

B Post-mortem examination

Guide for the general public to Code of Practice B



A guide for the public to Code of Practice B: Post mortem examination

This guide is intended to be read alongside [Code of Practice B: Post mortem examination](#)

Commonly used terms

Tissue and organs

Organs

Where we use the term organ, or organs, in this guidance, it refers specifically to a whole solid organ, or organs, including:

- Kidney
- Liver
- Heart
- Brain
- Eyes

The general definition of what constitutes an organ in this context is a body part which has a specific vital purpose.

Tissue

Where we use the term tissue, this refers to all other various human materials that are not whole solid organs.

Tissue and Organs

When we refer to “tissue and organs”, this is to make it clear there is a combination of both.

Introduction

This guidance sets out the consent requirements for both coroner and hospital post mortem examinations.

It is primarily for the relatives of a deceased person, so they will know what to expect if a post mortem examination is required or requested.

A post mortem examination is an examination of a body after death. Post mortem examinations can be extremely useful for finding out how, why, and when someone has died.

They can also:

- provide information about the effect of medical treatment or the events leading up to the person's death;
- help doctors understand how a disease has spread;
- determine if the person who died had a genetically inherited disease; and
- be used to find out more about illnesses, which may help doctors treat patients in the future.

Post mortem examinations are carried out by pathologists - doctors who are specialised in diagnosing the causes and effects of disease by examining tissue.

Pathologists follow standards set by the Royal College of Pathologists and the HTA. They are assisted by mortuary technicians called Anatomical Pathology Technologists. They carefully examine the outside of the body, then open it to examine the inside of the body and its internal organs.

Often, small samples of tissue are kept for examination under a microscope. Occasionally a whole organ such as the brain is kept for further examination.

Most post mortem examinations are carried out at the request of a coroner, this is because the cause of death is unknown, or because the person's death was unexpected or sudden.

Occasionally they may be carried out at the request of a hospital, because doctors want to find out more about an illness or cause of death, or to advance medical research.

The law requires that post mortem examinations can only be carried out with the authority of the coroner, the consent of the person before they died, or the consent of their family.

The role of the HTA

The HTA regulates all mortuaries where post mortem examinations take place in England, Wales and Northern Ireland.

We have powers to license and inspect these organisations, which are given to us by law under [the Human Tissue Act 2004](#) (the HT Act).

Through our work with mortuaries, we help ensure that bodies of the deceased, and tissue samples taken from the deceased, are treated with respect in an environment that is safe and secure.

We also help to ensure that:

- the dignity of the deceased is maintained at all times;
- the needs of the bereaved are met with honesty, care, and sensitivity; and
- their wishes are fulfilled where possible.

Coroners' post mortem examinations

The vast majority of post mortem examinations take place because the death is unexpected or sudden, or of unknown cause. These are authorised by the coroner and the consent of the family is not required.

A coroner is an independent judicial office holder, appointed by a local council. They are responsible for finding out the cause of death, and may decide that an inquest is necessary.

More information about a coroner's role in investigating deaths and how inquests work can be found in their [guide to the coroners service](#).

Information you should receive about a coroners' post mortem

A post mortem authorised by a coroner does not require the consent of relatives. However, the coroner or one of their staff should explain:

- the reasons for the post mortem examination;
- why the coroner is involved;
- the process that will be followed;
- when and where the examination will take place; and
- how the coroners office may be contacted for questions

The coroner may explain what tissue is likely to be focused on, and potentially kept, by the pathologist during the post mortem examination. However, these plans are not guaranteed.

The pathologist may wish to remove additional tissue for investigation as the examination develops. For this to happen, the pathologist requires the authority of the coroner.

It is the coroner's decision, with the assistance of the pathologist, as to what type of examination is necessary. The post mortem examination is primarily to find the cause and circumstances of death, and because of this, the results may be limited in scope and may not provide all the medical details.

It is not usually possible to attend the post mortem examination; however, you have the right to be represented by a medical practitioner.

