

Hospital postmortem examination of a child or adult

Information for parents/relatives



Contents

	Page
Introduction	3
What is a PM examination?	3
Why carry out a hospital PM examination?	4
Who can consent to a hospital PM examination?	4
What does consent to a hospital PM examination involve?	6
When and where is a hospital PM examination carried out?	6
Who is present during the hospital PM examination?	7
What happens during the hospital PM examination?	7
What happens to tissue samples removed during the hospital PM examination?	9
What happens to organs retained for detailed examination?	9
How will I find out the results of the hospital PM examination?	10
Explanation of some of the words used in this book	10

Introduction

You have been given this booklet because your loved one has died and a member of staff has spoken to you about the value of a post-mortem (PM) examination. We would like to express our sympathy to you and your family at this sad time.

We understand that this is a difficult time for you to consider the issue of a PM examination. Our staff will give you the information you need to help you make the decisions that are right for you and your family. The amount of information people require regarding PM examination does vary. If you need further explanation please ask or, if you would rather not know about certain aspects please say so.

We hope this booklet will help you understand the reasons for undertaking a PM examination, what it involves and why it may be important, so you may wish to take time to read it before you complete the consent form. It may also be helpful to discuss the contents of the guide with your family. We encourage you to ask us if anything is unclear or if you have any questions.

What is a PM examination?

A PM examination is an external and internal examination of the body after death. It is also called an autopsy. It is carried out by a pathologist who is a doctor specialising in the diagnosis of disease and identification of the cause of death. Pathologists work to standards of the Royal College of Pathologists and relevant codes of practice from the Human Tissue Authority.

There are two types of PM examination:

- A hospital PM examination, which is not required by law, and can only be carried out with your consent; and
- A coroners PM examination, which is required by law and consent is not necessary.

Why carry out a hospital PM examination?

PM examinations can provide information about illness and health that would not be discovered in any other way. Much of what we know about illness today came from such examinations. They may help to:

- Confirm the cause of death, nature of the illness and/or the extent of the disease
- Identify other conditions that may not have been diagnosed
- Plan future pregnancies and care in pregnancy
- Identify a condition that may be present in your other or future family members
- Provide information that may benefit other people who suffer from similar problems
- Identify the effects of treatments and drugs.

The PM examination may provide additional information which will help the doctor explain to you in more detail why your loved one died

Who can consent to a hospital PM examination?

A decision to consent to or refuse a hospital PM examination may have been made by the patient in advance, or they may have identified a 'nominated representative' who is authorised to consent on their behalf. If no such prior

arrangements have been made, consent must be given by someone in a 'qualifying relationship'. In the case of an adult, this is the person ranked highest on the list of 'qualifying relationships' and in the case of a child, a person with parental responsibility. These terms are explained at the end of this section.

If you cannot come to an agreement about the PM examination as a family, you may seek further help from the doctor.

If you still can't agree, it is probably better that the PM examination does not take place. You are under no obligation to agree to a hospital PM examination; the choice is entirely yours.

Hierarchy of qualifying relationships

Persons are ranked in the following descending order:

- Spouse or partner (including civil or same sex partner)*
- Parent or child (in this context a child may be of any age)
- Brother or sister
- Grandparent or grandchild
- Niece or nephew
- Stepfather or stepmother
- Half-brother or half-sister
- Friend of long standing.

** For these purposes a person is another person's partner if the two of them (whether of different sexes or the same sex) live as partners in an enduring family relationship.*

Parental responsibility: *The person(s) with parental responsibility will usually, but not invariably, be the child's birth parents. People with parental responsibility for a child include: the child's mother; the child's father (if married to the mother at the child's conception, birth or later; or if unmarried if he is named on the child's birth certificate with effect from 15 April 2002); a legally appointed guardian; the Health and Social Services Trust if the child is the subject of a care order; or a person named in a residence order in respect of the child. A father who has never been married to the child's mother or, after 15 April 2002, whose name has not been included on the child's birth certificate, will only have parental responsibility if he has acquired it through a court order or parental responsibility agreement with the child's mother. (Good Practice in Consent, DHSSPS March 2003)*

What does consent to a hospital PM examination involve?

A consent form will be completed as a written record of your decisions and this will make your wishes clear to everyone. The health care professional who has requested the PM examination will take you through the consent process, ask you to indicate your choices at each section of the form and sign it.

If you have any special requests or conditions regarding the PM examination you will have an opportunity to record them. You will be given a copy of the completed consent form, a copy will be filed in the hospital record and a copy will be sent to the pathologist. This ensures that everyone knows your decisions.

If you change your mind before the examination has taken place, you can modify or withdraw your consent, even after signing the form.

When and where is a hospital PM examination carried out?

PM examinations are carried out in a local or regional mortuary, 1-2 working days after death. If your religion requires the funeral to take place within 24 hours,

please inform the person obtaining consent – it may be possible to carry out the examination within this time.

