Department of Health | An Roinn Sláinte | Männystrie O Poustie

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| **Title:** | **Consent for Hospital Post-Mortem Examination HSC Regional Policy** |
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## 1.0 Introduction

This document has been developed to standardise policy and practice regarding consent for hospital post-mortem examination (PME) across all HSC Trusts. It defines accountability for Trusts to ensure they meet their responsibilities for obtaining valid consent in compliance with the Human Tissue Act (2004).

Detailed procedures for obtaining consent for hospital PME are set out in **Appendix 1.** Please note that consent is **not** required for Coroner or medico legal PME

This policy has been reviewed and updated to reflect recommendations from the Inquiry into Hyponatraemia Related Deaths (IHRD, January 2018), changes to the NI Regional Paediatric Pathology Service (January 2019) and revised Human Tissue Authority (HTA) Codes of Practice (June 2023)

## 2.0 Policy Background

Following the Bristol Royal Infirmary Inquiry (1999) and the Alder Hey Inquiry (2001) which led to the Human Organs Inquiry (2001) and the publication of the O'Hara Report (2002) in Northern Ireland, the DHSSPS, now Department of Health (DoH) developed regional guidance, training, consent forms and accompanying information booklets for relatives on hospital consented PME.

The Human Tissue Act was updated in 2004 and became law on 1 April 2006. The Act established the HTA to regulate activities concerning the removal, use, storage and disposal of human tissue.

The HTA Codes of Practice *A: Guiding Principles and the Fundamental Principle of Consent (June 2023)* and *Code of Practice and Standards B: Post-mortem Examination (April 2017)* give practical guidance to professionals carrying out activities which lie within the remit of the HTA **(See Appendix 2)** Trusts require a licence from the HTA to carry out PME and other licensable activities, and are inspected by them.

The revised policy (4.0) incorporates the recommendations of the Independent Hyponatremia Related Death Inquiry Report (O'Hara 2018) in respect of the post mortem examination consent process. These are reflected in the revised policy, consent forms and supporting information.

## 3.0 Purpose

The HTA requires Trusts to a have a policy on consent for hospital PME.[1]

## 4.0 Scope of the Policy

This policy applies to all those involved in the consent for PME process which includes:

- Trust HTA Licence Holders
- Trust Directors / Assistant Directors
- Designated Individuals
- Persons Designated
- Pathologists involved in consented PME
- Healthcare Professionals who seek consent for hospital PME
- Healthcare Professionals who support the consent process
- Trust Bereavement Coordinators

- Trust Bereavement Midwives
- Mortuary Staff

[1] *Standard C1 (a)* HTA *Code of Practice B: Post-Mortem Examination standards and guidance (September 2022)*

## 5.0 Policy Objectives

The policy objectives are to:

- Comply with the Human Tissue Act (2004) and HTA codes of practice
- Ensure that where possible, the wishes of the deceased person and those important to them are known, understood and taken into account
- Ensure that hospital PME are undertaken with appropriate consent and within the stipulations of the consent given
- Ensure that there is clear documentation of the consent giver's wishes on the retention, use and disposal of organs and tissue
- Ensure that organs and tissue are only retained with consent
- Promote good communication between all parties involved and ensure that the family are treated with sensitivity and compassion, which acknowledges the loss they have experienced

## 6.0 Policy Statement

HSC Trusts are committed to ensuring that consent is obtained for all hospital PME in compliance with the Human Tissue Act. This policy should be read in conjunction with relevant legislation, policy, procedure, protocol and guidelines. **(See Appendix 2)**

## 7.0 Roles and Responsibilities

**7.1 The HSC Trust is the HTA License Holder** and has a responsibility to ensure compliance with this policy and dissemination to all relevant healthcare staff.

**7.2 The Trust Director / Assistant Director** has a responsibility to ensure that relevant staff within their directorate / division have access to consent for hospital PME training.

**7.3 The Designated Individual (DI)** [2] is the individual designated in a licence as the person under whose supervision the licenced activity is authorised to be carried out. The DI may, as necessary, delegate responsibility to others (Persons Designated) within specific services or locations such as satellite sites or services.

