Policy Directive

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Non-Coronial Post Mortems

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Functional Sub group Corporate Administration - Governance
Corporate Administration - Records
Clinical/ Patient Services - Human Tissue
Clinical/ Patient Services - Pathology
Clinical/ Patient Services - Governance and Service Delivery

Summary This policy outlines the legislative framework and practical requirements for clinicians in obtaining consent and authorisation for the conduct of a non-coronial post mortem and the use of tissue removed at post mortem for other purposes. It includes information which is to be given to next of kin to enable an informed decision regarding post mortem to be made. The policy also includes information on the options for next of kin in relation to disposal or return of any tissue retained at port mortem.

Replaces Doc. No. Post Mortems [PD2005_008]

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Private Hospitals and Day Procedure Centres, Public Health Units, Public Hospitals, NSW Health Pathology

Audience Hospital clinicians,GPs,Pathologists,Mortuary Technicians,Designated & Post Mortem Liaison Officers

Distributed to Public Health System, Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, Ministry of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres

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Policy Manual Patient Matters

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Director-General

Status Active

POLICY STATEMENT

NON-CORONIAL POST MORTEMS

PURPOSE

Non-coronial post-mortems are governed by the *Human Tissue Act 1983* (the Act) which makes specific provisions for obtaining consent and authorisation for the conduct of a non-coronial post mortem and the subsequent use of organs and tissues removed at post mortem and retained for other purposes (eg. for scientific research or teaching purposes).

This Policy Directive provides guidance for Local Health Districts (LHDs) Speciality networks and NSW Health Pathology Services on the procedures that must be in place to support families and clinicians in:

- Providing information to families regarding non-coronial post mortems
- Obtaining written consent and the authorisation of a designated officer for a non-coronial post mortem and the retention and subsequent use of organs and tissue removed at post mortem for other purposes
- Disposing of, or returning tissue removed at post mortem to the next of kin for disposal
- Determining attribution of the costs of post mortems
- Meeting the requirements relating to the post mortem report including the retention periods for post mortem records.

MANDATORY REQUIREMENTS

Facilities where non-coronial post mortems are undertaken must ensure:

- Compliance with the requirements of the Act in relation to obtaining consent and authorisation prior to post mortem being undertaken and in relation to using tissue taken at post mortem for other purposes (such as scientific research or teaching)
- One or more designated officers are available for authorising the post mortem and/or the subsequent use of tissues removed
- That staff who approach families for consent for the above procedures have appropriate knowledge about the post mortem process and the training to provide that information in a clear and sensitive manner
- That the standard state-wide forms attached to this policy directive are used wherever indicated by this policy directive.

IMPLEMENTATION

Chief Executives of LHDs and Specialty Networks must ensure that:

- All relevant staff are made aware of their obligations in relation to this Policy Directive
- Documented procedures are in place to support the Policy Directive.

Staff involved with non-coronial post mortems:

- Must comply with this policy statement as it relates to the work they undertake.

REVISION HISTORY

Version	Approved by	Amendment notes
PD 2013_051	Deputy Director-General, Population & Public Health	PD 2005_341 Sections 4, 6 and 7 of PD2005_341 relating to non-coronial hospital post mortems are rescinded and replaced by this current PD.
PD 2005_008	Director General	New policy directive

ATTACHMENTS

1. Non-Coronial Post Mortems: Procedures

NON-CORONIAL POST MORTEMS

NSW GOVERNMENT Health

PROCEDURES

Issue date: December-2013

PD2013_051

CONTENTS

1. BACKGROUND

1.1 About this document

Non-coronial post mortems are performed in a hospital or a forensic pathology facility[1] at the request of a treating clinician, or occasionally at the request of the deceased person's family, when the cause of death is known but there is an interest in determining, for example, the extent of the condition/disease that caused the death, the effects of therapy or whether any undiagnosed disease of interest might have contributed to the death. These post mortems must not be performed on a person who has, or is suspected of having a prescribed infectious disease as defined in Clause 53 of the *Public Health Regulation 2012*.

Non-coronial post mortems and the use of tissues removed for the purposes of a post mortem examination, are governed by Part 5 *Human Tissue Act 1983* and the principles set out in the Australian Health Ministers' Advisory Council *National Code of Ethical Autopsy Practice and Guidelines* 2002 and the Royal College of Pathologists of Australasia 2011 Policy*: Autopsies and the Use of Tissues Removed from Autopsies*.

Unlike coronial post mortems, a non-coronial post mortem can only be conducted if the deceased or his/her senior available next of kin has consented to it and it has been authorised by a designated officer. The Policy Directive outlines the legal requirements relating to consent and authorization, together with the principles applicable to obtaining consent. It should be read in conjunction with the NSW Ministry of Health PD 2013_002 *Designated Officer Policy and Procedures.* The Policy also addresses a number of administrative matters relating to hospital post mortems.

For information about post mortem following stillbirth, see the NSW Ministry of Health's Policy Directive PD2007_025 *Stillbirth- Management and Investigation.*

1.2 Definitions

Authorised/Delegated person: A person who has been authorised in writing by a deceased person's senior available next of kin to exercise his/her functions under the Human Tissue Act 1983.

Child: A person who has not attained the age of 18 years and who is not married.

Designated officer means:

(a) In relation to a hospital, a person appointed under s5 (1) (a) of the *Human Tissue Act 1983,* to be a Designated Officer for the hospital
(b) In relation to a forensic institution, a person appointed under s*5 (1)(a) of the Human Tissue Act 1983,* to be a Designated Officer for the forensic institution

[1] In this PD, the term forensic institutions means the Department of Forensic Medicine, Glebe, Sydney, the Department of Forensic Medicine at Wollongong and the Departments of Forensic Medicine, Northern Hub at Newcastle.

