

# Citizen Participation and Public Petitions Committee

19th Meeting, 2022 (Session 6), Wednesday  
21 December 2022

## PE1911: Review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems

### Note by the Clerk

**Lodged on** 11 October 2021

**Petitioner** Ann Stark

**Petition summary** Calling on the Scottish Parliament to urge the Scottish Government to review the Human Tissue (Scotland) Act 2006 and relevant guidance to ensure that all post-mortems—

- can only be carried out with permission of the next of kin;
- do not routinely remove brains; and
- offer tissues and samples to next of kin as a matter of course.

**Webpage** <https://petitions.parliament.scot/petitions/PE1911>

### Introduction

1. The Committee last considered this petition at its meeting on [4 May 2022](#). At that meeting, the Committee agreed to write to the Royal College of Pathologists, the Coroners' Society of England and Wales and to seek further information on the use of scanners.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new responses from the Royal College of Pathologists, the Petitioner, Chief Coroner and Katy Clark MSP which are set out in **Annexe C**.

4. The Committee has also received a number of written submissions from individuals stating their support for the petition and reiterating the key points raised in evidence to date. All new written submissions can be found on the [petition's webpage](#).
5. Written submissions received prior to the Committee's last consideration can be found on the [petition's webpage](#).
6. Further background information about this petition can be found in the [SPICe briefing](#) for this petition.
7. The Scottish Government's initial position on this petition can be found on the [petition's webpage](#).

## Body scanners

The petitioner has provided the Committee with information about the use of body scanners as alternatives to invasive post-mortems. The information provided has been summarised:

- The scanning process is a CT scan which produces the data for visualisation software to create a 3D image that can be digitally investigated by radiologists
- Lancashire County Council, the Lancashire Teaching Hospital NHS Trust and iGene London Ltd have developed a service where all non-suspicious deaths will now initially be investigated by scanning. More information can be found on the [Lancashire County Council's website](#)
- Bereaved families in Greater Manchester can choose an electronic body scan instead of a post-mortem on religious grounds. The initial cost of £500 and subsequent scans at £350 being paid for by the families.
- In areas where scanning is offered, families often pay for the service but Sandwell Council fund the service for families.
- iGene London Ltd is in discussions with a further 14 local authorities to open further centres across the UK.

## Action

The Committee is invited to consider what action it wishes to take.

### Clerk to the Committee

## Annexe A

# PE1911: Review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems

## Petitioner

Ann Stark

## Date lodged

11/10/2021

## Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to review the Human Tissue (Scotland) Act 2006 and relevant guidance to ensure that all post-mortems—

- can only be carried out with permission of the next of kin;
- do not routinely remove brains; and
- offer tissues and samples to next of kin as a matter of course.

## Previous action

I contacted my local MSP who is taking up my individual case but is also supporting my petition to achieve wider change.

## Background information

My child died suddenly at home. As a result, there was a post-mortem. I thought it was a Grant & View but discovered not only was it a post-mortem but that, the brain, throat and tongue had been removed. I was horrified.

In the event of a sudden or unexplained death the Procurator Fiscal provides authorisation for a post-mortem, not the next of kin. I believe that this must change. *I also believe that brains should not be routinely removed.*

I was advised that the tissue samples taken belonged to no particular person and would be held as part of Medical Records. When I tried to

retrieve them, I was sent on a wild goose chase for ten months, all whilst grieving.

This is different from *England/Ireland & Wales*, where loved ones are automatically offered the samples back (perhaps to add to caskets). People can decline the samples, but at least they are given a *choice*.

## Annexe B

### Extract from Official Report of last consideration of PE1911: Review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems on 4<sup>th</sup> May 2021

**The Convener:** PE1911 calls for a review of the Human Tissue (Scotland) Act 2006 as it relates to post mortems. The petition, which was lodged by Ann McNair, calls on the Scottish Parliament to urge the Scottish Government to review the 2006 act and relevant guidance to ensure that all post mortems can be carried out only with the permission of the next of kin; that brains are not routinely removed; and that tissues and samples are offered to next of kin as a matter of course.

We hope that Monica Lennon will join us, but she has been delayed. She might well join us during our consideration. I remind members about the very difficult circumstances in which the petitioner brings us her petition. The petitioner's child died suddenly and underwent a post mortem that was much more extensive than the petitioner had originally thought that it would be.