DI's have a statutory duty under Section 18 of the Human Tissue Act 2004 to ensure:

- Other persons to whom the licence applies are suitable persons to participate in the carrying out of the licensed activity
- Suitable practices are used in the course of carrying out that activity
- The conditions of the licence are complied with

In addition they must ensure that:

- Trust premises are suitable and comply with the conditions of the licence.
- Professionals seeking consent for hospital consented PME receive the required training.

- An annual audit of consent forms is carried out to assure compliance with HTA requirements and to identify further training needs.

[2] https://www.hta.gov.uk/

**7.4** **Persons Designated (PD)** have a responsibility to assist DI's in ensuring compliance with HTA standards and can assist with developing procedures, as well as reporting incidents. There should be at least one PD for each satellite site.

**7.5** **The Pathologist** has a responsibility to:

- Conduct a consented hospital PME lawfully when the PME request form has been completed accurately, which includes being satisfied that valid consent has been obtained
- It is good practice to have a second healthcare witness signature included on the consent form for a limited PME
- Provide relatives with further information when requested, and address their questions / concerns as required (usually in paediatric cases)
- Provide training for relevant professionals on the hospital PME procedure, as required
- Prepare the final report when the hospital PME is complete and provide a copy to the patient's consultant
- Liaise with relevant clinical team for Morbidity & Mortality (M&M) meetings

**7.6** **The Healthcare Professional** seeking informed consent for hospital PME has a responsibility to:

- Have knowledge of relevant HTA Codes of Practice and consent process

- Complete hospital consented PME consent training as required by HTA, every two years. **(see Appendix 4)** It is recognised that there are very few consented PMEs in Northern Ireland Hospitals every year and it is impractical to keep all staff trained in the process. The more pragmatic approach, and one accepted by the HTA is that the doctor who is to take consent, is given a one-to-one training by the pathologist immediately before they take consent.

- Understand and seek valid, informed consent from the appropriate person with *parental responsibility* for a **Baby PME (see Appendix 1, 3.3.1 & 3.3.4)**

- Understand and seek valid, informed consent from the appropriate person with *parental responsibility* for a **Child PME (see Appendix 1, 3.3.1)**

- Understand and seek valid, informed consent from the appropriate person in a *qualifying relationship* with the deceased for an **Adult PME (see Appendix 1, 3.1.1)**

- Engage, where appropriate in clinico-pathological discussions with the Pathologist following completion of the PME

- Present findings of the PME during the relevant M&M meeting where required

The Healthcare Professional seeking consent from a person within the qualifying relationship or with parental responsibility must:

- Complete a Regional Request and Clinical Summary Form for hospital consented PME and forward to the BHSCT mortuary, along with the appropriate consent form
- Provide the relevant information booklet for parents / relatives
- Explain the purpose of a hospital consented PME
- Explain the range of PME choices available, the potential uses for any material retained and disposal options.
- Complete the correct consent form
- Record all consent decisions accurately
- Explain the implications of their decision if a limited PME is requested, and provide the rationale for the decision to the Pathologist
- Provide a provisional time (if known) for the hospital consented PME
- Explain when and by whom the results will be communicated with parents / relatives

In addition, for Baby or Child PME:

- Complete all relevant documentation if seeking consent for a paediatric PME in Alder Hey Children's NHS Foundation Trust in Liverpool, as required in the HSC Pathway for Perinatal / Paediatric Hospital Consented PME
- Signpost parents to the HSC information animation and video, as appropriate

In addition, in the case of a limited PME:

- The doctor taking consent may request another healthcare professional to witness the discussion and counter sign the consent form

**7.7 The Trust Bereavement Coordinator (TBC)** has a responsibility, alongside others to:

- Develop, update and deliver training on consent for hospital PME in accordance with HTA requirements
- Maintain a register of staff who have completed training
- Audit completed hospital PME consent forms to monitor training compliance

**7.8 The Trust Bereavement Midwife** has a responsibility, alongside others to:

- Collaborate with the TBC, update and deliver training on consent for hospital PME in accordance with HTA requirements
- Assist in maintaining a register of staff who have completed training
- Assist TBC to audit completed hospital PME consent forms to monitor training compliance

## 8.0 Dissemination

The policy will be issued to HSC Trusts for adoption by their policy scrutiny committees and circulated to relevant staff. It will also be available on the Post-Mortem Examination section of the DoH website: HSC Consent for Hospital Post-Mortem Examination Regional Policy

## Procedure for Obtaining Consent for Hospital Post-Mortem Examination (PME)

### 1.0 Introduction

Hospital consented PME can confirm the cause of death by identifying an illness, or a previously undiagnosed condition or abnormality and/or the extent of the illness or condition for relatives, healthcare professionals and other interested parties.

