure that they have appropriate consent, in line with the Human Tissue Act 2004. Staff must ensure that consent is obtained from, in this order:

1. the person concerned - where an adult has, whilst alive, given valid consent for a post-mortem examination to take place after their death, this consent is sufficient
2. their nominated representative - the Human Tissue Act 2004 sets out the terms for valid appointment of a nominated representative. See the code of practice on Consent for more information www.hta.gov.uk/legislationpoliciesandcodesofpractice/codesofpractice.cfm
   or, in the absence of either of the above,
3. a person in a qualifying relationship with the deceased immediately before their death.

Consent must be obtained from the person ranked highest in the hierarchy and is only needed from one person in the hierarchy:

Hierarchy of qualifying relationships Persons are ranked in the following descending order:
   a) spouse or partner (including civil or same sex partner)
   b) parent or child (in this context a child may be of any age)
   c) brother or sister
   d) grandparent or grandchild
   e) niece or nephew
   f) stepfather or stepmother
   g) half-brother or half-sister
   h) friend of long standing
Post mortem consent form
Your wishes about the post mortem examination of your baby
<table>
<thead>
<tr>
<th>Mother</th>
<th>Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td>Last name</td>
</tr>
<tr>
<td>First name(s)</td>
<td>First name(s)</td>
</tr>
<tr>
<td>Address</td>
<td>Date of birth</td>
</tr>
<tr>
<td></td>
<td>Date of death (if liveborn)</td>
</tr>
<tr>
<td>Hospital no.</td>
<td>Hospital no.</td>
</tr>
<tr>
<td>NHS no.</td>
<td>NHS no.</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Gender (if known)</td>
</tr>
<tr>
<td>Consultant</td>
<td>Consultant</td>
</tr>
<tr>
<td><strong>Father/Partner with parental responsibility</strong></td>
<td><strong>Address (if different from the mother’s)</strong></td>
</tr>
<tr>
<td>Last name</td>
<td></td>
</tr>
<tr>
<td>First name(s)</td>
<td></td>
</tr>
<tr>
<td>Preferred parent to contact, tel. no.:</td>
<td></td>
</tr>
</tbody>
</table>
| Other, eg, religion, language, interpreter | ………………………………………………………………………………………………………………………………..
|                                                                                       |

**How to fill in this form:**
- Please show what you agree to by writing YES in the relevant boxes. Write NO where you do not agree.
- Record any variations, exceptions and special concerns in the Notes to the relevant section or in Section 5.
- Sign and date the form. The person taking consent will also sign and date it.

**Changing your mind**
After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.

If you want to change your mind, you must contact:
St George’s Mortuary staff 0208 725 5240/3447 OR St Peter’s Bereavement Office 01932 722319
before [time] ……………………… on [day] …………………… [date] …………………………………

Please be assured that your baby will always be treated with care and respect.
Section 1: Your decisions about a post mortem examination  Select one of these 3 options.

A complete post mortem  This gives you the most information. It includes an external examination, examining the internal organs, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

If you think you may have another baby in the future and are worried that the problem might occur again, a complete post mortem is the best way to try to find out.

☐ I/We agree to a complete post mortem examination.

OR

A limited post mortem  This is likely to give less information than a complete post mortem.

A limited post mortem includes an external examination, examining the internal organs in the area(s) of the body that you agree to, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems and the placenta may also be examined.

☐ I/We agree to a limited post mortem examination.

Please indicate what can be examined:

☐ abdomen  ☐ chest and neck  ☐ head  ☐ other

OR

An external post mortem  This may not give any new information.

An external post mortem includes a careful examination of the outside of the baby's body, x-rays and medical photographs. The placenta may also be examined.

☐ I/We agree to an external post mortem examination.

Section 2: Tissue samples  Only if you consent to a complete or limited post mortem

With your agreement, the tissue samples taken for examination under a microscope will be kept as part of the medical record (in small wax blocks and on glass slides). This is so that they can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

☐ I/We agree to the tissue samples being kept as part of the medical record for possible re-examination.  If consent is not given, you must note below what should be done with the tissue samples. See Section 8 Item 6 for more information.

Notes to Sections 1 and 2 if required  ..................................................................................................................................................................................
Section 3: Genetic testing

The pathologist examining your baby may take small samples of skin, other tissue and/or samples from the placenta (afterbirth) to examine chromosomes or DNA, if it is possible that your baby has a genetic disorder. If taken, with your agreement, this material will be kept as part of the medical record so that it can be re-examined to try to find out more if new tests or new information become available. This could be especially useful if you think you may have another baby in the future.