The committee last considered the petition on 1 December 2021 and heard that, in England and Wales, next of kin are given a choice about how they would like small tissue samples to be handled. The committee agreed to write to the Scottish Government and the Royal College of Pathologists. We have now received responses to that correspondence.

The Scottish Government responded in consultation with the Crown Office and Procurator Fiscal Service. They explained that, if tissue samples are returned to next of kin, it might impair their ability to investigate the circumstances surrounding a death or establish a definitive cause of death.

The Royal College of Pathologists suggests that returning tissue samples would provide only a marginal gain and would need to be "traded off against further complexities in the authorisation and consent processes". Those complexities are listed in its submission.

The petitioner's recent submission reiterates the key points of her petition, expressing that being told that samples of her child belong to no particular person is the cruellest thing that she has ever heard. On the issue of invasive post mortems, the petitioner suggests that an alternative would be to use a scanner that provides results that are more than 99 per cent accurate.

The committee has received several submissions from individuals stating their strong support for the petition and its aims. Notably, submissions were in favour of authorisation for retention of tissue samples and using scanners for non-invasive post-mortem examinations where possible.

Consideration of the petition and submissions falls into two distinct areas. One is the authorisation of post mortems and the extent to which discretion can be granted to

next of kin in that process. The second relates to the final determination as to what befalls tissue samples that might have been retained.

Monica Lennon has now been able to join us. Welcome, Monica. I am delighted to have you with us. Would you like to say anything as we consider the issues afresh?

**Monica Lennon (Central Scotland) (Lab):** Thank you, convener. It is good to be with the committee. I am grateful to have the opportunity to speak in support of the petition. I will not repeat your points, which were well made. I am here on behalf of my constituent, the petitioner, to assist and answer any questions that the committee might have.

My constituent and her family really appreciate the committee's consideration so far, which has been thoughtful. I am pleased that your deliberations in December led to more people making submissions. The petition was not put out for public signature, so it has been done quite quietly. However, as we can see from the responses, people have some strong views based on their experiences.

The issues that the petition raises are sensitive. I commend the petitioner's courage. The loss of her adult son, Richard, has been devastating and traumatic for the family, but what happened after her son's death was also really traumatic.

I was handed a bundle of papers on my way in this morning. Ann McNair had been awaiting further information from the Crown Office and Procurator Fiscal Service. I will not go over the papers here, but it has taken a long time for the family to piece together what happened. For example, Ann had asked questions about body scanners, which would allow for a less invasive post mortem. The Crown Office has come back and identified some training issues, which mean that staff in Scotland do not have the skill set.

Looking at all the submissions and the work that Ann continues to do, along with people such as Lydia Reid, who I think is known to the committee as well, I think that more questions need to be answered. It would be good to hear more from the Royal College of Pathologists. I note the submission that it has made. The royal college does not give its full support to the petitioner, but it is concerning that it says what it says in the context of what it calls "significant pressures on pathology, post mortem and forensic services across Scotland".

The submission talks about "grossly inadequate facilities and staffing levels being the reality of current provision" and highlights an issue that I raised in the previous parliamentary session, which is the "recent failure of the Crown Office and Procurator Fiscal Service procurement exercise to identify compliant bidders for forensic services" putting more light on the challenges that the system faces.

We have to question whether the system is fit for purpose. You mentioned some submissions that agree with the petitioner that tissue samples should not be taken and retained without the consent of the next of kin. There is support, including from Dorothy Barr, for the use of body scanners, which are used much more routinely in England and are believed to be less invasive, while being 99 per cent accurate.

In her submission, Yvonne Logan says that it is “offensive” that people are being told “that tissue samples ‘belong’ to the procurator fiscal or pathologists for research, without consent.” Most people would find that really troubling.

Melissa O’Sullivan, a nurse practitioner, supports the rules on tissue sampling being aligned with UK standards, with samples “being offered back to next of kin”.

The petitioner has opened up an important conversation. In the end, it comes down to dignity. No one would question the important role and responsibility of the Crown Office and Procurator Fiscal Service in the investigation of sudden, suspicious, accidental and unexplained deaths in Scotland. However, many people feel that the system is not always compassionate, that it is hard to get information and that communication is not always as good as it should be. We have heard from the Royal College of Pathologists that the system seems to be unable to cope. More questions should be asked.

I will end by looking at the submission from Gerard Stark. He asks: “Where is the dignity for the deceased”?

The Parliament is about to have a big discussion about dignity in dying. We have to extend that to look at dignity for the deceased and for bereaved families.

