



ST. JAMES'S HOSPITAL
DUBLIN

INFORMATION FOR RELATIVES

THE AUTOPSY OR POST-MORTEM EXAMINATION

Based on Faculty of Pathology Guidelines

Information for Relatives

The Autopsy or Post-Mortem Examination

INTRODUCTION: ---

The death of a loved one is a traumatic and difficult time for relatives. The hospital community sympathises with relatives in their grief and tries in whatever way possible to make things easier. At this sad time it may seem a major intrusion to introduce the question of an autopsy (also called a post-mortem examination) but there are very good reasons for this as discussed below.

The following document provides the reasons why an autopsy is requested and gives details of what is involved. It indicates that under certain circumstances the coroner may order an autopsy for which the consent of the family is not required (a coroner autopsy) but the family may be asked to sign a form to indicate that they have been informed that tissue and organs may be temporarily retained for diagnosis.

The family will be informed shortly after the autopsy if any organs have been retained and asked if they are satisfied to have the organs disposed of by the approved hospital procedure.

If the coroner has not ordered an autopsy the medical staff may request permission from the family for an autopsy (a hospital autopsy). The medical staff who cared for your relative will provide you with information to allow you to make an informed decision on whether you will give permission for a hospital autopsy, and whether you wish to attach conditions to your permission. There is a consent form to allow you to indicate this. This document is provided to supplement the doctor's information. Hospital bereavement counsellors are also available to help. Some relatives may find it difficult to read a document of this nature at a time of extreme grief. You should also be cautioned that the document, of its nature, gives explicit details that some may find distressing. You may prefer to have a friend help you read it, or to keep a copy to read later when the pain of sorrow is less intense.

THE CORONER AUTOPSY. _____

The coroner is an independent official with responsibility under the law for the medico-legal investigation of certain deaths. A coroner must inquire into the circumstances of sudden, unexplained, violent or unnatural deaths. This may require an autopsy, sometimes followed by an inquest. The coroner's inquiry is concerned with establishing whether or not the death was due to natural or unnatural causes. If a death was due to unnatural causes then an inquest must be held by law. Deaths occurring under a wide range of conditions must be reported to the coroner who then inquires into the circumstances of the death. Sometimes a doctor may be in a position to certify the cause of death. If this is so, and if there are no other circumstances requiring investigation, the coroner will permit the doctor to complete a medical certificate of the cause of death, and the death will be registered accordingly. However, if the certificate can not be completed the coroner will order that an autopsy be carried out. When the coroner's investigations are completed the findings of the autopsy may be discussed at hospital meetings in a confidential manner (the deceased's name will not be disclosed). Further details regarding coroner autopsies are available in a booklet *The Role of the Coroner in Death Investigation* which is available from the hospital or from the office of the Dublin City Coroner, (phone 874 6684; website: www.coronerdublincity.ie).

THE HOSPITAL AUTOPSY. _____

If the coroner decides that a coroner autopsy is not required, or if it was not necessary to report the death to the coroner, the deceased's doctors may request a hospital autopsy.

REASONS FOR DOING A HOSPITAL AUTOPSY: _____

The autopsy or post-mortem examination gives information on the organs and systems of the body and shows by direct vision and by microscopic examination what damage has been caused by disease. It's often possible to get more details of the illness than has been learned from a series of examinations done before death. This allows a more complete assessment of a patient's illness, of the response to treatment and of the cause of death. However, the autopsy may not

answer all questions and in some cases may fail to show the cause of death.

Information from the autopsy is important for assessing and improving the quality of medical care, for research into the nature, causes and prevention of disease, for education of doctors and students, and for public health planning by providing accurate mortality and morbidity (disease) statistics.

PROCEDURES FOR AUTOPSY: _____

The autopsy consists of 7 components, 1) direction or request for autopsy with appropriate permissions, 2) identification, 3) review of the history and medical record, 4) external examination, 5) internal examination, 6) special tests and 7) autopsy report.

1-3. PERMISSION, IDENTIFICATION AND HISTORY: The autopsy, whether done at the direction of the coroner (a coroner autopsy) or at the request of a doctor who has obtained the permission for the procedure from the next-of-kin of a deceased hospital patient (a hospital autopsy), is performed by a pathologist who is a medical doctor specially trained to identify disease in organs and tissues. The pathologist first checks that there is permission to undertake the autopsy, confirms the identity of the deceased and reviews the clinical record and accounts of the circumstances of death.