(c) In relation to a private hospital within the meaning of the *Private Health Facilities Act 2007* a person appointed by the governing body (defined in the Human Tissue Act as the licensee) of the hospital.

Post mortem (non-coronial): A non-coronial post mortem is a medical examination of the body performed after death to:

(a) Confirm the nature of the illness and/or the extent of the disease
(b) Identify other conditions that may not have been diagnosed
(c) Assess the effects of treatments and drugs, and identify any complications or side-effects.

Full post mortem: A full post mortem entails a detailed external examination of the body and a gross and histological examination of organs and tissues contained in the abdominal, thoracic and cranial body cavities.

Limited post mortem: A limited post mortem is one in which restrictions are placed on the examination for example, limited to an external examination only with X-rays, computed tomography or magnetic resonance imaging or restricted to an examination of the tissues in only one or two body cavities.

Records: The term record includes consent forms, registers of tissue/organ sources and their disposal. Records may include cards/charts, registers, files, microfilm and microfiche, electronic records including electronic media and photographs, x-rays, scans, film, video, audio and audio-visual recordings. It is expected that the medium or format in which the record is stored will support its retention and maintenance for as long as the record is required.

Senior available next of kin: The order of senior available next of kin is defined in the Human Tissue Act 1983 in relation to a deceased child as:

(a) Parent of the child
(b) Sibling of child who is 18 years of age or over where a parent is not available
(c) Guardian of the child at the time of death where none of the above is available.

and in relation to **any other deceased person** as:

(a) Spouse (which can include a de facto spouse and same sex partner)
(b) Son or daughter of the deceased person (18 years of age or over) where above is not available
(c) Parent where none of the above is available
(d) Sibling of the deceased person (18 years of age or over), where none of the above is available.

It should be noted that the list of senior available next of kin for both adults and children is exhaustive and cannot be extended to include other people.

Tissue: In this Policy Directive, the term tissue refers to an organ or part of a human body and any substance extracted from a human body or from part of a human body.

Valid consent: For consent to be valid the following conditions must be met:

(a) The consent must be in writing

(b) The person giving the consent must be fully informed of the procedures to be undertaken
(c) The person giving consent must have the capacity to do so
(d) Consent must be given freely
(e) Consent must be specific to the procedure.

(see NSW Policy Directive 2005_406 *Consent to Medical Treatment- Patient Information*).

1.3 Legal, Ethical and Policy Framework

Legislation

Human Tissue Act 1983 (NSW)
Public Health Regulation 2012 (NSW)

National Guidelines and Standards

The Australian Health Ministers Advisory Council (AHMAC) *National Code of Ethical Post Mortem Practice and Guidelines* (2002).
The Royal College of Pathologists of Australasia (RCPA) *Policy on Autopsies and the Use of Tissues Removed from Autopsies* (2011)
National Pathology Accreditation Advisory Council (NPAAC) *Guidelines for Approved Pathology Collection Centres* (2nd Edition, 2012)
Requirements for the Packaging and Transport of Pathology Specimens and Associated Materials (2007 Edition) and
NPAAC Standard: *Requirement for the Retention of Laboratory Records and Diagnostic Material* (Fifth Edition 2009)

NSW Policy and Guidelines

NSW Ministry of Health Policy Directive 2005_406 *Consent to Medical Treatment- Patient Information*
NSW Ministry of Health Policy Directive PD2013_002: *Designated Officer Policy and Procedures*
NSW Ministry of Health Policy Directive PD2006_053 *Interpreters – Standard Procedures for Working with Health Care Interpreters*
NSW Ministry of Health Policy Directive PD2007_025 *Stillbirth- Management and Investigation*
State Records Authority of NSW *General Retention and Disposal Authority for Public Health Services: Patient/Client Records (GDA 17) (2004)*

2. CONSENT

Valid consents are required for (1) the conduct of a non-coronial post mortem and (2) the retention of tissue taken at post mortem for subsequent use for research or education and training purposes i.e. purposes that are unrelated to the post mortem examination. Consent must be informed and in writing. If the tissue is to be used for research purposes, the proposed research project must have the approval of a properly constituted Human Research Ethics Committee.

2.1 Who can provide consent?

2.1.1 Where the deceased is an adult

Consent may be given by the deceased during his/her lifetime or posthumously by the deceased's senior available next of kin or their delegate.

2.1.2 Where the deceased is a child

The child's senior available next of kin (usually a parent of the child) is required to provide the consent. *The Human Tissue Act 1983* only requires the written consent of one parent; however, if both parents are alive and one refuses to give consent or objects to a post mortem being conducted, a designated officer must not authorise the post mortem (see NSW Ministry of Health PD 2013_002 *Designated Officer Policy and Procedures*).

2.2 Delegation of responsibilities of the senior available next of kin

In some cultures and communities, for example, Aboriginal and Torres Strait Islander cultures, it is usual for responsibilities relating to death to be undertaken by a person who is not the deceased's senior available next of kin. The *Human Tissue Act 1983* provides for this situation by allowing the deceased's senior available next of kin to authorise another person (known as a delegate), to exercise their functions. Authorisation must be in writing. The form "Authorisation to delegate responsibilities of next of kin" must be used for this purpose (Appendix 2).

If responsibilities of the senior available next of kin have been delegated, it is the delegate who is included in discussions in which consent is being sought.