☐ I/We agree to genetic testing of samples of skin, other tissue and/or the placenta.  
  
  If samples should not be taken from any of these, please note this below.

☐ I/We agree to the genetic material being kept as part of the medical record for possible re-examination. See Section 8 Item 6 for more information.

Notes to Section 3 if required

.......................................................................................................................... 

..........................................................................................................................

 ...

Section 4: Keeping tissue samples for training professionals and for research

Section 4 covers additional separate consent that you may decide to give. It will not affect what you have already agreed to above, what is done during the post mortem, or the information you get about your baby’s condition, but it may be helpful for others in the future.

With your agreement, the tissue samples may also be examined for quality assurance and audit of pathology services to ensure that high standards are maintained.

☐ I/We agree to the tissue samples being kept and used for quality assurance and audit.

Tissue samples, medical images and other information from the post mortem can be important for training health professionals. Identifying details are always removed when items are used for training.

☐ I/We agree to anonymised tissue samples, images and other relevant information from the post mortem being kept and used for professional training.

Tissue samples, medical images and other relevant information from the post mortem can also be useful in research into different conditions and to try to prevent more deaths in the future. All research must be approved by a Research Ethics Committee.

☐ I/We agree to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.

You can withdraw consent for any of the above at any time in the future. To do so, please contact the hospital and ask for the histopathology department.
Section 5: Any other requests or concerns

Section 6: Parental consent

☐ I/We have been offered written information about post mortems.
☐ I/We understand the possible benefits of a post mortem.
☐ My/Our questions about post mortems have been answered.

Mother’s name ........................................ Signature

........................................

Father’s/Partner’s name ........................ Signature

........................................

Date .........................................................Time

........................................

Section 7: Consent taker’s statements To be completed and signed in front of the parents.

☐ I have read the written information offered to the parents.
☐ I believe that the parent(s) has/have sufficient understanding of a post mortem and (if applicable) the options for what should be done with tissue and organs to give valid consent.
☐ I have recorded any variations, exceptions and special concerns.
☐ I have checked the form and made sure that there is no missing or conflicting information.
☐ I have explained the time period within which parents can withdraw or change consent, and have entered the necessary information at the beginning of this form.

Name ........................................ Position/Grade

........................................

Department ........................................ Contact details (Ext/Bleep)

......................

Signature ........................................ Date ...............Time

........................................
Interpreter’s statement (if relevant)

☐ I have interpreted the information about the post mortem for the parent(s) to the best of my ability and I believe that they understand it.

Name .......................................................... Contact details

..........................................................

Signature .................................................. Date .............. Time

.............................................
Section 8: Notes for the consent taker

1. “Anyone seeking consent for hospital PM examinations should have relevant experience and a good understanding of the procedure. They should have been trained in dealing with bereavement and in the purpose and procedures of PM examinations and they should have witnessed a PM examination” (Human Tissue Authority, Code of Practice 3, 2009).

2. Written information about post mortems should be offered to all parents before you discuss the form with them.

3. If the parents have a specific request that you are not sure about, contact the pathologist before the form is completed.

4. Make sure that an appropriate time and date are entered in the Changing your mind section at the beginning of the form, and the parent(s) understand what to do if they change their minds. The post mortem should not begin unless this section is completed. It is your responsibility to ensure that, if the parent(s) change their minds, they will be able to contact the person or department entered on this form. If the parents do not want a copy of the form, they should still be given written information about changing their minds.

5. Write the mother’s or the baby’s hospital number in the box at the foot of each page of the form. For a baby who was born dead at any gestation use the mother’s hospital number; for a baby who was born alive use the baby’s hospital number.

6. Sections 2 and 3: Tissue samples and genetic material If the parents do not want tissue samples or genetic material kept as part of the medical record, explain the different options for disposal (below) and note their decisions in the relevant section.

   If disposal is requested, it will usually take place only after the full post mortem report has been completed. The options are: disposal by a specialist hospital contractor; release to a funeral director of the parents’ choice for burial; or release to the parents themselves. For health and safety reasons, blocks and slides cannot be cremated. Genetic material is normally incinerated.

7. Send the completed form to the relevant pathology department, offer a copy to the parent(s), and put a copy into the mother’s (for a stillbirth or miscarriage) or the baby’s (for a neonatal death) medical record.

8. Record in the clinical notes that a discussion about the post mortem examination has taken place, the outcome, and any additional important information.