4. EXTERNAL EXAMINATION: The skin and surface of the body is examined and any lesions (abnormalities) are noted. Diagnostic images (such as X-rays or scans) or photographs of lesions may be taken.

5. INTERNAL EXAMINATION: This is like a major operation and usually takes one to two hours to complete. A large cut (called an incision) is made in the chest and abdomen. Then the major organ systems are removed and each is carefully dissected. An incision is made in the scalp so that the top of the skull can be opened and the brain removed and examined. Any diseased area in the organs or tissues is noted and may be photographed. Small portions of tissue from each organ may be taken to prepare microscopic slides. Samples of blood and other fluids may be taken for biochemical, microbiological or other special examinations. The organs and tissues are then returned to the body (but see the following section on organ retention) and the incisions are

sutured (sewn up). Finally the body is released to the undertaker. The body may be viewed in the normal way and no evidence of the autopsy examination is visible.

6-7. SPECIAL EXAMINATIONS AND REPORTS: An account of the autopsy findings is then written and later the results of any special examinations and of the microscopic examination are added to this.

CORONER AUTOPSY: For a coroner autopsy a final report is prepared. This includes all the information from the autopsy and gives the cause of death. This report usually takes 4-12 weeks but it may take much longer because of special tests. The coroner may then issue a certificate which allows the registrar of deaths to issue a death certificate. In certain circumstances the coroner, before issuing a certificate, may order an inquest, which is a hearing of all the evidence about a person's death.

HOSPITAL AUTOPSY: For a hospital autopsy the pathologist discusses the findings with the patient's consultant and then issues a final report usually 4-12 weeks following the autopsy. The findings of the autopsy may be discussed at hospital meetings in a confidential manner (the deceased's name will not be disclosed). The next-of-kin may obtain a copy of the pathologist's report, either directly or through their own general practitioner, and may make arrangements to discuss the findings with the deceased's consultant or with the pathologist.

RETENTION OF TISSUE. ---

Samples of blood, fluids or tissue are kept for special examinations such as biochemistry, toxicology and microbiology and are disposed of after examination according to hospital procedures (see next section). Small pieces of tissue are taken to prepare microscopic slides which are examined to identify any disease or abnormalities. These pieces are first placed in a fluid called formalin which preserves and hardens the tissue. Later, smaller pieces are selected to be included in wax blocks from which microscopic slides are made; the excess tissue is disposed of according to hospital procedures. The wax blocks and slides contain tissue, which includes samples of the deceased's genetic material, and are held in storage in the pathology department's archival files as part of the patient record.

RETENTION OF ORGANS: _____

Sometimes in a coroner autopsy it is necessary to retain whole organs (such as the heart) or large portions of organs for detailed examination in order to make a diagnosis. When there is a question of disease of the brain or nervous system it may be necessary to keep the brain for examination by a pathologist specialising in brain diseases, a neuropathologist. Examination of retained tissue may take from 4-12 weeks. When the examination of these retained organs is complete the tissue is disposed of according to hospital procedures (see next section). In a hospital autopsy if it is desirable to retain whole organs special permission from the next-of-kin is required. In all cases, if organs have been retained the hospital will inform the relatives shortly after the autopsy.

DISPOSAL OF ORGANS AND TISSUE: _____

Blood, tissue swabs and small tissue samples are disposed of by incineration. Organs which are retained for detailed examination are placed in a preservative fluid called formalin. They are stored in containers on shelves in a room in the autopsy department until the autopsy report has been completed. This may take several months. One to two months after the completion of the autopsy report the retained organs, are individually sealed and identified and then they are placed in a coffin which also contains retained organs from other autopsies. The coffin is cremated at Mount Jerome Cemetery. The ashes are placed in an urn, which at a later stage will be buried with other urns in the St James's Hospital plot in the cemetery. The hospital maintains and can provide full records of the burial site and details of all retained organs. Relatives who wish to make alternative arrangements may do so through the social work department, soon after the funeral.

RESEARCH: _____

Microscopic slides and tissue wax blocks which are retained for diagnosis are a valuable source of information on the nature of disease and may be used for research. If permission is given to use this material for research it will be carried out under strict conditions of confidentiality and according to the approval of the hospital research ethics committee.

TEACHING: _____

Organs or large segments of organs which contain disease are a major resource in teaching doctors and students of the health sciences. When permission is given by the next-of-kin such organs are used anonymously (the name of the patient is not disclosed) to teach students the details of diseases and may be placed in transparent containers in the pathology teaching specimen archive of the Medical School.