The petitioner says that her son was “butchered”. That is her view. She asks why body scanners are not an option in Scotland. She does not want another mother or family to go through that “unbearable heartache and pain”.

I said that that would be my final word, but it is important to refer to the thoughtful submission from the Scottish Council of Jewish Communities and to the council’s disappointment. It is important that we listen to SCoJeC’s views.

I appreciate that it is difficult to talk about this issue. I feel that I have just skimmed over the top of it, because so much of it is upsetting. Everything is there to be read. The petitioner might feel able to be more public about her story in due course. The work that the committee has done so far has helped to show that there are questions to answer. If we can improve the law, policy and practice, we should absolutely do that.

**The Convener:** Thank you, Monica. If we have not already done so, it would be useful for the committee to receive some of the submissions to which you refer.

You are right: the suggestion that the procedures and processes that are followed might be governed by an underresourcing of pathologists’ work rather than by a freshly determined view of what best practice and policy might be is concerning. The committee might want to pursue that.

Body scanners are now being routinely used elsewhere. If a submission that we might be yet to see vindicates the view that we cannot have scanners in Scotland because of an argument that people are not adequately trained to use them, that would seem inadequate. Use of a body scanner would, obviously, be a far less invasive way to undertake a post mortem.

We might come back to those questions if we can consider the matter. We might want to write to the Crown Office and others to establish whether all that is correct.

Do colleagues have any suggestions in relation to the other evidence and submissions that we have received?

**Alexander Stewart:** I thank Monica Lennon for her evidence. It has shone a light on the process and identified some of the failings and the lack of support that individuals believe exist.

It would be appropriate for us to write to the Coroners Society of England and Wales seeking details of its approach to tissue sample retention and how it mitigates the challenges that are set out by the Royal College of Pathologists. That will give us an idea of where we are with the matter, because there seems to be a lack of support, training and identification. By writing to the society, we would at least get an idea of what is happening south of the border, which seems to work much better for individuals who face the issue.

**The Convener:** Yes. Some of the complexities that the Royal College of Pathologists details seem to be issues that will have been faced and addressed elsewhere.

**Paul Sweeney:** I fully agree with that idea. The petitioner and several respondents to the petition have been trying to establish parity with other practices in the UK, and it is important to investigate where practices should align.

I felt that the Royal College of Pathologists submission was a bit excessive in making the point about potential legal reasons for retaining samples from bodies. The implication that next of kin might want to defeat the ends of justice by denying a post mortem was potentially quite offensive. That would be the case in a limited and significant set of circumstances only. It is not relevant to the petition.

We need to understand exactly what the Royal College of Pathologists means by that. A thorough investigation is probably needed into the circumstances in which samples would be retained for a criminal investigation. In due course, once it is established that there is no foul play in relation to a death, the samples could be released for burial or whatever the family wishes to do with them.

**The Convener:** Is the committee content for me to invite the clerks to come back to me on where we might obtain further information about body scanners? That seems relevant to our consideration and, although they have been alluded to, we might benefit from a proper briefing on their availability, the costings and their use. That would allow us to pursue with the Crown Office and others why we are not deploying scanners in the way that we might do in Scotland.

**Members** *indicated agreement.*

**The Convener:** If there are no other suggestions, we will keep the petition open and pursue all the questions that we have been asking.

Does Monica Lennon want to add something?



**Monica Lennon:** Yes, convener. The petitioner and some of the respondents to the petition have raised an issue about death certificates. The term “unascertained” is not popular. Many families—I have personal experience of this, too—feel that it is empty and meaningless. Some of the respondents have made that point very well. Gerard Stark talked about it not being a meaningful term and said that “uncertain” would be a more appropriate word to use. There are different practices in other parts of the UK. If the committee could get views on that from the Scottish Government and the Crown Office, that might be useful.

**The Convener:** Thank you for drawing that point to our attention. As a constituency MSP, I have heard examples of that, too. It is very disturbing. That word possibly leads people into a degree of conjecture. In the instance that I encountered, it was more that the constituent felt that something was being covered up in terms of not being able to determine what had led to a death in hospital. It would be useful for us to pursue that as well.

Thank you very much for joining us, Monica. We will return to the petition when we have further information.