9. Possible further examination of one or more organs Very rarely, it may be recommended that an organ is kept for more detailed examination after the baby is released from the mortuary. In this case, the form Consent to further examination of organs for diagnostic purposes should be completed, as well as this form.

   - If you already know that this is recommended, discuss it with the parents and also explain how it might affect funeral arrangements. If they consent, complete the form Consent to further examination of organs for diagnostic purposes now, and staple the two forms together. Record the consent in the Notes to Sections 1 and 2 on this form.

   - If the pathologist recommends further examination after the post mortem has begun, they will contact you or the unit. The parents should then be contacted as soon as possible to discuss their wishes and to explain how keeping the organ might affect funeral arrangements. If they consent, the form Consent to further examination of organs for diagnostic purposes should be completed and copies distributed as above. A note should be added to the medical record that consent was given, including how it was given (face-to-face, email, fax etc).
<table>
<thead>
<tr>
<th><strong>Policy/Guidelines Name:</strong></th>
<th>Guidance for doctors on post-mortem examinations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Person completing form:</strong></td>
<td>Sal Maughan, Patient Experience Manager</td>
</tr>
<tr>
<td><strong>Date:</strong></td>
<td>8.7.11</td>
</tr>
<tr>
<td><strong>Author(s) (Principal contact):</strong></td>
<td>Alison Allan, Bereavement Officer</td>
</tr>
<tr>
<td><strong>Name of author or sponsor to attend ratifying committee when policy/guideline is discussed:</strong></td>
<td>tbc</td>
</tr>
<tr>
<td><strong>Date of final draft:</strong></td>
<td>1.7.11</td>
</tr>
<tr>
<td><strong>Has this policy/guideline been thoroughly proof-read to check for errors in spelling, typing, grammar and consistency?</strong></td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>By whom:</strong></td>
<td>Sal Maughan, Alison Allan</td>
</tr>
<tr>
<td><strong>Is this a new or revised policy/guideline?</strong></td>
<td>New/revised</td>
</tr>
<tr>
<td><strong>Describe the development process used to generate this policy/guideline. Who was involved, which groups met, how often etc.?</strong></td>
<td>Revised guidance – through review of statutory guidance and HTA requirements undertaken in order to update guidance. Comments sought internally upon updated guidance.</td>
</tr>
<tr>
<td><strong>Who is the policy/guideline primarily for?</strong></td>
<td>Senior clinicians (Consultant and Registrars required to take consent for hospital post mortems. Bereavement Service staff.</td>
</tr>
<tr>
<td><strong>Is this policy/guideline relevant across the Trust or in limited areas?</strong></td>
<td>Limited area – Bereavement Service specific</td>
</tr>
<tr>
<td><strong>How will the information be disseminated and how will you ensure that relevant staff are aware of this policy/guideline?</strong></td>
<td>Relevant clinicians will be provided with a copy of the guidance where required to take consent. In addition, they will be required to complete a training tracker module on consent requirements also.</td>
</tr>
<tr>
<td><strong>Describe the process by which adherence to this policy/guideline will be monitored. (This needs to be explicit and documented for example audit, survey, questionnaire)</strong></td>
<td>Monitored by Bereavement Officer who will facilitate consent process. Any failure to comply will be escalated to the Patient Experience Manager who will take action/escalate as needed.</td>
</tr>
</tbody>
</table>
Is there a NICE or other national guideline relevant to this topic? If so, which one and how does it relate to this policy/guideline?

7. The Human Tissue Act 2004

8. The Human Tissue Authority Codes of Practice – Code 1 Consent (September 2009)

9. The Human Tissue Authority Codes of Practice – Code 3 Post Mortem Examination (September 2009)

What (other) information sources have been used to produce this policy/guideline?

DoH guidance,

Has the policy/guideline been impact assessed with regard to disability, race, gender, age, religion, sexual orientation?

Yes

Other than the authors, which other groups or individuals have been given a draft for comment? (e.g. staff, unions, human resources, finance dept., external stakeholders and service users)

End of Life Care Working and Steering Group Members, Deputy Chief Nurse, Acting Head of Quality, Head of Patient Safety, Head of Pastoral Care, Lead Nurse Palliative Care, Matrons, Pathology Quality Manager and Clinical Director of Pathology

Which groups or individuals submitted written or verbal comments on earlier drafts?

As above

Who considered those comments and to what extent have they been incorporated into the final draft?

Alison Allan – comments incorporated.

Have financial implications been considered?

n/a