

- c) Reasons for the retention of tissue must be defensible, open, and justifiable in law and in clinical practice.
- d) Post-mortem examination procedures should be sufficiently flexible to reflect the wishes of relatives, while maintaining standards of diagnostic accuracy.
- e) Even when relatives do not have the right to give or withhold consent, they should be fully informed, before the post-mortem examination, of what is to be done and its purpose.

2.2 It is unlawful for a pathologist to make any post-mortem examination or retain any tissue, regardless of the amount, from that examination without authority from current legislation. Although the retention of very small amounts of tissue, e.g. for histology or toxicology, may not seem to warrant detailed consent or authority, this retention is no less susceptible to authority than the retention of larger specimens or whole organs. It is, however, in the retention of larger specimens and whole organs that there is most likely to be a clear need for appropriate informed consent and/or authority.

2.3 Different conditions apply to hospital post-mortem examinations carried out with the consent of relatives and post-mortem examinations ordered by medico-legal authorities (Coroners or Procurators Fiscal). The latter examinations constitute the majority in the UK.

Hospital (consented) post-mortem examinations

Consent for post-mortem examination

3.1 The law requires only that the authority in possession of a body satisfies itself that those with a right to possession of the body and its ultimate disposal "do not object" to a post-mortem examination being carried out (Human Tissue Act, 1961) and that there was no objection by the deceased when alive. However, in practice, most hospitals require written consent to the examination given on a standard form (*The autopsy and audit*. RCPATH, 1991). From an ethical viewpoint, it is important that any tissue retained should match the relatives' perception of what they consented to being retained.

3.2 Ideally, the most senior doctor who knew the relatives best during the patient's last illness should obtain consent to the post-mortem examination. This doctor is in the best position to explore with relatives the depth of explanation that they require, and provide answers to their questions. If junior doctors are required to seek consent, then they should receive appropriate training; indeed, training in these aspects of