## Annexe C

### The Royal College of Pathologists submission of 19 October 2022

#### PE1911/U: Review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems

Thank you for the update and the further question/point for clarification. We have discussed this again at RCPATH and at the Scotland Regional Council of RCPATH. In response to the question – “The Committee is keen to understand whether decisions not to return tissue samples are predominantly due to the inadequacy of facilities, staffing levels and capability to facilitate the process or based on best practice. The Committee notes that the return of tissue samples is common practice in other parts of the UK. The Committee would welcome further clarification from you on the basis of decisions not to return of tissue samples”, then no, this is not the only/main reason, as was stated in our initial reply under section 3.

So, we would state again that on balance: “Retention of small tissue samples and glass slides for microscopy as part of the clinical record would also seem appropriate, with the option of routinely returning these to relatives risking the loss of valuable future material for examination and adding considerable complexity to the consent process, which is already complicated and carried out in situations of extreme relative distress – especially when involving the death of a child. So, on balance, we would not support legislative change as suggested in the petition.”

The added reality check of under resourced facilities and staff is also clearly a factor but not the defining one, albeit resolution of such deficiencies in service is not expected in the near future. It is worth noting that relatives who do request return of tissues/slides in non-forensic cases in Scotland, are likely to be dealt with sympathetically by local post mortem services, however such discussions/applications are not generally offered routinely – for the reasons given above.

Finally, with reference to the situation in England, there are some differences and indeed variations around the country in the way this topic is handled for non-forensic PMs. While there are some more

definitive mechanisms in some areas, this is only used in a small proportion of cases and the actual return of samples is likely to be small (less than 10%). For example, If and when a pathologist takes tissue at a coroner's post mortem, the family may be subsequently approached by the coroner's officer to ascertain their preferences for disposal of the tissue (and slides), whether that be retention as part of the medical record or for audit, research or educational purposes, return to the next of kin or the body for burial / cremation, or respectful disposal according to local policies. If the family require the tissue to be returned to them, this can only happen once the coroner's enquiries are complete. If the case is rapidly reported and finalised with no requirement for an inquest, the return of tissue can happen within days or weeks or even months. If there is an inquest (which can takes months or longer to arrange), the return of tissue is often delayed by months if not longer (common given the current huge backlog). This can result in delays to the funeral, or sometimes the tissue has to be returned to the body separately after burial or cremated separately.

Regarding the use of the word "Unascertained" and the possible replacement with "Uncertain", then we would strongly disagree with this proposal. They are very different in their meaning, with the former implying that the objective has not been looked at and thus at this point is not ascertained an outcome/conclusion. "Uncertain", however implies there is an element of doubt in the findings and implies that the objective has been dealt with.

Therefore, "unascertained" is the appropriate term in this context.

I hope this is useful to the committee.

## Petitioner submission of 5 December 2022

### Richard Stark's Law PE1911/HH: Review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems

In the opinion of others, the removal of organs/brain/throat/tongue is like something from a third world country, this is someone's loved one. This present LAW is allowing these PMs, the Fiscal and Pathologists are covered to perform these barbaric acts on OUR loved ones. If you caused bodily harm, you would be jailed, because these people are

dead, they are being treated in this horrific manner. How do those involved sleep at night with this on their conscience. Many years ago, there wasn't such a thing as PMs the deceased were laid to rest intact and at peace. This is all about research I am discovering more and more. I can understand in a murder case, it would be different, but again not to that extent. In a sudden death where there is nothing suspicious, and history no post-mortem should be performed. I have nightmares of what my son went through, a boy I had protected from broken bones/stitches and in the hands of others I got a shell back.

Richard had attended the QEH in Glasgow, after waking up in bed covered in cuts to one side of his face and with concussion. He was advised it may have been a seizure, three months later I found him dead in bed. I will never forgive those involved in all of this do they care not at all!

Technology has come a long way, turning lights on etc whilst not at home. Yet look at the old traditional/invasive PM's being performed on OUR loved ones horrific! I discovered Singapore/Australia (renowned for technology) are using scanners as are parts of the UK.

A programme "Cause of Death" a scanner found no cause of death, a full PM found no cause! Scanners are more than 99% accurate and produce a 3D disk.

Tissues Samples: I was advised by the Fiscal that the **samples belong to no particular person**, they are part of medical records, the dead **do not** need records, meaning of the word record is a recording on paper it is not a physical item.

Advised where appropriate the health board will **CONSIDER!** returning tissue samples, they are taking **ownership** of them **without consent!** They belong to the next of kin. Richard was my child, I gave birth to him, he belonged to ME! What kind of country are we living in. **You don't own your own body or that of your loved ones**. If you die at home your fate is in their hands, even where there is history!