Following a death which does not meet the criteria for referral to the Coroner, the treating clinician may wish to request a hospital PME to investigate further the cause of death, to improve knowledge of the disease or effectiveness of the treatment given. Occasionally parents/relatives may request a hospital PME.

### 2.0 Who May Seek Consent?

**2.1** It is usually the responsibility of the deceased person's clinician to raise the possibility of a hospital PME; however others in the team may be involved in the consent process.

**2.2** Responsibility for obtaining consent should not be delegated to untrained or inexperienced staff. Anyone seeking consent for hospital PME should have relevant experience and a good understanding of the consent procedure. Staff must be trained in accordance with the HSC regional training programme in the purpose and procedures of PME and trained in supporting bereaved people. The Calgary Cambridge Framework adapted for PME consent conversations has been developed as a framework to support the consent conversation **(See Appendix 2)**
Ideally staff should have also witnessed a PME. *HTA Code B* **(See Appendix 2)**

**2.3** **Please note:** In the event of a limited PME request Pathologists will be required to:

- Confirm that the rationale provided by the consent seeker is acceptable
- Confirm that the family has had the implications of the limitation explained to them. It is good practice, if available, to have a second healthcare professional witness to sign the relevant section of the consent form
- Complete consent form checklist.

### 3.0 Who May Give Consent?

### 3.1 Adults

**3.1.1** Any hospital PME 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 or after they died. The following list gives the order of qualifying relationships (highest first):

1) Spouse or partner (including civil or same sex partner) [1]
2) Parent or child [2]
3) Brother or sister
4) Grandparent or grandchild

[1] The Human Tissue Act states that, for these purposes, a person is another person's partner if the two of them (whether of different sexes or the same sex) live as partners in an enduring family relationship.
[2] In this context a child may be of any age but must be competent if under the age of 18, and means a biological or adopted child.

5) Niece or nephew
6) Stepfather or stepmother
7) Half-brother or half-sister
8) Friend of long standing

**3.1.2** In circumstances where the death of a child over 28 days or an adult needs to be referred to the Coroner and if following referral, the Coroner does not direct a Coronial PME, a person within a "qualifying relationship" to the deceased can consent to a hospital PME.

### 3.2 Children

**3.2.1** In the case of a child, consent can be given by a competent child* before death or by a person with *parental responsibility **(See 3.3.1)** (nominated representatives do not apply in the case of children). **Competent child - Those aged 16 years or over are presumed to be capable of giving consent for themselves – as are younger children who are deemed to have sufficient understanding and intelligence to enable him or her to understand fully what is proposed (sometimes known as the Gillick Test).*

**3.2.2** If a child did not make a decision, or was not competent to make a decision, the appropriate consent will be that of a person with parental responsibility for the child. The consent of only one person with parental responsibility is necessary; however careful thought should be given as to whether to proceed if a disagreement arises between parents.

**3.2.3** If there is disagreement between those with parental responsibility, more time and information may need to be given, to help resolve the position. If agreement is not reached the hospital PME should not proceed.

### 3.3 Babies

**3.3.1** If a baby born alive which takes a breath and then subsequently dies the consent of only one person with parental responsibility* is necessary. It is recommended that whenever possible the consent process involves the mother and where appropriate both parents are involved. Careful thought should be given as to whether to proceed if a disagreement arises between parents.
**Parental responsibility - The person(s) with parental responsibility will usually, but not invariably, be the child's birth parents. People with parental responsibility for a child include: the child's mother; the child's father if married to the mother at the child's conception, birth or later; or if unmarried if he is named on the child's birth certificate (with effect from 15 April 2002); a legally appointed guardian; the Health and Social Services Trust if the child is the subject of a care order; or a person named in a residence order in respect of the child. A father who has never been married to the child's mother or, after 15 April 2002, whose name has not been included on the child's birth certificate, will only have parental responsibility if he has acquired it through a court order of parental responsibility agreement with the child's mother.*