BENEFITS: _____

For the bereaved family the autopsy provides information and explanations not only on the illness and cause of death but also may reveal co-existing conditions including inherited diseases, the early recognition of which may be of benefit to other family members. New diseases are often first recognised by autopsy, for instance the new variant of CJD (Creutzfeldt Jacob disease), because of its association with mad cow disease, was defined by post-mortem studies. Family members are often comforted by the knowledge that their loved one's death, through the autopsy, can advance medical knowledge and help others by contributing to the fight against disease.

RISKS: _____

If permission is received late it may not be possible to complete a hospital autopsy without risking delay to the funeral; in these circumstances the autopsy will not be done. An autopsy ordered by the coroner however, may sometimes result in delay or postponement of the funeral. Incisions in tissue are carefully made so as not to be visible when the body is viewed. Occasionally however, there may be small incisions in a visible area but these can usually be expertly concealed by the undertaker. Incisions are closed by suturing (stitching) & waterproof dressings, but small amounts of seepage of blood or fluid may occasionally occur. If the deceased has suffered from certain infectious diseases, precautions, including the use of a body bag, may be mandatory.

CONFIDENTIALITY: _____

The report of a coroner autopsy is sent to the coroner who, on completion of the coroner's investigation, may release it to the family and other interested parties. To request a copy contact the social work department. The hospital autopsy report is part of the deceased patient's hospital medical record and is held on the hospital computer system. This report is confidential and is protected by the Data Protection Act and may not be accessed by the public under the Freedom of Information Act. On request a copy will be given to the family of the deceased. Information from the autopsy may be used in hospital statistics and reports but the patient's identity is never disclosed. Similarly, if there is permission to use organs for teaching or research, the deceased's identity is never disclosed.

PERMISSION FOR CORONER AUTOPSY _____

The coroner does not need the permission of the family to order an autopsy. However the coroner's purpose is to obtain a diagnosis and to find the cause of death; permission to use organs for teaching or research may not be given by the coroner and the next-of-kin may be asked to provide this permission. Where a coroner autopsy is ordered the next-of-kin may be asked to sign a form named Coroner Autopsy (post mortem examination) which informs them 1) that tissue or organs may be temporarily retained for further diagnostic examination, 2) the hospital will inform them shortly after the autopsy if any organs have been retained. This form also has a second section which allows the relatives to give or refuse consent for the use of tissue or organs for research and teaching (in the same way as for a hospital autopsy, see next paragraph)

PERMISSION FOR HOSPITAL AUTOPSY _____

For a hospital autopsy it is necessary to obtain the consent of the family of the deceased. In general, the hospital will consult with and be guided by the wishes of the closest relative to the deceased. The closest relative is generally deemed to be a spouse/partner. If there is no spouse/partner, the parents would be consulted and if there are no living parents the children or if there are none, the siblings of the deceased. The family are free to refuse permission for such an autopsy. If there are any differences of opinion among the deceased's family or between relatives and partners of the deceased, the circumstances will be discussed

with the consultant pathologist, clinicians or bereavement counsellors in an effort to see if some agreement can be reached.

The deceased may, prior to his or her death have expressed wishes regarding an autopsy or the uses to which organs should be put. Regard will be had to such express wishes.

BEREAVEMENT COUNSELLORS: _____

There are hospital bereavement counsellors attached to the social work department who are available to help with all aspects of bereavement. If required they will explain details of the autopsy, and organ retention, death certificates and funeral arrangements. Relatives will usually be contacted by bereavement counsellors in the period shortly after death.

THE DEATH CERTIFICATE: _____

Where a coroner autopsy has been performed, the death will be registered when the coroner issues a coroner's certificate on receipt of the final autopsy report. Where a hospital autopsy has been performed the doctor who attended the deceased certifies the cause of death. In both cases, the death certificate is ultimately available from: District Registrar's Office, Joyce House, 8-11 Lombard Street East, Dublin 2. Telephone 01-671 1968.

FURTHER INFORMATION: _____

The Hospital bereavement counsellors are available to provide any extra information that may be required. They may be contacted at the social work department (phone 416 2217 or 416 2218). The pathology department will be pleased to have a pathologist discuss any details concerning an autopsy with the family. However the pathologist is not allowed to discuss details of a coroner autopsy unless the coroner's investigation is complete or the coroner gives permission.

Form 139C, issued March 2000, last revised July 2009.

Further advice may be obtained from

**The Bereavement Social Worker
Social Work Department
St. James's Hospital
James's Street
Dublin 8**

**Tel: 4162217
www.stjames.ie**