RCOP **It would be distressing to offer samples back especially were a child is involved.** Distressing not receiving samples back and then discovering parts of your loved one (no matter how small) are in wax in a

drawer/jar/frozen or in another country. I was advised these samples are retained for a minimum of 30 years. I have read and heard horror stories regarding samples, as recent as last year.

**Offering samples back would delay funeral:** Funerals cannot take place until a death certificate is issued.

**Offering samples back would risk losing valuable “MATERIAL”**

There is no dignity or respect. Our loved ones are classed as “Material”. I am not against research, but there has to be a **choice**. We are being given **no choice** with regards, to these barbaric PMs/Sample retention. If the family hasn't given consent this is stealing! The law seems to have rules for some and different rules for others. If you took something that didn't belong to you, you would be fined/jailed, yet look at what is going on around us. The parts of OUR loved ones belong to the N.O.K – this is shameful! It seems nothing has changed since the days of Burke/Hare. Tissue Act: Samples can be used for the purpose of Audits, Education and Research **without the authorisation of the nearest relative!**

The UK have been automatically offering samples back, and have done for years, they have a conscience. We in Scotland shouldn't have to fight to retrieve samples back, they are **OUR loved ones**. It shouldn't matter what the rest of the UK are doing, our loved ones should be given the respect and dignity they deserve.

We in Scotland should be ashamed, where is the dignity & respect for the deceased & compassion for the grieving family. I have heard of people afraid of dying at home now knowing horrific PM's will be performed and samples retained without consent. We need the security of **knowing this will not happen in this country.** How many sudden deaths at home are murder cases or foul play – probably none or very few. **We should leave this world intact! Those wishing to leave organs to science still can. At present, there is no choice for others and this is YOUR DNA that is being stored without consent. There should be an opt out option in all PMs giving us the choice as there is with the organ donation.**

**Our bodies and that of our loved ones belong to us, not others! All of the above has to stop!**

## Changes

1. Opt out of PMs which should including Fiscal where in a sudden death, there is nothing suspicious, and history.
2. PMs if the person hasn't opted out, family must give consent and it should be performed by scanner or better still **toxicology only!** Leaving the person whole!
3. There should be no removal of brain, throat or tongue this is **unacceptable** and takes a PM to another level – butchering! **Next of kin should give consent – it is immoral what is being performed on our loved ones.**
4. If tissue samples are needed for investigation, they should be taken by keyhole surgery, as they would in the living the dead shouldn't be treated differently – **Dignity & Respect**
5. Samples should be offered back to the next of kin, when the death certificate is issued giving them the **CHOICE** to accept or decline, if declining a consent form should be signed for the samples to be destroyed or retained for research – this is the **HONEST** thing to do.
6. “Unascertained” shouldn't be used on certificates – “Uncertain” is softer and less distressing for the families. Uncertain meaning unsure, if they haven't found a cause same meaning unsure then “Uncertain”

There seems to be no thought for the families in all of the above. They are left with the devastation caused by others.

The deceased are treated as nobodies/a reference number/piece of material, and who cares about the feelings of their family that are in shock and grieving.

We have the choice to VOTE/freedom of speech/where are our human rights?

## **You don't own your own body or your loved ones!**

There should be an independent Audit performed in Scotland starting with Glasgow/Edinburgh.

# Chief Coroner submission of 15 December 2022

## PE1911/II: Review of Human Tissue (Scotland) Act as it relates to post-mortems

I refer to your letter dated 20 September 2022, which unfortunately was not received by me until recently; my apologies for the delay in responding.

I am the Chief Coroner of England and Wales, not part of the Coroner Society of England and Wales. If you wish to contact the Society, here is a link to their contact page: <https://www.coronersociety.org.uk/contact/>.

I understand that you are seeking information about the practical operation of the human tissue legislation in this jurisdiction, and to know more about the costs associated with body scanners, how often they are used in place of a full post-mortem, and what training might be required. As a judge, I cannot comment on the merits of any policy, but am able to provide information on the operation of the coroner service in England and Wales, which might help you when considering the petition.

