

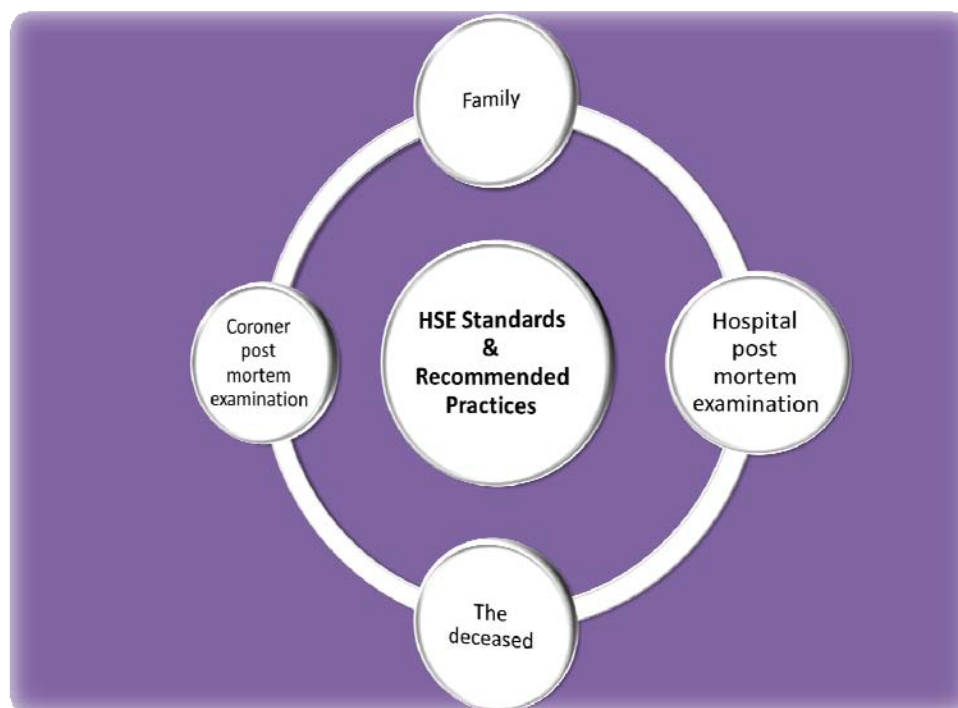
Standards and recommended practices for post mortem examination services

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Health Service Executive

Standards and Recommended Practices

for Post Mortem Examination Services



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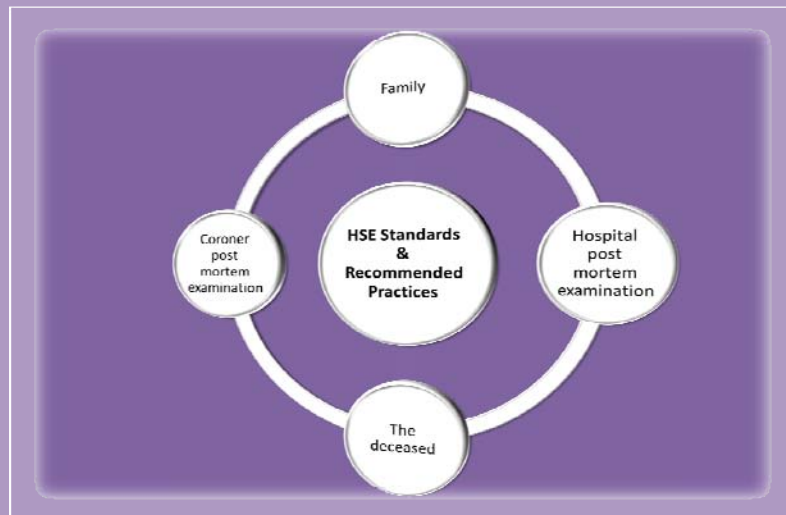
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HSE Standards and Recommended Practices for Post Mortem Examination Services

Part 1

Introduction

Introduction

1. Introduction

1.1 Post mortem examination

There is increasing focus on the importance of ensuring that the provision of high quality care to service users and their families encompasses end of life care. For some, this care will include a post mortem examination.

Post mortem examination is an important part of clinical care. It is one of the most informative investigations in medicine and can provide objective information on the cause of death which is of value to the family of the deceased, healthcare professionals and other interested parties.

From the perspective of the bereaved families, post mortem examination can also provide information about the risk of inherited diseases, which might be of benefit to family members in seeking necessary care and treatment.

In addition, family members may be comforted by the knowledge that information gained at post mortem examination can improve understanding of how disease is caused, thus advancing medical knowledge and helping others by contributing to the fight against disease and how it can best be treated.

1.2 Background to the development of Standards and recommended practices

Post mortem examination practices in Ireland came under public scrutiny in late 1999 and 2000 following Inquiries held in England, which highlighted concerns about post mortem examination practices. Questions were raised about the quality of information communicated to relatives of deceased persons regarding the post mortem examination and the practice of organ retention.

This scrutiny of post mortem examination practices resulted in the establishment of the Dunne Inquiry by the Minister of Health and Children. This Inquiry ran from April 2000 until it ceased in March 2005. The report which resulted from the Dunne Inquiry was not published and in May 2005 the Government approved the appointment of Dr Deirdre Madden, to complete a final report on post mortem practice and organ retention.

Against the background of these reports, changes were proposed to post mortem examination practices in Irish hospitals. These changes were led by guidance issued in February 2000 by the Faculty of Pathology of the Royal College of Physicians of Ireland and in December 2002 by the former Eastern Regional Health Authority (which acted in this area under the auspices of the former Health Boards Executive (HeBE)).

1.3 Reports on post mortem practice and procedure

The *Report of Dr. Deirdre Madden on Post Mortem Practice and Procedure (2006)* set out the general facts in relation to paediatric post mortem examination practice in Ireland between 1970 and 2000. The report contained a detailed examination of the issues, and found that the removal of organs was a standard part of post mortem examination practice and that retention of such organs was sometimes required. It was also noted that post mortem examination practice in Ireland was generally good and compared well with practice internationally.

However, the report identified a communication gap; relatives who provided consent for post mortem examination were frequently not aware of the arrangements which were in place for the removal, retention, storage and disposal of organs. While this communication gap was not found to have arisen from intentional disrespect to relatives, it contributed significantly to the understandable concern which followed from the scrutiny of post mortem examination practice. This communication gap was exacerbated by a difference in the perspective of relatives and professionals on the symbolic significance of retained organs, and a legislative vacuum on the role of consent in post mortem practice. The report concluded with a number of recommendations to address the issues identified.

The terms of reference for Dr. Madden's work dealt with paediatric post mortem examination practice and the recommendations made were based on findings made in that regard. As a result, Dr Madden advocated the establishment of a Working Group to consider the relevance of these recommendations to post mortem examinations not covered by the terms of reference of the original report.

The *Report of the Working Group on Post Mortem Practice (2006)* found that the issues highlighted and recommendations made in the former Report had application outside the paediatric setting to include babies who died before or during birth, minors over 12 years and adults.

Introduction

1.4 Retained Organs Audit 2009

Recommendation 4.7 of the *Report of Dr. Deirdre Madden on Post Mortem Practice and Procedure* indicated that an independent audit of currently retained organs in all hospitals in the State should be conducted. Consequently, the Health Service Executive (HSE) commissioned Ms. Michaela Willis MBE, a former member of both the UK Human Tissue Authority and the Retained Organs Commission to conduct an audit to action this recommendation. The terms of reference for this work were as follows:

‘Conduct an independent audit of currently retained organs in the state both pre and post 2000, to assist the Health Service Executive to determine priority areas for action and inform development of Standards by identifying areas of good practice and highlighting areas for improvement’.

The *Willis Report*, published in July 2009, presented the findings of the Retained Organs Audit regarding the current holdings of retained organs at post mortem examination in the State and also contained a number of recommendations to strengthen post mortem examination practices.

1.5 Development of Standards and recommended practices for post mortem examination

Following receipt of the reports outlined in 1.3 and 1.4 above, the Health Service Executive established a National Advisory Group to review previous guidance in light of the recommendations made and to oversee the development of Standards and recommended practices for post mortem examinations (See Appendix I).

The Standards and recommended practices were developed following:

- Extensive literature search.
- Consideration of the opinion of experts knowledgeable in the subject.
- Consideration of the available current best practice, both in Ireland and internationally, that may impact on post mortem examination services.
- Development of draft Standards and recommended practices that were distributed for consultation to key stakeholders.
- Incorporation of feedback where appropriate, into the final version of the Standards and recommended practices.

Draft Standards and recommended practices developed by the National Advisory Group were the subject of extensive consultation (see Appendices II and III). Discussion of issues around post mortem examination practice and organ retention benefited from the involvement of a number of groups representing the views of service users. In addition to involving service users directly in the National Advisory Group, during the consultation phase a series of meetings were held with groups with special interest in this area to ensure their significant experience and expertise was reflected in the Standards and recommended practices. The National Advisory Group is grateful to all parties who participated in consultation to support development of these Standards and recommended practices, particularly A Little Lifetime Foundation (formally ISANDS), Parents for Justice and the Retained Organs Victims Network.

Identified experts, with extensive experience of issues relating to post mortem examination services both in Ireland and in other jurisdictions, undertook external review of the draft prior to finalisation of the Standards and recommended practices (see Appendix IV).

The overall aim of the Standards and recommended practices for post mortem examination is to drive high quality post mortem examination services through the reflection of learning from key reports on post mortem practice and procedures, through defining and supporting the embedding of good practice in key areas relevant to post mortem examinations (coroner and hospital) and supporting an effective interface between the Health Service Executive and the Coronial System in relation to coroner's post mortem examinations.

1.6 Definitions

Standards = Organisational structures and processes needed to identify, assess and manage specified risks in relation to post mortem examination services.

- Each Standard has a **title**, which summarises the area on which that Standard focuses.
- This is followed by the Standard **statement**, which explains the level of performance to be achieved.
- The **rationale** section provides the reasons why the Standard is considered to be important.
- The Standard statement is expanded in the section headed **criteria**, where it states what needs to be achieved for the Standard to be reached.

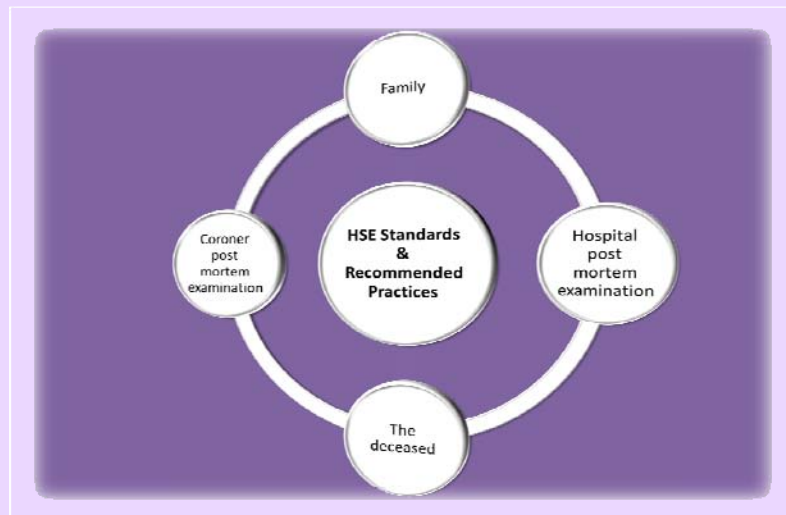
Introduction

The Standards reflect the values and priorities of the Health Service Executive and will be used to direct and evaluate post mortem examination services in healthcare facilities.

Recommended Practices = recommendations concerning best practice in relation to post mortem examination services.

The recommended practices are intended to define correct management of post mortem examination services. They are also intended to serve as the basis for policy and procedure development in post mortem examination services in the Health Service Executive.

- Each recommended practice has an **introduction**, which summarises the area on which the recommended practice focuses.
- This is followed by the recommended practice **scope**, which explains the objective of the recommended practice and why it is considered to be important.
- The contents section outlines the **contents** of the recommended practice.
- This is expanded in the section headed **procedure**, where it states how each recommended practice can be achieved.



HSE Standards and Recommended Practices

for Post Mortem Examination Services

Part 2

Standards

Services relating to post mortem examinations

1. Services relating to post mortem examinations

1.1 Statement

There are documented policies, procedures, protocols and guidelines (PPPGs) governing all elements of service provision relating to coroners, and hospital post mortem examinations. These PPPGs are based on the Health Service Executive recommended practices for post mortem examination services and reflect relevant Irish legislation and professional guidance.

1.2 Rationale

Healthcare facilities operated or funded by the Health Service Executive (HSE) provide many of the core support services required by the Coroner Service. These can include mortuary and post mortem facilities, pathology, histology and hospital administration services and the provision of support to families. Hospital post mortem examinations require similar services. Formal documented control of the services required for post mortem examination is necessary to monitor each aspect of service provision in order to demonstrate compliance with relevant Irish legislation, HSE guidance and current Standards of best practice.

1.3 Criteria

- 1.3.1 There are documented policies, procedures, protocols and guidelines governing all elements of service provision in relation to coroner's post mortem examinations. These (where assessed as relevant) include but are not limited to:
- a. notification of a reportable death to the coroner.
 - b. documentation of the decision taken by the coroner's office.
 - c. ensuring that the necessary authorisation from the coroner has been received prior to commencement of a coroner's post mortem examination.

Services relating to post mortem examinations

- d. communication of information to families regarding the coroner's post mortem examination.
 - e. identification of responsibility for all follow-up communication with the coroner's office regarding the coroner's post mortem examination.
 - f. ensuring that organs are not retained without consent when the coroner's jurisdiction is over.
- 1.3.2 There are documented policies, procedures, protocols and guidelines governing all elements of service provision in relation to hospital post mortem examinations. These (where assessed as relevant) include but are not limited to:
- a. communication of information to families regarding the hospital post mortem examination.
 - b. the process of seeking consent.
 - c. the respectful handling, transportation and storage of deceased persons, tissues and organs.
 - d. the ultimate disposition of retained tissue samples and organs.

Consent and the post mortem examination

2. Consent and the post mortem examination

2.1 Statement

Consent is sought from the family¹ of the deceased for all hospital post mortem examinations and retention of organs in line with relevant Irish legislation, Health Service Executive (HSE) guidance and current Standards of best practice.

2.2 Rationale

Different procedures apply to coroner's and hospital post mortem examinations according to legal requirements and best practice.

Coroners are obliged by law (Coroners Acts 1962 and 2005) to inquire into and investigate certain deaths as set out by those Acts. Consent from the family of the deceased **is not required** if a post mortem examination is ordered by the coroner (hereafter referred to as a 'coroner's post mortem examination'). The coroner's post mortem examination includes the removal and retention of organs, tissues and/or other body fluids for detailed laboratory examination and diagnosis for the purpose of establishing the cause of death and any other relevant matters in relation to the death. Consent **is required** from the family of the deceased for the continued retention of organs for any purpose once the coroner's post mortem examination and any other legal functions are complete.

A hospital post mortem examination is carried out at the request of the family of the deceased, or at the request of the deceased's treating clinician² to gain a fuller understanding of the deceased's illness or condition, the possible effects of treatment provided to the deceased prior to death, possible implications for family members and to enhance the provision of medical care for future service users. Consent **is required** from the family of the deceased for a hospital post mortem examination including the removal and retention of organs, tissues and/or other body fluids in all situations in line with HSE guidance and current Standards of best practice.

¹ See Recommended Practice 3 - 3.4.13a. and 3.4.14-3.4.22 inclusive.

² See glossary.

Consent and the post mortem examination

2.3 Criteria

Coroner's post mortem examination

- 2.3.1 Consent is **not** required from families of the deceased for a coroner's post mortem examination. Families are therefore **not** approached to give their consent in these circumstances.

Note: This includes the removal and retention of organs, tissues and/or other body fluids for detailed laboratory examination and diagnostic purposes in the context of establishing the cause of death and other conditions contributing to that cause.

- 2.3.2 There is a formal system in place to ensure that there is provision of relevant information to the family of the deceased regarding the role of the coroner in the investigation of certain deaths and the coroner's post mortem examination. The giving of this information is documented.
- 2.3.3 Consent from the deceased's family **is** required for the continued retention of organs for any purpose once the coroner's post mortem examination and other legal functions are complete.

Hospital post mortem examination

- 2.3.4 Consent is required for:
- a. a hospital post mortem examination including the removal and retention of organs, tissues and/or other body fluids for detailed laboratory examination and diagnostic purposes.
 - b. retention of organs and/or tissues removed during the hospital post mortem examination for the purpose of:
 - i. medical education and training.
 - ii. research.

Consent and the post mortem examination

- 2.3.5 There are documented policies, procedures, protocols and guidelines governing all elements of consent for a hospital post mortem examination in line with Health Service Executive recommended practices. These include but are not limited to:
- a. responsibility for seeking and obtaining consent.
 - b. the requirements for valid consent.
 - c. who may give consent.
 - d. the process of seeking consent.
 - e. documentation of consent.
- 2.3.6 The family of the deceased are informed regarding their options of refusing or limiting the hospital post mortem examination and are given the opportunity to refuse or to stipulate their wishes in regard to such limitations.

Coroner and hospital post mortem examination

- 2.3.7 Organs or tissues are not removed from the body of a deceased person during or after a post mortem examination for supply to any third party without the knowledge and consent of the family.

Records management following post mortem examination

3. Records management following post mortem examination

3.1 Statement

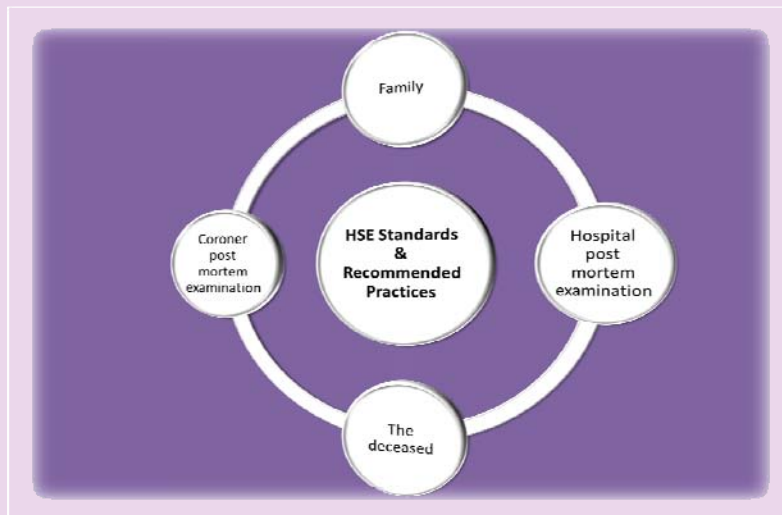
The content of each healthcare record following post mortem examination complies with legislation, Health Service Executive (HSE) guidance and current Standards of best practice.

3.2 Rationale

A full audit trail should be possible for every post mortem examination (coroner and hospital) to ensure that the hospital can account for the action taken before, during and after all post mortem examinations. Effective records management is of vital importance to ensure an acceptable outcome of all aspects of the post mortem examination process – ensuring that the right body is examined, ensuring that test results are assigned to the right case and ensuring that returned or buried organs are correctly identified and associated with the correct deceased person.

3.3 Criteria

- 3.3.1 There is a documented policy in place outlining the content and management of the healthcare record of deceased persons following post mortem examination, and all necessary registers, in line with *Health Service Executive Recommended Practices for Post Mortem Examination Services*.
- 3.3.2 There is (are) formal register(s) in place to record all relevant data relating to bodies, body parts or retained organs, thereby facilitating traceability following post mortem examination.
- 3.3.3 There are effective monitoring mechanisms in place to ensure that accurate records and associated traceability registers are maintained and retained following post mortem examinations.