**3.3.2** In circumstances where a baby, capable of being born alive has died in the womb after 24 weeks gestation, the case must be referred to the Coroner, as per Department of Health guidance**.** *HSS(MD) 38/2014 Guidance on Death, Stillbirth and Cremation Certification following the Court of Appeal decision on the death of a fetus in utero.*

**3.3.3** If following referral, the Coroner does not direct a Coronial PME, those with parental responsibility can consent to a hospital consented PME as per **3.1.1**

**3.3.4** In the case of a baby, not capable of being born alive, the mother's consent is required. *HTA Code B par 95* **(See Appendix 2)**

**3.3.5** If there is disagreement between those with parental responsibility, more time and information may need to be given, to help resolve the position. If agreement is not reached the hospital PME should not proceed.

## 4.0 Discussing the Hospital Consented PME

**4.1** People who are bereaved should be treated with compassion, respect and sensitivity at all times. They should be given support to help them make important decisions at a difficult time.

**4.2** As a first step, a willingness to discuss the possibility of hospital PME should be established. If there is an unwillingness to discuss, a note to that effect should be made in the deceased patient's health records.

**4.3** It is important to inform those being approached for consent that all adults, babies and children undergoing a consented hospital PME will be transferred from individual Trust mortuaries to the regional mortuary in Belfast. Adults will remain in Belfast for PME and babies/children will be transferred to Alder Hey Children's NHS Foundation Trust in Liverpool where the examination will take place. For this reason, it will not be possible to arrange a hospital consented PME in time to allow a funeral to take place within 24 hours, if the beliefs of next of kin require this.

**4.4** Whilst it may be perceived that certain religious beliefs or cultural requirements will not allow hospital PME, staff should not make this assumption. There should be an awareness of different cultural and religious imperatives and requests should be discussed sensitively and openly, with every effort made to meet the family's requirements without compromising clinical outcome. *HTA Code B, Para 79.*

**4.5** Provision must be made to ensure that people who have communication difficulties receive the assistance they require to understand and provide valid consent.

**4.6** A person whose first language is not English must be offered interpreting services so they can provide valid consent. The interpreter must then sign the consent form to confirm that they have interpreted the information to the consent giver and that they understand it.

**4.7** The named next-of-kin in the patient's health record may not be the person in the highest ranking qualifying relationship under the Human Tissue Act (2004). **See 3.1.1**
The healthcare professional therefore needs to determine the person in the highest ranking qualifying relationship. Reasonable efforts should be made to contact the person prior to consent for hospital PME being obtained and this should be documented on the consent form.

**4.8** At times it may not be possible to obtain consent from the person in the highest ranking qualifying relationship. The Human Tissue Act (2004) allows for this person to be omitted from the hierarchy if they cannot be located, decline to deal with the matter or are unable to give valid consent; for example, because they are a child or lack capacity to consent. In such cases, the next person in the hierarchy would become the appropriate person to give consent.

**4.9** Consent is required from the highest ranking person in the qualifying relationship; however, if there is disagreement between family members of equal rank (e.g. son and daughter), they may need to be given more time and information to help resolve the position. If agreement is not reached the hospital PME should not proceed.

**4.10** Consent is only valid if proper communication has taken place. *HTA Code B, Para 72*

The discussion should include:

- The rationale for requesting a hospital PME
- Honest, accurate, clear, objective information
- The opportunity to talk to someone of whom they feel able to ask questions
- Reasonable time to reach decisions
- Privacy for discussion with other family members
- Emotional / psychological support
- An opportunity for relatives to change their minds within an agreed time frame
- A realistic timeframe for results and the way in which these will be communicated.

**4.11** In the case of a limited PME the consent giver must be informed of the implications of this. It is good practice to have a witness signature for this part of the conversation from another health care professional where available.

**4.12** Information booklets for parents and relatives which support the consent discussion for baby and child / adult hospital PME are held with consent forms at ward level. The appropriate booklet must be given for information in hard copy or in an accessible form to those giving consent for PME.