The Human Tissue Act 2004 covers England, Wales and Northern Ireland, and regulates activities concerning the removal, storage, use and disposal of human tissue. The Coroners (Investigations) Regulations 2013 also contain provisions relating to the retention of material from a post-mortem examination ('PME'). The way these provisions relate to coroners are as follows:

1. Coroners' post-mortem examinations and the storage of tissue removed during post-mortem examinations do not require consent from the family of the deceased. When the coroner's authority ends, consent under the Act is required for storage or use of tissue for a scheduled purpose.
2. A pathologist who retains material from a PME that relates to the cause of death or identity of the deceased must tell the coroner in writing what is being retained or preserved and why (NB/ where



material does not relate to the cause of death or identity of the deceased, the coroner is not involved, but if the pathologist retains any such material they must have a different power to do so, or it will be unlawful).

3. Coroners must notify the pathologist of the period for which they will need the material to be preserved/retained for their coronial functions. The decision that material is no longer needed is akin to the decision to release a body for burial or cremation; it will depend on whether further investigations are needed.
4. Where the coroner receives a request from a prosecuting authority, Provost Marshal or Director of Service Prosecutions to suspend an investigation, or they become aware that a person has been charged with an offence in relation to the death of the deceased, the coroner must tell the police or prosecuting authority how long they need material to be preserved for their coronial functions. Similarly, where there is to be a public inquiry, the coroner must tell the chairman of the inquiry.
5. The coroner may from time to time vary the retention period of material, but must notify the variation to both the pathologist and any police, prosecuting authority or chairman notified of the original period.
6. The coroner must also notify, where known, the next of kin or personal representative of the deceased, and any other relative who has notified the coroner of their desire to be represented at the PME, (i) that material is being preserved or retained, (ii) the periods for which it is being retained, and (iii) the options for dealing with it once the periods have expired. These options are (a) disposal by burial, cremation or other lawful disposal, (b) return to one of the next of kin, personal representative, or any other relative who has notified the coroner of their desire to be represented at the examination, or (c) retention for medical research or other purposes in accordance with the Human Tissue Act 2004, with the consent of one of the next of kin, personal representative, or any other relative who has notified the coroner of their desire to be represented at the examination.



7. There can be practical difficulties with this, as the deceased's relatives may not make a decision, or may not agree. I understand that the Human Tissue Authority's Code of Practice on Disposal provides that unless consent is given, tissue should be disposed of in a lawful manner within three months of the expiry of the coroner's authority.
8. Where material is being retained, but the body has been released by the coroner, families have to decide whether to proceed with the funeral or wait until all tissue (where possible) is repatriated.
9. It is important that families understand the implications of their decisions on dealing with the material. In our system, such information would usually come from coroner's officers, who should be trained to explain the relevant considerations to bereaved families when they notify them of their options.
10. I cannot comment on what additional costs might arise, as they are not a matter for the coroner, and they would depend on the circumstances of the case and the wishes of the bereaved family. In cases where there was likely to be an additional cost (e.g. if a body was released by the coroner, but the family wanted it to be stored until all the retained material could be returned to it), I would expect coroner's officers to draw that to the families' attention.

With regard to CT scanning, as coroner areas are locally-funded and resourced, there is a variation both in access to scanning facilities and the types of cases that are scanned. There is Chief Coroner guidance on CT scanning here: <https://www.judiciary.uk/guidance-and-resources/chief-coroners-guidance-no-1-the-use-of-post-mortem-imaging-adults/>. If you would like to speak to a few coroners about their use of CT scanning, I would be happy to put you in touch with Senior Coroners who have good access to scanning facilities.

# Katy Clark MSP submission of 15 December 2022

## PE1911/JJ: Review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems

I am writing following discussion with a constituent who is campaigning in favour of Petition PE1911 concerning reform of the Human Tissue (Scotland) Act.

Like many of the examples the committee has heard about, my constituent has been through a particularly stressful and traumatic process which was only exacerbated by a post-mortem process which she did not consent to. As raised on the committee, there has recently been a legislative change regarding organ donation, which has created an opt-out system, and my constituent does not see why the same principle cannot apply to all forms of post-mortems or physical interventions on the body. Indeed, in England and Wales, next of kin are given a choice about how they would like small tissue samples to be handled.

I noted with concern the correspondence from the Royal College of Pathologists, who noted there are “significant pressures on pathology, post-mortem and forensic services across Scotland” and poor staffing levels. I believe if it is the case that their position is being informed by these resourcing issues, this is all the more reason to gather key evidence and not reject the petition’s proposal.

I also note that the committee has committed to obtaining more information about the use of body scanners, which is considered a far less invasive way to undertake a post-mortem. Would you be able to provide any update on whether this issue has been taken up with the Crown Office or if there has been any other progress?

I look forward to your reply so I may furnish my constituent with information.