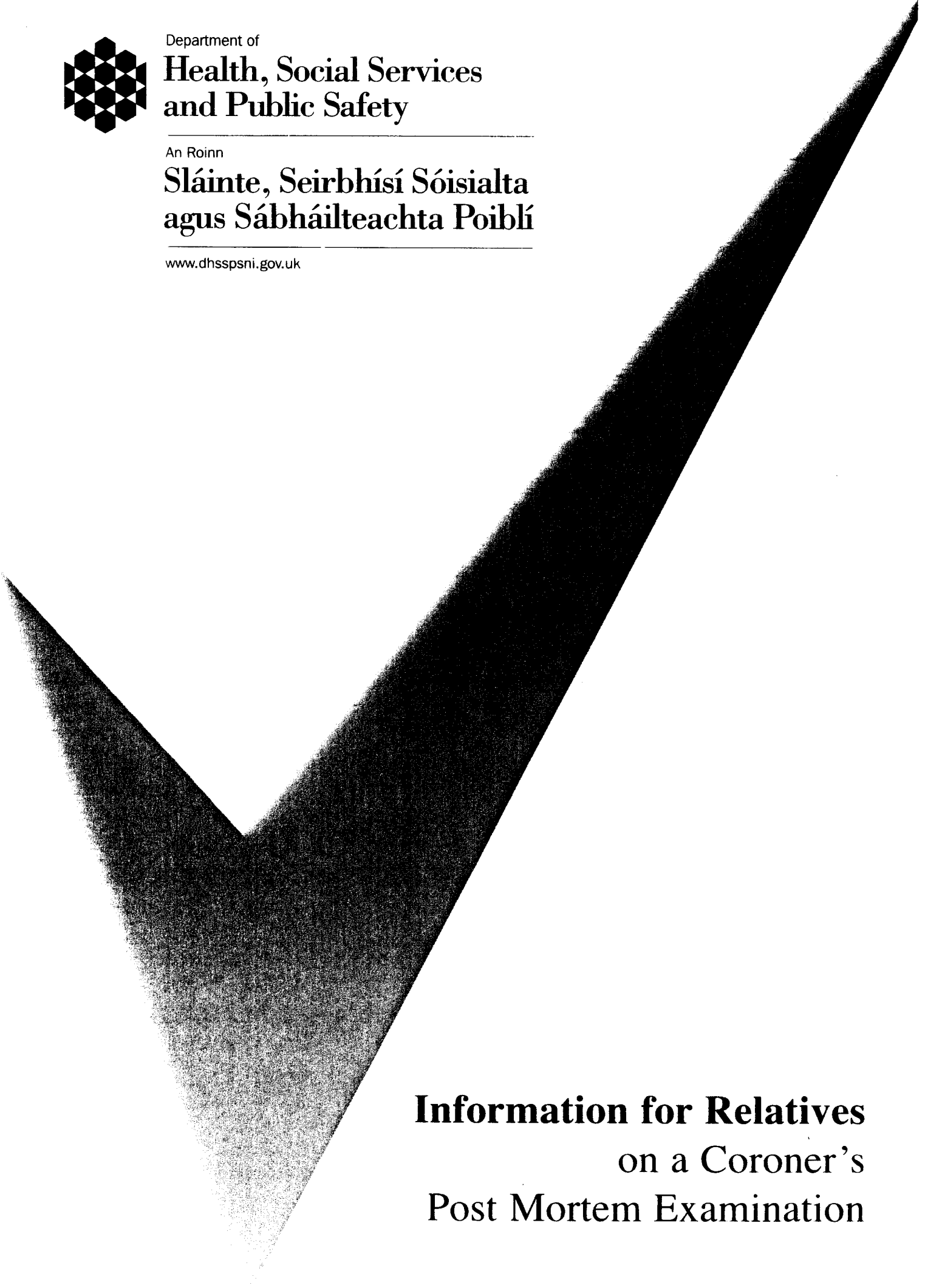


Department of
**Health, Social Services
and Public Safety**

An Roinn
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk



Information for Relatives
on a Coroner's
Post Mortem Examination

The importance of a post mortem examination

A post mortem examination can provide information which will help the Coroner and you understand why your relative/child has died. Unfortunately there are times when the post mortem examination is unable to find this out.

An examination is only carried out if the Coroner has ordered it.

About a post mortem examination

The pathologist works to standards set by the Royal College of Pathologists. During the post mortem, a very careful external examination is carried out. The pathologist then makes an incision (cut) down the front of the body and internal organs are removed and examined. In most cases the organs are returned to the body afterwards.

Occasionally it is important to retain whole organs for further examination, as this can provide more detailed understanding of the cause of death. If the brain needs to be examined, an incision is made in the back of the head around the hairline. It takes six to eight weeks to properly examine the brain because special processes (fixation) need to be carried out. In the case of sudden infant death it is likely that the brain will need to be retained and you will be informed of this.