2.3 The consent process

The overarching principle for consent for post mortem is that the family of the deceased must be consulted. In relation to non-coronial post mortems the deceased's family has the right to:

- Refuse a post mortem being performed
- Limit both the extent of the examination and the organs and tissues retained for diagnostic purposes, understanding that such limitations may compromise the information obtained at post mortem

- Determine the method of disposal of retained tissues
- Agree or refuse to tissues taken during the post mortem for being subsequently used for therapeutic, medical or scientific purposes.

In hospitals, consent to perform a post mortem should be sought by a senior clinician supported by a staff member with appropriate skills in grief and bereavement counseling. An interpreter should be present, if required. If not readily available, an interpreter can be accessed over the telephone (see NSW Ministry for Health PD 2006_053 *Interpreters – Standard Procedures for Working with Health Care Interpreters).*

If the consent of Aboriginal and Torres Strait Islander families is being sought, it is useful to have an Aboriginal Liaison Officer or Aboriginal Health Care Worker present to assist with the discussions.

The consent seeking process should involve an initial discussion about the reason for wanting to perform a post mortem. If the deceased's family raises no objection to a post mortem the discussion should be broadened to include information about:

- Who will perform the post mortem
- What it involves
- The option of a limited post mortem
- The option to agree to tissues removed for the purpose of the post mortem being subsequently used for research purposes
- Information about costs
- Viewing arrangements
- Information about the post mortem report.

The senior next of kin/delegate should also be advised that:

(1) small pieces of tissue taken during the post mortem and prepared as blocks and slides for microscopic examination will be retained

(2) whole organs removed from the body during the course of the examination will be returned to the body unless further diagnostic testing is required. In the latter case the family have the option, once the tests are completed, of having the organ(s):

- Returned to the body prior to the funeral (which may result in the funeral being delayed)
- Returned to them after the funeral for separate burial/cremation as required by the family
- Disposed by the institution.

At the end of the discussions the senior available next of kin or the delegate should be provided with an information sheet (see example provided in Appendix 5) in an appropriate language outlining all the matters discussed and an opportunity to ask questions before signing the consent form (Appendix 1 Consent and Authorisation Form).

2.4 Refusal to have a post mortem conducted

If a deceased's senior available next of kin/delegate refuses to give consent to a post mortem, the requesting clinician must not instead refer the case to the Coroner.

In cases where a post mortem is requested for the purpose of determining compensation entitlement, as in the case of persons who contract dust diseases as a result of their employment, not conducting a post mortem may result in the lack of essential medical evidence required to make a compensation award to dependents of the deceased.

3. AUTHORISATION

Once consent has been obtained, a post mortem **MUST NOT** be carried out until it has been authorised in writing by a designated officer of the facility in which the body is located ie**.** hospital or forensic institution. The designated officer can only authorise what was consented.

Prior to authorizing a post mortem, a designated officer must be satisfied as to the following:

3.1 In relation to Adults

Where an adult consented during their lifetime, the designated officer must be satisfied that

- Written consent had been given **and**
- The deceased person had not withdrawn their consent before he/she died.

Where the senior available next of kin of a deceased adult has consented, the designated officer must be satisfied that:

- Written consent had been given **and**
- While the deceased was alive he/she had never expressed an objection to having a post mortem or tissue being used for non-diagnostic purposes (if applicable) when they died **and**
- No next of kin of the same or higher order than the senior available next of kin has objected to a post mortem being carried out or tissue used for non-diagnostic purposes.

3.2 In relation to Children

Before a designated officer can authorise a post mortem on a child or a neonate and, where applicable, the use of tissue for subsequent non-diagnostic purposes, they must be satisfied that:

- The child had not during their lifetime expressed an objection to having an post mortem when they died or their tissue being used for non-diagnostic purposes such as teaching and research **and**
- The child's senior available next of kin has given written consent **and**
- No next of kin of the same or a higher class than the child's senior available next of kin objects to the post mortem or, where applicable, the use of tissue for research or teaching purposes

4. DISPOSAL OF TISSUE

Disposal of tissue removed for the purposes of the post mortem examination must be carried out in accordance with what was consented.

4.1 Procedure to follow where a request had been made for return of tissue for burial/cremation

If a senior available next of kin or their delegate requests that tissue/body parts be returned to them for cremation or burial[2], the deceased persons clinician or a senior health officer must establish the grounds for the request and explain the relevant public health requirements (see *Public Health Regulation 2012*), the safe handling of human tissue including the requirement that it must not be packed on dry ice, and any of the facility's policy requirements that they must comply with. The hospital should obtain a signed statement from the senior available next of kin/delegate stating that they have had the requirements explained to them and that they have understood the requirements and agree to them. If the request is made for the return of a fetus, the meeting should include a staff member with skills in grief and bereavement counseling and an interpreter if required consistent with the principles outlined in section 2.3

Once a decision has been made to allow release of the human tissue for disposal, the hospital authorities should provide written instructions for the senior available next of kin/delegate specifying the conditions under which release of the tissue is permitted (including the agreed method of final disposal) and waiving the responsibility of the organisation and its employees if the tissue is subsequently managed in an unauthorised manner. It should be made clear to the person who signs the Tissue Release Form (see Appendix 5) for the receipt of the tissue that they are responsible for the safe and secure storage of the transferred tissue.

The senior available next of kin/delegate should be provided with a copy of a Tissue Release Form (Appendix 5) and a letter (see example Appendix 6) should be given to the person collecting the tissue certifying that they are travelling with human tissue in their possession by the authority of the organisation (in case of accidents etc.).

