Code of Practice for Hospital Postmortems

Due to the wide variety of circumstances relating to the occurrence of death, and variations between relatives in terms of preferences and needs, it would not be appropriate to be overly prescriptive on the level of information given to relatives. This guidance represents the maximum amount of information that should be expected to be given to those relatives who wish for it. Where relatives do not wish to know details concerning post mortem practices, it is imperative that this wish is respected.

The way in which the process of seeking permission for a postmortem examination is conducted has an inevitable effect on the quality of any consent obtained. As it currently stands, the law seems to be concerned, with the exception of adults who have expressed their views in advance, with determining the presence or absence of objection to postmortem, rather than specifically requiring a consent. For the future, with the exception cases where the deceased has made their wishes clear in advance of death, relatives must be fully involved in the decision to give consent to a postmortem examination. Where the deceased has left no explicit instructions, relatives should be fully involved in any decision to retain organs and tissues. Relatives must also, where the deceased has left no explicit instructions, be fully involved in any decision as to future use of retained organs or tissues, for training, educational or research purposes. Where relatives have given consent to the retention of organs for educational purposes, they should be given a clear explanation of what this will entail, – for example, dissection or observation. Relatives should be given the opportunity of stipulating what may be done to organs as part of the agreement to retention for educational purposes. Where tissue or organs are retained for research purposes, relatives should be informed that any research undertaken either has or will be approved by the relevant Research Ethics Committee, and should further be informed that they may choose to be notified should new research, to which no agreement has been given, be contemplated. Relatives should be given every opportunity to obtain as much information as they need about the conduct of postmortem examinations, and possible retention of organs and tissues. However, relatives should also be able to refuse such information if they do not wish it.

Organs and tissue can only be retained where there is a clear and explained purpose for that retention. It should be made clear to relatives what is meant by ‘organs’ and ‘tissue’, and in particular that ‘tissue’ may include prepared slides for microscopic examination.
Deciding to Hold a Postmortem

The whole process of seeking relatives’ permission must be governed by respect for the body of the deceased and for the relatives’ feelings.

It is vital that the hospital staff can explain to relatives why they think a postmortem would be of value. Where the possibility is by put forward a less experienced staff, it should be confirmed by a more experienced member of the medical staff, before any approach is made to relatives to discuss whether they would be willing to give their permission. Consideration should also be explicitly given to whether or not alternatives, for example imaging or limited procedures, could be used in place of a full postmortem, and the conclusions of these considerations should be made clear to the relatives. In all postmortems, relatives should be told what disposal options there are, including delaying funeral arrangements in order to permit the retained organs being reunited with the body. In every case, discussion should be held in appropriate surroundings.

Who Requests Consent?

A key factor to be considered is which member(s) of staff should be involved in obtaining consent. Due to the wide variety of circumstances relating to the occurrence of death, and variations between relatives in terms of preferences and needs, it would not be appropriate to be overly prescriptive on this point. The following guidance may, however, be helpful in this area, in the light of the lessons of past practice.

- Wherever possible, relatives should be approached for postmortem consent by someone who has already established a relationship with the family - someone whom they know and trust, and ideally a senior member of the medical team.

- A team based approach may well be appropriate in many circumstances. Nursing staff can play a key role in offering emotional support through the process. In particular, in cases of perinatal death the midwife will almost always be the most appropriate individual to raise the issue of postmortem with the parents, and in conjunction with
medical staff, will play an important role before, during and after postmortem consent is sought.

- As most hospital deaths occur out of hours, it is likely that in many cases the junior doctor on call will not know or be known to the patient’s family. In addition, he or she is unlikely to be in a position to answer all of the questions that relatives might have concerning postmortem examination. In such circumstances, it may be more appropriate to ask the relatives to return the following morning to discuss these issues with a senior member of the clinical team, possibly in conjunction with a pathologist, if the relatives wish. Where this is not possible, or where the relatives wish to proceed immediately, every effort should be made to ensure that the seeking of permission is undertaken by a member or members of staff who are familiar both with postmortem practice and with the family or the deceased.

- All members of staff involved in obtaining postmortem consent should have had appropriate training, and possess the skills necessary for conducting such sensitive discussions. Medical and Nursing schools should consider including appropriate training in, for example, postmortem procedures and dealing with the bereaved, in their curriculum. This should be supplemented by training and relevant experience in hospitals. The role of relatives’ support groups in providing such training should always be kept in mind.

- It is important that staff are aware of the legal and medical aspects of postmortem procedures, and the retention of organs and tissues. In the case of uncertainty, it should be clear to staff where they can go to seek advice.