Small samples of tissue will be retained from each organ for examination under the microscope. Sometimes tissue samples or fluid (such as blood) will be retained for further tests such as looking at the chromosomes or genes or to search for infections due to bacteria or viruses which may have caused the unexplained death.

The samples of tissue taken for testing are usually retained as part of pathology records in case they are needed to answer further questions about the cause of death.

Tissue samples, blocks and slides

Although some information can be obtained from looking directly at organs in a post mortem examination, often the only way to understand properly what has happened is to look at part of an organ under the microscope.

- Small **samples** of tissue are removed from the organs and placed in little plastic containers (cassettes).
- These samples measure approximately 1.5 x 1.5 cm (less than the size of a postage stamp) and up to 5mm thick.
- Samples from tiny organs are much smaller and those from the brain are larger, usually 2 x 2 cms.
- The tissue is chemically treated to remove water, which is replaced with wax. These **tissue blocks** become hard. Very thin slices (sections), a tenth of the thickness of a human hair, are then cut off the surface.
- The sections are placed on glass **slides** so that they can be examined under a microscope.
- More than one slide can be cut from one block.
- These techniques are the same as those used to examine tissue from living patients.

The wax blocks and slides are retained by the pathologist for the records. Blocks are retained indefinitely and slides for approximately 10 years and these are stored in special cabinets designed for this purpose.

Residual tissue

After the blocks have been prepared there may be small amounts of unused or “residual” tissue left over. The pathologist will need to know how you want this tissue to be disposed of or returned to you. There is a section on the Form for Further Use of Material Retained Following a Coroner’s Post Mortem Examination that will record your wishes.

Retained Organs – Further Use or Disposal

If the Coroner agrees to the release of retained material the consent form gives you several options.

You can choose:

- For the organs to be used in medical education, or research, or both.
- For the organs to be returned to you, through your funeral director, once the Coroner has agreed. You will then need to arrange a separate cremation or burial service for these. This will be at your own expense.

- For the hospital to arrange disposal of the organs through cremation, incineration or burial. Staff will let you know what options are available in the hospital.

Further use of blocks, slides, photographs, x-rays

The Coroner may refuse to release tissue samples, as he may need to retain them as part of his ongoing investigation. Tissue blocks and slides, photographs, X-rays and other images are part of the pathology records. Your permission is needed if they are to be used for other purposes once the Coroner has agreed to their release. This may happen at the time you are first given information by staff about the Coroner's post mortem or may occur when you are contacted about your wishes for further use or disposal.

You can choose:

- For the Coroner to keep them for the records.
- To give them for use in medical education, or research, or both. (You may wish only to give some of them).
- For the blocks and slides to be returned to you for cremation or burial. This means it will not be possible to have the case reviewed or seek a second opinion at a later date.

Your relative/child's body after the post mortem

Usually in a coroner's post mortem the body is released immediately after the examination, whether or not there is to be an inquest.

The incision on the body from the post mortem examination is bandaged once the examination is finished and is often not visible. The incision on the head will normally be covered by hair, but may sometimes be visible.

Funeral arrangements

- If a death is reported to the Coroner you should not make funeral arrangements until you have the Coroner's permission.
- In almost all cases tissue samples and sometimes organs will have been removed as part of the post mortem procedure which will need to be retained for some time, at least until the inquest or other court proceedings are over.

- Although the Coroner remains in control of the retained material you should make your wishes known about disposal if or when it is no longer needed by the Coroner.
- The funeral can take place before the inquest is held.
- The body can be cremated, buried or taken out of Northern Ireland once the Coroner is satisfied that it is no longer needed.
- If there is to be an inquest the Coroner can allow burial or cremation once the post mortem examination is completed.

Death Certificates

The death can be registered and a death certificate issued only after the Registrar of Deaths has received the certificate from the Coroner after the inquest or other legal proceedings are completed. The Coroner can, however, supply a coroner's "Certificate of Evidence of Death" for use in the meantime.

Organ transplants and donation

The Coroner is not usually concerned with organ transplants or donation. However, if the death has to be reported to the Coroner you need his permission before you can donate either organs of your relative/child for transplant or the whole body for medical teaching.

The Inquest

The inquest is not a trial. An inquest is a public inquiry by a coroner sitting with or without a jury, into the circumstances surrounding the death.

- The purpose is to determine the identity of the person who has died; how, when and where they died; and to work out the details the Registrar of Deaths needs to register the death.
- The findings of the inquest are the means by which a person died, not who or what was responsible.

Who is involved in an Inquest?

