

13. Authorisation for hospital post mortem examination

- 13.1 Post mortem examinations should always be considered for the reasons outlined in Box 12 (below).

Box 12: Purposes of post mortem examinations

- Completing clinical investigations and providing information on how a disease might have affected the person.
- Routine clinical audit.
- Peer review of clinical care.
- Increasing understanding of complex illnesses and their responses to therapy.
- Identifying unrecognised disease and incidental clinical findings which improve understanding of the epidemiology of disease in Scotland.
- In the case of a baby, providing information that may directly affect the family now, or in future.

- 13.2 A hospital post mortem examination can only be carried out if a Medical Certificate of Cause of Death has been issued. It is acceptable, when the cause of death is uncertain and the Procurator Fiscal has declined to investigate further, for a medical certificate to be issued giving a probable cause of death. In this situation it is essential that the box PM2 indicating that further information may be available is ticked. It should also be discussed with the family that the final cause of death may be changed following the results of the post mortem.
- 13.3 Hospital post mortem examinations are conducted under the terms of the Human Tissue Act (Scotland) 2006 and authorisation must be obtained from the 'nearest relative' (as defined by the Act) using statutory NHS Scotland forms and associated information leaflets. The process of seeking authorisation for the examination and wishes regarding retention or return of tissues under this Act must be fully understood by the doctor requesting authorisation. If there is any doubt or concerns advice should be sought from a consultant pathologist.
- 13.4 Authorisation must be obtained by a medically qualified member of staff of at least FY2 grade.
- 13.5 The NHS Scotland authorisation form must be fully completed, signed and witnessed. One copy must be given to the relative along with an information booklet, one copy must be filed in the medical notes, and a third copy must be sent to pathology.
- 13.6 A pathology department post mortem request form must also be completed and signed by a medically qualified member of staff.

- 13.7 Advice on all aspects of post-mortem examination can be obtained from a consultant pathologist by contacting the RIE mortuary on ext 27177 or the main pathology department. This should be considered especially if a limited examination or restrictions on keeping tissues are being proposed, as this may prevent the clinical questions raised by a case from being answered.
- 13.8 A summary of documentation required for a hospital post mortem can be found in Box 13 (below):

Box 13: Documentation required for a hospital post mortem

- Completed NHS Scotland authorisation form
- Completed pathology department request form
- Hospital case notes (including the outcome of any discussion with the Procurator Fiscal's office and confirmation that a medical certificate (Form 11) has been issued.

- 13.9 The requesting clinician is contacted following the post mortem examination and all clinicians are encouraged to attend, if possible, for discussion of the case.
- 13.10 An initial report summarising the provisional findings should be sent to the requesting clinician within 2 working days of completion of the post-mortem examination.
- 13.11 A final report should be sent to the requesting clinician and the deceased's own GP within 21 working days. Where the report is delayed, e.g. due to complex histological investigations, information about the delay should be available.
- 13.12 Within NHS Lothian, other clinicians who cared for the deceased in life can access the final post mortem report electronically through the iLaboratory system (previously known as APEX). Clinicians from outwith NHS Lothian may request copies of reports from the consultant with administrative responsibility for the autopsy service, or the lead clinician.
- 13.13 Under the terms of the Human Tissue Act (Scotland) 2006, patients may indicate that they wish a post mortem to be carried out following their death. Such a request is regarded as over-riding the views of relatives, but as there is no specific documentation for such advance directives, any such cases should be discussed at consultant level in order to identify the best approach.