[2] In some cultures tissues expelled from the body such as placentas or tissue removed during treatment such as limbs are similarly required to be returned for cremation or burial and the same principles that apply to tissues returned following post mortem apply in these cases.

Tissue that is returned to the senior next of kin or their delegate for separate burial/cremation should be triple packed as required by the National Pathology Accreditation Advisory Council *Guidelines for Approved Pathology Collection Centres (2012).*

4.2 Disposal of the tissue by the institution

If the senior available next of kin or delegate requests that retained organs be disposed of by the institution, the *National Code of Ethical Autopsy Practice 2002* states that the organs must be disposed of by cremation rather than incinerated with surgical waste. Co-cremation of retained organs requires approval from the Director-General, NSW Ministry of Health (*Public Health Regulation 2012).*

5. GENERAL ADMINISTRATIVE MATTERS RELATING TO POST MORTEM EXAMINATIONS

5.1 General matters

Once a post mortem has been authorised, all reasonable efforts should be made to minimise delays in proceeding with it.

At the completion of the post mortem examination, the senior available next of kin/delegate should be contacted and provided with information about the outcome of the post mortem and any associated investigations.

If the post mortem shows a different outcome to that listed on the initial certificate as to cause of death, the clinician who provided the initial certificate should prepare a new one and send it to the NSW Registry of Births, Deaths and Marriages together with an explanatory letter.

5.2 Forms

In NSW standardised State Forms must be used for recording of the consent and authority for non-coronial post mortem examination and the delegation of authority of the senior available next of kin. All forms required by this policy may be obtained from Fuji Xerox (previously SALMAT) Electronic Print on Demand (ePOD) at fujixerox.com.au.

5.3 Costs associated with a post mortem

The costs of a post mortem performed at the request of a treating clinician will be borne by the relevant Local Health District. Where a post mortem is requested by the deceased's family, the full costs associated with the post mortem are borne by the deceased's estate. These costs include transport, the post mortem examination and the costs of any tests conducted.

If a post mortem has been requested by the NSW Workers Compensation Dust Diseases Board, the Board will bear the full costs associated with the post mortem.

The full cost of a post mortem on a deceased person who has, or is suspected of having Creutzfeldt-Jakob Disease is borne by the Department of Forensic Medicine, Glebe**.**

5.4 The post mortem report

In the case of non-coronial post mortems the senior available next of kin/delegate has a right to receive a copy of the post mortem report. During the initial consent discussions, the senior available next of kin/delegate should be advised of this together with an explanation that the report is a technical document which they should discuss with the deceased's GP, a GP of their choice or the deceased's hospital treating clinician. Once the post mortem report is available the health facility should post a copy of the report to the address provided by the senior available next of kin/delegate.

In the event that the senior available next of kin/delegate initially declined to have a copy of the report and subsequently changed his/her mind, they should contact the Clinical Information Department of the hospital or facility where the post mortem was conducted to seek a copy.

5.5 Post mortem records

The following documents should be placed on the deceased's medical record file and where relevant or requested a copy given to the senior next of kin / delegate:

- Records of the original discussions that took place between the senior available next of kin/delegate and family members
- The post mortem report
- Signed consent and authorisation forms for the post mortem and any subsequent use of tissue for purposes other than diagnostic purposes
- A copy of the Delegation of Authority form (if relevant)
- Details of any tissues retained and records relating to method of disposal of tissue including date(s) on which disposed
- Copies of correspondence, statements and tissue release forms relating to the release of tissue to the senior available next of kin/delegate if applicable (see section 6.1).

5.6 Retention period for tissues and records

The National Pathology Accreditation Advisory Council (NPAAC) *Requirements for the Retention of Laboratory Records and Diagnostic Materials (Fifth Edition2009)* represent the minimum standards for the retention of tissues. Paraffin blocks and slides prepared from adult tissue should be kept for a minimum of 10 years. In the case of children, the retention time of paraffin blocks and slides is the age of majority

(18 years) PLUS 7 years. There are specific retention times for samples used for genetic tests/investigations and the *NPAAC guidelines* should be consulted in relation to these.

The NPAAC guidelines and the State Records Authority of NSW *General Retention and Disposal Authority for Public Health Services: Patient/Client Records* require that records of post mortem examinations should be retained for a minimum of 20 years and that genetic reports/records should be kept for a minimum of 100 years. If tissue is retained at post mortem, the records should be kept for a period of 20 years from the date the tissue was disposed of /returned to the senior available next of kin/delegate.

Facilities that maintain integrated patient records should keep the complete record for the longest period required for any part of the record. Electronic records must be accessible for the relevant period (see above) so it is important that the records are migrated across systems if they are changed during that period.

Facilities that keep electronic records rather than hard copy records should ensure that the records are protected so that data cannot be amended without creating an audit trail.

6. ATTACHMENTS

Appendix 1: Consent and Authorisation Form

Appendix 2: Authorisation to Delegate Responsibilities of Senior Available Next of Kin

Appendix 3: Authorisation of the Release of Human Tissue Form

Appendix 4: Example of letter to be issued to a person travelling with human tissue in their possession

Appendix 5: Information for families about non-coronial post mortems (to print as a folded brochure printer settings should be set to double sided and flipped on short edge)

Appendix 1, 2, and 3 should be obtained from Fuji Xerox (previously SALMAT) Electronic Print on Demand (ePOD) at fujixerox.com.au.