**4.13** An animation to support parents making the difficult choice regarding a PME for their baby and a video which introduces those who will be caring for the baby during a PME is available: HSC Perinatal and Paediatric Pathology Services A link for these resources is included in the parent information booklet *Hospital Consented Post-Mortem Examination following the death of a baby or child in Northern Ireland.*

**4.14** Parents / relatives should be informed about the Child Funeral Fund which is a one off payment to cover the expense of a funeral after the death of a child under the age of 18, or stillborn after the 24th week of pregnancy. Please note: There is **no** entitlement to the Child Funeral Fund if parents have already received a payment from any other Government funeral expenses or bereavement scheme, including Trust burial or cremation.

**4.15** After the completion of the hospital PME, if parents wish the hospital to make arrangements for the burial of cremation of their baby, the person seeking consent needs to be aware of individual Trust practice i.e. Trust burial or Trust cremation.

**4.16** Relatives should be made aware of whom they can contact, should they have further questions, change their mind about consent decisions or withdraw consent. This information is recorded on the completed copies of the consent form.

**4.17** The consent giver must be informed of the way in which they will receive the findings i.e. that a meeting will be arranged to share the PME results when the pathologist's **full**

**report** is available. The clinician will explain results using terms that can be easily understood and will be sensitive to the level of detail the family wishes to receive.

**4.18** The healthcare professional should contact the relevant pathologist / pathology department, discuss the hospital PME request and confirm the timing of the arrangements. It is important for the consent giver to know when the hospital PME will take place and when the body can be released, so that next of kin can make arrangements for the funeral

## 5.0 Documenting Consent

### 5.1 Consent Forms for Hospital PME

**5.1.2** Two DoH regional consent forms are available (in triplicate) for supporting discussions and recording consent decisions for hospital PME.

A third form is available to record the choices of a mother's in relation to burial or cremation of early pregnancy loss tissue.

To view forms: DoH Post-mortem examinations – consent forms and careplan

**5.1.3** Complete **one** of the following:

- **Consent for Hospital PME of Children over 28 days old and Adults.**

- **Consent for Hospital PME of a Baby Use for intrauterine deaths of babies greater than 6 cms crown rump size (usually more than 12 weeks gestation) and neonates.** This form is also to be used within neonatal units for babies who die, irrespective of age, as it is more appropriate. This practice has been confirmed by the Paediatric Pathology Department, Alder Hey Hospital, Liverpool

**5.1.4** All decisions should be recorded on the appropriate form and signed both by the person seeking and the person giving consent. A record of the outcome of the consent conversation must be documented in the patient's health record.

**5.1.5** A completed **Regional Request and Clinical Summary Form for Hospital Consented PME** and, if requested, a copy of the patient's health record must be sent to the Pathologist.

**5.1.6** The three copies of the consent forms should be distributed or filed as follows:

- Top copy, with signature in ink, must be sent to the pathologist carrying out the PME examination
- Middle copy is given to the person giving consent as a record of the decisions they have made
- Bottom copy should be filed in the patient's health record

### 5.2 Refusal of Consent

**5.2.1** If a hospital PME has been discussed with a family and they then decline to give consent, the relevant sections of the consent form should be completed and signed as a record of that decision; a copy should be given to the person from whom consent was sought and

the remaining copies filed in the patient or mother's health record. It can be helpful for future conversations with the family, if the reason for their refusal is also recorded in the health record.

**5.2.2** If genetic testing is indicated, this can be carried out without the completion of a PME. Parents must be advised of this. The relevant section of the consent form **must** be completed so that genetic testing can be carried out.

**5.2.3** If the healthcare professional decides that it is not appropriate to ask a family to complete and sign the refusal section of a consent form, when they have declined a hospital PME or if the family / person in qualifying relationship does not wish to discuss this in any detail, the consent seeker **must** clearly record details of the discussion, including the reason for refusal, in the patient's health record.

**5.2.4** **NB: Baby Hospital PME consent form:** As disposal decisions are also recorded on this form Part 5: Your choice regarding burial or cremation of your baby **must be completed and the top copy of the form must accompany the baby to the mortuary** if the baby is not being taken directly home.