HSE Standards and Recommended Practices for Post Mortem Examination Services

Part 3 Recommended Practices

Communication regarding the hospital post mortem examination

1. Communication regarding the hospital post mortem examination

1.1 Introduction

Effective communication in all aspects of care following death is of paramount importance to bereaved families. It is particularly important when a hospital post mortem examination is proposed, as families may be unfamiliar with what a post mortem examination entails.

Hospital post mortem examinations may be requested by the family of the deceased, or by the deceased's clinician¹ with the knowledge and consent of the deceased's family. A hospital post mortem examination is not a mandatory procedure and valid consent is a fundamental requirement for its performance.

The family are at the centre of decision-making and control in relation to giving or withholding consent for a hospital post mortem examination. Therefore the post mortem examination should be discussed with sensitivity, openness and with the necessary detail to enable families to make decisions. (*Specific guidance on consent is given in Recommended Practice 3: 'Consent for post mortem examination'.*)

1.2 Scope

The objective of this recommended practice is to provide practical guidelines for all those directly involved in communicating with families about hospital post mortem examinations.

1.3 Contents

Section One: General guidance for communication with the family of the deceased

Section Two: Communication regarding the hospital post mortem examination

Section Three: Communication regarding the taking of tissue samples

Section Four: Communication regarding the removal and retention of organs

Section Five: Communication regarding the ultimate disposition of retained organs

Section Six: Communication of the hospital post mortem examination results

¹ See Glossary.

Communication regarding the hospital post mortem examination

Section Seven: Contact with the family following completion of the hospital post mortem examination

Section Eight: Documentation of communication

Section Nine: Training

1.4 Procedure

Section One: General guidance for communication with the family of the deceased

- 1.4.1 All communication should be delivered in a language, form and manner that the family can understand.
- 1.4.2 Communication should:
 - a. take place in a confidential context, in an appropriate environment while respecting the privacy of the family as much as possible.
 - b. be respectful and sensitive to the needs of the family and to the dignity of the deceased person.
- 1.4.3 Death and bereavement affect individuals in different ways. Responses are influenced by beliefs, culture, religion, values, life-style and social diversity. Those with responsibility for communicating with the family should be alert to their individual needs, and be flexible in attempting to meet them.
- 1.4.4 Families should be given honest, clear and accurate information.
- 1.4.5 Families should be provided with:
 - a. reasonable time to receive information and make decisions.
 - b. privacy for discussion.
 - c. factual information i.e. leaflets/booklets that the family may take away (*if they wish*).
- 1.4.6 Families should be:
 - a. offered emotional or psychological support by appropriately trained professionals.
 - b. encouraged to ask any question(s) they wish.

Communication regarding the hospital post mortem examination

- c. encouraged to discuss any decisions with other family members, if appropriate.
 - d. informed about and provided with, information on support services that may be available to them and how these services may be accessed (*including independent support services*).
- 1.4.7 Consideration should be given to any additional supports which may be required; for example, access to interpreters (*including sign language interpreters*) should be available.

Section Two: Communication regarding the hospital post mortem examination

- 1.4.8 The family should be informed that the hospital post mortem examination is not a mandatory procedure, that they have the right to give or to refuse permission, and that the hospital post mortem examination will not take place without their consent. (*Specific guidance on consent is given in Recommended Practice 3: 'Consent for post mortem examination'.*)
- 1.4.9 A hospital post mortem examination may be carried out at the request of the family, or the deceased's clinician with valid consent of the family. If a hospital post mortem examination is proposed, the reason(s) for such a proposal should be explained to the family. Details of the following reasons for undertaking a hospital post mortem examination, should be provided as appropriate:
- a. to provide further information about an illness or condition, at the time of death. (*If the cause of death is not known, then a coroner's post mortem examination is required. This is a separate process. See Recommended Practice 2: 'Communication regarding the coroner's post mortem examination'.*)
 - b. to investigate the effect and efficacy of a medical or surgical intervention provided to the deceased prior to death.
 - c. to obtain information that may directly affect the health of current or future family members.
 - d. to enhance understanding of the disease or condition from which the deceased died in order to provide improved medical care to future service users with similar conditions.
- 1.4.10 The family require clear, comprehensive and accurate information, to enable them to make a decision in relation to the hospital post mortem examination. There should be a discussion giving details of what a hospital post mortem examination entails.

Communication regarding the hospital post mortem examination

- 1.4.11 Information should be provided on an individualised basis and varying needs for information should be accommodated in the information process. Some families will feel the need for very detailed explanations of what a hospital post mortem examination involves, whereas other families will prefer not to be given such detailed information. If the family are satisfied that they have enough information to make a decision, the family should have the option to decline detailed (*as opposed to general*) information.

The following general information should be included in the discussion:

- a. the hospital post mortem examination will be carried out according to best practice guidelines and relevant professional Standards¹, with great care and respect for the body of the deceased.
- b. more information relating to the death of the deceased person can be gained from the hospital post mortem examination if it is done as soon as possible after death.
- c. a basic explanation of what happens in a hospital post mortem examination, specifying that the examination begins with a careful external examination of the body and that the body will then be opened and examined internally in detail.
- d. small samples of tissue are taken for the purposes of diagnosis and are retained as histological blocks and slides. These blocks and slides are kept as part of the post mortem examination record and are therefore available for subsequent review if required. (*See paragraphs 1.4.30 - 1.4.32 for further information.*)
- e. body fluids/tissues are sometimes taken for additional laboratory testing (*for example, biochemical analysis*).
- f. internal organs are removed from the body during the post mortem examination in order that they may be fully examined to identify any abnormality. (*See paragraph 1.4.35 for further information.*) In some cases the organs are returned to the body prior to the burial but this is not always possible.
 - i. in certain circumstances it may be necessary to retain organ(s) for further diagnostic purposes in order to complete the examination. Retained organs are not usually returned to the body prior to burial. (*See paragraphs 1.4.36 to 1.4.43 and 1.4.46 to 1.4.47 inclusive for further information.*)

¹ Please see resources in Part 4 of this document where best practice guidelines and relevant professional standards are listed.

Communication regarding the hospital post mortem examination

- ii. some families choose to allow tissue samples or organs to be retained for use in teaching or research but this will not occur without consent from the family. (See paragraphs 1.4.44 and 1.4.45 for further information.)
- g. clinical photography/x-rays/video may be used as part of the hospital post mortem examination process and become part of the hospital post mortem examination record.

(Note: Audio, visual or photographic recordings in which the deceased is identifiable should only be undertaken with express consent. These recordings should be kept confidential as part of the healthcare record.¹)

1.4.12 The discussion on seeking consent and the decision made by the family should be documented in the healthcare record of the deceased.

1.4.13 More detailed information in relation to the hospital post mortem examination should be provided in an information leaflet written in appropriate and accessible language and offered to the family.

(Note: A model information booklet is provided in part 4 of this document.)

1.4.14 Families should be informed that they may give permission for a full **or** limited hospital post mortem examination.

Full Examination

1.4.15 The family should be informed that a full post mortem examination involves a detailed examination of all the internal organs, including the brain, heart, lungs, liver, kidneys, intestines, blood vessels and small glands.

¹ Medical Council (2009). Guide to Professional Conduct and Ethics for Registered Medical Practitioners. 7th edition.

Communication regarding the hospital post mortem examination

Limited Examination

- 1.4.16 The family should be informed that they have the option of limiting the post mortem examination. A limited post mortem examination is usually confined to an examination of those organs most likely to have been directly related to the cause of death. This means that only certain parts of the body are examined.

For example:

- a. the post mortem examination may be limited to one or more body areas, for example to a body cavity such as the chest and/or abdomen.
- b. particular organs might be specified by the family, for example in a death resulting from congenital heart disease, examination could be limited to the heart and lungs.
- c. in the perinatal setting, a limited examination may consist of an external examination only.
- d. in certain circumstances a minimally invasive post mortem examination may be possible, and should be explained to the family. Further information on a minimally invasive post mortem examination can be found in the glossary.

(Note: Minimally invasive post mortem examinations require specialist equipment and expertise and may not always be available or suitable.)

- 1.4.17 In many cases, a limited post mortem examination may provide important diagnostic information. However, the family should be informed that a limited hospital post mortem may:
- a. lead to an incomplete or partial assessment.
 - b. not provide either the family or the pathologist with sufficient information to establish/clarify a definite diagnosis.

(Note: A pathologist may decline to conduct a limited post mortem examination where s/he believes that it is unlikely to provide a diagnosis.)

- 1.4.18 Any limitations required by the family should be conveyed to the pathologist through documentation on the consent form for the hospital post mortem examination.
- 1.4.19 The family should also be informed that even a full hospital post mortem examination may not answer all questions in relation to the death.

Communication regarding the hospital post mortem examination

Other relevant issues to be discussed with the family should include:

- 1.4.20 Where and when the hospital post mortem examination will take place.
- 1.4.21 If the body of the deceased needs to be transferred to another hospital/location for the hospital post mortem examination to be conducted.
- 1.4.22 The timing of the post mortem examination. *(In certain circumstances, it may be appropriate to commence the hospital post mortem examination as soon as possible after death, for example, in potential metabolic cases.)*

(Note: Staff should be aware that this shorter timeframe poses particular challenges in relation to the provision of information to families and the seeking of consent.)
- 1.4.23 An estimation of how long the hospital post mortem examination will take.
- 1.4.24 How they will be informed if there has/has not been organ retention, if they wish to be so informed. *(See paragraphs 1.4.58 to 1.4.62 inclusive for further information.)*
- 1.4.25 The appearance of the deceased after the hospital post mortem examination. This discussion may include the following information:
 - a. normal changes occur after death which are not connected with the post mortem examination. The cause of death may also impact on the post mortem appearance of the body.
 - b. great care is taken with the external appearance of the deceased. The post mortem examination will be carried out in a sensitive way so that most of the incisions will be hidden by clothes or hair.
- 1.4.26 Whether the hospital post mortem examination will delay the funeral.
- 1.4.27 How the death is registered.
- 1.4.28 An indication of when the family might expect to receive results from the hospital post mortem examination.
- 1.4.29 It may not be appropriate to give all of this information at the same time; therefore each family should have an identified contact person who can provide information and support throughout the process.

Communication regarding the hospital post mortem examination

Section Three: Communication regarding the taking of tissue samples

- 1.4.30 General information relating to the taking of tissue samples at hospital post mortem examination as outlined in paragraph 1.4.11d., should be communicated to the family.
- 1.4.31 It should be made clear to the family that the preparation of tissue blocks and slides for histological sampling is included in the consent given for hospital post mortem examination. (*Specific guidance on consent is given in Recommended Practice 3: 'Consent for post mortem examination'.*)
- 1.4.32 The family should be given the option to discuss the taking of tissue samples at post mortem examination in greater detail, with the provision of the following more detailed information as required:
 - a. the retention of tissue samples is an integral part of high quality post mortem examinations; the relevance and completeness of the examination would be substantially compromised if the retention of such samples were precluded.
 - b. tissue samples are chemically treated in order to create blocks and slides for viewing under a microscope to facilitate initial diagnosis and to allow preservation of the tissue samples.
 - c. the preservation of blocks and slides for the purpose of audit, clinical governance and quality assurance is a requirement of many of the professional bodies which regulate pathology practice.
 - d. in addition to forming part of the post mortem examination record, these blocks and slides are also available for further study. This may be of potential benefit to the family in the future as it may allow the objective evaluation and re-evaluation of disease processes in an individual should any new knowledge or medical insights arise years after the death of the individual.

Communication regarding the hospital post mortem examination

- e. the storage and management of these blocks and slides follow the same laboratory procedures which are in place for dealing with samples from surgical procedures. These are in line with best practice Standards¹ in relation to the following:
 - i. identification and indexing.
 - ii. security.
 - iii. storage, archive and retrieval.

1.4.33 More detailed information as outlined in 1.4.32 should be contained in an information booklet which is offered to the family.

Section Four: Communication regarding the removal and retention of organs

- 1.4.34 When discussing the hospital post mortem examination, general information regarding the removal of organs as outlined in paragraph 1.4.11f. - 1.4.11f.ii., should be communicated to the family.
- 1.4.35 The family should be given the option to discuss the removal of organs at post mortem examination in greater detail, with the following more detailed information being provided, as required:
 - a. the internal examination consists of inspecting the internal organs of the body.
 - b. in order to fully examine the organs, it is necessary to remove them from the body for weighing, measuring and dissection.
 - c. dissection involves making incisions to facilitate detailed examination of the organ.
 - d. small tissue samples are taken in the form of slices or biopsy samples that can be easily viewed under a microscope.

¹ Requirements for laboratory procedures for the control of clinical material (including blocks and slides) are specified in ISO 15189:2007 *Medical laboratories – Particular requirements for quality and competence*.

Communication regarding the hospital post mortem examination

Retention of Organs

- 1.4.36 As the need for retention of organs may only become apparent during the hospital post mortem examination itself, this should be discussed in advance with the family.
- 1.4.37 Consent is required for the retention of organs for any reason and the family have the right to give or refuse consent. The family should be clearly informed that organs will not be retained for any reason without their knowledge and consent.
- 1.4.38 The family should be informed that there are a number of options available to them in relation to their decision to give or refuse consent for the retention of organs. They may give consent for the retention of organs for all or any of the following purposes:
 - a. detailed laboratory examination for investigative purposes as part of the hospital post mortem examination.
 - b. medical education and training.
 - c. research.
- 1.4.39 Prior to seeking consent for the retention of organs, there should be provision of information relating to the possible reasons for the retention of organs and also how retained organs will be stored and ultimately disposed. This should be included in the discussion unless the family decline detailed (*as opposed to general*) information.
- 1.4.40 Specific consent for the retention of organs for diagnostic purposes should be sought during the process of seeking consent for the hospital post mortem examination.
- 1.4.41 The family should be given information regarding possible reasons why it may be necessary to retain organ(s) for detailed examination as part of a hospital post mortem examination.

Possible reasons include:

- a. reference may be required to a specialist pathologist so that the best possible information is obtained. For example, in circumstances of neurological disease, it may be necessary to retain the brain for examination by a pathologist specialising in brain diseases (*a neuropathologist*). Similarly, genetic cardiac conditions may require referral to a specialist cardiac pathologist and/or a geneticist.

Communication regarding the hospital post mortem examination

- b. the obtaining of comprehensive information from the post mortem examination. This may require an organ to be placed in a fixative prior to examination.
 - i. the timeframe required for this to take place, does not usually allow return of the organ to the body prior to its release for burial.
 - ii. in some cases, it may be possible to carry out rapid fixation which facilitates examination and diagnostic evaluation. This may facilitate return of the organ to the body before release of the body for burial.

(Note: The practice of rapid fixation is limited as it is not suitable in many situations.)

- 1.4.42 If possible, information regarding the timeframe for such retention should be given to the family.
- 1.4.43 In cases where a hospital post mortem examination is proposed following early pregnancy loss, intra-uterine death or the death of a premature or small infant, it should be explained to the family that:
 - a. certain organs from pre-term or very small children are too small to enable them to be examined without retaining the whole organ. In such circumstances it may be necessary to place the whole organ on a histological block or slide for diagnostic purposes.
 - b. any such blocks or slides are kept as part of the post mortem examination record. *(See paragraphs 1.4.30 - 1.4.32 inclusive for more detailed information on the preservation of blocks or slides.)*
- 1.4.44 The family should also be informed that organs may also be a valuable resource for clinical teaching and/or education purposes and/or research which may advance medical knowledge and benefit society. No such retention will take place without the consent of the family.
- 1.4.45 If it is proposed to use organs for medical education/research purposes it should be explained to the family that organs which are used for medical education/research purposes are appropriately prepared and anonymised so that the identity of the deceased person will not be disclosed.

Communication regarding the hospital post mortem examination

- 1.4.46 When discussing the retention of organs, the family should be assured that the storage and management of retained organs complies with relevant Irish legislation and current Standards¹ of best practice.
- 1.4.47 The family should be assured that all retained organs will be treated in a respectful manner as follows:
- a. retained organs will be kept in appropriate containers that are clearly identified, traceable and stored in a designated secure area.
 - b. where there is more than one retained organ following the hospital post mortem examination, the hospital will ensure that these are stored together as far as is practicable.
 - c. organs retained for the purpose of completing the hospital post mortem examination process, will be released in accordance with the family's wishes as soon as appropriate, following completion of the investigative process.
- 1.4.48 The family should be offered an information leaflet or booklet containing all the information outlined in this section.

(Note: A model information booklet is provided in part 4 of this document.)

Section Five: Communication regarding the ultimate disposition of retained organs

- 1.4.49 When seeking consent for a hospital post mortem examination, issues regarding the ultimate disposition of retained organs should be discussed with the family.
- 1.4.50 If it is proposed to use organs for medical education/research purposes it should be explained to the family that:
- a. the organ(s) will be sensitively disposed of in a respectful and dignified manner on completion of any education or research or on cessation of their educational/research value.
 - b. in a very small number of cases, organs may be used as medical museum specimens for teaching purposes.

¹ Requirements for laboratory procedures for the control of clinical material (including blocks and slides) are specified in ISO 15189:2007 *Medical laboratories – Particular requirements for quality and competence*.

Communication regarding the hospital post mortem examination

- 1.4.51 The family should be informed of their options in relation to the sensitive disposal of retained organs. While the giving of such information at this point in time may seem insensitive, it is crucial that the family understand that retained organs will not be available for return to the body in time for the funeral.
- 1.4.52 It should be communicated to the family that an immediate decision in relation to the ultimate disposition of retained organs is not necessary.
- 1.4.53 Families should be given the following options for sensitive disposal of retained organs.

- a. the family arrange for the disposal of the deceased's organ(s) with the support of the hospital.

(Note 1: When a family wish to make their own burial or cremation arrangements, the hospital should ensure that the family receives the organs of the deceased in a dignified manner and setting [for example, in an individual casket appropriately sealed and in a suitable location such as a hospital oratory or family room].)

(Note 2: The hospital should strongly encourage families to use the services of an undertaker for this process, so as to ensure that the organ(s) will be buried or cremated in a suitable place/manner.)

- b. the hospital arranges for burial or cremation of the organ(s) in line with instructions from the family.
- c. the hospital arranges for burial or cremation of the organ(s) at the request of the family but without family participation in the carrying out of the burial or cremation.

Hospital arranged burial

- 1.4.54 When the hospital undertakes the responsibility for burial of the organ(s), the family should be given the following information:
- a. organ(s) will be appropriately sealed, clearly identified and buried in a hospital plot at a named cemetery.
 - b. if the hospital buries retained organs communally (*i.e. the organ(s) from a number of deceased individuals are buried together in a single casket*), it should be explained to the family that:
 - i. organs from each deceased individual are kept together and prior to burial the organ(s) will be appropriately sealed, clearly identified and placed in a communal casket.

Communication regarding the hospital post mortem examination

- ii. burial will take place when there are a sufficient number of organs for burial, or at the latest within a year of completion of the hospital post mortem examination.
- c. a register of hospital arranged burials will be maintained by the hospital. Relevant information from this register will be made available to the family of the deceased on request.

Hospital arranged cremation.

1.4.55 When the hospital undertakes the responsibility for cremation, the family should be made aware of the following details:

- a. organ(s) will be appropriately sealed, identified and transported to a named crematorium.
- b. cremating any part of the body in the absence of bone does not result in ashes. Therefore the family should be informed that there will not be any ashes remaining after the cremation of the organ(s) and that most crematoria do not return ashes following such a cremation. Any residual ash is derived from the container used.