The post mortem examination may be observed by healthcare professionals, police, paramedics and others, as part of their training. You should be given the choice of having observers present or not.

In some cases, where it is the wish of the family, the coroner may consider the use of 'scanning' – this is an electronic imaging technique that uses similar technology to CT or MRI scans. Usually, this is non-invasive and does not involve any removal of tissue, and may be carried out either instead of a post mortem examination or in addition to it.

The coroner will explain what the process is likely to involve. However, if this is the sole method of examination of the body, a cause of death may not be established and a post mortem examination may still be required.

After the coroner's post mortem examination

The coroner must tell you if any material, such as tissue or organs, was removed from the body and for how long it will be kept. They must also give you the opportunity to say what you would like to happen to the material once the pathologist no longer needs it.

You can decide that the material should be:

- disposed of for you, by burial, cremation or incineration, depending on the circumstances; or
- returned to you or other relatives to make your own arrangements; or
- kept for use for medical research or another purpose, if you consent to this.

You may prefer to take some time to think about your decision.

The material will be kept for a short period before it is disposed of by the hospital; this is usually around three months.

In exceptional circumstances, the hospital may be able to extend this period. You will need to discuss this with the coroner's office so that they can pass your wishes on.

There may be findings from the examination that have implications for the family, a medical or genetic condition, for example. However, the deceased may have put restrictions on which information is made available. The clinician must respect patient confidentiality, and will decide what is appropriate to tell you.

When giving your consent for material to be kept, you should be told what this is likely to involve. Sometimes, your wish that material is kept and used for a purpose such as research cannot be met; if this is the case, the hospital may decide to dispose of it. This process differs between hospitals, and may or may not be explained during your initial discussion.

You may wish that removed material be replaced in the body before any further arrangements, such as a funeral, are made. This can only happen once the coroner no longer requires the material, and if you have not consented to its disposal or further use in research or teaching.

If tissue is to be replaced, the body will be held by the coroner until this point. However, you may prefer to have the body released (e.g. to the funeral director in preparation for a cremation or burial) without the return of removed material. This is possible if the coroner does not require the rest of the body for investigation, and so can release it from the mortuary.

Hospital post mortem examinations

Occasionally, a post mortem examination is requested by a doctor or clinical team, who wish to find out more about the illness of the person who has died. These are referred to as hospital post mortem examinations.

A hospital post mortem might be requested when the cause of death is known, in which case a Medical Certificate of the Cause of Death (MCCD) would be issued before the post mortem takes place.

Alternatively, if the cause of death is not known, and the coroner has not ordered a post mortem, the hospital may request a post mortem to determine the cause of death and find out more about the illness. In this case, the MCCD would be issued after the post mortem.

The techniques used in a post mortem may be different for each examination, but some hospitals may offer 'scanning' - this is an electronic imaging technique that uses similar technology to CT or MRI scans. Usually, this is non-invasive and does not involve any removal of tissue. If the results of scanning are not enough for the investigation, the hospital may still request a further post mortem, but this would be explained at the time.

Any hospital post mortem examination can only take place with appropriate consent. Consent may be sought from the person before they died, or from someone in a 'qualifying relationship' to them before they died.

Qualifying Relationships

The Human Tissue Act 2004 includes a list of 'qualifying' relationships, which are ranked - the person nearest the top of the list should be asked to give consent first. Their decision has priority over someone below them on the list.

The list is as follows:

1. spouse or partner (including civil or same sex partner)
2. parent or child
3. brother or sister
4. grandparent or grandchild
5. niece or nephew
6. stepfather or stepmother
7. half-brother or half-sister
8. friend of long standing

For these purposes, a person is considered a partner if they live as partners in an enduring family relationship.

While the Human Tissue Act is clear on the hierarchy of relationships, there may be situations where relatives disagree on giving consent.

There are procedures and advice on dealing with these conflicts in [Code A: Guiding Principles and the fundamental principle of consent, paragraphs 30-39](#).

We recommend that any decision on consent is sensitively discussed with other relatives of the deceased person. This may include relatives not on this list, for example, an aunt or uncle.