Who is present during the hospital PM examination?

The pathologist is responsible for the entire examination but is often helped by other staff including anatomical pathology technicians and trainee pathologists. Occasionally medical students and other health care professionals may attend a PM examination for educational purposes. If you do not wish them to be present please say whilst completing the consent form.

What happens during the hospital PM examination?

A hospital PM examination can be full or limited:

A full PM examination begins with a very careful external examination of the body. After this, an incision is made down the front of the body to remove the major internal organs and a further one along the back of the head at the hairline to remove the brain. The organs will be examined visually and small tissue samples and fluid (such as blood) will be taken. Tissue blocks and tissue slides will be made for examination under the microscope.

X-rays or other images (including photographs) of an organ or parts of the body may be taken to be studied later. These images will become part of the medical record. With your consent they may also be used for education and training or research (all identification will be removed).

In some cases analysis of chromosomes and other genetic tests will help diagnose an inherited disease. Looking at tissues and fluids (such as blood) may help to answer questions regarding illnesses of other family members in the

future. Genetic testing of tissue samples requires your consent. You will also be asked whether you consent to them being used for education and training or research.

A full PM examination will provide you with most information about disease progression, cause of death or effects of treatment.

A limited PM examination combines an external examination with a partial internal examination. The internal examination will be limited to whatever the next of kin is willing to consent to, for example, one area of the body such as the head, the chest or the abdomen. Tissue blocks and tissue slides will be made in the same way as for a full PM examination.

A limited PM examination may still be useful but it is possible that something important may be missed. The person explaining the procedure will discuss the limitations and implications with you.

Following examination most organs will be returned to the body, though they cannot be placed in their original position. Sometimes the brain or the heart will require a longer time for detailed examination and if you consent to their retention for that purpose, they will not be returned to the body on the day of the PM examination. You will be asked what your wishes are for them when detailed examination is complete.

After the PM examination the mortuary staff will prepare the body for you to see again. The incision down the front of the body will not be visible when the body is dressed, the incision on the head will normally be covered by hair but is sometimes visible.

What happens to tissue samples removed during the hospital PM examination?

Tissue samples in the form of blocks and slides can be very useful and it is strongly recommended that they are kept at the hospital. Having slides as a permanent record means that any diagnosis made can be checked by another pathologist, if required. They may be of value to a family as new tests are always being developed and examining the tissue samples in the future may help make a diagnosis in living family members.

Tissue samples may be used in the training of doctors and other health care professionals. They are also helpful for public health monitoring, quality assurance and audit purposes, for example, they can be used to check on standards in a hospital pathology service. These will only be kept if you have given your consent and will be securely stored in conditions that preserve them.

If you decide that you do not wish tissue samples to be kept after their examination is completed, the hospital will dispose of them or you can arrange for their collection.

What happens to organs retained for detailed examination?

If organs have been retained for detailed examination the hospital will dispose of them lawfully (in the case of a child by cremation and in the case of an adult by incineration). Alternatively they can be returned to you when the examination has been completed – usually via your funeral director. If you choose to have the organs returned, you can either proceed with the funeral prior to the return of the organs and arrange their cremation/burial at a later date, or you may wish to delay the funeral for several weeks so that the organs can be reunited with the body.

How will I find out the results of the PM examination?

A report of the findings will be sent to the hospital consultant, in a minimum of three months, when all the tests are complete – in some cases it may take considerably longer. You will be contacted and arrangements will be made to have the results explained to you.

Explanation of some of the words used in this book

Microscope

A piece of equipment with special lenses that allows the pathologist to look at tissue on a glass slide and see the cells magnified.

Mortuary

A department which includes a room where bodies are kept in refrigerators until collection by the funeral director. It may also have a post-mortem examination room and a viewing room.

Organ(s)

Important parts of the body, for example, brain, heart, kidneys, lungs and liver.

Pathologist

A medical doctor trained in the diagnosis and study of disease who performs laboratory tests for live patients as well as post-mortem examinations.

Tissue

The collection of cells that make up organs and give them their special functions.

Tissue blocks

Small samples of tissue (less than the size of a postage stamp and up to 5 mm thick) which are placed in plastic containers and treated to remove water then hardened with wax.

Tissue slides

Very thin sections (approximately a tenth of the thickness of a human hair) of hardened tissue which have been cut from tissue blocks and placed on glass slides for examination under the microscope.

Nominated representative

An adult appointed by the patient to make decisions around post-mortem examination consent following their death. This appointment must be witnessed and documented.

If you are unhappy about any aspect of the communication, information or support you received during the consent for post-mortem examination process and wish to make a complaint please contact your Trust's Complaints/Patient Liaison Department. You can obtain the contact address and telephone number from ward staff.