(Note: This is also true of the cremation of premature infants and small babies, who have bones which are soft.)

- c. before cremation, there are certain forms which need to be completed to ensure that crematorium requirements are met. This includes an application for cremation which is normally completed by the family.
- d. if the hospital cremates retained organs communally (*i.e. the organ(s) from a number of deceased individuals are cremated together in a single casket*), it should be explained to the family that:
 - i. organs from each deceased individual are kept together and prior to cremation separate documentation is completed for each set of organs. The organ(s) will then be appropriately sealed, clearly identified and placed in a communal casket.
 - ii. cremation will take place when there are a sufficient number of organs for cremation, or at the latest within a year of completion of the hospital post mortem examination.
- e. a register of hospital arranged cremations will be maintained by the hospital. Relevant information from this register will be made available to the family of the deceased on request.

Communication regarding the hospital post mortem examination

Section Six: Communication of the hospital post mortem examination results

- 1.4.56 Following communication of information and discussion with the family, they should be asked whether or not they give their consent to the carrying out of the hospital post mortem examination. If consent has been given, the family should be given a copy of the consent form to take away with them.
- 1.4.57 If consent has been given, the family should also be given the following options in relation to communication of the hospital post mortem examination results:
- a. no communication - this applies where the family indicates that they do not want to be given details of the results. A record of the hospital post mortem examination findings will be maintained, if the family wish to request this information at a future date.
 - b. meeting with hospital staff - the family should be offered a meeting with hospital personnel as appropriate, when the report is available. In this context, the hospital consultant/team requesting the hospital post mortem examination, should be involved in communicating the results to the family.
 - c. referral to general practitioner (GP) - the results of the post mortem examination can be sent to the deceased's GP, so that s/he can discuss the findings with the family at their request.
 - d. a copy of the hospital post mortem examination report will be made available to the family at their request.

Section Seven: Contact with the family following completion of the hospital post mortem examination

- 1.4.58 Each family should have an identified contact person within the hospital that is responsible for follow-up contact with them following completion of the hospital post mortem examination.
- 1.4.59 The family should be informed that, at their request, the report of the hospital post mortem examination will be made available to them when completed.
- 1.4.60 The family should be informed that it is not possible to give a definitive timeline as to when the post mortem report will be completed as timeframes vary depending on circumstances such as what laboratory tests or expert opinion may be required.

Communication regarding the hospital post mortem examination

- 1.4.61 Unless the family have expressed their wish for no information regarding the retention of organs, this notification should also include the following as appropriate:
- a. no organs have been retained. However, tissue samples for blocks and slides and blood samples were retained as part of standard practice for laboratory examination.
 - b. organ(s) have been retained. The organ(s) should be identified and the purpose and expected duration of retention explained. Individual circumstances should determine if it is appropriate at this stage to:
 - i. discuss with the family the sensitive disposal of the organ(s)

Or

 - ii. inform the family that they will be sent a letter detailing their options with regard to sensitive disposal of the organs(s).

Or

 - iii. inform the family that the hospital will arrange burial/cremation in line with the instructions given by the family.
- 1.4.62 The notification should be recorded in the healthcare record of the deceased and supported by communication in writing to the family in accordance with their wishes. A contact number should be provided to allow for further information and discussion as required.

Section Eight: Documentation of communication

- 1.4.63 Accurate records of all discussions held between the family and any member of the multidisciplinary team should be recorded in the healthcare record of the deceased, in line with *Health Service Executive Standards and Recommended Practices for Healthcare Records Management*.
- 1.4.64 Information given to the family in the form of booklets/leaflets should also be documented.
- 1.4.65 Any difficulties communicating with the family (*e.g. language, literacy, hearing difficulty*) and an explanation of how these were overcome (*e.g. through an independent interpreter*), should be documented.

Communication regarding the hospital post mortem examination

- 1.4.66 If consent was obtained for a hospital post mortem examination, a copy of the consent form should be filed in the healthcare record of the deceased and a copy should also be offered to the family. *(Further information on the documentation of consent is available in Recommended Practice 3: 'Consent for post mortem examination'.)*

Section Nine: Training

- 1.4.67 All relevant staff should receive training in effective communication and interpersonal skills to enable them to communicate clearly and confidently with bereaved families in regard to the hospital post mortem examination and related practices.
- 1.4.68 Specific training should be made available to all relevant staff in order that appropriate members of the multidisciplinary team are enabled to:
- a. sensitively deliver information to bereaved families in relation to the retention of organs.
 - b. be alert to the needs of families from different ethnic, cultural and religious communities/backgrounds.
- 1.4.69 The organisation should maintain training records to demonstrate the content, frequency of and attendance at training sessions.

Communication regarding the coroner's post mortem examination

2. Communication regarding the coroner's post mortem examination

2.1. Introduction

Effective communication in all aspects of care following death is of paramount importance to bereaved families. It is particularly important when a coroner's post mortem examination is required, as families may be unfamiliar with the role of the coroner and what a post mortem examination entails.

Coroners are obliged by law¹ to inquire into and investigate certain deaths. A coroner's post mortem examination is carried out at the direction of the coroner to establish or clarify the cause of death and to identify conditions that may have contributed to the cause of death. Consent from the deceased's family is not required for a coroner's post mortem examination; including the removal and retention of organs, tissues and/or other body fluids for detailed laboratory examination and diagnostic purposes in the context of establishing the cause of death and other relevant matters in relation to the death.

The coroner's post mortem examination should be discussed with sensitivity, openness and with the necessary detail, to assist and support the family to understand the reasons why the coroner's post mortem examination is required and the processes involved.

2.2. Scope

The objective of this recommended practice is to provide guidelines for all those directly involved in communicating with families about the coroner's post mortem examination.

2.3. Contents

Section One: General guidance for communication with the family of the deceased

Section Two: Communication regarding the coroner's post mortem examination

Section Three: Communication regarding the taking of tissue samples

Section Four: Communication regarding the removal and retention of organs for the purposes of the coroner's post mortem examination.

¹ Coroners Acts 1962 and 2005.

Communication regarding the coroner's post mortem examination

Section Five: Communication regarding the ultimate disposition of retained organs

Section Six: Contact with the family following completion of the coroner's post mortem examination

Section Seven: Documentation of communication

Section Eight: Training

2.4. Procedure

Section One: General guidance for communication with the family of the deceased

2.4.1 All communication should be delivered in a language, form and manner that the family can understand.

2.4.2 Communication should:

- a. take place in a confidential context, in an appropriate environment while respecting the privacy of the family as much as possible.
- b. be respectful and sensitive to the needs of the family and to the dignity of the deceased person.

2.4.3 Death and bereavement affect individuals in different ways. Responses are influenced by beliefs, culture, religion, values, life-style and social diversity. Those with responsibility for communicating with the family should be alert to their individual needs, and be flexible in attempting to meet them.

2.4.4 Families should be given honest, clear and accurate information.

2.4.5 Families should be provided with:

- a. reasonable time to receive information and (*where applicable*) make decisions.
- b. privacy for discussion.
- c. factual information i.e. leaflets/booklets that the family may take away (*if they wish*).

Communication regarding the coroner's post mortem examination

- 2.4.6 Families should be:
- a. offered emotional or psychological support by appropriately trained professionals.
 - b. encouraged to ask any question(s) they wish.
 - c. encouraged to discuss any decisions with other family members, if appropriate.
 - d. informed about and provided with information on support services that may be available to them and how these services may be accessed (*including independent support services*).
- 2.4.7 Consideration should be given to any additional supports which may be required; for example, access to interpreters (*including sign language interpreters*) should be available.

Section Two: Communication regarding the coroner's post mortem examination

- 2.4.8 The family should be informed when a death is reportable to the coroner. However, reporting the death to the coroner should not be delayed in order to allow notification of the family. (*Specific guidance is available in Recommended Practice 4: 'Deaths reportable to the coroner'.*)
- 2.4.9 The family should be told the reason why this death was reportable to the coroner.
- 2.4.10 When a coroner's post mortem examination is required, the family should not be approached for consent.
- It should be explained to the family that:*
- a. a coroner's post mortem examination is carried out according to the provisions of the Coroners Acts 1962 and 2005, in order to determine the cause of death.
 - b. consent is not required as this is a mandatory post mortem examination.
- 2.4.11 The reasons for the coroner's post mortem examination should be clearly and sensitively explained to the family.

Communication regarding the coroner's post mortem examination

- 2.4.12 The family should be given information about the office and role of the coroner.
- a. an information booklet setting out the powers and functions of the coroner and the procedural aspects of coronial jurisdiction, including death certification, should be made available to the family.

- 2.4.13 The family should be advised that the coroner's post mortem examination:

- a. will be carried out by a pathologist who acts as the coroner's agent¹ for this purpose.
- b. in some cases may not be undertaken in the hospital, or by a hospital pathologist, as these matters are entirely at the coroners discretion.

(Note 1: The coroner may direct that the coroner's post mortem examination be carried out at another hospital or at a municipal mortuary in cases where there is a perceived conflict of interest or suspicious circumstances pertaining to the death.)

(Note 2: If the coroner's post mortem examination is undertaken by a hospital pathologist, in these circumstances the pathologist is directed by the coroner and is acting independently of the hospital on the coroner's behalf.)

- 2.4.14 The family should be advised that a formal identification of the body will be required.

The following information should be provided:

- a. the identification is normally made by a member of the family of the deceased to a member of the Garda Síochána acting on behalf of the coroner.
- b. family members should not be compelled to view the deceased's body against their wishes. In circumstances where family members are not available or are otherwise unable or too distressed to carry out the identification, it may be appropriate for a friend or a member of the clinical team to carry out such identification.
- c. formal identification may entail attendance at the mortuary to identify the body to the Garda who in turn will identify the body to the pathologist or technician. *(Sometimes identification takes place in locations other than the mortuary such as in the Emergency Department or on a hospital ward.)*

¹ A person acting on behalf of the coroner.

Communication regarding the coroner's post mortem examination

- 2.4.15 There should be a discussion with the family giving details of what a post mortem examination entails. However, as consent is not required for a coroner's post mortem examination, the family can determine the level of information they wish to receive and information should be provided on an individualised basis. Some families will feel the need for very detailed explanations of what a coroner's post mortem examination involves, whereas other families will prefer not to be given such detailed information. These varying needs for information are accommodated in the information process. The following general information should be communicated unless the family has indicated that they do not wish to receive any information:
- a. the coroner's post mortem examination will be carried out according to best practice guidelines and relevant professional Standards¹, with great care and respect for the body of the deceased.
 - b. a basic explanation of what happens in a post mortem examination specifying that the coroner's post mortem examination begins with a careful external examination of the body and that the body will then be opened and examined internally in detail.
 - c. small samples of tissue are taken for the purposes of diagnosis and are retained as histological blocks and slides. These blocks and slides are kept as part of the post mortem examination record and are therefore available for subsequent review if required. (*see paragraphs 2.4.27 - 2.4.28 for further information.*)
 - d. body fluids/tissues are sometimes taken for additional laboratory testing (*for example, biochemical and toxicological analysis*).
 - e. internal organs are removed from the body during the post mortem examination in order that they may be fully examined to identify any abnormality (*See paragraph 2.4.30 for further information*). In some cases the organs are returned to the body prior to the burial but this is not always possible.
 - i. in certain circumstances it may be necessary to retain organs for further diagnostic purposes in order to complete the examination. Retained organs are not usually returned to the body prior to burial. (*See paragraph 2.4.35 for further information.*)
 - ii. some families choose to allow the continued retention of organs for use in teaching or research, but this will not occur without consent from the family. (*See paragraphs 2.4.44 - 2.4.46 inclusive for further information.*)

¹ Please see resources in Part 4 of this document where best practice guidelines and relevant professional standards are listed.

Communication regarding the coroner's post mortem examination

- f. clinical photography/x-rays/video may be used as part of the coroner's post mortem examination process and become part of the coroner's post mortem examination record.

(Note: All audio, visual or photographic recordings should be forwarded to the coroner's office as part of the coroner's post mortem examination report.)

Other relevant issues to be discussed with the family should include:

- 2.4.16 Where and when the coroner's post mortem examination will take place.
- 2.4.17 If the body of the deceased will need to be transferred to another hospital/location for the coroner's post mortem examination to be conducted.
- 2.4.18 An estimation of how long the post mortem examination will take.
- 2.4.19 How they will be informed if there has/has not been organ retention, if they wish to be so informed. *(See paragraphs 2.4.51 and 2.4.55 for further information.)*
- 2.4.20 The appearance of the deceased after the coroner's post mortem examination.

This discussion may include the following information:

- a. normal changes occur after death which are not connected with the post mortem examination. The cause of death may also impact on the post mortem appearance of the body.
 - b. great care is taken with the external appearance of the deceased. The post mortem examination will be carried out in a sensitive way, so that most of the incisions will be hidden by clothes or hair.
- 2.4.21 Whether the coroner's post mortem examination will delay the funeral. Families should be advised that funeral arrangements should not be made until the body is released for burial.

(Note: The release of the body depends on the approval of the coroner or his agent who, in relation to the post mortem examination, will normally be the pathologist.)

- 2.4.22 How the death is registered.
- 2.4.23 At the end of the communication process about the coroner's post mortem examination, the family should be provided with the following information as appropriate:
 - a. the report from a coroner's post mortem examination can only be released on foot of approval of the coroner.

Communication regarding the coroner's post mortem examination

- b. a meeting can be arranged with hospital staff to discuss the findings of the post mortem examination with the approval of the coroner.

(Note: As some laboratory tests can take time to complete and an inquest may be required, final conclusions and a death certificate may not be available for a significant period of time.)

- c. if the family do not wish to attend a meeting but would still like specific information about the post mortem findings, they should be told that they can request a copy of the post mortem report from the coroner. They should be informed that this may take some time while laboratory tests are being completed.

(Note: As post mortem reports contain a lot of specialist clinical/medical terminology, it might be more helpful to have the report released to an appropriate person who can help to interpret the findings – for example the deceased's general practitioner. This facility should be offered to families where appropriate.)

- d. it should be clearly communicated to the family that the coroner may decide that an inquest is also necessary following the post mortem examination.

2.4.24 Communication of this information and relevant discussions should be documented in the healthcare record of the deceased.

2.4.25 Information regarding the coroner's post mortem examination and inquest process should also be offered to the family in an information leaflet or booklet.

2.4.26 The family should be asked to acknowledge in writing that they have been given appropriate information regarding the coroner's post mortem examination and other legal functions.

(Note: A model acknowledgement form providing a suggested format for documenting the giving of this information is provided in Appendix IX. The family may interpret this form as a consent form despite being told that consent is not required from them, therefore this form needs to be very clearly explained.)

Communication regarding the coroner's post mortem examination

Section Three: Communication regarding the taking of tissue samples

- 2.4.27 General information relating to the taking of tissue samples at the coroner's post mortem examination as outlined in paragraph 2.4.15c., should be communicated to the family.
- 2.4.28 The family should be given the option to discuss the taking of tissue samples at post mortem examination in greater detail with the provision of further, more detailed information as required:
- a. the retention of tissue samples is an integral part of high quality post mortem examinations; the relevance and completeness of the examination would be substantially compromised if the retention of such samples was precluded.
 - b. tissue samples are chemically treated in order to create blocks and slides for viewing under a microscope to facilitate initial diagnosis and to allow preservation of the tissue samples.
 - c. the preservation of blocks and slides for the purpose of audit, clinical governance and quality assurance is a requirement of many of the professional bodies which regulate pathology practice.
 - d. in addition to forming part of the coroner's post mortem examination record, these blocks and slides are also available for any other legal purpose or for further study. This may be of potential benefit to the family in the future as it may allow the objective evaluation and re-evaluation of disease processes in an individual should any new knowledge or medical insights arise years after the death of the individual.
 - e. the storage and management of these blocks and slides follow the same laboratory procedures which are in place for dealing with samples from hospital post mortem examinations and surgical procedures. These are in line with best practice Standards¹ in relation to the following:
 - i. identification and indexing.
 - ii. security.
 - iii. storage, archive and retrieval.

¹ Requirements for laboratory procedures for the control of clinical material (including blocks and slides) are specified in ISO 15189:2007 *Medical laboratories – Particular requirements for quality and competence*.

Communication regarding the coroner's post mortem examination

Section Four: Communication regarding the removal and retention of organs for the purposes of the coroner's post mortem examination.

- 2.4.29 When discussing the coroner's post mortem examination, general information regarding the removal of organs as outlined in paragraph 2.4.15e., should be communicated to the family.
- 2.4.30 The family should be given the option to discuss the removal of organs at post mortem examination in greater detail, with the following more detailed information being provided, as required:
- the internal examination consists of examining all body cavities (*head, chest and abdomen*) and inspecting the internal organs of the body.
 - in order to fully examine the organs, it is necessary to remove them from the body for weighing, measuring and dissection.
 - dissection involves making incisions to facilitate detailed examination of the organ.
 - small tissue samples are taken in the form of slices or biopsy samples that can be easily viewed under a microscope.

Retention of Organs

- 2.4.31 When discussing the coroner's post mortem examination, information regarding the retention of organs as outlined in paragraph 2.4.15e.i., should be communicated to the family.
- 2.4.32 It should be communicated to the family that **consent is not required** for the retention of organs for diagnostic/investigative purposes in order to complete the coroner's post mortem examination.
- 2.4.33 Organs may **only** be retained as part of this process for as long as is necessary to establish or clarify the cause of death and to identify factors that may have contributed to death.
- 2.4.34 Retention for any other purpose such as teaching or research is outside of the remit of the coroner and the consent of the family is required for any such retention.

Communication regarding the coroner's post mortem examination

- 2.4.35 The family should be given information regarding possible reasons why it may be necessary to retain an organ/organs for detailed examination as part of a coroner's post mortem examination.

Possible reasons include:

- a. reference may be required to a specialist pathologist so that the best possible information is obtained. For example, in circumstances of neurological disease, it may be necessary to retain the brain for examination by a pathologist specialising in brain diseases (*a neuropathologist*). Similarly genetic cardiac conditions may require referral to a specialist cardiac pathologist and/or a geneticist.
- b. the obtaining of comprehensive information from the post mortem examination. This may require an organ to be placed in a fixative prior to examination.
 - i. the timeframe required for this to take place, does not usually allow for return of the organ to the body prior to its release for burial.
 - ii. in some cases, it may be possible to carry out rapid fixation which facilitates examination and diagnostic evaluation. This may facilitate return of the organ to the body before release of the body for burial.

(Note:.. The practice of rapid fixation is limited as it is not suitable in many situations.)

- 2.4.36 If possible, information regarding the timeframe for such retention should be given to the family.

- 2.4.37 In cases where a coroner's post mortem examination is required following early pregnancy loss, intra-uterine death or the death of a premature or small infant, it should be explained to the family that:

- a. certain organs from pre-term or very small children are too small to enable them to be examined without retaining the whole organ. In such circumstances it may be necessary to place the whole organ on a histological block or slide, for diagnostic purposes.
- b. any such blocks or slides are kept as part of the post mortem examination record. (*See paragraphs 2.4.27 - 2.4.28 inclusive for more detailed information on the preservation of blocks or slides.*)

Communication regarding the coroner's post mortem examination

- 2.4.38 When discussing the retention of organs, the family should be assured that the storage and management of retained organs complies with relevant Irish legislation and current Standards¹ of best practice.
- 2.4.39 The family should be assured that all retained organs will be treated with respect as follows:
- a. retained organs will be kept in appropriate containers that are clearly identified, traceable and stored in a designated secure area.
 - b. where there is more than one retained organ following the coroner's post mortem examination, the hospital will ensure that these are stored together as far as is practicable.
 - c. organs retained for the purpose of completing the coroner's post mortem examination process, will be released following completion of the investigative process, as soon as appropriate authorisation is received from the coroner or his agent, who in this instance will normally be the pathologist.
- 2.4.40 The family should be offered an information booklet containing all the information outlined in this section. *(A model information booklet is provided in part 4 of this document.)*

Section Five: Communication regarding the ultimate disposition of retained organs.