- Obtaining consent should be viewed as a process rather than a single event. Relatives should be given the name and contact details of an individual to whom they can put additional questions if necessary and if they so desire.

- Individual circumstances, and the views and wishes of relatives, will reflect in the decision as to which member of staff should act as the contact point. Some families may prefer to have ongoing contact with a member of the nursing staff, while others may
prefer to deal with a senior clinician or in some cases the pathologist who is going to conduct the postmortem examination.

- In any event, relatives should be given the opportunity for a follow-up meeting to discuss the postmortem findings, with a senior clinician, together with the pathologist, if they so wish, subject only to the rules of medical confidentiality which apply even to medical information about a deceased person.

**Timing/Location of the Request for Consent**

- The circumstances in which postmortem consent is sought are important. Consideration should be given to the use of a dedicated room for bereavement interviews, a facility which some Trusts already have available.

- It is impossible to be prescriptive about the timing of the approach, as, inevitably, relatives’ wishes and needs will vary greatly. Medical and nursing staff need to be responsive to this fact. Some relatives may wish to discuss the issue of postmortem in full immediately. Others may prefer to return the following day when a more senior member of the medical team will be available. Some relatives may want a series of discussions, others may prefer not to have to revisit the issue. Relatives’ wishes should be respected and accommodated at all times.

- Hospital staff need to bear in mind that many, if not all, people find it hard to take in information immediately after the death of a loved one. Relatives should therefore be given adequate time to reflect on their decision in respect of postmortem examination, and indeed time to change their minds if wished. If the deceased has previously expressed an agreement to postmortem or the removal and use/retention of tissue or organs, these wishes should be treated as evidence that an agreement has been given. Where the prior wishes of the deceased or any other close relative are known, these should be taken into consideration during the consent process, particularly in relation to retention of organs and tissues.

**The Amount of Information to be Disclosed**
People vary greatly in terms of the amount of information and detail that they wish to know about the postmortem examination. Clinical staff need to be sensitive to relatives’ wishes in this respect.

- Information must not be deliberately withheld, for any reason, unless at the express wish of the deceased. Relatives cannot reach an informed decision unless they have all the information which they themselves consider necessary to the making of their decision. Relatives need to be given the opportunity to decide how much detail they wish to know about the postmortem examination, and possible retention of organs and tissues. If they indicate that they wish to receive only limited information, it should nonetheless be made clear to them that they can come back with a future request for more information at any time.

- Verbal information should always be supported by a clearly written information leaflet which relatives can take away with them and read as part of their decision-making process.

- If relatives give their consent to organs or tissues being retained, it is important that the likely length of retention and the possible uses to be made of retained material and future disposal options are discussed and covered in the consent form, unless relatives do not wish this information.

- In any discussion about retention of organs or tissues, relatives should be given information about potential benefits in terms of education, research and training that can derive from the postmortem examination. The feeling that something positive can result from an otherwise tragic event often gives comfort to relatives.

**Format of Forms and Written Information**

Template consent forms and information leaflets are attached, which hospitals will find useful. However, it is important that these forms should be standardised throughout Scotland.
to ensure that postmortem consent is uniform. The following points should be taken into consideration in that drafting process.

- The best evidence of a consent is the competent previously expressed wishes of the deceased

- Where consent is sought from relatives or partners, consideration should be given to establishing a hierarchy of those whose permission is most legally valid (this will be considered by the Committee of Inquiry in Phase 2 of its deliberations)

- Plain English should be used at all times, and technical medical terms avoided wherever possible. If such terms are necessary, they should be explained clearly in the text.

- Consideration should be given to the use of more personalised language, particularly in the case of forms for perinatal and paediatric use. For example, words such as “baby” rather than “relative” might be used.

- The structure of the form should be considered carefully. It may be helpful to have 3 separate sections for each type of consent required: (a) to the postmortem itself; (b) to the retention of organs, with details of the specific organs covered by that consent; and (c) to the use which may be made of retained organs. Each section should be signed by the relative and the member of the medical or nursing staff who has discussed the implications of consent with the relatives. The relatives’ signature should indicate that they have seen and understood the supporting information forms.

- Ideally the form should be in triplicate, so that a copy can be retained in the deceased’s medical record, a copy in the pathology department, and a third copy that relatives can be given to retain.

- It should be made clear to relatives as part of the form that they are free to change their mind about any procedures consented to or not consented to on the form, up until the point that the postmortem is undertaken, or the organs/tissues have been used for educational or research purposes. In the case of agreement for the retention of organs, it should be made clear that relatives may change their mind at any time during the period of retention. Relatives should also be given the option of specifying the length of time for which organs may be retained, and the purposes for which they may be used.