

OFFICIAL

SA Health

Policy

Ethical Hospital Post-Mortem Practice

Version 2.0

Approval date: 16 May 2024

PDS Reference No: D0248



Government
of South Australia

SA Health

1. Name of Policy

Ethical Hospital Post-Mortem Practice

2. Policy statement

This policy provides the mandatory requirements to ensure SA Health aligns with the nationally agreed guidelines and associated principles for ethical hospital autopsy practice (referred to herein as post-mortem examination) in relation to:

- > The Hospital Post-Mortem Request and Authority Form
- > Procedures for hospital post-mortem, and
- > The handling and disposal of tissue and organs following post-mortem.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS).

4. Policy principles

SA Health's approach to ethical hospital post-mortem practice is underpinned by the following principles:

- > We support ethical post-mortem examination practice to meet community expectations.
- > We ensure post-mortem examinations are performed in accordance with the National Code of Ethical Autopsy Practice.
- > We support informed consent and transparent communication with families.
- > We ensure respect is shown to towards the deceased and their families at all times.

5. Policy requirements

LHNs and State-wide Services must:

- > Implement the National Code of Ethical Autopsy Practice and, where possible, comply with the associated best practice guidance principles.
- > Obtain accreditations for all hospitals where post-mortem examinations are performed, in accordance with the National Pathology Accreditation Advisory Council (NPAAC), the National Association of Testing Authorities (NATA), and the Royal College of Pathologists of Australasia (RCPA).
- > Ensure information provided to the family of the deceased is transparent, sensitive, and delivered by a staff member who is trained to engaged in consultation with families following a death.

Hospital Post-Mortem Examinations

- > A hospital post-mortem examination must not be undertaken without seeking the consent of the senior available next of kin, and with the authority of a Designated Officer under the [Transplantation and Anatomy Act 1983](#). In some circumstances the Minister for Health and Wellbeing (the Minister) can provide consent.
- > LHNs and State-wide Services must:
 - o Ensure the senior available next of kin, and other involved family members are clearly informed of their rights regarding a request for a hospital post-mortem examination.

- Ensure the Authority for Hospital Post-Mortem Examination Form (MR82F) is completed correctly where required, and includes the information required under the National Code of Ethical Autopsy Practice.
- For any death which is or may be reportable, refer to the [Coronial Process and the Coroners Act 2003 Policy](#).

Handling and Disposing of Organs and Body Parts

LHNs and State-wide Services must:

- > Obtain permission from senior available next of kin about organ retention and disposal as required.
- > Ensure there is a clear delineation between the uses of retained organs and tissues, such as diagnosis, research, or education.
- > Conduct any research with the use of retained organs and/or tissues in accordance with the [Research Ethics and Governance Policy](#).
- > Dispose of organs and/or tissues in accordance with the National Code of Ethical Autopsy Practice where possible.

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Consent to Medical Treatment and Palliative Care Act 1985](#)
- > [Coroners Act 2003](#)
- > [Coroners Regulations 2020](#)
- > [Coronial Process and the Coroners Act 2003 Policy](#)
- > SA Health Post-Mortem Examination Authority Form (MR82F)
 - [Part A & C – Request by Medical Practitioner and Authorisation by Designated Officer](#)
 - [Part B – Record of Consent](#)
- > [Research Ethics and Governance Policy](#)
- > The National Code of Ethical Autopsy Practice
- > [Transplantation and Anatomy Act 1983](#)

7. Supporting information

- > [National Pathology Accreditation Advisory Council \(NPAAC\) Guidelines for Approved Pathology Collection Centres \(Third Edition, 2013\)](#)
- > [NPAAC Standard: Requirement for the Retention of Laboratory Records and Diagnostic Material \(Ninth Edition 2022\)](#)
- > [Requirements for the Packaging and Transport of Pathology Specimens and Associated Materials \(2013 Edition\)](#)
- > [SA Health 'When a person dies - The hospital post-mortem examination process – Information for family and friends'](#)
- > [The Royal College of Pathologists of Australasia \(RCPA\) Policy on Autopsies and the Use of Tissues Removed from Autopsies](#)

8. Definitions

- > **Autopsy** (also known as post-mortem examination): means a step-by-step examination of the outside of the body and of internal organs of a deceased person, by a pathologist.
- > **Designated Officer:** means a person appointed under section 6 of the *Transplantation and Anatomy Act 1983 (SA)* to be a Designated Officer for a hospital.
- > **Hospital Post-Mortem Examination: (also known as non-coronial autopsy):** means an autopsy carried out in a hospital mortuary and where the permission of the relevant family member (next of kin) is always sought.
- > **Ministerial Post-Mortem Examination:** means a post-mortem examination consented by the Minister in order to identify or deal with any risk (actual or perceived) to the health of the public.
- > **Reportable Death:** Reportable death as defined in Part 1 Section 3, Interpretation; *Coroners Act 2003*.
- > **Statewide Services:** means Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Risk Management, Integrated Compliance and Internal Audit Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain

Title: Ethical Hospital Post-Mortem Practice Policy

Objective reference number: A5685281

Review date: 16/05/2029

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11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	01/04/2002	Portfolio Executive, DHW	Original Version
1.1	27/07/2011	Deputy Chief Executive	Original Version (review)
2.0	16/05/2024	Deputy Chief Executive, Clinical System Support and Improvement	Updated to align with the Policy Framework

12. Appendices

Nil