- 2.4.41 The family should be informed that they will have the opportunity to decide on the ultimate disposition of the organ(s), following authorisation of release by the coroner or the pathologist acting on his behalf.
- 2.4.42 It should be explained to the family that there are various options available to them in relation to what will happen to the organ(s) once the purposes of the coroner's post mortem examination have been satisfied. Families may choose to:
- a. give consent for the continued retention of organs for use in teaching or research.
 - b. be given options for sensitive disposal of retained organs.
- 2.4.43 It should be communicated to the family that an immediate decision in relation to the ultimate disposition of retained organs is not necessary.

¹ Requirements for laboratory procedures for the control of clinical material (including blocks and slides) are specified in ISO 15189:2007 *Medical laboratories – Particular requirements for quality and competence*.

Communication regarding the coroner's post mortem examination

Continued Retention

- 2.4.44 If the continued retention of an organ/organs for use in medical education or research is proposed, it should be explained to the family that:
- the continued retention of organs and their use for such purposes is outside the remit of the coroner and their **consent is required**.
 - organs may be a valuable resource for clinical teaching and/or education purposes and/or research which may advance medical knowledge and benefit society.

(Note: It may be appropriate that this fact is mentioned at the information giving stage but actual consent is only requested when and if required. Refer to Health Service Executive Recommended Practice 3: 'Consent for post mortem examination'.)

- 2.4.45 If it is proposed to use organs for medical education/research purposes it should be explained to the family that:
- organs which are used for medical education/research purposes are appropriately prepared and anonymised so that the identity of the deceased person will not be disclosed.
 - the organ(s) will be sensitively disposed of in a respectful manner on completion of any education or research, or on cessation of their educational/research value.
 - in a very small number of cases, organs may be used as medical museum specimens for teaching purposes.

- 2.4.46 Consent for the continued retention of organ(s) for use in medical education or research following the coroner's post mortem examination should be documented on an appropriate consent form. A copy of this consent form should be offered to the family.

(Note: A model consent form providing a suggested format for documenting the giving of this consent is provided in Appendix IX.)

Sensitive disposal of retained organs

- 2.4.47 The family should be informed of their options in relation to the sensitive disposal of retained organs. While the giving of such information at this point in time may seem insensitive, it is crucial that the family understand that retained organs will not be available for return to the body in time for the funeral.

Communication regarding the coroner's post mortem examination

2.4.48 Families should be given the following options for sensitive disposal of retained organ(s):

- a. the family arrange for the disposal of the deceased's organ(s) with the support of the hospital.

(Note 1: When a family wish to make their own burial or cremation arrangements, the hospital should ensure that the family receives the organs of the deceased in a dignified manner and setting (for example, in an individual casket appropriately sealed and in a suitable location such as a hospital oratory or family room).)

(Note 2: The hospital should strongly encourage families to use the services of an undertaker for this process, to ensure that the organs will be buried or cremated in a suitable place/manner.)

- b. the hospital arranges for burial or cremation of the organ(s) in line with instructions from the family.
- c. the hospital arranges burial or cremation of the organ(s) at the request of the family but without family participation in the carrying out of the burial or cremation.

Hospital arranged burial

2.4.49 When the hospital undertakes the responsibility for burial of the organ(s), the family should be given the following information:

- a. organs will be appropriately sealed, clearly identified and buried in a hospital plot at a named cemetery.
- b. if the hospital buries retained organs communally (*i.e. the organs from a number of deceased individuals are buried together in a single casket or container*), it should be explained to relatives that:
 - i. organs from each deceased individual are kept together and prior to burial the organ(s) will be appropriately sealed, clearly identified and placed in a communal casket.
 - ii. burial will take place when there are a sufficient number of organs for burial, or at the latest within a year of completion of the purposes of the coroner's post mortem examination.
- c. a register of hospital arranged burials will be maintained by the hospital. Relevant information from this register will be made available to the family of the deceased on request.

Communication regarding the coroner's post mortem examination

Hospital arranged cremation

- 2.4.50 When the hospital undertakes the responsibility for cremation, the family should be made aware of the following details:
- a. organs will be appropriately sealed, identified and transported to a named crematorium.
 - b. cremating any part of the body in the absence of bone does not result in ashes. Therefore the family should be informed that there will not be any ashes remaining after the cremation of the organs and that most crematoria do not return ashes following such a cremation. Any residual ash is derived from the container used.

(Note: This is also true of the cremation of premature infants and small babies, who have bones which are soft.)

- c. before cremation, there are certain forms which need to be completed to ensure that crematorium requirements are met. This includes an application for cremation which is normally completed by the family.
- d. if the hospital cremates retained organs communally (*i.e. the organ(s) from a number of deceased individuals are cremated together in a single casket*), it should be explained to the family that:
 - i. organs from each deceased individual are kept together and prior to cremation separate documentation is completed for each set of organs. The organ(s) will then be appropriately sealed, clearly identified and placed in a communal casket.
 - ii. cremation will take place when there are a sufficient number of organs for cremation, or at the latest within a year of completion of the purposes of the coroner's post mortem examination.
- e. a register of hospital arranged cremations will be maintained by the hospital. Relevant information from this register will be made available to the family of the deceased on request.

Section Six: Contact with the family following completion of the coroner's post mortem examination

- 2.4.51 Each family should have an identified contact person within the hospital that is responsible for follow-up contact with them following completion of the coroner's post mortem examination.

Communication regarding the coroner's post mortem examination

- 2.4.52 The family should be given an indication as to when they may expect results from the coroner's post mortem examination. However, they should also be made aware that this is not a definitive timeline.

(Note: Some laboratory tests can take time to complete and an inquest may be required, therefore final conclusions and a death certificate may not be available for a significant period of time. It is very important that the family are made aware of these facts and for this reason it is not possible to give a definitive timeline as to when they may expect to receive results from the coroner's post mortem examination.)

- 2.4.53 There should be follow up support offered to the family and a progress report in a format agreed with the coroner/family, should also be arranged.

- 2.4.54 Procedures should be developed between each hospital and the office of the coroner for the district in which the hospital is located to ensure that there is no gap in the provision of information to the family of the deceased person. There should be clear delineation of responsibility in this regard.

- 2.4.55 Unless the family have expressed their wish for no information regarding the retention of organs, they should be given the following information *(with approval from the coroner)* as appropriate:

- a. no organ(s) have been retained. However, tissue samples for blocks and slides and blood samples were retained as part of standard practice for laboratory examination.
- b. organ(s) have been retained. The organ(s) should be identified and the purpose and expected duration of retention explained. Individual circumstances should determine if it is appropriate at this stage to:
 - i. discuss with the family the sensitive disposal of the organ(s).
OR
 - ii. inform the family that they will be sent a letter detailing what their options are with regard to sensitive disposal of the organs(s).
OR
 - iii. inform the family that the hospital will arrange burial/cremation in line with the instructions given by the family.

- 2.4.56 The notification should be recorded in the healthcare record of the deceased and supported by communication in writing to the family, in accordance with their wishes. A contact number should be provided, to allow for further information and discussion as required.

Communication regarding the coroner's post mortem examination

Section Seven: Documentation of communication

- 2.4.57 Accurate records of all discussions held between the family and any member of the multidisciplinary team should be recorded in the healthcare record of the deceased, in line with *Health Service Executive Standards and Recommended Practices for Healthcare Records Management*.
- 2.4.58 Information given to the family in the form of booklets/leaflets should also be documented.
- 2.4.59 Any difficulties communicating with family (e.g. *language, literacy, hearing difficulty*) and an explanation of how these were overcome (e.g. *through an independent interpreter*) should be documented.
- 2.4.60 If consent is given for the continued retention of organ(s) for use in medical education or research following the coroner's post mortem examination, this should be documented on an appropriate consent form. A copy of the consent form should be filed in the healthcare record of the deceased and a copy should also be offered to the family.

Section Eight: Training

- 2.4.61 All relevant staff should receive training in effective communication and interpersonal skills to enable them to communicate clearly and confidently with bereaved families in regard to the coroner's post mortem examination and related practices.
- 2.4.62 Specific training should be made available to all relevant staff, in order that appropriate members of the multidisciplinary team are enabled to:
 - a. sensitively deliver information to bereaved families in relation to the retention of organs.
 - b. be alert to the needs of bereaved families from different ethnic, cultural and religious communities/backgrounds.
- 2.4.63 The organisation should maintain training records to demonstrate the content, frequency of and attendance at training sessions.

Consent and the post mortem examination

3. Consent and the post mortem examination

3.1. Introduction

Consent is sought **where required** for post mortem examinations and also for the retention of organs in line with relevant Irish legislation, Health Service Executive (HSE) guidance and current Standards of best practice. The issue of post mortem examination arises at a very distressing time for families and the process of seeking consent is a complex and difficult process for staff as well as for families. Consent for post mortem examination should be discussed with sensitivity, openness and with the necessary detail to enable families to make relevant decisions.

3.2. Scope

The objective of this recommended practice is to provide guidelines in relation to the seeking of consent where required for post mortem examination and for the retention of organs.

3.3. Contents

Section One: Coroner's post mortem examination

Section Two: Hospital post mortem examination

Section Three: Coroner and hospital post mortem examination

Section Four: Responsibility for seeking and obtaining consent

Section Five: Validity of consent

Section Six: Who may give consent for a hospital post mortem examination/the continued retention of organs once the coroner's purposes are complete

Section Seven: Process of seeking and obtaining consent

Section Eight: Documentation of consent for hospital post mortem examination

Section Nine: Training

Consent and the post mortem examination

3.4. Procedure

Section One: Coroners post mortem examination

- 3.4.1 Consent is **not** required from the deceased's family for a coroner's post mortem examination. Families should therefore **not** be approached for consent for a coroner's post mortem examination including the removal and retention of organs, tissues and/or other body fluids for detailed laboratory examination and diagnostic purposes in the context of establishing the cause of death and other relevant matters in relation to the death.
- 3.4.2 Although consent is not required for a coroner's post mortem examination, the family should be offered information in relation to the role of the coroner in death investigation and the coroner's post mortem examination. Healthcare organisations should ask the family to sign an acknowledgment form which documents the giving of this information to the family. *(A model acknowledgement form providing a suggested format for documenting the giving of this information is provided in Appendix IX.)*
- 3.4.3 Consent is **required** and should be sought for the continued retention of organs for any purpose once the coroner's purposes are complete. Such consent should be sought from the family of the deceased in the same way as for a hospital post mortem examination.
- 3.4.4 Where consent is not given for continued retention of organs, sensitive disposal of the retained organ(s) should be arranged in accordance with the wishes of the family.

Section Two: Hospital post mortem examination

- 3.4.5 Consent is **required** and should be sought for:
 - a. hospital post mortem examination including removal and retention of organs, tissues and/or other body fluids for detailed laboratory examination and diagnostic purposes. It should be made clear to those from whom consent is sought, that the preparation of tissue blocks and slides for histological sampling will be regarded as part of the consent given. *(Specific guidance is available in HSE Recommended Practice 1: 'Communication regarding the hospital post mortem examination'.)*

(Note: Clinical photography/x-rays/video may be used as part of the hospital post mortem examination process. Audio, visual or photographic recordings in which the deceased is identifiable should only be undertaken with express consent.)

Consent and the post mortem examination

- b. retention of organs and/or tissues removed during the hospital post mortem examination for the purpose of:
 - i. medical education and training.
 - ii. research.

(Note: If the question of publication of audio, visual or photographic recordings arises in the context of medical education/training or research then express consent should be sought unless the recording is effectively anonymised.)

- 3.4.6 The family should be given the option to refuse or limit the hospital post mortem examination and to stipulate their wishes in regard to such limitations.

Section Three: Coroner and hospital post mortem examination

- 3.4.7 Organs or tissues should not be removed from the body of the deceased at any post mortem examination, for supply by hospitals to any pharmaceutical company or other third party¹, without the knowledge and consent of the family.

(Note: If the family give consent for supply of organs or tissues to a third party, all arrangements should be clearly approved and documented by hospital management.)

Section Four: Responsibility for seeking and obtaining consent

- 3.4.8 The organisation should have effective documented procedures in place which clearly set out the responsibilities of all those involved in the process of seeking valid consent for all aspects of the hospital post mortem examination and for the continued retention of organs once the coroner's purposes are complete.
- 3.4.9 Primary responsibility for seeking and obtaining consent should rest with the consultant who is responsible for care of the deceased. If this task is delegated, the responsible consultant should ensure that the clinician² to whom s/he has delegated responsibility, has the appropriate training and understanding to undertake this function.

(Note: Medical Council guidelines suggest that it is not appropriate for interns to undertake this responsibility³.)

¹ In this context, third party does not include situations where organs and tissues are referred for specialist examination and/or second opinion.

² See glossary.

³ See *The Guide to Professional Conduct and Ethics for Registered Medical Practitioners* 7th Edition 2009, Section 38.2.

Consent and the post mortem examination

- 3.4.10 The registered medical practitioner who seeks consent from the family for a hospital post mortem examination should have a full understanding of the issues relating to consent for hospital post mortem examination.
- 3.4.11 The registered medical practitioner who seeks consent for the continued retention of organs for any reason once the coroner's purposes are complete should have a full understanding of the issues involved.
- 3.4.12 The registered medical practitioner who seeks consent as outlined in 3.3.10 and 3.3.11 should:
- be responsible for ensuring that the person giving consent has sufficient information to enable them to provide valid consent.
- (Note: The person seeking consent may provide this information or s/he may be supported in the communication of the relevant information by a member of the multidisciplinary team.)*
- have received training in communication skills, particularly in relation to communication with bereaved families.

Section Five: Validity of consent

- 3.4.13 The validity of consent is based on the following:
- that consent is sought and received from the appropriate person¹.
 - sufficient and accurate information is given to the family to enable them to make their decision².
 - understanding of the information and the issues involved by the person from whom consent is being sought.
 - capacity to give consent based on age, mental capacity and ability to communicate³.

¹ See 3.4.14 – 3.4.22 inclusive.

² See 3.4.24 – 3.4.27 and 3.4.32 – 3.4.36 inclusive.

³ See *The Guide to Professional Conduct and Ethics for Registered Medical Practitioners* 7th Edition 2009, Section D for guidelines relating to consent including assessing an individual's capacity to consent.

Consent and the post mortem examination

Section Six: Who may give consent for a hospital post mortem examination/the continued retention of organs once the coroner's purposes are complete

Where the deceased is an adult

3.4.14 Consent should be requested from a validly appointed personal representative of the deceased¹. In the absence of a validly appointed personal representative of the deceased, or where it is not reasonably practicable to communicate with such a person in the time available, consent should be requested from the deceased person's family.

3.4.15 For the purpose of giving this consent, the deceased's family should be ranked according to the following hierarchy (*in decreasing order of priority i.e. the person with the highest ranking order is the designated decision-maker*):

- a. the person who immediately before the adult's death was their spouse/civil partner².

(Note: If this person is permanently separated (either by agreement or under an order of a court) from the adult OR has deserted/been deserted by the adult, and the desertion continues THEN consent should be requested from the next person in the hierarchy.)

- b. the adult's child³.
- c. the adult's parent.
- d. the adult's brother or sister.
- e. the adult's grandparent.
- f. the adult's grandchild.
- g. the adult's uncle or aunt.
- h. the adult's niece or nephew.
- i. other members of the adult's family to the nearest degree of proximity.

¹ The executor or administrator of the deceased's estate or other person charged by law.

² See Section 3 and 5 Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010. The term civil partner used above refers to a same sex partner who is a party in a civil partnership or legal relationship.

³ See 3.4.17 and 3.4.17.1.

Consent and the post mortem examination

3.4.16 In relationship to the family ranking hierarchy for giving this consent:

- a. a relationship of half-blood¹ should be treated as a relationship of whole blood.
- b. the stepchild of an adult should be treated as the child of the adult.
- c. relations in the same rank should have equal rights for the purpose of giving consent for the hospital post mortem examination; consent may be given by any one of the persons falling within the rank.

(Note: If the healthcare organisation is aware of disagreement amongst those of equal rank, a hospital post mortem examination should generally not be carried out.)

3.4.17 For the purpose of this consent, a person's relationship with the adult should be excluded if :

- a. the person, immediately before the adult's death, has not reached the age of majority i.e. a person who is less than 18 years of age, who is not or has not been married².
- b. the person does not wish or is unable to make a decision on the issue of consent.
- c. it is not reasonably practicable to communicate with the person in the time available.

Babies who died before or during birth or deceased infants/children.

3.4.18 Consent should be sought from a parent or legal guardian of the baby/infant/child:

- a. only parent(s) who are guardians can give consent on behalf of their children.
- b. not all parents have parental responsibility for their children. Where parents are unmarried, currently only the mother is automatically the legal guardian of their child.

(Note 1: The law, however, provides that where an unmarried father and an unmarried mother have jointly completed a Statutory Declaration pursuant to the Guardianship of Infants Act, 1964 as amended by the Children Act, 1997, there may be joint guardianship and in such circumstances both are eligible to give consent.)

¹ The relationship existing between persons having only one parent in common.

² Age of Majority Act, 1985.

Consent and the post mortem examination

(Note 2: Where an unmarried father has, pursuant to an order of the Court, been granted guardianship rights in relation to his child under the Guardianship of Infants Act, 1964 as amended by the Status of Children Act, 1987 and the Children Act, 1997 then he is eligible to give consent.)

- c. where only one parent is the legal guardian, the organisation is legally entitled to proceed with the consent of that parent.
- d. where both parents are legal guardians, either parent is legally entitled to give consent.
- e. where the parents of the baby/infant/child disagree as to whether or not to give consent, the organisation is legally entitled to proceed with the consent of one parent. However, irrespective of the marital or living arrangements of the parents, best practice is not to proceed in the face of objection from either parent.

3.4.19 The death of a child in care should be reported to the coroner.

3.4.20 In cases where the coroner decides not to direct the performance of a coroner's post mortem examination following the death of a child in care, and the possibility of a hospital post mortem examination arises, consent should be sought from:

- a. the birth parent when the child was in the voluntary care of the Health Service Executive, for example in foster or residential care.
- b. the Health Service Executive when the child was the subject of a care order.

(Note: It is good practice to also get the parent(s)'s consent.)

The minor parent(s)

3.4.21 As outlined in 3.4.18, where a hospital post mortem examination is proposed on a deceased child, stillborn infant or miscarried pregnancy, consent should be sought from a parent or legal guardian; however when the parent(s)/legal guardian is less than 18 years of age a complicated situation arises. This situation is not specifically addressed by Irish legislation or case law and is legally complex. Consideration should be given to the following:

- a. the unmarried mother (irrespective of her age) is the only **automatic** legal guardian of her child (See 3.4.18b.).