APPENDIX 1

CONSENT AND AUTHORISATION FORM

NSW Health

Facility:

NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. _____/_____/_____ | M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SMR020032

[Note: This form should be used to obtain consent for the conduct of a non-Coronial post mortem. A copy of the completed form must be (1) retained as part of the post mortem record; (2) placed in the deceased person's notes; and (3) given to the person who provided consent i.e. the senior available next of kin or their delegate].

SECTION 1

DETAILS OF PERSON OBTAINING CONSENT

Family name _____ Given name _____

Institution/Hospital: _____

Person's Position: _____

Contact: Phone _____ Pager _____

ADDITIONAL DETAILS OF THE DECEASED

Date of death of the deceased _____/_____/_____

Optional: Is the deceased an Aboriginal person or Torres Strait Islander? *[Tick as appropriate]*

- ☐ **YES**
- ☐ **NO**
- ☐ **UNKNOWN**

SECTION 2: PERSON GIVING THE CONSENT

[Tick relevant box and complete as appropriate]

☐ **PERSON GIVING THEIR CONSENT DURING THEIR LIFE TIME TO A POST MORTEM EXAMINATION OF THEIR BODY AFTER DEATH**

I_____ (insert name) consent to a post mortem examination of my body after I have died as detailed in Section 3.

Holes Punched as per AS2928.1: 2012 BINDING MARGIN - NO WRITING

NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

SMR020.032

111213

NSW Health

Facility:

NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

☐ SENIOR AVAILABLE NEXT OF KIN

DETAILS OF SENIOR AVAILABLE NEXT OF KIN

Family name _____ Given name _____

of: _____ *[Insert address]*

Post code: _____

Relationship of senior available next of kin to deceased: _____

☐ A DELEGATE OF THE SENIOR AVAILABLE NEXT OF KIN

DETAILS OF DELEGATE OF THE SENIOR AVAILABLE NEXT OF KIN

Family name _____ Given name _____

of: _____ *[Insert address and postcode]*

Telephone Number: _____

Attach written authorisation of delegate

_____

SECTION 3: THE CONSENT

I CONSENT TO THE FOLLOWING BEING CARRIED OUT ON THE ABOVE NAMED DECEASED: *[Tick appropriate box]*

☐ a full post mortem examination of the deceased

☐ a post mortem examination of the deceased **LIMITED** to the following organs, body parts or body cavities:

_____

_____

_____

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

SMR020032

NO WRITING

NSW Health

Facility:

NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SMR020032

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

I ALSO CONSENT TO: *[Tick where applicable]*

☐ The retention of organs and other body parts for diagnostic testing.

The following organs or body parts **CAN** be retained: _____

_____

☐ The retention of organs and other body parts for scientific, therapeutic and medical purposes

The following organs or body parts **CAN** be retained: _____

_____

☐ The retention of _____ *[Specify organs or body parts]*

for _____ *[Specify research study]*

I REQUEST that any organs and other body parts be: *[tick as applicable]*

☐ Reunited with the body prior to burial/cremation;

☐ Returned to me or the person nominated by me, if practicable

Name of nominated person: _____

Address of nominated person: _____

Relationship to nominated person: _____

☐ Disposed of in a lawful manner by the hospital

I ALSO REQUEST that:

☐ a copy of the post mortem report be sent to: _____

Address: _____

☐ The body is ready for the funeral which takes place: Date: ___/___/___ Time _____

I HAVE NO REASON TO BELIEVE that the deceased had expressed any objection to this post mortem examination or any use of tissue noted above.

THE NATURE OF THE POST MORTEM EXAMINATION and the way in which the tissue from the deceased's body will be dealt with have been explained to me.

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NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

SMR020.032

NSW Health

Facility:

NON-CORONIAL POST MORTEM CONSENT & AUTHORISATION

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

SIGNATURE of the person giving consent in their lifetime _____

SIGNATURE of the senior available next of kin or authorised delegate _____

SIGNATURE of doctor/health professional _____ **Date:** _____/_____/_____

INTERPRETER present: NO/ YES **SIGNATURE** of Interpreter: _____

AUTHORISATION BY A DESIGNATED OFFICER

I, _____ hereby authorise: *[tick where applicable]*
[Full name of Designated Officer]

- ☐ the full post mortem examination of the deceased's body
- ☐ the limited post mortem examination of the deceased's body
- ☐ the retention of organs or other body parts for diagnostic testing
- ☐ the retention of tissue, organs and body parts removed for the purposes of the post-mortem examination for scientific, therapeutic, and medical purposes as set out in the above consent.

I _____ declare that I do not have a personal interest in the deceased and I have not had a clinical involvement with the deceased.
[Name of the Designated Officer]

