



Royal Berkshire
NHS Foundation Trust

A guide to the Coroner's post mortem examination procedure

This leaflet outlines what happens during a Coroner's post mortem so you know what to expect throughout the procedure. Please accept our sympathies 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.

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, usually within two or three working days. Families have a right to be represented by a medical practitioner at the post mortem if they so desire. Please ask the Coroner's assistant or your GP 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 done 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, including the brain and the contents of the chest and abdomen. Sometimes, whole organs 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 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 teaching; laboratory quality assessment; public health monitoring, clinical audit or for approved research. These samples will form part of the medical record and may be kept for up to thirty years in accordance with the Royal College of Pathologists guidance.

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. 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 I 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 natural causes, 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 unnatural causes, the Coroner's Office will issue an 'interim certificate of fact of death' to cover the period up to inquest. After the inquest, the Coroner will issue a '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. 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 legal officer responsible for investigating deaths. The HM Coroner for Berkshire is Mrs Heidi Connor.

to diagnose these new conditions in cases in which they were previously undiagnosed or given a different diagnosis.

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

Education (medical education, teaching and training)

Examining tissue is one of the most important ways 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 will usually include the removal and retention of small tissue samples for examination with a microscope. 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 to undergo 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.

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 3555.

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>

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.

Useful numbers

- 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 Mortuary Services
Tel: 0118 322 7743

For more information about the Trust, visit our website at
www.royalberkshire.nhs.uk

This document can be made available in other languages
and formats upon request.

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