Consent and the post mortem examination

- b. the sole reference to the legal capacity of a person under 18 years of age to consent to medical treatment is located in Section 23 of the Non-Fatal Offences against the Person Act, 1997 as follows:
 - i. section 23 (1) states that ‘the consent of a minor who has attained the age of 16 years to any surgical, medical or dental treatment... shall be as effective as it would be if he or she were of full age; and where a minor has by virtue of this section given an effective consent to any treatment is shall not be necessary to obtain any consent for it from his or her parent or guardian’.
 - ii. section 23 (2) states that ‘surgical, medical or dental treatment’ includes any procedure undertaken for the purposes of diagnosis.
 - iii. it is unclear if ‘treatment’ as defined in section 23 (2) would extend to post mortem examination as *treatments* are carried out to improve the life and health of the person and in their best interests, whereas although post mortem examination can provide important information regarding diagnosis of death, they have no benefit for the deceased person.
- c. the Non-Fatal Offences against the Person Act, 1997 does not:
 - i. state whether a minor can consent to a medical procedure to be carried out on their child.
 - ii. refer to the minor under the age of 16.
- d. in general a minor under the age of 16 is deemed not to have the legal capacity to consent to medical treatment on their own behalf; however, it is probable that the mature minor rule¹ would be accepted by the Irish Courts².
- e. there is no Irish case law on the legal status of a minor’s refusal to medical treatment.

3.4.22 Therefore, where the sole legal guardian is a minor, there should be an assessment of the circumstances of each individual case. Professional judgement should be employed on whether consent should be obtained from the minor parent alone or a parent/guardian of the minor parent alone or both jointly. In making a decision, particular regard should be had to the maturity of the minor parent concerned and to their best interests³:

¹ Referring to common law rules existing in other jurisdictions allowing a minor who is mature to give consent for medical care.

² Law Reform Commission *Consultation Paper Children and the Law: Medical Treatment* (LRC CP 59-2009).

³ Law Reform Commission *Report on Children and the Law: Medical Treatment* (LRC 103-2011).

Consent and the post mortem examination

- a. the registered medical practitioner seeking consent should assure themselves of the capacity of the minor to give consent. A functional approach¹ should be used to assess their ability to make decisions, based on the following:
 - i. their level of understanding and retention of the information they have been given, and the issues involved in the hospital post mortem examination.
 - ii. their ability to apply the information to their own personal circumstance and to come to a decision.
 - b. mature support and input from other family members may be beneficial in the decision making process, therefore in addition to the minor parent, the process of seeking consent should also include a parent/guardian of the minor parent. Ideally decisions should be taken collectively with input from the minor parent and their parent/guardian.
 - c. legal advice should be sought in cases of doubt or uncertainty.
- 3.4.23 The organisation should update all policies in relation to identification of the appropriate person from whom consent should be sought in line with changes to legislation.

Section Seven: Process of seeking and obtaining consent

- 3.4.24 Families should be at the centre of decision-making and control in respect of the proposed hospital post mortem examination to be performed on the deceased.
- 3.4.25 Families should be given honest, clear, and accurate information as outlined in *Health Service Executive Recommended Practice 1: 'Communication regarding the hospital post mortem examination'*.
- 3.4.26 Families should be provided with:
- a. the opportunity to ask questions and have those questions answered as comprehensively as possible.
 - b. reasonable time to reach decisions bearing in mind the time frame within which the examination must be carried out.
 - c. privacy for discussion between themselves.

¹ See The Guide to Professional Conduct and Ethics for Registered Medical Practitioners 7th edition 2009, Section D, para 34.3.

Consent and the post mortem examination

- 3.4.27 Families should be offered emotional or psychological support by appropriately trained personnel.
- 3.4.28 The means by which and the place in which the family are informed about the hospital post mortem process should be as sensitive and respectful as possible in the circumstances.

(Note: Where possible, a dedicated bereavement room is made available for this purpose. In the absence of such a room being available, other appropriate facilities are made available to enable this communication process to take place with respect for the dignity and privacy of the family.)

- 3.4.29 A multidisciplinary team should be available and be drawn on as required to support the family in the process of seeking consent. In addition to registered medical practitioners, the multidisciplinary team should include:

- a. nursing and/or midwifery staff.
- b. pastoral care/chaplaincy.

The team may also include:

- c. bereavement counsellor.
- d. medical social worker.
- e. pathologist.

- 3.4.30 Where possible, two members of the multidisciplinary team should be present when consent is being sought.
- 3.4.31 Whenever possible, consent should be sought by a registered medical practitioner with whom the family have a pre-existing relationship.
- 3.4.32 If the consent is being sought by a registered medical practitioner who does not have a pre-existing relationship with the family, this individual should introduce themselves by name, position and department prior to commencing the consent process with the family.
- 3.4.33 Consent should be sought as part of a process where there is a discussion of facts between the clinician and the family prior to the requesting of consent.

(Note: This discussion is assisted by an information booklet that the family can read, have explained to them if necessary and take home with them if they wish.)

Consent and the post mortem examination

3.4.34 The discussion should include the following as appropriate:

- a. the voluntary nature of the decision to give or to refuse permission for a hospital post mortem examination.
- b. why the hospital post mortem examination is proposed and why it would be helpful to the clinicians and to the family.
- c. what a post mortem examination entails (*see 3.4.25*). If the family are satisfied that they have enough information to make a decision, the family have the option to decline detailed (*as opposed to general*) information. The level of information given is noted in the healthcare record of the deceased.
- d. the preservation of tissue samples as histological blocks and slides which are kept as part of the post mortem examination record.
- e. the possibility of removal and retention of organs and the reasons why this may be proposed.
- f. what happens to organs and tissues that have been removed and retained.
- g. storage of organs and tissues retained at hospital post mortem examination.
- h. the implications of hospital post mortem examination for funeral arrangements.
- i. options for the ultimate disposition of organs not returned to the body prior to the funeral.

(Note: Further details on information which should be covered in this discussion is outlined in Health Service Executive Recommended Practice 1: 'Communication regarding the hospital post mortem examination'.)

3.4.35 The family should be informed that they have a number of options in relation to:

- a. the performance of a hospital post mortem examination and the retention of organs.
- b. the ultimate disposition of retained organs.
- c. the communication of hospital post mortem examination results.

(Note: The family are also assured that decisions in relation to ultimate disposition do not need to be made at this time.)

Consent and the post mortem examination

- 3.4.36 During the process of seeking consent, a member of the multidisciplinary team should explain what is involved in a clear and comprehensible manner, using appropriate terminology and non-technical terms to enable the family to understand what is involved.
- 3.4.37 Where consent is not given, a hospital post mortem examination is not carried out and the family should not be pressurised into changing their minds.

Section Eight: Documentation of consent for hospital post mortem examination

(Note: A model consent form providing a suggested format for documenting consent for hospital post mortem examination is provided in Appendix VII.)

- 3.4.38 Consent forms should include the following:
- the name, date of birth, date of death and deceased person's healthcare record number and name of primary consultant. If it is known, the consent form should also include the time of death.
 - the printed name, signature and contact number of the person giving consent and their relationship to the deceased.
 - the printed name, signature, medical council number, job title and contact/ bleep number of the registered medical practitioner obtaining the consent.
 - all signatures should be dated and timed.
- 3.4.39 Consent forms should clearly show all the various options available to the family, including:
- options with regard to any limitations required by the family.
 - options with regard to their wishes/further communication in relation to sensitive disposal of retained organs.
 - options in relation to communication of the hospital post mortem examination results.
- 3.4.40 Consent should be given in writing, however in exceptional cases verbal consent may be allowed.
- 3.4.41 The giving of verbal consent in person or over the telephone should be witnessed by two members of the multidisciplinary team (*the registered medical practitioner obtaining consent and one other*).

Consent and the post mortem examination

(Note: Where the giving of verbal consent over the telephone is proposed, great care should be taken to confirm the identity of the person giving consent.)

- 3.4.42 Consent forms should provide for the documentation of verbal consent including such consent given over the phone. In addition to the details listed at 3.4.38, consent forms documenting verbal consent should include the printed name, signature, job title and contact number (*bleep/telephone*) of another member of the multidisciplinary team who witnesses the giving of verbal consent.
- 3.4.43 Where possible, subsequent written confirmation of oral consent should be requested and obtained at an appropriate time.
- 3.4.44 A copy of the consent form should be:
 - a. kept in the healthcare record of the deceased person.
 - b. sent to the pathology department where the post mortem examination is to be carried out.

(Note: If local practice dictates that the pathologist has access to and uses the healthcare record, a separate copy may not be required by the pathology department.)

- c. given to the family.
- 3.4.45 The pathologist should ensure that consent has been obtained prior to proceeding with the hospital post mortem examination and should document this appropriately.
- 3.4.46 Where consent is not given for a hospital post mortem examination following discussion with the family, this discussion and the decision reached should be documented in the healthcare record of the deceased person.

Section Nine: Training

- 3.4.47 All staff involved with seeking consent should receive training in:
 - a. procedures for seeking consent including consent for post mortem examination.
 - b. communication skills for interacting with the bereaved.
- 3.4.48 The organisation should hold training records to demonstrate the content, frequency of and attendance at this training.

Deaths reportable to the coroner

4. Deaths reportable to the coroner

4.1 Introduction

A coroner in Ireland is an independent office holder charged with the legal responsibility for the investigation of sudden, unexplained, violent and unnatural deaths in his or her district¹.

This may require a coroner's post mortem examination, sometimes followed by an inquest. In cases of such deaths, there is a legal responsibility on the registered medical practitioner, 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 the death to the coroner.

Deaths are reportable to the coroner under the Coroners Acts 1962 and 2005 (*rules of law*) and under rules of good practice². The fact that a death is reported to the coroner does not mean that a post mortem examination will always be directed.

4.2 Scope

The purpose of this recommended practice is to provide guidelines to relevant staff regarding the reporting to the coroner of all sudden, unexplained, violent deaths and any death due directly or indirectly to any unnatural cause.

4.3 Contents

Section One: General guidance

Section Two: Deaths reportable to the coroner pursuant to rules of law

Section Three: Deaths reportable to the coroner pursuant to rules of good practice

Section Four: Deaths reportable by maternity hospitals in the coroner's district of Dublin

¹ Coroners Acts 1962 and 2005.

² Rules of good practice have evolved in certain coroners' jurisdictions in Ireland to supplement the rules of law and to ensure compliance with the legislation. (Farrell 2000).

Deaths reportable to the coroner**4.4 Procedure****Section One: General guidance**

- 4.4.1 A registered medical practitioner may not certify any death(s) due directly or indirectly to any unnatural cause (*Coroner's Acts 1962 and 2005*).
- 4.4.2 If a registered medical practitioner has any doubt about whether or not a death is reportable to the coroner, he or she should contact the coroner for the district for advice on the matter.
- 4.4.3 Deaths are reportable to the coroner pursuant to:
 - a. rules of law.
 - b. rules of good practice as determined by the coroner for the district in which the hospital or institution is located.
- 4.4.4 There should be documentation of all deaths reported to the coroner as outlined in *Health Service Executive Recommended Practice 5: 'Records Management following hospital and coroner post mortem examination'*.

Section Two: Deaths reportable to the coroner pursuant to rules of law

- 4.4.5 Sudden, unexpected or unexplained death.
- 4.4.6 Where the deceased was not seen and treated by a registered medical practitioner within one month prior to death.
- 4.4.7 Where a medical practitioner is not satisfied regarding the cause of death.
- 4.4.8 Sudden unexpected death in infancy (SUDI)¹.
- 4.4.9 Death directly or indirectly due to unnatural causes (*regardless of the time between the event or injury leading to death*):
 - a. road traffic collision.
 - b. incident in home, workplace or elsewhere.
 - c. any physical injury.
 - d. falls and/or fractures.

¹ Includes Sudden Infant Death Syndrome.

Deaths reportable to the coroner

- e. drug overdose or toxicity (*drugs of abuse*).
 - f. septicaemia resulting from injury or drug abuse.
 - g. infections contracted as a result of previous drug abuse.
 - h. adverse drug reaction (*medication*).
 - i. neglect, including self-neglect.
 - j. starvation (*including anorexia nervosa*).
 - k. exposure and hypothermia.
 - l. burns or carbon monoxide poisoning.
 - m. poisoning from any cause (*including acute alcohol poisoning or food poisoning*).
 - n. drowning, hanging, stabbing, firearms injuries.
- 4.4.10 Death directly or indirectly resulting from any surgical or medical procedure¹ or treatment.
- 4.4.11 Death occurring during (*or soon after*) a surgical operation or anaesthesia.
- 4.4.12 Where there is any allegation of medical negligence, misconduct or malpractice.
- 4.4.13 Where death may have resulted from homicide or occurred in suspicious circumstances.
- 4.4.14 Death connected with crime or suspected crime.
- 4.4.15 Death of a person in prison or legal custody (*including Garda Stations*).
- 4.4.16 Death resulting from an industrial or occupational incident or disease.
- 4.4.17 Death of a patient in a psychiatric hospital or facility.
- 4.4.18 Where a person is found dead and the death is unexpected.
- 4.4.19 Where a body is unidentified.
- 4.4.20 Where human remains are found.
- 4.4.21 Where a body is to be removed outside the State.

¹ The word procedure is used here to include any operations, investigations, examinations or administration of anaesthetic agents.

Deaths reportable to the coroner

Section Three: Deaths reportable to the coroner pursuant to rules of good practice

(Note: This list is not exhaustive. Additional local requirements should be ascertained by contacting the coroner for the district in which the hospital or institution is located.)

- 4.4.22 Person brought in dead to the Emergency Department of a hospital.
- 4.4.23 Death occurring in an Emergency Department.
- 4.4.24 Death within 24 hours of admission to hospital.
- 4.4.25 Death within 24 hours of any medical or surgical procedure¹.
- 4.4.26 Death occurring suddenly in a hospital department (*Outpatient Department, Physiotherapy, Radiology, etc.*).
- 4.4.27 Death in hospital of a person transferred from a nursing home.
- 4.4.28 All nursing home deaths.
- 4.4.29 Death of a child in care².
- 4.4.30 Death which may have resulted from any non-conventional (*alternative/herbal*) medicine or procedure.
- 4.4.31 Chronic end stage alcohol related disease (*e.g. cirrhosis of the liver*).
- 4.4.32 Prion disease (*e.g. Creutzfeldt-Jakob Disease (CJD)*).
- 4.4.33 Certain healthcare acquired infections:
 - a. invasive Methicillin Resistant Staphylococcus Aureus (MRSA) (*does not include colonisation on the skin or nares*).
 - b. Vancomycin Resistant Enterococcus (VRE).
 - c. Clostridium Difficile (*C. Diff*).
 - d. outbreaks of infections in wards or special units such as cardiac surgery, burns units, intensive care units, neonatal units etc.

¹ The word procedure is used here to include any operations, investigations, examinations or administration of anaesthetic agents.

² The Children's Act 2001 repealed previous childcare legislation which specifically provided for the reporting of the death of a child in care to the coroner (Section 6 of the Children's Act 1908); the death of a child in care is currently reportable under rules of practice. The general provisions of the Coroners Act 1962 will also apply.

Deaths reportable to the coroner

- 4.4.34 Where there is any doubt as to the cause of death or where a satisfactory medical certificate of the cause of death cannot be obtained from a registered medical practitioner.
- 4.4.35 Where a registered medical practitioner has any concerns in relation to a death or there is difficulty in certification.
- 4.4.36 Where a body is to be repatriated to the State.

Section Four: Deaths reportable by maternity hospitals in the coroner's district of Dublin¹

(Note: Local requirements are ascertained by other hospitals by contacting the coroner for the district in which the hospital or maternity unit is located.)

- 4.4.37 All maternal deaths (including direct and indirect deaths and late maternal deaths per ICD - 10²).
- 4.4.38 Infant death occurring as either stillbirth/intrapartum/neonatal/post- neonatal death where any of the following arise:
 - a. questions of criminal offence:
 - i. concealment of birth (*the secret disposal or attempted disposal of the body of a newborn infant*).
 - ii. want of attention at birth/possible infanticide.
 - iii. procured abortion.
 - b. trauma (*accidental/non-accidental*).
 - c. allegation of malpractice (*which may have contributed to the cause of death*) or any concerns relating to death.
 - d. certain stillbirths³ (*where the medical practitioner is not fully satisfied that the birth was a stillbirth or there are any other concerns*).

¹ As of 2 August 2011, pursuant to Section 32 of the Civil Law (Miscellaneous Provisions) Act 2011, the coroners' districts of the city of Dublin and the county of Dublin are amalgamated into one district to be known henceforth as the coroner's district of Dublin.

² International Statistical Classification of Diseases and Related Health Problems, Tenth Revision.

³ See Section 28(7) Civil Registration Act 2004. The term 'stillbirth' means a child who, at birth, weighs not less than 500 grammes or has a gestational age of not less than 24 weeks and shows no signs of life. Cases of lesser gestation may also give cause for concern. Advice of the coroner should be sought in such cases.

Deaths reportable to the coroner

- e. certain deaths in hospital:
 - i. post diagnostic/therapeutic/instrumental procedure (*where the procedure may be a factor in the causation of death*).
 - ii. adverse drug reaction.
 - iii. certain healthcare acquired infections¹.
 - f. maternal drug addiction (*that may have contributed to death*).
 - g. unnatural death (*antepartum/intrapartum/neonatal/post neonatal*).
 - h. domiciliary delivery.
- 4.4.39 Death of a gynaecological patient - reported in accordance with existing rules of law and good practice.

¹ Healthcare acquired infections are not routinely reportable. Where death is due to invasive MRSA, for example septicaemia, pneumonia, endocarditis, meningitis (not MRSA colonisation) the case should be discussed with the coroner. Due cognisance will be given to the clinical circumstances including co-morbidities and other factors when assessing such deaths. Similar considerations apply to VRE (vancomycin resistant enterococcus). Deaths resulting from outbreaks of infection due to gram negative Bacilli (e.g. ICU) or coagulase-negative staphylococci (e.g. neonatal units) should be reported for discussion.

Records management following coroner and hospital post mortem examination

5. Records management following coroner and hospital post mortem examination

5.1. Introduction

Effective records management is of vital importance in ensuring an acceptable outcome to all aspects of the post mortem examination process, from ensuring that the right body is examined, through ensuring that toxicology and other test results are correctly assigned and ensuring that returned or buried organs are correctly identified and associated with the appropriate deceased person.

A full audit trail is required for each post mortem examination to ensure that the hospital can account for the action taken before, during and after post mortem examination.

5.2. Scope

The objective of this recommended practice is to provide guidelines to ensure that every post mortem examination is fully documented and records are retained in accordance with best practice.

5.3. Contents

Section One:	Records management
Section Two:	Content of the healthcare record following post mortem examination
Section Three:	Minimum information to be included in registers

5.4. Procedure

Section One: Records management

- 5.4.1 Record keeping should start on admission to hospital or, where death has occurred prior to admission, with the receipt of the deceased's body, body parts or tissue into the healthcare organisation. The organisation should ensure that there are systems in place to maintain proper records and documentation for all bodies, body parts, or retained organs or tissues in its care.

Records management following coroner and hospital post mortem examination

- 5.4.2 Systems should be in place to ensure that relevant data is recorded in a well-structured manner and in sufficient detail to facilitate ease of tracking through the system and to provide a complete and comprehensive audit trail.
- 5.4.3 Manually based systems should only be used for small units with a very low through-put or for back-up in the event of IT failure.
- 5.4.4 If a paper based system is employed, all materials used should be durable, easily maintained and suitable for long term use and retention, for example, a permanently bound hard back book system consisting of paper that meets quality Standards for long term use (*archival quality paper*) completed using permanent high quality ink.
- 5.4.5 Registers recording details of the following should be maintained:
- all bodies transferred into and out of hospital mortuary facilities.
 - all post mortem examinations (*coroner's and hospital*) carried out at the facility.
 - the progress of all organs removed from the body at post mortem examination with tracking through all examination processes until return to the family or sensitive disposal by the hospital.
- (Note 1: Irrespective of where the histology is processed, organs and tissues removed during a post mortem examination should be recorded on site to provide a complete audit trail.)*
- (Note 2: If following post mortem examination, tissue and/or organs are referred to another hospital/site, the receiving hospital/site will ensure that they have appropriate systems in place to maintain proper records and documentation for all tissue and/or organs they receive or pass on to others.)*
- 5.4.6 There should be effective monitoring mechanisms in place to ensure that:
- accurate records are kept in relation to all post mortem examinations.
 - all related registers are properly maintained and retained.
- 5.4.7 There should be a clear line of overall responsibility for ensuring that registers and documentation are accurate and kept up to date.