SIGNATURE of the Designated Officer: _____

DATE: ____/____ / ____

Holes Punched as per AS2828.1: 2012

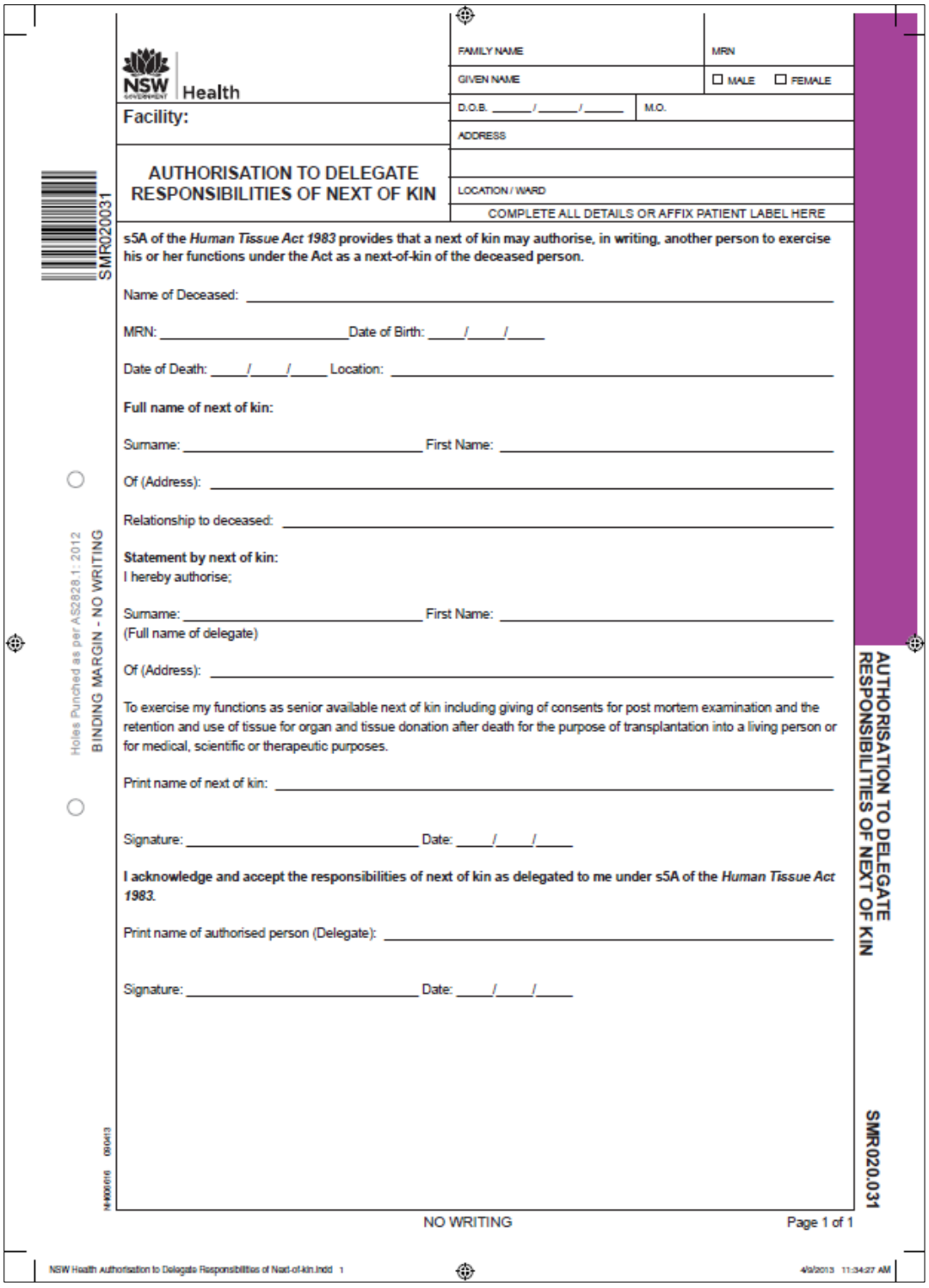
BINDING MARGIN - NO WRITING

SMR020032

NO WRITING

APPENDIX 2

AUTHORISATION TO DELEGATE RESPONSIBILITIES OF NEXT OF KIN



NSW Health

Facility:

AUTHORISATION TO DELEGATE RESPONSIBILITIES OF NEXT OF KIN

SMR020031

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. ____/____/____ | M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

s5A of the *Human Tissue Act 1983* provides that a next of kin may authorise, in writing, another person to exercise his or her functions under the Act as a next-of-kin of the deceased person.

Name of Deceased: _____

MRN: _____ Date of Birth: ____/____/____

Date of Death: ____/____/____ Location: _____

Full name of next of kin:

Surname: _____ First Name: _____

Of (Address): _____

Relationship to deceased: _____

Statement by next of kin:
I hereby authorise;

Surname: _____ First Name: _____
(Full name of delegate)

Of (Address): _____

To exercise my functions as senior available next of kin including giving of consents for post mortem examination and the retention and use of tissue for organ and tissue donation after death for the purpose of transplantation into a living person or for medical, scientific or therapeutic purposes.

Print name of next of kin: _____

Signature: _____ Date: ____/____/____

I acknowledge and accept the responsibilities of next of kin as delegated to me under s5A of the *Human Tissue Act 1983*.

