



Royal Berkshire
NHS Foundation Trust

A guide to the hospital post mortem examination procedure

This leaflet explains why you may be asked to give consent to a post mortem examination at such a distressing time and outlines 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 and to take you through the consent form.

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 post mortem 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 for specific circumstances, e.g. after an accident or a sudden death where the cause of death is not known.

This leaflet deals with just hospital post mortems. There is a separate Trust leaflet for friends and relatives of people who need a Coroner's post mortem. This is entitled 'A simple guide to the Coroner's post mortem examination procedure'. A government 'Guide to coroners services and investigations' and other relevant information is available to download from www.gov.uk, or by telephoning 020 3334 3555.

Hospital post mortem examinations are carried out as soon as possible following death, usually within two or three working days and after the medical cause of death has been issued by the treating doctor. It may be possible to arrange it within 24 hours under exceptional circumstances.

Consenting to a hospital post mortem

The next of kin will need to consent to a hospital post mortem and will need to attend the Bereavement Office to sign consent forms. You will meet the clinical team who looked after your friend/relative, a hospital post mortem consent taker and a member of the Bereavement or Mortuary Team. This process will allow you to discuss what will take place and any limitations you may want regarding a limited or full post mortem. It also gives you the opportunity to speak with the clinical team.

Why are post mortems carried out?

Post-mortems are sometimes requested by hospital doctors or the family to provide more information about an illness or the cause of death. It is not to determine the cause of death and will not change the death certificate already given to you.

Who carries out hospital post mortems?

Post mortem examinations are done by hospital consultant pathologists who are specially trained doctors. They are aided by trained technical staff. The post mortem takes place in a mortuary.

What is involved?

1. A full hospital post mortem means examination of each of the main body systems including the brain and the contents of the chest and abdomen. It will normally include the removal and retention of small tissue samples for examination under a microscope. Sometimes whole organs may be retained for closer examination. Small blocks of tissue and corresponding microscope slides should be kept permanently in the hospital pathology laboratory and should form part of a person's medical records.

You will be asked to give your consent for these tissue samples to be taken and kept. In some cases, organs and tissues may need to be temporarily retained for the preparation of blocks and slides. You will

be told if this is the case. You may be asked to give written agreement for a specified organ or organs to be retained for diagnostic purposes by the pathologist.

2. A limited post mortem examination: If you state it a hospital post mortem can be limited to one body cavity (for example, the chest) or organ system (for example, the lungs) but this may not provide all possible information about the disease or cause of death.

Retention of tissue or organs

After full or limited post mortems, tissues or organs may be retained:

- Permanent retention: Some small blocks of tissue and corresponding microscope slides will be kept permanently in the hospital pathology laboratory and will form part of the patient's medical records. You will be asked to sign a form giving your consent for these samples to be taken and kept.
- Temporary retention: Some tissue samples or organs may be kept temporarily for further examination. The hospital will notify you if this is the case. Preparation may take several days and sometimes many weeks. You may be asked to sign a form giving your consent for the organ(s) to be retained for diagnostic purposes by the pathologist. Once the further examinations have been completed you may ask for these tissues or organs to be:
 - Returned to the funeral director
 - Disposed of by the hospital
 - Donated for use in medical education or research (you will need to give written consent for this). Examining tissue is one of the most important ways in which doctors learn about illness and how to treat it. Tissue from post mortems can also be used to train medical students and new doctors, to help experienced doctors continue to learn about new conditions or treatments, or to teach specialist knowledge. Donating organs or tissues for transplant is handled separately from the post mortem procedure. Please ask if you want to know more.

Death certificate

The hospital will issue a 'medical certificate of cause of death' (MCCD). Certificate collection is by appointment only. A final death certificate will then be issued by the Register office.

What happens afterwards?

If you wish, you will be able to view your friend/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. 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.

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 they were previously undiagnosed or given a different diagnosis.

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.

Limited post mortem examination

If you wish a hospital post mortem can be limited to one body cavity (for example, the chest) or organ system (for example, the lungs).

This may not provide all possible information about the disease or cause of death.

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 for a hospital post mortem.

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

specialty 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 retained 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, before you complete the consent form, and ask us if anything is unclear or you have any questions.

You are welcome to contact the Bereavement Office by telephone on: 0118 322 7059 / 8066, 9am-4pm (Mon-Fri). Certificate collection is by appointment only and is between 9am-1pm and 2pm-3pm (Mon-Fri). Closed bank holidays.

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

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>

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.

RBFT Bereavement Service, May 2007

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