Records management following coroner and hospital post mortem examination

Section Two: Content of the healthcare record following post mortem examination

5.4.8 The healthcare record of every deceased person who undergoes a **hospital** post mortem examination should contain the following information:

- a. name, healthcare record number and date of birth.
- b. date, time and place of death.
- c. name, address and contact number of designated family member.
- d. name and address of general practitioner.
- e. dated and signed consent form.
- f. record of specific request and instruction(s) from clinicians.
- g. the post mortem report in which the following should be documented:
 - i. reference number for post mortem examination.
 - ii. date of post mortem examination.
 - iii. name of pathologist and others in attendance.
 - iv. details of retained organs, relevant tissue samples, photographs and x-rays.

Note: (Further information pertaining to the post mortem examination and resultant blocks and slides may be stored in ancillary records in the mortuary/laboratory, for example, the laboratory information system. The existence of these records should be referenced in the post mortem report.)

- h. date of preliminary/final post mortem examination reports.
- i. any other relevant correspondence or notes.
- j. date final report sent to primary consultant.
- k. date post mortem report sent to general practitioner (*if applicable*).
- l. date final report sent to social worker (*if applicable*).
- m. record of communication with family.
- n. record of family choices regarding the retention of organs for education and research purposes (*if applicable*).

Records management following coroner and hospital post mortem examination

- o. record of family choices in relation to options for sensitive disposal of retained organs (*if applicable*).
- p. record of date and method of sensitive disposal (*if applicable*).

5.4.9 The healthcare record of every deceased person who undergoes a **coroner's** post mortem examination should contain the following information:

- a. name, healthcare record number and date of birth.
 - b. date, time and place of death.
 - c. name, address and contact number of designated family member.
 - d. documentation of notification of death to the coroner noting:
 - i. circumstances of death that warranted notifying the coroner.
 - ii. name of the person who made the decision to notify the coroner.
 - iii. date and time of notification.
 - iv. name of the coroner, gardai¹ or coroner's staff notified.
 - v. decision taken by the coroner.
 - vi. record of specific request and instruction(s) from the coroner.
 - e. confirmation that the post mortem was carried out and that it was ordered by the coroner.
 - f. date final post mortem examination report sent to coroner.
- (Note: The report resulting from a coroner's post mortem examination is the property of the coroner and therefore is not filed as part of the healthcare record of the deceased.)*
- g. record of communication with family.
 - h. record of family choices in relation to retention of organs for education and research purposes (*if applicable*).
 - i. record of family choices in relation to options for sensitive disposal of retained organs (*if applicable*).
 - j. record of date and method of sensitive disposal (*if applicable*).

¹ See Section 18 (5) Coroners Act 1962.

Records management following coroner and hospital post mortem examination

Post mortem examination carried out following a miscarriage or stillbirth

- 5.4.10 When a post mortem examination is carried out following a miscarriage or stillbirth, the information listed in 5.3.8 and 5.3.9 should be documented in the maternal healthcare record.
- the information requested at 5.3.8b., should be amended to read date, time and place of miscarriage or stillbirth (*as relevant*).
 - the information requested at 5.3.9d.i., should be amended to read circumstances which warranted notifying the coroner.

Section Three: Minimum information to be included in registers

- 5.4.11 It is essential that records are kept of all bodies transferred into and out of hospital mortuary facilities.

Registers should contain the following data:

- demographic details as applicable including name, address, date of birth, healthcare record number, occupation and details in relation to the death including the date, place and brief circumstances of death.
 - name, address and contact details of designated family member.
 - record of completion of death notification form and if a hospital or coroner's post mortem examination is to take place (*post mortem examination number if applicable*).
- (Note: The death notification form is not completed when a coroner's post mortem examination is required.)
- name of funeral director.
 - the date and time when the deceased is transferred into and out of the mortuary and the names and signatures of the persons releasing and collecting the body.

Post mortem examination register

- 5.4.12 The post mortem examination register should contain the following information:
- demographic details as applicable including name, address, date of birth and healthcare record number.

Records management following coroner and hospital post mortem examination.

- b. date and time of death/miscarriage or stillbirth.
- c. post mortem examination number.
- d. type of post mortem examination (*i.e. coroner or hospital*).
- e. for hospital post mortem examination, confirmation that there is a copy of the consent, including notation of any limitations or special considerations.
- f. for coroners post mortem examination, confirmation that coroners authorisation has been received (*fax/email or verbal*) to include date and time of receipt.
- g. name of pathologist/name of technician.
- h. date and time post mortem examination commenced.
- i. if any organs are removed and retained, confirmation that these have been logged in retained organ register.
- j. date of preliminary report (*if applicable*).
- k. date of final post mortem examination report.

Organ retention register

5.4.13 The organ retention register should contain the following information:

- a. demographic details as applicable, including name, address, date of birth and healthcare record number.
- b. date and time of death/miscarriage or stillbirth.
- c. date of post mortem examination and removal of organ(s).
- d. post mortem examination number.
- e. details of any organ(s) removed and retained at post mortem examination.
- f. confirmation that there is consent for examination/retention in the case of a hospital post mortem examination.
- g. confirmation that there is coroners authorisation for post mortem examination in the case of a coroner's post mortem examination.

(Note: Authorisation for a coroner's post mortem examination incorporates any examination/retention of organ(s) which may be required in the context of establishing the cause of death and identifying conditions that may have contributed to the cause of death.)

Records management following coroner and hospital post mortem examination

- h. retention period of organ(s).
- i. referral to other site (*when, where and to whom transferred*).
- j. organs released and date(s) of release.
- k. details relating to the ultimate disposition of organ(s) for example, retained for education or research purposes with appropriate consent or details of sensitive disposal including the method of, arranged by and date of.

(Note 1: Where a single register has the facility to record all the information listed in 5.3.12 and 5.3.13, it should not be necessary to maintain two distinct registers.)

(Note 2: In rare cases, some information may not be available [for example, demographic details and details relating to the family of the deceased in the case of an unidentified deceased person (this data may become available at a later date through liaison with the office of the coroner)]; however all other information regarding the post mortem examination should be recorded in accordance with this recommended practice.)

Storage, management, transportation and ultimate disposition of tissue samples and retained organs following post mortem examination

6. Storage, management, transportation and ultimate disposition of tissue samples and retained organs following post mortem examination

6.1. Introduction

The storage, management, transportation and ultimate disposition of all tissue samples and retained organs following post mortem examination should be carried out with respect for the deceased, sensitivity for the family of the deceased, and should adhere to all relevant Irish legislation, regulation and best practice Standards.

6.2. Scope

The objective of this recommended practice is to provide guidelines in relation to the storage, management, transportation and ultimate disposition of tissue samples and retained organs following post mortem examination.

6.3. Contents

Section One: Storage and management

Section Two: Transport

Section Three: Ultimate disposition

6.4. Procedure

Section One: Storage and management

- 6.4.1 The storage and management of tissue samples prepared as blocks and slides following post mortem examination should comply with requirements for laboratory procedures for the control of clinical material as specified in ISO 15189:2007 including:
- a. identification and indexing.

Storage, management, transportation and ultimate disposition of tissue samples and retained organs following post mortem examination

- b. security.
 - c. storage, archive and retrieval.
- 6.4.2 The storage and management of retained organs following post mortem examination should comply with requirements for laboratory procedures for the control of clinical material as specified in ISO 15189:2007 including:
 - a. identification and indexing.
 - b. security.
 - c. retention.
 - d. storage and retrieval.
 - e. disposal.
- 6.4.3 There should be procedures in place for the management of data and information relating to all tissue samples and retained organs following post mortem examination as outlined in the *Health Service Executive Recommended Practice 5: 'Records management following hospital and coroner post mortem examination'*.
- 6.4.4 Retained organs should be kept in appropriate containers that are clearly identified, traceable and stored in a designated secure area.
- 6.4.5 Where more than one organ is retained from a single individual following a post mortem examination, the organs from that individual should be stored together as far as is practicable.
- 6.4.6 Organs retained for the purpose of completing the hospital post mortem examination process should be released as soon as possible following completion of the diagnostic/investigative process.
- 6.4.7 A system should be in place to ensure that there is periodic review/audit of all retained organs stores to ensure compliance with the wishes of the family.
- 6.4.8 When organs are retained for medical education/research purposes, the following should also apply:
 - a. there is documented consent from the family of the deceased for such use.
 - b. the organ(s) are appropriately prepared and anonymised.
 - c. the organ(s) should be sensitively disposed of in compliance with the wishes of the family in a respectful manner on completion of any educational purpose or research use or on cessation of their educational/research value.

Storage, management, transportation and ultimate disposition of tissue samples and retained organs following post mortem examination

Section Two: Transport

- 6.4.9 There should be documented policies and procedures, cognisant of relevant Irish legislation and guidelines¹, governing all elements of the handling or transportation within the organisation or between sites of deceased persons, tissue samples and/or organs retained following post mortem examination.

These should include:

- a. procedures for safe handling and transport.
 - b. details of required packing, labelling and documentation.
- 6.4.10 The family and *(if required)* funeral directors should be informed if there is a need to move the deceased to another hospital/site for post mortem examination.
- (Note: Knowledge of transport arrangements may reduce distress and anxiety on the part of the family and also facilitate funeral arrangements.)*
- 6.4.11 When a deceased person is transferred to another hospital for a post mortem examination, referring and receiving hospitals should have procedures in place to ensure that there is appropriate contact and interaction with the family whether they accompany the remains or not.
- 6.4.12 Referring hospitals should ensure that there are suitable recording and tracking systems in place underpinned by appropriate policies, procedures, protocols and guidelines (PPPGs) with regard to all referrals/transfers to other sites or organisations.
- 6.4.13 Referring hospitals should maintain full records and an audit trail of any referrals/transfers.
- 6.4.14 Referring hospitals should ensure that there are effective monitoring mechanisms in place to track all referrals/transfers and their return to the hospital.
- 6.4.15 Where transfer of an organ to another site/organisation occurs, the wishes of the family in regard to the ultimate disposition of the organ should be adhered to in deciding whether the organ is to be returned to the referring hospital.
- 6.4.16 Referring hospitals should ensure that all necessary documentation including information regarding ultimate disposition of organ(s) following completion of the post mortem examination is sent with all referrals/transfers.

¹ Please see resources in Part 4 of this document where best practice guidelines and relevant professional standards are listed.

Storage, management, transportation and ultimate disposition of tissue samples and retained organs following post mortem examination

This documentation should include:

- a. details of what is being referred, who is making the referral and to whom the referral is being made.
- b. post mortem examination number (*if applicable*).
- c. reason for referral/transfer.
- d. confirmation to receiving hospital that there is appropriate valid consent or coroners authorisation.
- e. information relating to the wishes of the family regarding sensitive disposal/use for other purposes (*where applicable*).

6.4.17 Receiving hospitals should have mechanisms in place to ensure that all specimens they receive are accompanied by the necessary information and documentation.

6.4.18 Receiving hospitals should ensure that all referring organisations are aware of their responsibility to meet these requirements and that referrals are not accepted unless these processes are adhered to.

6.4.19 Receiving hospitals should have appropriate systems in place to maintain full records and documentation for all referrals they receive.

These records should include the following:

- a. details of what was received and the name of the referring centre.
- b. date and time of receipt.
- c. post mortem examination number.
- d. name of pathologist to whom specimen was sent/technician who received specimen.
- e. examination to be performed whilst in the establishment's care.
- f. date of transfer elsewhere/return to referring centre and to whom.
- g. time, place, mode of and reason for disposal if applicable.
- h. who arranged and completed disposal.
- i. if released: what organs were released and date of release.

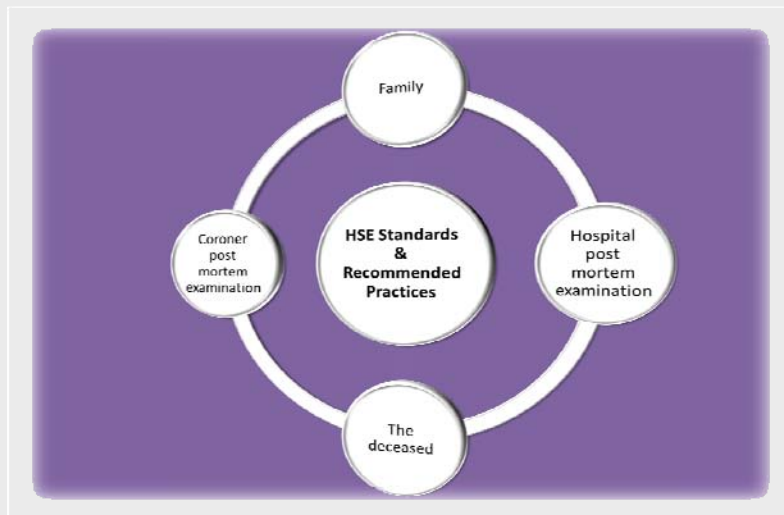
Storage, management, transportation and ultimate disposition of tissue samples and retained organs following post mortem examination

Section Three: Ultimate disposition

- 6.4.20 Blocks and slides prepared from tissue samples taken at post mortem examination (*coroner and hospital*) should be preserved and kept as part of the post mortem examination record in line with best practice Standards.
- 6.4.21 Families should be given as much choice as is practicable in relation to making a decision relating to the sensitive disposal of retained organs.
- 6.4.22 The following options should be available for the sensitive disposal of retained organs:
- a. the family arrange for the disposal of deceased's organs with the support of the hospital.
 - b. the hospital arranges burial or cremation in line with instructions from the family.
 - c. the hospital arranges burial or cremation at the request of the family but without family participation in the burial or cremation.
- 6.4.23 When the family wish to make their own burial or cremation arrangements the hospital should:
- a. ensure that the family receives the organs of the deceased in a dignified manner and setting, for example in an individual casket appropriately sealed and in a suitable location such as a hospital oratory or family room.
 - b. actively encourage families to use the services of an undertaker for this process to ensure that the organs will be buried or cremated in a suitable place/manner.
- 6.4.24 If the hospital arranges burial of retained organs, the organ(s) should be appropriately sealed, clearly identified and buried in a hospital plot at a named cemetery.
- 6.4.25 If the hospital buries retained organs communally (*i.e. the organs from a number of deceased individuals are buried together in a single casket*), organ(s) from each deceased individual should be kept together and should be appropriately sealed and clearly identified. Prior to burial the organ(s) should be placed in the communal casket.
- 6.4.26 When retained organs are buried communally, burial should take place when there are a sufficient number of organs for burial, or at the latest within a year of completion of the hospital post mortem examination or purposes of coroner's post mortem examination.

Storage, management, transportation and ultimate disposition of tissue samples and retained organs following post mortem examination

- 6.4.27 A record of hospital arranged burials should be maintained in the organ retention register and relevant information from this register should be made available to the family of the deceased on request.
- 6.4.28 If the hospital arranges cremation of retained organs, the organ(s) should be appropriately sealed, identified and transported to a named crematorium.
- 6.4.29 If the hospital arranges cremation, details of what paperwork is required for the cremation of retained organs should be obtained from the crematorium and it should be ensured that the appropriate form(s) are completed prior to transport to the crematorium.
- 6.4.30 If the retained organs are cremated communally (*i.e. the organs from a number of deceased individuals are cremated together in a single casket*), separate documentation is completed for the organ(s) from each deceased individual, and these organ(s) should be kept together, appropriately sealed and clearly identified. Prior to cremation the organ(s) should be placed in the communal casket.
- 6.4.31 When retained organs are cremated communally, cremation should take place when there are a sufficient number of organs for cremation, or at the latest within a year of completion of the hospital post mortem examination or purposes of coroner's post mortem examination.
- 6.4.32 A register of hospital arranged cremations should be maintained and relevant information from this register should be made available to the family of the deceased on request.



HSE Standards and Recommended Practices for Post Mortem Examination Services

Part 4

Additional Resources and Appendices

Resources

1. Resources

Association of Directors of Anatomic and Surgical Pathology (2006). *Recommendation for Quality Assurance and Improvement in Surgical and Autopsy Pathology*.

See: <http://www.adasp.org/papers/position/QualityAssurance.htm>

Carter, I. (2009). *Look Back Review of Post Mortem Services, Rotunda Hospital*.

See: <http://www.hse.ie/eng/services/Publications/services/Hospitals/carter.pdf>

Data Protection Commissioner (2007). *Data Protection Guidelines on research in the Health Sector*. See: http://www.dataprotection.ie/documents/guidance/Health_research.pdf

Department of Health, Social Services and Public Safety Northern Ireland (2003). *Post Mortem Examinations. Good Practice in Consent and the Care of the Bereaved – A Consultation Document*. See: <http://www.dhsspsni.gov.uk/postmortem.pdf>

Department of Health and Children (2006). *Report of the Working Group on Post Mortem Practice*. Accessible from: www.dohc.ie

Department of Health and Children (2009). *Draft Proposals for General Scheme of the Human Tissue Bill 2009*.

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Department of Justice, Equality and Law Reform (2000). *Review of the Coroner Service. Report of the Working Group*. See: <http://www.justice.ie/en/JELR/ReviewCoronerService.pdf/Files/ReviewCoronerService.pdf>

Department of Justice and Equality (2007). *Coroners Bill 2007*.

See: http://www.justice.ie/en/JELR/Pages/Coroners_Bill_2007

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Glossary

2. Glossary

Adult

A person who has attained the age of 18 years or is or has been married.

Age of Majority

The age at which a person normally becomes an adult in law.

A Little Lifetime Foundation

Formerly ISANDS - Irish Stillbirth And Neonatal Death Society.

Antepartum

Before labour or childbirth.

Block and Slides

Paraffin wax blocks and microscopic glass slides are tools which enable the histological examination of tissue samples and organs. Identifiable by name and healthcare record number of the deceased, they are retained as part of the laboratory record and kept as part of and for the lifetime of the healthcare record.

Clinician

For the purposes of these standards and recommended practices, a registered medical practitioner having direct contact with and responsibility for treating service users, rather than one involved with theoretical or laboratory studies.

Child

A person under the age of 18 years unless that person has attained full age through marriage. (*Section 2 Child Care Act, 1991.*)

Consultant

A consultant is a registered medical practitioner who, by reason of his/her training, skill and experience in a designated specialty, is consulted by other registered medical practitioners and undertakes full clinical responsibility for service users in his/her care, or that aspect of care on which s/he has been consulted, without supervision in professional matters by any other person. A consultant is usually registered as a specialist on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland.

Glossary

Coroner

An independent office holder charged with the legal responsibility (*Coroners Acts 1962 and 2005*) for the investigation of sudden, unexplained, violent and unnatural deaths in his or her district. S/he must be either a medical practitioner or a lawyer of at least five years experience.

Coroner's post mortem examination

A detailed examination of a body after death, ordered by a coroner in order to determine the cause of death and any contributing factors. It involves:

- the dissection of the cranium, thorax and abdomen.
- the noting and description of marks or injuries on the body.
- ancillary investigations where appropriate to include toxicology, histopathology, microbiology and any other investigations that may be required.

This is a compulsory post mortem examination and consent from the deceased's family is not required.