Print name of authorised person (Delegate): _____

Signature: _____ Date: ____/____/____

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AUTHORISATION TO DELEGATE RESPONSIBILITIES OF NEXT OF KIN
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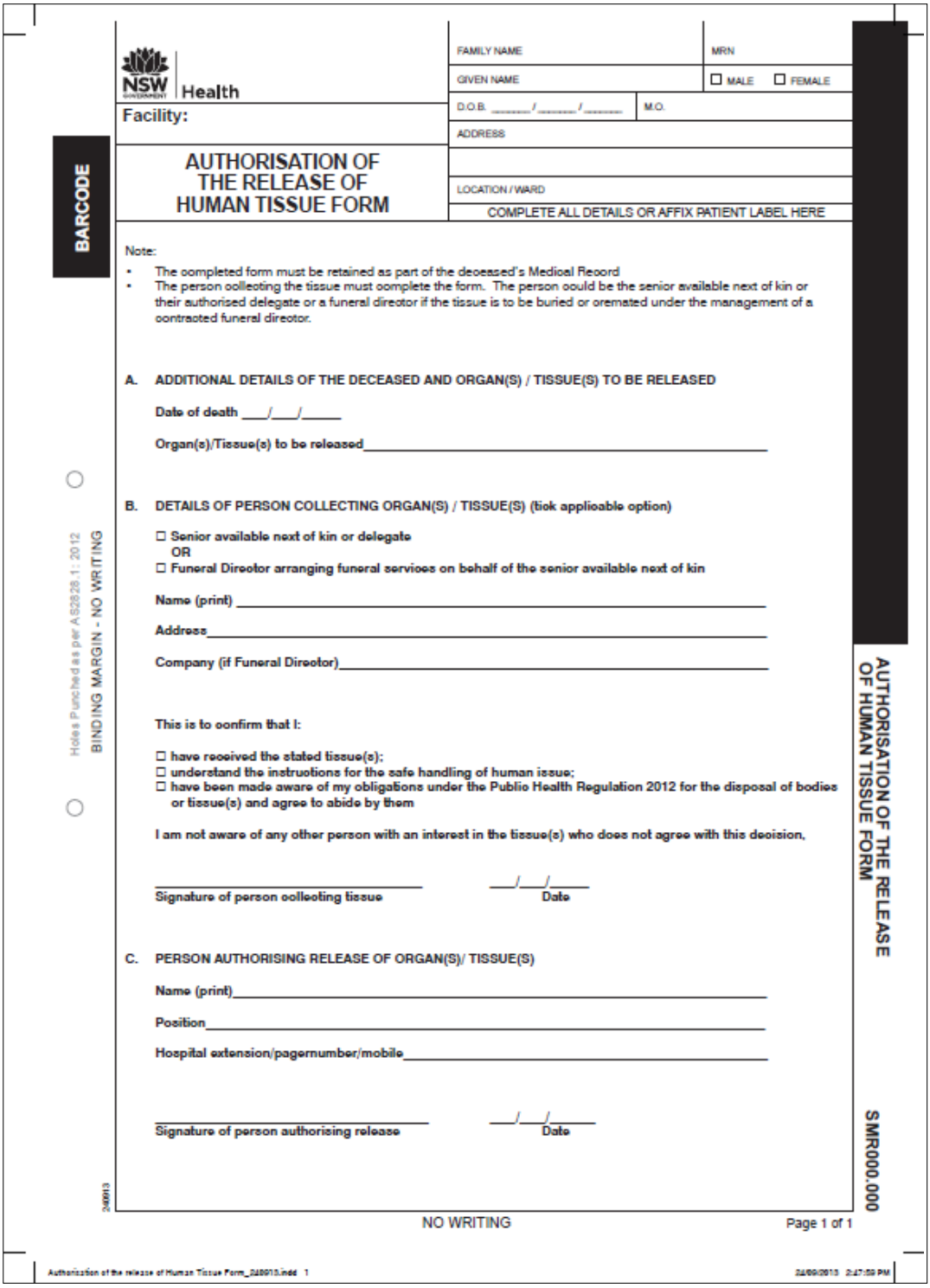
NSW Health Authorisation to Delegate Responsibilities of Next-of-kin.indd 1 4/4/2013 11:34:27 AM

APPENDIX 3

AUTHORISATION OF THE RELEASE OF HUMAN TISSUE FORM



NSW Health

Facility:

FAMILY NAME | MRN

GIVEN NAME | ☐ MALE ☐ FEMALE

D.O.B. _____/_____/_____ | M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

BARCODE

AUTHORISATION OF THE RELEASE OF HUMAN TISSUE FORM

Note:

- The completed form must be retained as part of the deceased's Medical Record
- The person collecting the tissue must complete the form. The person could be the senior available next of kin or their authorised delegate or a funeral director if the tissue is to be buried or cremated under the management of a contracted funeral director.

A. ADDITIONAL DETAILS OF THE DECEASED AND ORGAN(S) / TISSUE(S) TO BE RELEASED

Date of death ___/___/_____

Organ(s)/Tissue(s) to be released_____

B. DETAILS OF PERSON COLLECTING ORGAN(S) / TISSUE(S) (tick applicable option)

☐ Senior available next of kin or delegate
OR
☐ Funeral Director arranging funeral services on behalf of the senior available next of kin

Name (print) _____

Address_____

Company (if Funeral Director)_____

This is to confirm that I:

☐ have received the stated tissue(s);
☐ understand the instructions for the safe handling of human issue;
☐ have been made aware of my obligations under the Public Health Regulation 2012 for the disposal of bodies or tissue(s) and agree to abide by them

I am not aware of any other person with an interest in the tissue(s) who does not agree with this decision.

_____ ___/___/_____
Signature of person collecting tissue — Date

C. PERSON AUTHORISING RELEASE OF ORGAN(S)/ TISSUE(S)

Name (print)_____

Position_____

Hospital extension/pagernumber/mobile_____

_____ ___/___/_____
Signature of person authorising release — Date

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AUTHORISATION OF THE RELEASE OF HUMAN TISSUE FORM

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Authorisation of the release of Human Tissue Form_240913.indd 1 24/09/2013 2:47:59 PM

APPENDIX 4

EXAMPLE OF LETTER TO BE ISSUED TO PERSON TRAVELLING WITH HUMAN TISSUE IN THEIR POSSESSION

To whom it may concern,

This is to certify that _____
(Name of person authorised to travel with human tissue in their possession)

Is travelling with human tissue in their possession.

The tissue is hermetically sealed inside a container and there is no risk associated with transporting the tissue stored in this manner.

