A simple guide to the post mortem examination procedure

Post mortem examination: a simple guide

Please accept our sympathies for your loss.

This leaflet explains why you may have been asked to give your consent to a post mortem examination at such a distressing time, and outlines the procedure.

We appreciate that you may not want to be given a lot of details at the moment, but staff are available to answer any questions you have, and to take you through the consent form.

Please feel free to ask any questions you may have at any time during the consenting process.

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.

There are two types of post-mortem:

- Post-mortem examinations required by Coroners. These are investigations required by law and do not require the agreement of relatives.
- Consented post-mortems, which are requested by doctors or by relatives. Full signed agreement must be given by the relatives for this type of post-mortem to be carried out. Relatives can make limitations for this type of post-mortem.

A consented post-mortem cannot take place without the agreement of the next-of-kin.

If you agree to a Consented post-mortem examination the doctors will issue the medical certificate of death before the post-mortem so that you can proceed with the arrangements for the funeral.
**Why are post mortems carried out?**

Post-mortems are usually associated with establishing a cause of death - particularly in Coroners cases. When your consent is being asked for to conduct a post-mortem there is usually little doubt regarding the cause of death though the underlying disease process may be poorly understood.

Post mortems have far wider implications for medical education and research generally. 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 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.

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. With your permission, an organ (or part of an organ) 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.

Tissues/organs can only be retained at post-mortem with the express consent of the next-of-kin.

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

**When do post mortems take place?**

The post mortem will be carried out as soon as possible, usually within two to three working days. It may be possible to arrange it within 24 hours if necessary.

**Who carries out post mortems?**

Post mortem examinations are done by pathologists, who are medically qualified doctors who have specialised in the study of tissue diagnosis, with help from trained technical staff. The examinations take place in the mortuary.

**What is involved?**

A full post mortem examination involves examination of each of the main body systems including the brain and all 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 (with your consent) for closer examination. Small blocks of tissue and corresponding microscope slides retained during or after post-mortem will be kept permanently in the hospital pathology laboratory and will form part of a person’s medical records unless you have specified otherwise.

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 have been asked to give written agreement for a specified organ or organs to be retained for diagnostic purposes by the pathologist.

If you stipulate 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.

**What happens afterwards?**

If you wish, you will be able to see your child, partner or relative’s body again after the post mortem, before proceeding with your funeral arrangements. Usually the results of the examination will be available within about 6 weeks and the post mortem report is sent to the hospital consultant who was in charge of the team who cared for your relative. A copy of the report will usually be sent to your child, partner or relative’s GP, and you may wish to make an appointment to discuss the results with the hospital consultant.

Following the further examination of any organ or tissue taken at the post mortem there are a number of options available to you for their disposal:

- You can request that the tissue/organ be returned to the deceased before the funeral. This will almost certainly delay the funeral arrangements and you may have to make arrangements to store the body until the tissue/organ is released.

- You may choose to have the tissue/organ returned to your funeral director for separate burial or cremation.

- You may request the hospital to make the arrangements for the disposal of the tissue/organ. If you choose this option small tissue pieces will be sent for incineration and organs will be cremated at the local Crematorium.

- You may choose to donate these for use in medical education or research.
Blocks and slides will be stored securely within the Pathology department for 30 years (blocks) and 10 years (slides) after which time they will be disposed of by incineration.

**What if I change my mind?**

We fully understand that this is a difficult time for you and that things you were told during the consent process may be uncertain or unclear. This information leaflet will hopefully help to clarify things but if you do have further questions, or are uncertain about anything you have been told, please do not hesitate in contacting us.

Once you have signed the consent form you will be advised when the post-mortem is to take place. If you decide to change your mind and wish to withdraw consent please contact the Bereavement Office on: *(Barnet – 020 8216 4701/4819; Chase Farm – 020 8375 2570).*

**Explanation of terms**

The most common words and terms used to describe what happens in a post mortem examination are explained here:

**Audit**

This is about checking standards of care and service. Some separate testing of tissue is needed to make sure that the standards of testing are of a high quality. Some tissue samples are needed as a control against diagnostic tests, or to check on standards in a hospital pathology service.

**Coroner**

The Coroner is an independent judicial officer responsible for investigating deaths. He or she is either an experienced lawyer, or an experienced doctor who has also had legal training.

**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)**
Examing 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 normally include the removal and retention of small issue samples for examination with a microscope. Sometimes whole organs may be retained for closer examination but only with your consent.

**Limited post mortem examination**
If you wish, a hospital consent 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.

**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 fully trained technical staff.

**Retaining or retention of tissue and/or organs**

Sometimes one or more whole organs, part of an organ or tissue samples are 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 (or part of an organ) 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 are taken from the organ (usually about 1 cm across and about 5 mm 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.