Since 2000 the hospital post mortem rate has been in freefall and is now less than 5% of deaths in many hospitals in the UK. A major factor in this decline has been the turmoil following events in Bristol and in Alder Hey Hospital, Liverpool where organs were retained apparently without the knowledge or consent of the bereaved. There is now a real danger of hospital post mortem examinations (PMEs) disappearing altogether, with the associated loss of the necessary skills amongst consultant pathologists. Does this matter?

To answer the question we need to focus on what has been achieved through examination of post mortem human brains in the past, specifically for neurological disorders. Firstly, collections of diseased and normal cases in Brain Banks have facilitated the discovery of new diseases such as Dementia with Lewy Bodies and variant CJD. Secondly, the cellular and molecular mechanisms underlying long recognized diseases like Alzheimer's disease are being worked out, leading to more appropriate therapy. And thirdly, the potential for future re-

Is post mortem practice in terminal decline and should we care?

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search in proteomics and genotypic/phenotypic correlation is exciting and will certainly require human brain tissue. However, resources of brain tissue, including vital normal control cases, require regular replacement as they are used up in research studies. Where is such tissue to come from in the future and how is the necessary cadre of future neuropathologists to be trained?

In the UK, hospital post mortem activities have been regulated by the Human Tissue Act (1961) and the Anatomy Act (1984). Both are now deemed unsatisfactory for providing a properly consented framework for hospital PMEs. It is worth noting that forensic PMEs greatly outnumber hospital PMEs but gaining consent for anything other than diagnostic activities in this setting would require Herculean efforts. The authority of Coroners and Procurators Fiscal who instruct pathologists to undertake forensic PMEs in the UK extends only to determining the cause of death. In order to take tissue samples or organs for research, or to undertake teaching activities in the context of a forensic PME, the consent both of relatives and of the legal authorities is needed. It is unlikely that Coroners or Procurator Fiscals will feel it appropriate to tell families that a PME is taking place and in the next breath ask whether they will allow tissues or organs to be removed for research purposes. Who then can explain the issues to families and seek the necessary consent? This thorny question remains unresolved in most forensic settings. The situation is further complicated by the likely impact of planned changes in legislation. The complex Human Tissue Bill 2004 has been unveiled for England, Wales and Northern Ireland. Plans for new legislation in Scotland are currently out for public consultation.

Legislative plans across the UK take as their foundation the principle of consent, which has been heartily endorsed by all sides. Outside Scotland, compliance with every aspect of pathology practice will be under the control of a Human Tissue Authority, constituted in law under the new Bill, which covers not only post
example parents are adamant in their opposition to brain retention. Most important of all, pathologists need to be seen outside their laboratory cloisters, engaging with the public about what is involved in PME, and what will be lost if this disappears. All too often the public perception of research is far removed from what actually happens in pathology departments.

It is clear from surveys across Europe, and further afield, that there is considerable variation in the legal and ethical constraints that govern hospital and forensic PMEs in different countries. Colleagues outside the UK have noted the recent developments in Britain and are taking steps to avoid a similar crisis in their own countries. Closer alignment of working practices will facilitate ongoing collaboration across frontiers to maximize the benefits of PME-related research.

COMPETING INTEREST
I undertake autopsies for the NHS and for the legal authorities. I maintain MRC funded brain banks for HIV/AIDS with drug abuse, and for Alzheimer's disease. The views expressed here are personal.