



The Royal College of Pathologists

## **Guidelines on autopsy practice**

Report of a working group of  
The Royal College of Pathologists

**September 2002**

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This document was placed for consultation on the Fellows and Members Area of The Royal College of Pathologists website from 10–30 April 2002. 27 replies were received. These were forwarded to the Working Party who found them very useful in preparing this final draft of their report, although inevitably some contentious issues remain.

**Dr John A Lee**  
**Director of Publications**

The Royal College of Pathologists  
2 Carlton House Terrace  
London  
SW1Y 5AF

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## EXECUTIVE SUMMARY

- 1 The autopsy has been relatively neglected in recent appraisals of histopathology practice, and working practices have been significantly and negatively affected by recent public concern over organ retention. New guidelines over the whole area of autopsy practice are urgently required.
- 2 Whilst the processes of audit and raising of quality standards in diagnostic surgical histopathology have proceeded apace, there has been little pressure to raise standards of autopsy performance and reporting. Quality issues are central to these Guidelines, with the proposal of uniform minimum datasets, enhanced feedback to clinicians and relatives, promotion of mortality meetings and clinical audit, and other measures to raise the profile of the autopsy in clinical practice. The end result must be the improvement of patient care.
- 3 There is wide variation in autopsy performance and reporting practices, related to inconsistent operation of the Coronial system across England and Wales, and lack of clarity in the law on human tissues. As there is an ongoing consultation over these important issues, it is not possible rapidly to move to a set of universally agreed 'best practices'. In these Guidelines, the distinction is made between 'best practice' (i.e. may do) and 'acceptable practice' (must do). Autopsy standards should continue to rise by example.
- 4 Since the majority of adult autopsies, and a significant proportion of paediatric autopsies, are done at the request of a Coroner or Procurator Fiscal, much attention is given to Coronial matters and working within the system as it currently stands. There are major anomalies within the Coronial system, particularly when applied to clinical governance. The College is working with the ongoing Home Office Review of Coroner Services to provide the bases for consistent and high quality autopsy practices. These should address all questions that may be posed by interested parties regarding a death, ultimately answering the question 'has this autopsy satisfactorily explained how this patient died?'
- 5 Sub-specialisation in diagnostic histopathology and cytopathology is proceeding, and raising the standards of reporting in line with the demands of clinicians and the public. The same trend should continue in autopsy practice (it already exists for paediatric and forensic practice, and to some extent in neuropathology). Increased audit and input into clinical governance from autopsy data will require a more focused approach from pathologists. Pathologists will need to recognise their limitations in expertise and be more prepared to seek assistance in difficult and unusual cases.
- 6 Autopsies on patients with significant communicable (infectious) diseases cause many problems in mortuaries, and performance practice is highly variable over the UK. These Guidelines provide a rational approach to infectious cases with protocols for risk assessment and reduction.
- 7 The job plans, working practices and status of Anatomical Pathology Technicians (APTs), who are vital contributors to the autopsy service, need review and regulation. These are not addressed in detail in these Guidelines, but APTs must be brought into a regulating body as a profession allied to medicine.