Family

In the context of this document, family of the deceased includes the spouse/civil partner/parents or other next of kin as listed at recommended practice 3.4.15.

Fixation

A method of preparing tissue samples for diagnostic evaluation.

Gynaecological

Relating to the study of diseases of women and girls, particularly those affecting the female reproductive system.

Healthcare record

The healthcare record refers to all information collected, processed and held in both manual and electronic formats pertaining to the service user and service user care. It includes demographics, clinical data, images, unique identification, investigation, samples, correspondences and communications relating to the service user and his/her care.

Histology

The study of the structure of tissues by means of special staining techniques combined with light and electron microscopy.

Glossary

Histopathology

The branch of medicine concerned with the changes in tissues caused by disease. It involves the microscopic examination of human tissue for the diagnosis of disease.

Histopathologist

A qualified pathologist who has training and experience in the performance of post mortems and microscopic examination, and who is a Registered Medical Specialist on the Register of Medical Specialists (*Division of Histopathology*) of the Medical Council of Ireland.

Hospital post mortem examination

A detailed examination of a body after death requiring the consent of the family, carried out at the request of the family or of the clinician in order to provide further information about an illness/condition/disease processes or to investigate the effect and efficacy of treatment. A full hospital post mortem examination involves the dissection of the cranium, thorax and abdomen and ancillary investigations as appropriate (*for example histopathology, microbiology*).

Inquest

An official judicial enquiry into the cause of a person's death usually carried out when the death is sudden or takes place under suspicious circumstances.

Intrapartum

During labour and delivery or childbirth.

Legal Guardian

A legal guardian is a person with rights and responsibilities in respect of someone who lacks legal capacity, such as a child. These rights and responsibilities are automatically vested in the parents of a child born within marriage and in the mother of a child born outside marriage and include responsibility for the maintenance, care, education, health and welfare of the child. For adults lacking mental capacity, the only legal guardianship system currently in place in Ireland is the Ward of Court system.

Microbiology

Microbiology is the examination of specimens for the isolation and identification of micro-organisms.

Glossary

Microscopy

The use of a microscope to greatly magnify an image of an organ, tissue, etc, which may be so small as to be invisible to the naked eye.

Minimally invasive post mortem examination

Includes those in which needle biopsies through the skin are taken to sample internal organs and tissues, and examinations that use an endoscope or laparoscope to provide internal access to the gastrointestinal tract and the abdominal cavity. Needle autopsies are undertaken for only the most limited of examinations, for example when the body poses a high risk of serious infection, or when there is neither the time nor conditions needed for a complete post mortem examination. Endoscopic post mortem examinations require specialist equipment and expertise. They have been used in cases in which consent for a more complete post mortem examination has not been obtained. (*Human Tissue Authority, United Kingdom.*)

Minor

A person who is less than 18 years of age, who is not or has not been married.
(*Section 2 of the Age of Majority Act, 1985.*)

Neonatal

Relating to the first 28 days of an infant's life.

Organ

A part of the body, composed of more than one tissue that forms a structural unit responsible for a particular function (or functions). Examples are the heart, lungs and liver (*Oxford Concise Medical Dictionary as used in Report of Dr. Deirdre Madden on Post Mortem Practice and Procedures*).

Pathology

The study of disease processes with the aim of understanding their nature and causes. This is achieved by observing samples of blood, urine, faeces, and diseased tissue obtained from the living patient or at post mortem examination, by the use of X-rays and many other techniques.

Pathologist

A doctor qualified in the study of **pathology**. For the purposes of this document 'Pathologist' should be interpreted as histopathologist unless otherwise specified.

Glossary

Post mortem report

The report compiled from information obtained as a result of post mortem examination.

A post mortem report includes:

- Basic demographic details.
- A brief clinical summary.
- Description of external and internal examinations.
- A report of histology or other investigations, where appropriate.
- A summary of findings.
- A concluding commentary.
- A 'cause of death' in the standard international form for the 'medical certificate of the cause of death'.

Postpartum

After delivery or after childbirth.

Retained organ

An organ that is removed from the body at post mortem examination and retained for further examination after the body is reconstructed.

Sensitive disposal (of retained organ(s))

Use of a method of disposal for retained organ(s) which shows consideration for and is respectful of the human origin of the organ (*i.e. burial or cremation*).

Stillbirth

A child born weighing 500 grams or more, or having a gestational age of 24 weeks or more who shows no sign of life.

Sudden infant death syndrome

Sudden unexpected death of an infant less than 1 year of age, with the onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history (*Krous et al, 2004*).

Glossary

Tissue

A collection of cells specialised to perform a particular function.

Toxicology

Toxicology is the examination of specimens for the detection and quantification of alcohol, drugs and poisons.

Ultimate disposition

Relating to the final arrangements for organs retained at post mortem examination.

Appendices

3. Appendices

Appendix I:

Membership of National Post Mortem Examination Services Advisory Group

Name	Organisation/ Group Represented
Dr. Paul Kavanagh	HSE (until May 2010)
Ms. Joan Malone	HSE
Ms. Cathy Keany	HSE (until May 2010)
Ms. Ruth Maher	National Accreditation Managers Association (until March 2011).
Dr. Michael McDermott	Faculty of Pathology Royal College of Physicians
Dr. Thomas Crotty	Faculty of Pathology Royal College of Physicians
Dr. Una Geary	Irish Committee for Emergency Medicine Training
Ms. Lila Kelly	Irish Association for Directors of Nursing and Midwifery
Ms. Celine Deane	Post Mortem Inquiry Coordinators Network
Ms. Nuala Harmey	Post Mortem Inquiry Coordinators Network
Dr. Brian Farrell	Coroners Society of Ireland
Mr. Ian Carter	Hospital Managers/Chief Executive Officers
Sr. Julie Buckley	National Association of Healthcare Chaplains
Ms. Sheila O'Connor	Patient Focus

Appendices

Appendix II:

List of HSE Hospital consultees

Louth/Meath Hospital Group including: Our Lady of Lourdes Hospital, Drogheda; Our Lady's Hospital, Navan; Louth county Hospital, Dundalk, Co. Louth.
Cavan & Monaghan Hospital Group
Mater Misericordiae University Hospital, Dublin 7
Beaumont Hospital, Dublin 9
Connolly Hospital, Blanchardstown, Dublin 15
Cappagh National Orthopaedic Hospital, Dublin 11
Children's University Hospital, Temple Street, Dublin 1
Rotunda Hospital, Dublin 1
Midland Regional Hospitals: Tullamore, Co. Offaly; Mullingar, Co. West Meath; Portlaoise, Co. Laois
Adelaide & Meath Incorp. National Children's Hospital, Tallaght, Dublin 24
Naas General Hospital, Co. Kildare
Coombe Women & Infants University Hospital, Dublin 8
Our Lady's Children's Hospital, Crumlin, Dublin 12
St Vincent's University Hospital, Elm Park, Dublin 4
St Michaels Hospital, Dun Laoghaire, Co. Dublin
National Maternity Hospital, Holles Street, Dublin 2
St Luke's Hospital, Rathgar, Dublin 6
St James's Hospital, Dublin 8
St. Columcille's Hospital, Loughlinstown, Co. Dublin
St Luke's General Hospital, Kilkenny
Cork University Hospital

Appendices

South Infirmary Victoria University Hospital, Cork
Sligo General Hospital
Galway University Hospitals
Mayo General Hospital, Castlebar
Portiuncula Hospital, Ballinasloe, Co. Galway
Mid Western Regional Hospital, Dooradoyle, Co. Limerick
Mid Western Regional Maternity Hospital, Limerick
Mid Western Regional Orthopaedic Hospital, Croom, Co. Limerick
Mid Western Regional Hospital, Ennis, Co. Clare
Mid Western Regional Hospital, Nenagh, Co. Tipperary
St John's Hospital, Limerick
Letterkenny General Hospital, Co. Donegal
Roscommon County Hospital
St Mary's Orthopaedic Hospital, Gurrabraher, Co. Cork
Mallow General Hospital, Co. Cork
Kerry General Hospital
Bantry General Hospital, Co. Cork
Mercy University Hospital, Cork
Lourdes Orthopaedic Hospitals, Kilcreene, Co. Kilkenny
South Tipperary General Hospital, Clonmel
Wexford General Hospital
Waterford Regional Hospital
Royal Victoria Eye & Ear Hospital, Dublin 2

Appendices

Appendix III:

List of External consultees

Advisory Committee on Emergency Medicine Training
A Little Lifetime Foundation (formerly ISANDS)
Coroners Implementation Team
Coroners Society of Ireland
Department of Health and Children
Department of Justice, Equality and Law Reform
Faculty of Pathology, Royal College of Physicians of Ireland
Health Information and Quality Authority
Hospice Friendly Hospitals
Irish Association of Funeral Directors
Irish Association of Social Workers
Irish Directors of Nursing and Midwifery Association
Irish Patients Association
Irish Sudden Infant Death Association
Miscarriage Association
National Accreditation Managers Association
National Association of Healthcare Chaplains
Our Lady's Hospice, Harold's Cross
Parents for Justice
Patient Focus
Post Mortem Inquiry Co-ordinators Group
Retained Victims Organs Network
State Claims Agency

Appendices

Appendix IV: External Consultants/Reviewers

Dr Deirdre Madden

- Senior Lecturer in Medical Law, Faculty of Law, University College Cork.
- Chair of the Medical Council Ethics Working Group.
- Chair of the Commission on Patient Safety and Quality Assurance (2008)
- Author of the Madden Report on Post Mortem Practice and Procedure (2006).
- Chair of Working Group on Post Mortem Practice (2006).

Ms Michaela Willis MBE

- Chair of National Committee Relating to Organ retention (1999-2004).
- Served three year term as a non – executive director of the Retained Organs Commission - a Special Health Authority set up in the United Kingdom by the Secretary of State for Health. It was established in April 2001 and abolished February 2005.
- Formerly a non – executive member of the Human Tissue Authority - an independent statutory regulator sponsored by the Department of Health in the United Kingdom.
- CEO National Bereavement Partnership (2003-2008).
- Commissioned by the Health Service Executive to lead the National Retained Organs Audit.
- Honorary Lecturer Stafford University –Death, Bereavement and Human Tissue Studies.

Appendix V: Relevant Irish Legislation

1. Age of Majority Act, 1985
2. Child Care Act, 1991 and related regulations
3. Children Act, 1997
4. Children Act, 2001
5. Child Care (amendment) Act, 2007
6. Civil Law (miscellaneous provisions) Act, 2011
7. Civil Partnership and Certain Rights and Obligations of Cohabitants Act, 2010
8. Civil Registration Act, 2004
9. Copyright and Related Rights Act, 2000
10. Coroners Acts, 1962 and 2005
11. Data Protection Acts, 1988 and 2003 and related regulations
12. European Communities (Carriage of Dangerous Goods by Road and use of Transportable Pressure Equipment) Regulations, 2011
13. Freedom of Information Acts, 1997 and 2003 and related regulations
14. Health Acts, 1947, 1953, 1970 and related regulations
15. Guardianship of Children (Statutory Declarations) Regulations, 1998
16. Guardianship of Infants Act, 1964 as amended by the Status of Children Act 1987 and the Children Act, 1997
17. Mental Health Acts, 1945 to 2001
18. Non fatal Offences Against the Person Act, 1997
19. Safety, Health and Welfare at Work Act, 2005 and related regulations
20. Succession Act, 1965

Appendix VI:

A guide to the post mortem examination

Introduction

You have been asked to read this booklet because someone close to you has died. On behalf of our staff, we would like to express our sympathy to you and your family following your loss.

We understand that this is a sad time for you and it may be difficult for you to consider a post mortem examination. This booklet aims to help you to understand the reasons for undertaking a post mortem examination and gives details about what is involved and its potential value. It is intended to supplement the information you receive from the hospital team. Please take the time to read it and discuss it with your family if you wish. Please ask us if anything is unclear or if you have any questions. Members of the multidisciplinary hospital team (i.e. medical doctors and other healthcare professionals) will endeavour to provide any assistance and support they can.

By its nature you may find the description of some details distressing and you may find it difficult to read this booklet at a time of extreme grief. You may prefer to have a relative or friend read the booklet on your behalf.

If you have difficulty reading this booklet because English is not your daily language, or your eyesight is not so good, or for any other reason, please do not hesitate to ask the staff to help you receive this information in another form.

What is a post mortem examination?

This Latin phrase literally means ‘after death’. A post mortem examination is a medical examination carried out on the body after death. It is also called an autopsy (which means ‘to see for oneself’), especially by legal professionals.

When is a post mortem examination done?

A post mortem examination is performed in two principal circumstances:

- At the direction of the coroner for the district in which the death occurs. This is known as a coroner’s post mortem examination. (See Appendix i.)
- At the request of the family of the deceased or the deceased’s clinician with the consent of the family. This is known as a hospital post mortem examination. (See Appendix ii.)

Who performs the post mortem examination?

Post mortem examinations are carried out by a pathologist, who is a doctor specialising in the laboratory study of disease and diseased tissue. The pathologist may be assisted by a technician who is specially trained for this purpose.

Where is the post mortem examination carried out?

Examinations are carried out in special facilities provided in the hospital mortuary. The body will be respectfully removed from the place of death to the place where the examination will be carried out. In certain circumstances they may be carried out in the local public mortuary or in a regional centre for specialist post mortem examination. You will be told if this is necessary.

When will the post mortem examination be carried out?

The post mortem examination is usually carried out as soon as possible after death, usually within 2 to 3 working days following the death. The earlier the examination is held, the greater the chance of it yielding useful information. If your religion requires that you hold a funeral within 24 hours please tell the hospital staff so that if possible, arrangements can be made with the pathologist to try to carry out the post mortem examination within that time limit. The actual examination can take up to three hours. However, some post mortem examinations may take longer. Some laboratory investigations that are carried out after the post mortem examination may take several weeks.

Why is a post mortem examination carried out?

Modern diagnostic tests may provide a lot of information but they do not provide all the answers. The post mortem examination is one of the most informative investigations in medicine and provides information about illness and health that could not be discovered in any other way. However, even the most detailed post mortem examination may leave some questions unanswered and does not always find the cause of death.

Post mortem examinations help to:

- identify the cause of death (if this is not known, a coroner's post mortem examination is required).
- confirm the nature of the illness and/or the extent of the disease.
- identify other conditions that may not have been diagnosed.
- assess the effects of treatments and drugs, and identify any complications or side-effects.

You might like to know about aspects of your relative's illness that could affect your own health. Some illnesses are hereditary and these can be identified during a post mortem examination. Co-existing conditions may also be revealed including inheritable problems whose early recognition may benefit other family members.

The benefits of a post mortem examination extend beyond providing information to individual families. Information obtained during the examination can also:

- provide information which can help doctors treat other service users with the same kind of illness.
- facilitate in assessing and improving the quality of medical care.
- be very valuable for ongoing medical training purposes.
- give vital research information into the nature, causes and prevention of disease.
- assist public health planning by providing information as to why and how people have died and what they have died from.

What happens in a post mortem examination?

The pathologist carries out a detailed examination of the body, working to professional Standards set by the Faculty of Pathology of the Royal College of Physicians of Ireland. The full post mortem examination can be described in seven stages.

Stages 1-3: Permission, identification and history

The pathologist ensures that valid permission has been given to undertake the post mortem examination (direction from the coroner or consent of the family), confirms the identity of the deceased and reviews any clinical records and accounts of the circumstances of death.

Stage 4: The external examination

The skin and surface of the body is examined for any irregular signs, scars or lesions (any abnormality caused by disease or trauma) and these are noted. Diagnostic images (e.g. X-rays or scans) and/or photographs of scars or lesions may be taken.

Stage 5: Internal examination

The internal examination consists of inspecting the internal organs of the body. This part of the examination is like a major operation and usually takes two to three hours to complete.

Note: This section contains specific information that you may find difficult to read

A large cut (called an incision) is made in the chest and abdomen. Then the major organ systems are carefully removed, weighted and examined in detail (dissected). An incision is made in the scalp so that the top of the skull can be opened and the brain removed and examined. Any diseased area in the organs or tissues is noted and may be photographed. Small portions of tissue are taken from each organ to prepare microscopic slides (see section on the taking of tissue samples). Samples of blood and other fluids may be taken for biochemical, microbiological or other special examinations (including metabolic and toxicology as required). The organs and tissues are then returned to the body (but see the following section on organ retention) and the incisions are sutured (sewn up).

The taking of tissue samples

Small samples of tissue are taken for the purposes of diagnosis. These are chemically treated in order to create blocks and slides for viewing under a microscope and to allow preservation of the tissue samples. The blocks and slides are kept as part of the post mortem examination record and are therefore available for subsequent review if required. The storage and management of blocks and slides follow the same laboratory procedures in place for dealing with samples from surgical procedures in line with best practice standards.

The preparation and preservation of tissue blocks and slides **is included in the consent given for post mortem examination** as the retention of tissue samples is an integral part of high quality post mortem examinations:

- The relevance and completeness of the examination would be substantially compromised if the retention of such samples were precluded.
- The preservation of blocks and slides for the purpose of audit, clinical governance and quality assurance is a requirement of many of the professional bodies which regulate pathology practice.

In addition to forming part of the post mortem examination record these blocks and slides are also available for further study. This may be of potential benefit to the family in the future as it may allow the objective evaluation and re-evaluation of disease processes in an individual should any new knowledge or medical insights arise years after the death of the individual.

Organ retention

Internal organs are removed from the body during the post mortem examination so that they may be fully examined to identify any abnormality. In many cases the organs are returned to the body prior to the burial but this is not always possible. In certain circumstances it may be necessary to retain organs for further diagnostic purposes in order to complete the examination. Retained organs are not usually returned to the body prior to burial.

Possible reasons why it may be necessary to retain organ(s) for detailed examination include:

- Reference may be required to a specialist pathologist so that the best possible information is obtained. For example, in circumstances of neurological disease, it may be necessary to retain the brain for examination by a pathologist specialising in brain diseases (a neuropathologist). Similarly genetic cardiac conditions may require referral to a specialist cardiac pathologist and/or a geneticist.
- The obtaining of comprehensive information from the post mortem examination. This may require an organ to be placed in a fixative (chemical preservation) for a number of weeks before examination and more detailed tests. As a result such organs are not returned to the body prior to its release for burial. (In some cases, it may be possible to carry out rapid fixation to facilitate return of the organ to the body before it is released for burial, however as rapid fixation is not suitable in many situations, its use is limited).

Retained organs are kept in appropriate containers that are clearly identified, traceable and stored in a designated secure area. Where there is more than one retained organ following the post mortem examination, the hospital will ensure that these are stored together as far as is practicable. Organs retained for the purpose of completing the post mortem examination process will be released as soon as appropriate, following completion of the investigative process in accordance with the family's wishes.

Stages 6-7: Special examinations/tests and reports

An account of the findings is then written up by the pathologist and later the results of any special examinations or tests and of the microscopic examination may be added. The timeframe for the availability of the final post mortem report varies. It may be available in 6-12 weeks but may take much longer dependant on any special examinations or tests. Clinical video/photography/X-rays taken to assist in the diagnostic process become part of the healthcare record of the deceased.

There are important differences between a coroner's post mortem examination and a hospital post mortem examination, please refer to the appropriate appendix found at the back of this booklet for further information.

Will the appearance of the body be affected by the post mortem examination?

It is not normally obvious that a post mortem examination has taken place and the body can be viewed afterwards as if no such examination has been performed. Great care is taken with the external appearance of the deceased and most of the incisions will be hidden by clothes or hair. However, please be aware that the cause of death and the normal changes which occur after death may impact on the appearance of the body.

Will a post mortem examination delay the funeral?