**5.3 Recording and Reporting Changes to Consent Decisions / Withdrawal of Consent**

**5.3.1** There is a possibility that, having completed a hospital PME consent form, the consent giver may wish to change some of their decisions or withdraw consent completely.

**5.3.2** If the extent of the examination is changed or consent is withdrawn, the regional mortuary in Belfast must be notified **immediately.** This is the responsibility of the consent seeker or the staff member who is informed of the change of decision. Changes to consent should be recorded in the relevant section of a **new consent form** and marked **Changes to Consent** or **Withdrawal of Consent** at the top. The form must be signed by the healthcare professional and the consent giver to confirm this decision. The triplicate forms are distributed as per **5.1.6**

**5.3.3** **Baby Hospital PME consent form:** If parents change their mind about decisions recorded in the disposal section of this form, the changes must be recorded on a new form and forwarded to the mortuary. A note of any consent changes made must also be entered in the patient's health record.

**5.3.5** Families **must** be informed of the time frame in which they may reconsider their decision resulting in a change of or withdrawal of consent.

**6.0 Arranging the PME**

Guidance developed by Belfast Trust Mortuary is available to assist in arranging a Consented Hospital PME.

**6.1** Guidance on the Admission of Perinatal / Paediatric Cases to the Belfast Trust Mortuary for Consented Hospital Post Mortem: Belfast Trust Mortuary Standard Operating Procedure (SOP)

**6.2** Consent and Arrangements for Adult Hospital Post-Mortem: Belfast Trust Mortuary Standard Operating Procedure (SOP)

## References

**1.1 Human Tissue Act 2004**
https://www.legislation.gov.uk/ukpga/2004/30/contents

**1.2 Human Tissue Authority**
https://www.hta.gov.uk/

Code of Practice A: Guiding Principles and the Fundamental Principle of Consent (June 2023)

Code of Practice and Standards B: Post-mortem Examination (April 2017)

**1.3 Department of Health**
Post-mortem examinations – consent forms and careplan

DoH HSS(MD) 38/2014 Guidance on Death, Stillbirth and Cremation Certification following the Court of Appeal decision on the death of a fetus in utero

**1.4 HSC**
Perinatal and Paediatric Pathology Services in Northern Ireland

FAQ's – Interim Changes to Perinatal and Paediatric Pathology Services Updated January 2020

HSC animation and video resource for parents considering PME of their baby

**Calgary Cambridge Discussion Guides for Seeking Consent**

- Discussing Post-Mortem Examination of a Baby
- Discussing Post-Mortem Examination of a Child / Adult

**1.5 BHSCT**

**Belfast Trust Mortuary Standard Operating Procedure**

- Guidance on the Admission of Perinatal / Paediatric Cases to the Belfast Trust Mortuary for Consented Hospital Post Mortem
- Consent and Arrangements for Adult Hospital Post-Mortem

**Training Competency Assessment Checklists**

- Consent Training Checklist for Hospital Post Mortem Examination of Babies
- Consent Training Checklist for Hospital Post Mortem Examination of children over 28 days old and Adults

**1.6 Sands - Stillbirth and Neonatal Death Charity**
Guide for Consent Takers: Seeking Consent / Authorisation for the Post-Mortem examination of a baby (2017)

**1.7 Child Funeral Fund**
Child Funeral Fund

## Abbreviations

| | |
|---|---|
| **HSC** | Health & Social Care |
| **HSCBN** | Health & Social Care Bereavement Network |
| **NIBN** | Northern Ireland Bereavement Network |
| **EQIA** | Equality Impact Assessment |
| **PME** | Post–Mortem Examination |
| **HTA** | Human Tissue Authority |
| **IHRD** | Inquiry into Hyponatraemia Related Deaths |
| **DHSSPS** | Department of Health, Social Services & Public Safety |
| **DoH** | Department of Health |
| **DI** | Designated Individual |
| **PD** | Persons Designate |
| **M&M** | Morbidity & Mortality |
| **BHSCT** | Belfast Health & Social Care Trust |
| **NHS** | National Health Service |
| **TBC** | Trust Bereavement Coordinator |
| **QR** | Quick Response |
| **FAQ** | Frequently Asked Questions |
| **SOP** | Standard Operating Procedure |

**Appendix 4**

## Training for Seeking Consent for Hospital Post-Mortem Examination

**1.0** A training programme is available to meet the learning requirements identified by the Human Tissue Authority for healthcare professionals who discuss hospital consented PME with relatives and obtain consent for this examination.