Information you should receive about a hospital post mortem

If you are someone who is qualified to give consent, it is important that you have all the information you need to be able to make the decision that is right for you.

You should have the opportunity to speak to the doctors face to face, and you should be given:

- information about the purpose of the post mortem examination;
- the details of where and when the post mortem examination will take place;
- honest, clear, objective information about what the examination will involve;
- an explanation of the different options that are available, for example, an examination of particular parts of the body, such as the head, chest or abdomen, rather than the whole body, or scanning;
- the benefits and limitations of these different options, both to you and the doctors;
- information about tests needed such as histology (microscopic study of the structures of cells and tissue), toxicology (testing for the presence of drugs or other chemicals) or genetic testing (to find out about possible genetic diseases) and, in relevant cases, whether these might cause delays to determining the cause of death;
- an explanation of any images that may be made (including photographs, slides, X-rays and CT scans);
- whether any material (tissue samples or whole organs) is likely to be kept and for how long it will be kept;
- The potential benefits of keeping and using tissue and organs in the future, for purposes such as research or teaching;
- your options for disposal of removed material and how these might affect funeral arrangements;
- when the results of the examination will be available, how they will be shared with you, and whether anyone else will find out the results;
- the choice of whether medical students, doctors or other healthcare professionals are able to observe the examination for education purposes;
- details of what will happen after the examination, including when the body can be released for burial or cremation;
- the opportunity to ask questions;
- a reasonable amount of time to make your decision;
- privacy for discussions with family members;
- information on how to access emotional or psychological support; and
- the opportunity to change your mind, how long you have to do this and how it can be done.

The doctor will take the lead from you and will give you as much or as little detail as you need to make a decision. If you have not been given any of this information, you should ask the person who is discussing consent with you.

You should tell the doctor about any beliefs or values that may affect the type of examination you will consent to, for example, for religious reasons you may prefer scanning to be used rather than a post mortem examination - which requires the body to be opened - or you may need the funeral to take place quickly.

You should also tell the doctor if you want any material that was removed for examination to be returned to the body before it is released for the funeral. This may delay release of the body, but you may make other arrangements if you would prefer this not to be the case.

After your discussion, you should be given a written record of your discussion and any agreements you have made; this will usually be in the form of a consent form that you will be asked to sign.

You should also be given the name and contact details of someone you can contact for further information or if you change your mind. If you wish, you may also be given written information about post mortem examinations to take away with you.

After the hospital post mortem examination

If you choose to know the results of the post mortem examination, you should be offered the opportunity to talk through these with the doctor who cared for the person before they died, and the pathologist who conducted the examination.

There may be findings from the examination that have implications for the family, a medical or genetic condition, for example. However, it is possible that the deceased put restrictions on the sharing of information. The clinician must respect patient confidentiality and will decide what is appropriate to tell you, ensuring it is dealt with sensitively.

Organ Donation

Prior to their death, many people make a decision to consent to organ or tissue donation. Efforts should be made to allow those who wish to donate organs or tissue to do so, and explanations should be given where it is not possible.

Organ retrieval will take place before a post mortem examination; removal of tissue (such as corneas, skin or tendons) may take place prior to or following a post mortem examination, depending on the tissues involved and any time restraints.

Generally, it is preferable for the retrieval to take place before the post mortem examination.

If the coroner is investigating the reason for the person death, agreement from the coroner will be required.

In any event, if you know that the person wanted to donate organs or tissue, or you yourself would like to give consent to donation on their behalf, please discuss this with the coroner or the doctors involved.

You can read more about organ donation after death in our public guide to [Code F: Donation of solid organs and tissue for transplantation](#).

Further information

- [HTA guidance on post mortem examinations](#)
- [Coroner investigations: a short guide from the Ministry of Justice](#)
- [A model post mortem consent form produced by the HTA](#)
- [Guidance on patient confidentiality from the General Medical Council \(GMC\)](#)
- [Guidance on patient confidentiality specific to Wales](#)