Every effort is made to perform the post mortem examination in a timely fashion so funeral arrangements should not need to be delayed. The body is usually released to the undertaker on the day of the post mortem examination.

What information will the family be given regarding organ retention?

Following completion of the post mortem examination unless you express a wish for no information, you will be contacted with relevant information in relation to the retention of organ(s) (with the approval of the coroner in the case of a coroner's post mortem examination). If organ(s) have been retained, the organ(s) will be identified and the purpose and expected duration of retention explained

What will happen to any organs retained during the post mortem examination?

You will have the opportunity to decide on the ultimate disposition of (final arrangements for) retained organ(s) once the purposes of the post mortem examination have been completed. There are various options available to you in relation to what will happen to the organ(s):

- *Continued retention for medical education/research purposes*

It may be proposed that the organ(s) are kept indefinitely for clinical teaching and/or education purposes and/or research which may advance medical knowledge and benefit society. This is because the long term availability of the organ(s) provides an opportunity to learn important information about the underlying condition and its treatment both now and in the future. Regardless of whether a coroner's or hospital post mortem examination was carried out, any such retention **requires consent** of the family.

If consent is given for the continued retention of organs for medical education/research purposes, the retained organ(s) are anonymised so that the identity of the deceased person will not be disclosed. On completion of education/research purposes or cessation of the educational/research value, the organ(s) will be sensitively disposed of in a respectful manner. In a small number of cases, organs may be used as medical museum specimens for teaching purposes.

- *Options for sensitive disposal of retained organs*

You can choose to allow the hospital to make arrangements for the sensitive disposal of retained organ(s), with or without your participation or alternatively you may wish to make your own arrangements with or without the support of the hospital.

Insert section containing details of local hospital arrangements for sensitive disposal.

Insert local contact details including the following here:

Details of the hospital staff member who will be your contact person regarding the post mortem examination

Include Name and Job Title

The County or District Coroner

Register of Births, Deaths and Marriages

Other information as appropriate:

For example: Local bereavement support groups

Appendix i:

The coroner's post mortem examination

Who is the coroner?

The coroner is an independent office holder with responsibility under the law for the medico-legal investigation of certain deaths. A coroner must inquire into the circumstances of sudden, unexplained, violent and unnatural deaths. This may require a full post mortem examination, sometimes followed by an inquest. The coroner's inquiry will establish whether death was due to natural or unnatural causes. If death is due to unnatural causes then an inquest must be held by law.

Who has responsibility to report a death to the coroner?

In a case 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 death, to inform the coroner. The death may be reported to a sergeant of the Garda Síochána who will notify the coroner. However, any person may notify the coroner of the circumstances of a particular death.

What happens when a death is reported to the coroner?

Deaths occurring under a wide range of conditions must be reported to the coroner who then inquires into the circumstances of the death. Sometimes a doctor may be in a position to certify the cause of death. If this is so, and if there are no other circumstances requiring investigation, the coroner will permit the doctor to complete a medical certificate of the cause of death, and the death will be registered accordingly. However, if the certificate can not be completed the coroner will order that a post mortem examination be carried out.

If the coroner directs that a post mortem examination take place, a full post mortem examination including the removal and retention of organs, tissues and/or other body fluids for detailed laboratory examination and diagnostic purposes in the context of establishing the cause of death is mandatory and consent is not required from the family of the deceased.

Although consent is not required for a coroner's post mortem examination, the family are asked to sign a form to indicate that they have been given information relating to the reason why the death was reportable to the coroner, the coroner's post mortem examination (including the retention of organs) and the office and role of the coroner.

Identification of the body

In the case of a coroner's post mortem examination, a formal identification of the body is required. A member of the Garda Síochána will act for the coroner in such cases and will arrange a formal identification of the body, normally by a member of the deceased person's family (family members are not compelled to view the body against their wishes). Formal identification may take place in the Emergency Department or a hospital ward or may entail attendance at the mortuary to identify the body to the Garda. The fact that relatives may be met at the hospital by a uniformed Garda or that a Garda may call to the home to take a statement does not mean that the death is regarded as suspicious.

Release of the body following completion of the coroner's post mortem examination

The release of the body depends on the approval of the coroner or his officer who, in relation to the post mortem examination will normally be the pathologist. Funeral arrangements should not be made until the body is released for burial.

Continued retention of organs

Organs retained during the course of the coroner's post mortem examination may be a valuable resource for clinical teaching and/or education purposes and/or research which may advance medical knowledge and benefit society. Some families choose to allow the continued retention of organs for use in medical education or research. The continued retention of organs and their use for such purposes is outside the remit of the coroner and the **consent** of the family is required.

Will the family be able to find out the results of the coroner's post mortem examination?

When the coroner decides that a post mortem examination is required, the pathologist will be asked to carry out the examination. The pathologist will report all findings to the coroner. In these circumstances the pathologist acts for the coroner and is independent of the hospital, therefore any enquiries concerning the post mortem examination report can be only be gained from the coroner. It should also be noted that it can take a minimum of six months for the report to be finalised depending on certain circumstances such as toxicology results and whether further testing is required in the State Laboratory.

Who issues the Death Certificate?

A Death Certificate can only be issued by the Registrar of Deaths when the coroner has issued a coroner's certificate.

On receipt of the final post mortem examination report, the coroner will then consider if an inquest needs to be held. If the coroner decides that an inquest is not necessary, the Register of Deaths will be notified and the death can then be registered and a death certificate issued

If an inquest is ordered, registration of the death is delayed while the coroner is conducting their enquiries. On request, the coroner's office will issue you with an **Interim Death Certificate**, which is acceptable to the Department of Social and Family Affairs for bereavement grants and other benefits.

Further details regarding the work of the coroner are available as follows:

- Insert details relating to booklets available from the hospital here
- A booklet 'Guide to the work of the Coroner' may be accessed online at: www.coroners.ie.
- Information regarding the functions of the coroner with particular reference to procedures in the coroner's district of Dublin is accessible at: www.coronerdublincity.ie

Appendix ii:

The hospital post mortem examination

If the coroner decides that a coroner's post mortem examination is not required, or if it was not necessary to report the death to the coroner, the family of the deceased or the deceased's doctors may request a hospital post mortem examination.

A hospital post mortem examination can only be carried out with the consent of the family of the deceased.

The hospital team will provide you with information to allow you to make an informed decision on whether you wish to give or refuse consent for a hospital post mortem examination. If you decide to give consent for a hospital post mortem examination, you will be asked to complete a consent form to document the nature of consent given. A doctor will explain each item in the consent form and you will have the opportunity to discuss these with other family members, the doctor and other members of the hospital team. You should only sign the consent form when you have been given a full explanation and you have no further questions. You will be given a copy of the consent form for your records. Consent should not be given if a family member of a similar degree objects to the hospital post mortem examination.

A hospital post mortem examination can be full or limited.

Full post mortem examination

This will include both an external and internal examination with a detailed examination of all the internal organs as described in the information booklet under the section: **What happens in the post mortem examination?**

Limited

You may be uncomfortable with the idea of a full post mortem examination. If that is the case you may be asked to consider agreeing to a limited post mortem examination. This would involve you attaching limitations to the extent of the internal examination, for example you may wish to limit the post mortem examination to a specific region of the body or to examination of those organs directly involved in the cause of death. This may, however, mean that no information will be available about possible abnormalities present in other organs but which may have contributed to death.

Retention of organs

Organs cannot be retained as part of the hospital post mortem examination without the consent of the family. A full or limited hospital post mortem examination may involve the retention of organs. As the need for retention of organs may only become apparent during the post mortem examination itself, you will be asked if you consent to such retention and you will be able to indicate your decision on the consent form. It is important that you indicate any limitations you wish to place on the retention of organ(s) on the consent form.

Will the family be able to find out the results of the hospital post mortem examination?

A report on the post mortem examination will automatically be sent to the primary consultant responsible for the care of the deceased. A report may also be sent to the general practitioner of the deceased.

You will be given various options in relation to communication of the hospital post mortem examination results.

- You may choose not to be given details of the results. A record of the findings of the hospital post mortem examination will be maintained and you may wish to request this at some future date.
- If you wish to be informed of the results of the post mortem examination, you can ask for an appointment with the consultant, who looked after the deceased, or with their GP. They can then discuss the results with you.
- A copy of the hospital post mortem examination report will be made available to you at your request, however as these reports are usually written in medical terminology it may be helpful to have the results explained to you.

Who issues the Death Certificate?

Issuing of Death Certificate is not affected by a hospital post mortem examination.

To register a death, you must bring a Death Notification Form stating the cause of death to any Registrar of Births, Deaths and Marriages.

A registered medical practitioner who attended the deceased during the illness must complete and sign Part 1 of the Death Notification Form, stating to the best of his or her knowledge and belief the cause of death. Part 1 of the form concerns general details of the deceased and incorporates the medical cause of death details. The registered medical practitioner gives the Death Notification Form to a relative or civil partner of the deceased, provided that the relative or civil partner is capable of acting as a qualified informant (one who has knowledge of the required particulars in relation to the death and who is not incapable of complying with these procedures by reason of ill- health).

The relative or civil partner must complete and sign Part 2 of the form, which concerns additional personal details of the deceased. Upon completion of Part 2, the relative or civil partner must give the form to any Registrar of Births, Deaths and Marriages as soon as possible but no later than three months from the date of death. In order to complete the registration, the relative or civil partner is required to sign the Register of Deaths in the presence of a Registrar.

Appendices

Appendix VII:

Model hospital post mortem examination consent form

The model hospital post mortem examination consent form provides a suggested format for hospitals to document consent as outlined in the *Health Service Executive Recommended Practice 3: 'Consent and the post mortem examination'*.

As outlined in 3.4.43 up to three copies of the consent form may be required.

Therefore, it is suggested that:

- This consent form should be printed on 3 part non-carbon copy paper in A3 sheet size.
- The first page of the consent form should be on one half of the sheet with the second page of the consent form on the second or opposite half of the sheet.

This form may be adapted to suit the needs of individual hospitals and different situations, providing it documents consent as outlined in *Health Service Executive Recommended Practice 3: 'Consent and the post mortem examination'*.

For example, a hospital may wish to adapt this form for use in circumstances where hospital post mortem examination is proposed following early pregnancy loss, intra-uterine death or the death of a premature/small infant or of a child.

Appendix VII:

(Name of Hospital may be inserted here)

Consent for hospital post mortem examination Page 1 of 2

Please read carefully and tick the appropriate boxes before signing to document your consent to a hospital post mortem examination on:

Name of Deceased: _____ Date of Birth: ____/____/____ HcRN*: _____

Primary Consultant: _____ Date of Death: ____/____/____ Time of Death: ____:____

* HcRN: Healthcare Record Number

Please tick ✓

I confirm that through a process of discussion, I have been provided with information regarding what is entailed in a hospital post mortem examination; I have also been provided with written information.	<input type="checkbox"/>
I confirm that any questions I had about the hospital post mortem examination have been answered to my satisfaction and understanding.	<input type="checkbox"/>
I understand that a hospital post mortem examination includes the retention of small samples of tissue as histological blocks and slides.	<input type="checkbox"/>
I understand this is not a mandatory procedure and that I may give consent for a full or limited hospital post mortem examination.	<input type="checkbox"/>

Please select one of the following options regarding the hospital post mortem examination:

Option One: I consent to a **full** hospital post mortem examination.

☐

OR

Option Two: I consent to a **limited** post mortem examination.

☐

I understand that this may limit the information obtained. I wish to limit the examination to (please specify):

.....

Retention of organs for more detailed examination:

As part of a full or limited hospital post mortem examination, it may be necessary to retain organ(s) for detailed laboratory examination for investigative purposes. Please indicate whether you consent to this.

I consent to the retention of organ(s) for detailed examination.

☐

Comments.....

Ultimate disposition of organs retained at hospital post mortem examination:

Following completion of detailed laboratory examination of retained organ(s), there are a number of options in relation to the ultimate disposition of the organ(s). **An immediate decision is not required.**

Please tick ✓ to indicate your decisions

I do not wish to make decisions regarding ultimate disposition at this time. I understand I will be contacted to discuss this at a later stage.	<input type="checkbox"/>
Further retention: I consent to retained organs being made available for medical education and training. I consent to retained organs being made available for medical research.	<input type="checkbox"/> <input type="checkbox"/>
Sensitive disposal of retained organs: I wish to make my own arrangements for the burial or cremation of retained organ(s). I understand a member of the hospital team will offer assistance. I wish the hospital to arrange for the burial or cremation of retained organs in accordance with my instructions. I wish the hospital to arrange for the burial or cremation of retained organs without my further involvement.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Consent for hospital post mortem examination Page 2 of 2

Name of Deceased: _____ Date of Birth: ____/____/____ HcRN: _____

Communication following completion of the hospital post mortem examination

There are a number of options in relation to the communication of information regarding the retention of organs and the hospital post mortem examination results.

Please tick ✓ to indicate your decisions

Wishes for communication regarding organ retention: I do not wish to be contacted with information regarding any organ retention. <i>By ticking this box, you are indicating that you do not wish to receive notification regarding the retention of organs.</i>	<input type="checkbox"/>
Wishes for communication regarding the hospital post mortem examination results: I do not wish to be given details of the hospital post mortem examination results. I wish to meet with hospital staff to discuss the hospital post mortem examination results, when available. Please send the hospital post mortem examination results to the general practitioner of the deceased. <i>Note: A copy of the hospital mortem examination results may be requested in writing and will be made available to you when it is completed.</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Consent given by:

Signature: _____ Date: _____ Time (24 hour clock): ____:____

Printed Name: _____ Relationship to the Deceased: _____

Contact Details: _____

Registered Medical Practitioner obtaining consent:

I confirm that I have spoken with _____ (*Insert name of person giving consent*) and I have explained to them the content of this form. This consent to a hospital post mortem examination has been freely given on an informed basis.

Signature: _____ Date: _____ Time (24 hour clock): ____:____

Printed Name: _____ Contact Number (bleep or phone): _____

Job Title: _____ Medical Council Number: _____

In the case of verbal consent:

Reason why consent was obtained verbally:

Witness to verbal consent (Verbal consent must be witnessed by another member of the multidisciplinary team):

Signature: _____ Date: _____ Time (24 hour clock): ____:____

Printed Name: _____ Contact Number (bleep or phone): _____

Job Title (including Medical Council Number, if applicable): _____

Pathology Department:

The consent form has been reviewed before undertaking the hospital post mortem examination by:

Signature: _____ Date: _____ Time (24 hour clock): ____:____

Printed Name: _____ Contact Number (bleep or phone): _____

Job Title (including Medical Council Number, if applicable): _____

Appendix VIII:**Notification of reportable deaths to the coroner**

Name of Deceased: _____ Date of Birth: ____/____/____ HcRN*: _____

Primary Consultant: _____ Date of Death: ____/____/____ Time of Death: _____:_____

* HcRN: Healthcare Record Number

Circumstances of death that warranted notification of the coroner:

.....

.....

.....

Name of the person who made the decision to notify the coroner (if not person who made notification):

Name: _____ Designation: _____

Contact details: _____

Name of the person to whom report is made:

(The coroner or a member of the coroner's staff or a member of the Garda Síochána (not below the rank of sergeant).

Name: _____ Designation: _____

Contact details: _____

Decision taken by the coroner (including specific requests and/or instructions):

.....

.....

.....

Notification made by:

Signature: _____ Date: _____ Time (24 hour clock): _____:_____

Printed Name: _____ Contact Number (bleep or phone): _____

Job Title (including Medical Council Number, if applicable): _____

Appendix IX:

(Name of Hospital may be inserted here)

Coroner's post mortem examination

Section A: Acknowledgement of Information Received

Please read carefully – Section A is not a consent form.

I have been informed that the coroner has directed that a coroner's post mortem examination be carried out on:

Name of Deceased: _____ Date of Birth: ____/____/____ HcRN*: _____

Primary Consultant: _____ Date of Death: ____/____/____ Time of Death: _____:

*HcRN: Healthcare Record Number

I confirm that I:

Please tick ✓

- Understand consent **is not required** for a coroner's post mortem examination. ☐
- Have been informed the reason why this death was reportable to the coroner. ☐
- Have been given information* about the coroner's post mortem examination. ☐
- Understand that it may be necessary to retain an organ(s) for further examination. ☐
- Have been given information* about the office and role of the coroner. ☐

* Including written information leaflets.

Please tick ✓ relevant boxes below

Communication regarding the retention of organ(s):

- I do not wish to be contacted with information regarding any organ retention. ☐

By ticking this box, you are indicating that you do not wish to receive notification regarding the retention of organs.

Ultimate disposition of organs retained at coroner's post mortem examination:

Following completion of detailed laboratory examination and authorisation for release of any retained organ(s), there are a number of options in relation to their ultimate disposition. **An immediate decision is not required.**

- I do not wish to make any decisions at this time. ☐

(Understanding I will be contacted at a later stage to make the necessary decisions).

Note: Section B is completed to document decisions relating to the ultimate disposition of organ(s).

Signature: _____ Date: _____ Time (24 hour clock): _____:

Printed Name: _____ Relationship to the Deceased: _____

Contact Details: _____

Healthcare professional confirmation:

I confirm that I/we have explained the coroner's post mortem examination and the possibility of organ retention to the above. I have given the _____ information leaflet(s).

Signature: _____ Date: _____ Time (24 hour clock): _____:

Printed Name: _____ Contact Number (bleep or phone): _____

Job Title (including Medical Council Number, if applicable): _____

(Name of Hospital may be inserted here)

Coroner's Post Mortem Examination**Section B: Ultimate disposition of retained organ(s)**

Please read carefully: Section B is completed to document consent for further retention OR arrangements for sensitive disposal of retained organs.

Name of Deceased: _____ Date of Birth: ____/____/____ HcRN*: _____

Primary Consultant: _____ Date of Death: ____/____/____ Time of Death: _____:

* HcRN: Healthcare Record Number

Ultimate disposition of organs retained at coroner's post mortem examination:

Decisions in relation to the ultimate disposition of organs retained at coroner's post mortem examination are documented by ticking the appropriate boxes below.

Consent for further retention:

Please tick ✓ to indicate your decisions

I consent to retained organs being made available for medical research.	<input type="checkbox"/>
I consent to retained organs being made available for medical education and training.	<input type="checkbox"/>

Arrangements for sensitive disposal of retained organs:

Please tick ✓ relevant box below

I wish to make my own arrangements for the burial or cremation of retained organ(s). I understand a member of the hospital team will offer assistance.	<input type="checkbox"/>
I wish the hospital to arrange for the burial/cremation of retained organs in accordance with my instructions.	<input type="checkbox"/>
I wish the hospital to arrange for the burial or cremation of retained organs without my further involvement.	<input type="checkbox"/>

Signatures are only required when consent is given for further retention:

Signature: _____ Date: _____ Time (24 hour clock): _____:

Printed Name: _____ Relationship to the Deceased: _____

Contact Details: _____

Registered Medical Practitioner obtaining consent:

I confirm that I have spoken with _____ (*Insert name of person giving consent*) and I have explained to them the content of this form. Consent for further retention has been freely given on an informed basis.

Signature: _____ Date: _____ Time (24 hour clock): _____:

Printed Name: _____ Job Title: _____

Medical Council Number: _____ Contact Number (bleep or phone): _____

In the case of verbal consent Reason why consent was obtained verbally: _____

Witness to verbal consent (Verbal consent must be witnessed by another member of the multidisciplinary team):

Signature: _____ Date: _____ Time (24 hour clock): _____:

Printed Name: _____ Contact Number (bleep or phone): _____

Job Title (including Medical Council Number, if applicable): _____