Person certifying the packaging of the tissue:

Name: _____

Designation: _____

Institution/Hospital: _____

Contact: _____

Signature of authorising person: _____

Date: ____/_____/_____

Can I consent to retaining organs for use for other (therapeutic, medical and scientific) purposes?

When you are asked to give consent for a post mortem, you may also be asked to consider allowing the use of your deceased relative's organs or tissue for other purposes that are not an essential part of the post mortem examination. This includes research and teaching.

You do not have to consent to the use of organs or tissue for these other purposes. A post mortem can still be carried out.

What about training?
Medical students and specialists in training need to attend and sometimes assist in performing post mortems as part of their ongoing medical education. In these circumstances the post mortem is always supervised by a fully qualified pathologist.

Will I have to pay for a post mortem examination?
There may be costs associated with the post mortem examination. It is important you discuss this with your doctor or hospital representative before you give consent.

What happens after consent is given for a post mortem?
The post mortem will be carried out as soon as possible after consent has been given. If you wish to see the body prior to the post mortem, let the doctor know and arrangements will be made.

When and how will I find out the results of the post mortem?
A preliminary post mortem report will be available within a few days of the examination but the final report will be prepared only after all test results are returned and may take some months. You can decide whether you want the report to be sent to you, your family doctor or the doctor(s) who cared for your loved one. As the report contains technical language, you should make a time with one of these doctors to discuss the report and any implications it may have for you or your family.

If you have any further questions please contact:
Name……
Phone……..Pager……..

INFORMATION FOR FAMILIES ABOUT

NON-CORONIAL POST MORTEMS

Deciding about a post mortem for your deceased family member can be very difficult. After reading this information, you may find it helpful to discuss the examination with a doctor who has cared for your relative or hospital social worker.

What issues should be considered?
It is important that you make the decision that is right for you and your family. It can be helpful to consider what the deceased person would have wished in the circumstances. It may also help to think about whether a post mortem would help you and your family understand and come to terms with your loved one's death.

What is a post mortem?
A post mortem (also known as an autopsy) is a medical examination of a body after death by a doctor who is a pathologist or by a doctor training in pathology under the supervision of a pathologist. Pathologists are doctors who specialise in the study of disease.

A post mortem can be a full or limited post mortem.

A full post mortem will involve:

- an external and internal examination of the organs and tissues within the head, abdomen and chest cavities
- taking of small samples of tissues from the major organs for later testing
- possible retention of some specific organs for more detailed analysis

A limited post mortem means that you, as the next of kin, may set limits on the extent of the post mortem examination, for example:

- an external examination only;
- an external examination and some testing on small samples of tissue or
- an internal examination limited to certain areas of the body.

A post mortem examination does not always provide all the answers about a person's death.

What information can a post mortem provide?

- More information about the medical conditions that may have caused or contributed to your relative's death
- Information that may confirm or rule out a suspected or unsuspected medical condition. This may be important for you or other members of your family, for example, if the condition might be inherited; and
- Information that may help improve care of people in the future

When is consent needed for a post mortem?
A non coronial post mortem is a post mortem that is not legally required by the Coroner. It is either recommended to you by a doctor or sometimes requested by the family in order to find out, for example, the extent of the condition that caused the death or whether any undiagnosed disease might have contributed to the death. These are **non-coronial or hospital** post mortems and they require written consent from either the deceased (given when they were alive) or from the deceased's senior available next of kin (which is determined by the *Human Tissue Act 1983)* after death.

Who can consent to a post mortem?
As the senior available next of kin, you may be approached by a health care worker and asked for your consent to the post mortem examination. You are free to choose whether or not to give your consent for the post mortem examination. Your consent must be given in writing.

I am the senior next of kin but in my culture it is not my role to make these decisions. Can someone else do it for me?
It is recognised that in some cultures arrangements around the death of a person may traditionally be performed by someone other than the senior available next of kin. The *Human Tissue Act* allows a senior available next of kin to authorise another person, in writing, to exercise their functions. his 'authorised person' also known as a 'Delegate' can then give written consent for a non-coronial post mortem. There is a form you will be asked to complete if you wish to authorise someone to be your delegate.

What happens at a post mortem?
The pathologist who will be performing or supervising the post mortem will review the deceased's medical records before undertaking a thorough examination of the body. A full post mortem will include:

- an examination of the outside of the person's body looking for marks or other abnormalities that might indicate injury or disease;
- an **internal** examination which is a surgical procedure like a large operation. The pathologist will usually make two incisions, one across the back of the head and another on the front of the body. This allows the pathologist to examine all the major organs including the brain if necessary. Small samples of tissue or body fluids will usually be taken for later microscopic examination.
- a **laboratory** examination, which may involve microscopic examination of the tissue samples taken during the internal examination or other testing looking for evidence of disease.

What happens after the post mortem?
Once the examination is complete the incisions are closed like a surgical operation and the body cleaned. In most cases, once the body has been clothed, the effects of the post mortem are not very noticeable. Normally, you will be able to see the body after the post mortem.

Why would the Pathologist need to retain organs?
It is often important for the pathologist to retain an organ (usually the brain or heart) in order to test for signs of disease or injury that are not immediately apparent. Usually this will be discussed as part of the consent but the need to retain a particular organ may not be known until the post mortem has begun.

If the pathologist does need to retain organs you may be able to delay the funeral arrangements for a short time so these organs can be returned to the body before it is released for burial or cremation. If this is not possible, you can decide whether you would like the organs returned to you or your funeral director for separate burial or cremation or disposed of by the facility where the post mortem was conducted (usually by cremation).
Small samples of tissue and fluids taken during the internal examination will not be returned to the body.