

A guide to the Coroner's post mortem examination procedure

Information for relatives, carers and friends

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This leaflet outlines what happens during a Coroner's post mortem so you know what to expect throughout the procedure. Please accept our condolences for your loss. We appreciate that you may not want to be given a lot of details at the moment but if you do want more information staff are available to answer any questions you may have.

What is a post mortem?

A post mortem, also known as an autopsy, is an important medical examination that aims to find out more about a person's last illness and the cause of their death.

Post mortems fall into two broad categories:

- 1. Hospital, medical interest, voluntary and consented: These are carried out for medical purposes and there is no pressure to agree to it. You can refuse this type of post mortem or ask for the examination to be limited rather than full. You will be asked for your consent for these post mortems to be carried out.
- 2. Coroner's post mortem: This type of post mortem is required by law in specific circumstances, e.g. after an accident or a sudden death where the cause of death is not known. It does not require the consent of family/next of kin. The purpose of a coronial post mortem is only to ascertain the cause of death and not to diagnose pre-existing conditions not directly related to the death

This leaflet deals with just Coroner's post mortems. There is a separate Trust leaflet for friends and relatives of people having a hospital post mortem. This is entitled 'A simple guide to the hospital post mortem examination procedure'.

Post mortems are carried out as soon as possible following death by a consultant histopathologist (doctor specialising in study of organs, tissues, cells and genetics) working on behalf of the Coroner. Families have a right to be represented by a medical practitioner at the post mortem if they so desire. Please ask your Coroner's Officer for further information.

Why are post mortems carried out?

Mainly to ascertain and confirm how or why the person died, particularly when this was unexpected or if there are public health concerns.

Who carries out Coroner's post mortems?

Coroner's post mortem examinations are undertaken by consultant pathologists who are specially trained doctors. They are aided by trained technical staff. The post mortem takes place in a mortuary. In some circumstances, a Home Office pathologist may be called in to perform the post mortem.

What is involved?

A full post mortem examination involves examination of each of the main body systems. This often includes the brain and the contents of the chest and abdomen. Sometimes, whole organs or small tissue samples may need to be removed for closer examination. Preparation may take several days and sometimes many weeks depending on the circumstances.

Disposal of tissue samples

You will be given a form to complete by your Coroner's Officer to indicate what you would like to happen to the tissues collected after these further investigations are complete. 'Retained material' means small tissue samples collected and preserved and smaller pieces of those samples mounted on glass slides for viewing under the microscope. The choices are:

1. You can consent to the samples being retained for medical research or other purposes that may include benefit to the family if further information concerning the health of family members becomes available; teaching; laboratory performance

assessment; public health monitoring and/or clinical audit or for approved research. If samples are used for research they will be made anonymous. Under this option, samples will form part of the medical record and may be kept for up to thirty years in accordance with the Royal College of Pathologist Guidance. Please note: 1) that if the samples are not required, they will be lawfully disposed of as prescribed by the HTA or 2) if the samples have been retained as part of a civil claim, after all the coroner's investigations are completed, you may want your solicitor to retain them so that they are NOT disposed of).

- 2. You can agree to allow the pathologist to arrange for lawful disposal of the retained material via cremation, burial, incineration or other lawful method in accordance with the Human Tissue Authority Code of Practice on Disposal (Code number 5, currently dated September 2009 or as amended).
- 3. You can request that the retained material is returned to the body before release to the funeral director this may result in delayed funeral arrangements.
- 4. You can request for the retained material to be returned to you or a funeral director for separate burial or cremation. You are responsible for making these arrangements including the associated costs. If you do not contact the Coroner's Office within three months of the inquest date or issue of form B, the material will be disposed of as detailed in option 2 above.

If you have any concerns regarding this matter, you can speak with the Coroner's Officer, a hospital bereavement officer or your funeral director.

Donating organs or tissues for transplant is handled separately from the post mortem procedure. Please ask if you want to know more.

Death certificate

 If the death is a result of <u>natural causes</u>, the Coroner's Office will send paperwork (Form 100B) to the Register Office. The Register Office will then produce the final death certificate which can be

- collected when family members or a nominated person arranges an appointment to formally register the death.
- If the death is a result of <u>unnatural causes or is unconfirmed</u> <u>pending further tests</u>, the Coroner's Office will issue an electronic 'Coroner's Certificate of the Fact of Death' otherwise known as the 'interim death certificate'. Depending on the outcome of the tests an inquest may be held. After the inquest, the Coroner will issue a 'Coroner's Certificate after Inquest' to the Register Office, who can issue the final death certificate upon request. The Coroner's report following the inquest will be available to families upon request.

What happens afterwards?

