



National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

**ADVISORY COUNCIL REPORT ON AUTOPSY
SERVICES IN SCOTLAND**

25 November 1994

Summary

1. This letter draws the attention of Health Boards and Trusts to the attached Report, prepared by a Working Group of the National Advisory Committee for Scientific Services on Autopsy Services in Scotland.

Background

2. The Working Group was appointed by the Scottish Health Service Advisory Council in 1993 under the Chairmanship of Professor F D Lee.

3. Historically, the autopsy has played a major role in determining the nature and incidence of cancers, degenerative, infectious and other diseases. Autopsy identifies avoidable death, establishes diagnostic reliability and improves clinical practice. It is also an important form of clinical audit. Continuous monitoring by autopsy of certain specific categories of illness - peri-operative, perinatal and maternal deaths - contributes to the store of medical knowledge and helps to minimise their frequency. Autopsy plays an important role in the investigation of epidemics and disasters. Medico-legal autopsies assist the police and the judiciary in cases of criminal investigation.

4. This report has been prepared because of growing concern about the continuing decline in hospital autopsy rates and the low number of requests for autopsies arising from deaths in the community.

5. Despite the use of modern imaging techniques, major discrepancies between pre- and post-mortem diagnoses continue to be revealed at autopsy. Some sources show that between 49% and 64% of autopsies continue to demonstrate significant, new and unexpected findings which are of direct relevance to the practising clinician.

Addressees:

For action:

General Managers,
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Chief Executives and
Chief Executives
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6. The Report places new emphasis on the value of the autopsy and points out that in countries where policies strongly support the use of autopsy, its potential contribution to public health policy and the quality of medical care is apparent. The Report explores clinical attitudes to the autopsy; offers practical advice on obtaining consent; encourages a more formal audit of deaths in the community and summarises the position with regard to medico legal autopsies.

7. The Report recommends that, at the very least, autopsies should be performed on a random 10% of hospital deaths over and above cases which would normally be subjected to autopsy. This is in line with the recommendations of the Royal College of Pathologists. The Report also recommends that Health Boards, as purchasers, should make provision in their contracts with providers for GP requests for autopsies, so that GPs can be given free access to autopsy facilities and body transportation services.

8. Additional copies of the Report are available free of charge from Mrs C Rodgers, National Advisory Committees Secretariat, Room 205, St Andrew's House, Regent Road, Edinburgh EH1 3DG, Tel: 031 244 2348.

9. The Management Executive endorses the Report and Health Boards and Trusts are invited to implement its recommendations, in accordance with local circumstances, plans and priorities, and from within the resources available to them.

Yours faithfully



W J FARQUHAR
National Advisory
Committees Secretariat