**1.1** The training programme consists of a presentation '***Seeking and Obtaining Consent for Hospital Consented PM Examination – Sensitively Explaining PME & Responding to Grief'*** which is delivered by Trust Bereavement Coordinators, Trust Bereavement Midwives and Pathologists. The training includes:

- An overview of the legislative requirements under the Human Tissue Act
- The role of the Human Tissue Authority
- The responsibilities of staff seeking consent
- Guidance on completion of consent forms
- Guidance on bereavement care and sensitive communication with bereaved relatives
- Information and support to be provided during the consent seeking process
- Local arrangements / processes for hospital consented PME

Discussion guides are available to guide the consent conversation with parents/relatives based on the Calgary Cambridge communication framework. **(See Appendix 2, 1.5)**

**1.2** Healthcare professionals who have undertaken PME training must ensure that the appropriate competency assessment checklist **(See Appendix 2, 1.6)** is completed and returned to the trainer. The healthcare professional will then receive a certificate of completion of training and their name will be added to the HTA training database for audit purposes.

**1.3** Healthcare professionals who complete consent forms for hospital consented PME **must complete** this training every two years.

**1.4** This training programme is also relevant for healthcare professionals who support the consent process through sensitive discussion with relatives e.g. midwifery and nursing staff.

**1.5** To access the training programme contact the Bereavement Coordinator in each Trust.

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**PROCESS SUMMARY: CONSENT FOR HOSPITAL POST-MORTEM EXAMINATION (PME)**

**Appendix 5**

- **Consent is necessary for hospital consented PME, but not for those requested by the Coroner**
- **In all hospital consented PME the family will require oral and written information and support from hospital staff**
- **In the first instance, a healthcare professional who has been involved in the patient's treatment and care will identify the value of requesting a hospital consented PME, whilst appreciating the sensitivities required when communicating with a recently bereaved family**
- **For all hospital consented PME, contact must be made with Regional Mortuary, Belfast**
- **It should be ascertained whether any decisions / advance directives regarding hospital consented PME were made by the patient prior to death**
- **The healthcare professional seeking consent must have completed consent for PME training within the last two years and be able to explain the purposes and procedures of a hospital consented PME**

**Approach family and establish if willing to consider discussing the value of a hospital consented PME. Enquire if they are aware of any known wishes of the deceased patient**

**Not willing to consider**

**Record decision in patient's health record**

**Willing to consider**

**No longer willing to consider**

**Outline the procedure and requirement for consent. Provide information booklet. Allow time for questions and decision-making and explain that consent can be withdrawn any time prior to hospital consented PME taking place**

**Still willing to consider**

**Inform Regional Mortuary Belfast / Pathology of possible hospital consented PME**
**Select appropriate consent form (Key 1) and take 'qualifying person' (Key 2) through it**

**KEY 1: Consent Forms**

1. Children over 28 days & Adults
2. Baby intrauterine deaths usually more than 12 weeks gestation up to 28 days and all babies who die within neonatal units

**KEY 2: Qualifying Relationships**

1. Spouse or partner (including civil or same-sex partner)
2. parent/child
3. brother/sister
4. grandparent/grandchild
5. niece/nephew
6. step father/mother
7. half-brother/sister
8. friend of longstanding

**Decision to withdraw consent**

**Record decision in patient's health record and on consent form, and put a line through consent form**

**Inform Regional Mortuary Belfast**

**Decision taken to withdraw consent within time frame before hospital consented PME commences**

**Decision to continue with consent process**

**Ascertain and record decisions at each section of the form, and advise when and how the results will be made available and explained**

**Forward top copy of form to mortuary and provide qualifying person / parent with middle copy; retain bottom copy in patient's health records**

**Proceed with hospital consented PME & notify consent giver of results, as agreed**