If you wish, you will be able to view your friend or relative again after the post mortem before proceeding with your funeral arrangements. Usually the results of the examination will be available within about eight weeks, but it may take significantly longer. A copy of the report will usually be sent to the patient's GP. You may wish to make an appointment to discuss the results with the hospital consultant.

Explanation of terms

The most common words and terms used to describe what happens in a post mortem examination are explained here. It is important you understand exactly what is involved before you give your consent to a post mortem or tissue retention. If there is anything you are not sure of or do not understand, please do not hesitate to ask.

Coroner: The Coroner is an independent judicial officer responsible for investigating deaths. The Senior Coroner for Berkshire is Mrs Heidi Connor.

Diagnosis, diagnostic use of tissue, and diagnostic tests: This is when tissue samples are examined to find out as clearly as possible what was wrong with the person before they died. Looking at tissue with a microscope can identify diseases that could not be seen any other

way, including those caused by genetic disorders. New medical conditions are recognised all the time. If tissue samples have been retained it is sometimes possible at a later date to diagnose these new conditions in cases in which were previously undiagnosed or given a different diagnosis.

Education (medical education, teaching and training):

Examining tissue is an important way in which doctors learn about illness and how to treat it. Sharing information between doctors is important in maintaining high standards of care. Students and doctors in training need to observe and learn about post mortem examinations and to discuss the procedure and findings with an experienced doctor.

Fixing: Preparation of tissue or whole organs for further testing by preserving with chemicals.

Full post mortem examination: A full post mortem examination involves examination of each of the main body systems, including the brain and all of the chest and abdomen. It may include the removal and retention of small tissue samples for examination with a microscope or fluid samples (blood/urine/vitreous) for toxicology. Sometimes whole organs may be retained for closer examination.

Nominated representative: The person(s) appointed by the patient to represent them after their death in decisions about consent (for hospital post mortem) examination and the retention of organs and tissue. If there is no nominated representative, the next-of-kin will be able to make the decisions about consent (hospital post mortems only).

Organ: A part of the body composed of more than one tissue that forms a structural unit responsible for a particular function (or functions). The body contains many organs, such as the brain, heart, lungs, kidneys and liver.

Post mortem: This Latin phrase literally means 'after death'. A post mortem examination is a medical examination after someone's death. It is also called an autopsy (which means 'to see for oneself'). Post mortem examinations are done by pathologists, who are specially trained doctors, with help from technical staff.

Retaining or retention of tissue and/or organs: Sometimes one or more whole organs, part of an organ or tissue samples need to be kept after the post mortem examination in order to reach a diagnosis. Reasons for this are:

- The organ or part of it may need to be examined with a microscope.
- The organ may show signs of a complex abnormality that requires a more detailed examination, perhaps by another specialist.
- The tissue or organ may need preparation before it can be examined. Preparation may take several days and sometimes, many weeks.

With your permission, an organ, part of an organ or tissue sample might also be kept for use in medical research or education. If the organ shows a particularly clear example of a specific illness, it may play an important role in the education of medical students, doctors and nurses.

Tissue: A collection of human cells specialised to perform a particular function. Organs contain tissues.

For example, the heart contains muscle tissue composed of cells that contract to pump the blood around the body. In addition, it also includes blood vessels, fat and nerves.

Tissue samples, blocks and slides: To understand an illness or cause of death properly, the doctor needs to look at part of the affected organ under the microscope. To do this, small samples of tissue need to be taken from the organ (usually about 1cm across and about 5mm thick). These samples are made into hard blocks using wax. From these, very thin sections, 10 times thinner than a human hair, can be cut off. They are placed on glass slides so that they can be examined under a microscope. More than one section can be cut from one block.

What happens next?

Thank you for taking the time to read this leaflet, please discuss it with your family if you wish and ask us if anything is unclear or you have any questions.

Further information

A short 'Guide to coroners services and investigations' and other relevant information is available to download from www.gov.uk, or by telephoning 020 3334 35555.

The Human Tissue Authority produces its own leaflet. This can be found on their website at: https://www.hta.gov.uk/guidance-public/post-mortem-examinations.

Useful contacts

- Royal Berkshire NHS Foundation Trust switchboard Tel: 0118 322 5111
- Royal Berkshire NHS Foundation Trust Bereavement Services
 Tel: 0118 322 7059/8066
- Royal Berkshire NHS Foundation Trust Medical Examiner Service Tel: 0118 322 7237/7239
- Royal Berkshire NHS Foundation Trust Mortuary Services
 Tel: 0118 322 7743
- Berkshire Coroner's Office

Tel: 01189 372 300 Email: coroner@reading.gov.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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