In certain circumstances a jury of between 7 and 11 people take part in the inquest, although that is not always necessary. Anyone with evidence relevant to the inquiry can put themselves forward as witnesses or be summoned by the Coroner.

Usually witnesses can be questioned by anyone with a “proper” interest, including:

- Next of kin of the person who died, or their representatives or executors of wills.
- Representatives of interested insurance companies or trade unions.
- Those responsible for the death in any way (e.g. an employer or a motorist causing death) or their representatives.
- Others at special risk or those appearing to the Coroner to have a proper interest.

The consent form

As the post mortem is ordered by the Coroner your consent is not needed for the examination. It is however important for you to understand what is involved in this. Once the Coroner has completed his/her investigation your permission is needed for any further use of your relative/child’s tissue or organs.

The form is a written record of your decisions about the further use of organs, tissue, blocks, slides, genetic samples and images. This makes clear to everyone what you have and have not agreed to.

If you change your mind at any stage you can withdraw your consent, even after signing. You will be given a copy of the consent form, a copy will be filed in the Coroner’s records and a copy will be sent to the pathologist. This ensures that everyone knows your decisions.

Medical education/research and quality standards.

The consent form asks you about whether you want to give blocks and slides, images, genetic samples or organs for use in medical education and/or research once the Coroner has agreed to their release.

- *Medical education*: this includes teaching, training and educating all types of doctors, nurses and health professionals.
- *Research*: examining tissue, organs and images is one of the most important ways in which doctors learn about illness and how to treat it. Tissue blocks and slides are used to train medical students and new

doctors, to help experienced doctors continue to learn about new conditions or treatments and to teach specialist knowledge.

Sharing information between doctors is important in maintaining high standards of care.

Doctors training to be pathologists need to watch and learn from post mortem examinations and discuss the findings with an experienced pathologist.

Sharing information between doctors and hospitals is also very important for public health surveillance. This can make sure that infectious diseases do not spread throughout the population.

A separate copy of the consent form will be kept, if you agree that blocks and slides, images, genetic samples or organs may be used for medical education and research.

- *Checking quality standards:* includes audit, quality assurance, public health, and performance management.

Questions

You can ask as many questions as you like. You may also wish to discuss the decision about consent for further use of the tissue, blocks and slides with other family members.

People vary as to how much information they want about what will happen during a post mortem examination.

If you would like more details or want to discuss the matter with another health professional, please ask.

Before giving your consent to further use of tissue, organs, genetic samples, images, blocks and slides

It is important that you understand all the information and come to your own decision.

Staff are available to give further help, if you wish. They can also discuss your options. They will ask you to say whether you have understood the information you have been given. If you are not sure, say so.

Further Information

Further information about the Coroner is available from:

Information Service,
Northern Ireland Court Service,
Windsor House,
9-15 Bedford Street,
Belfast BT2 7LT

Telephone: 02890 328594

Fax: 02890 439110

What some of the words mean

Coroner's post mortem examination

This is a post mortem examination that has been asked for by a coroner. The agreement of relatives is not needed as the post mortem examination is required by law but the tissue or organs cannot be used for other purposes without your consent and the agreement of the Coroner.

Death Certificate

A death certificate is required to allow the death of the person to be registered, along with the cause of death. It lets the Registrar of Deaths issue the form allowing the funeral to take place.

Fixation

Before organs or tissues can be examined in detail, they have to be hardened by soaking them in a chemical, usually formaldehyde. This is known as fixation or fixing. The complete process may take several weeks, especially for the brain.

Full post mortem examination

The full post mortem involves examination of all the organs in the chest and abdomen, and the brain.

Inquest

A coroner may hold an inquest into any death that is reported to him/her. This may be when a death is known or suspected to be due to anything other than natural disease. Sometimes it is held in the presence of a jury. An inquest considers all the evidence about the death and gives relatives or their legal representative an opportunity to question witnesses.

Incision

An incision is a cut in the skin to allow the internal organs to be examined. It is made in the same way as for a surgical operation. The incision is closed with stitches at the end of the post mortem examination and may then be bandaged.

Limited post mortem examination

This is a post mortem where only some organs are examined. This may only provide a part of the possible information about the illness.

Microscope

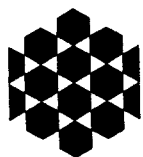
This is a machine with special lenses that allows the pathologist to look at the tissue on a glass slide, and see the cells magnified. Changes in the tissue that are not normal indicate the type of disease.

Mortuary

The mortuary is a group of rooms where bodies are kept in refrigerators before being collected by the funeral directors. The mortuary also includes the post mortem room where the examinations are performed.

Organ(s)

The body contains many organs such as the brain, heart, kidneys, lungs and liver. Each organ carries out different functions. The organs are connected in the body by nerves, blood vessels and fibres.



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