



Sir James Underwood

## Human tissue legislation in the United Kingdom: the need and prospects for amendment

**S**ir James Underwood, Emeritus Professor of Pathology and past President of the College, considers whether the UK's current human tissue legislation, principally the Human Tissue Act 2004<sup>1</sup> and Human Tissue (Scotland) Act 2006,<sup>2</sup> deals satisfactorily with the problems that have arisen from post-mortem tissue retention. Has this legislation had any unintended or undesirable consequences? Is it in any way a misdirected and disproportionate response to what became known as the 'organ retention scandal'? Could amendments to the Human Tissue Act 2004 and any complementary legislation (e.g. Coroners Rules) be justified? The Human Tissue Act 2004 and the Human Tissue (Scotland) Act 2006 have wide scope, but their application to anatomical examinations, public display, transplantation or DNA are not considered.

### **Unlawful, undisclosed and insufficiently authorised organ retention**

The ethics and lawfulness of post-mortem tissue retention and use had concerned the College since the 1980s.<sup>3</sup> There were particular problems at the boundary between the Coroners Rules 1984 (especially Rules 9 and 12) and the Human Tissue Act 1961. Realising that there was an urgent need for clear professional guidance, and because current practices did not always coincide with public expectations, the College established an Organ Retention Working Group in the mid-1990s. This was chaired initially by Professor Jem Berry, whose experience and foresight laid the foundations for all subsequent work, and latterly by myself. Ultimately, the Working Group drafted the College's *Guidelines for the Retention of Tissues and Organs at Post-Mortem Examination*, published in March 2000.<sup>4</sup> These guidelines were promptly endorsed by the Chief Medical Officer (England), who then instigated a census of retained organs, body parts, etc.<sup>5</sup> A Retained Organs Commission was established in April 2001 for three years to oversee the storage, return, use and disposal of retained post-mortem material.

Reports of various inquiries into post-mortem organ and tissue retention were published. Some are summarised here only as a reminder of the range of problems that the new human tissue legislation was intended to prevent.

- The Interim Report of the Bristol Inquiry<sup>6</sup> responded to the distress experienced by many bereaved parents who discovered that their children's hearts, mostly retained initially under a coroner's authority, had not been returned

to the body before the funeral. The Report highlighted the need for an enforceable code of practice accompanied ideally by revised human tissue legislation. The President of the College swiftly rebutted the Bristol Inquiry Chairman's ill-considered opinion that 'arrogance born of indifference' had led to the prolonged retention of hearts.<sup>7</sup>

- The Report of the Royal Liverpool Children's Hospital Inquiry (the 'Redfern Report')<sup>8</sup> concentrated on the post-mortem practices of one paediatric pathologist, but it also highlighted many other failings, including a dysfunctional relationship between the local NHS and the university with regard to staff on clinical contracts. (This nationwide problem led to the Follett Report recommending joint NHS and university appraisal for clinical academic staff.)
- The Isaacs Report<sup>9</sup> was triggered by the retention of the brain for research, without either consent or the coroner's authority (in any case, a coroner cannot authorise retention for research), from a coroner's post-mortem examination on Cyril Isaacs. The Report revealed that brain retention, without consent, from coroners' post mortems for medical education and research was not restricted to the case of Mr Isaacs.
- Lord Justice Clarke's report<sup>10</sup> followed a public inquiry into the identification of victims in major transport accidents. This was prompted by the discovery that under a coroner's authority, but without the relatives' consent or knowledge, hands had been removed for

identification purposes from many of the bodies of those who drowned when the *Marchioness* sank on the River Thames in August 1989.

- The National Organ Group Litigation case was heard in the High Court and judgement was given in March 2004. It is notable that The Honourable Mr Justice Gage remarked that 'The pathologists, none of whom in the lead cases was responsible for obtaining consent for post mortems, bear no responsibility for the failure which I have found to exist'.<sup>11</sup>

Similar events in Scotland prompted separate inquiries and reports.

The Department of Health (England) produced the consultation document *Human Bodies, Human Choices*<sup>12</sup> as a prelude to drafting new human tissue legislation. Without pre-legislative scrutiny, a Human Tissue Bill<sup>13</sup> was presented to the Westminster Parliament in December 2003. The College supported many aspects of the proposed legislation, mainly because it gave legal force to the principles in the guidelines published in March 2000, but crucially the Bill failed to deal adequately with the retention of human material from coroners' post mortems. In an attempt to remedy this deficiency, the Coroners Rules were amended in June 2005.<sup>14</sup>

The Human Tissue Act 2004 and the Human Tissue (Scotland) Act 2006 came into force in September 2006. The Human Tissue Authority's regulatory regime was introduced in England, Wales and Northern Ireland, but not in Scotland other than for the approval of living donations and as the UK's Competent Authority under the EU Tissue and Cells Directive.

Problems with the Human Tissue Act 2004 soon emerged, some predictably.

### Urine from the living, hearts from the dead

Human material relevant to the Human Tissue Act 2004 is referred to as 'relevant material' and is defined in Section 53(1) as 'material, other than gametes, which consists of or includes human cells'. (The Act does not distinguish between cells that are living or dead when they leave the body.) While it may have been the intention of civil servants, ministers, lawyers and parliamentarians to restrict the application of the Act to 'human tissue' (including organs), many bodily fluids and bodily waste products include human cells. For example, even in the absence of urinary tract disease, urine normally includes some cells. Therefore, urine becomes 'relevant material' and its storage and use for scheduled purposes, depending on other factors (e.g. anonymisation, ethical approval), may require consent and licensing under the Act. Currently, the Human Tissue Authority's remit (as set out in Section 14 of the Act) does not extend to applying the definition of 'relevant material' in ways that would result in proportionate regulation.

Legislation which should, but does not in all cases, guarantee that parents will know before the funeral if the heart has been retained from their dead infant's body applies correspondingly to the storage for research of urine and other bodily waste from living adults. This seems absurdly disproportionate. Whereas the heart has emotional connotations and symbolic significance for many people, few would feel similarly about urine.

The Human Tissue Act 2004 has been criticised for the inclusion of tissue (not just urine!) from the living within its scope, thus requiring research tissue banks to be licensed. However, the Act does have two distinct advantages in this regard. First, the Act asserts the lawfulness of using anonymised tissue from the living for research without consent (Sections 1(8) and 1(9)). While such research must have ethical approval — and ethics committees still have the power to insist on consent — the Act clearly reflects Parliament's wish that normally consent should not be required. Second, a research tissue bank (comprising material from individuals who were living at the time it was taken) can be granted generic ethical approval by a research ethics committee. By law, these tissue banks must be licensed by the Human Tissue Authority (HTA), but this has the advantage that, subject to agreed limits, tissue from the approved bank can be used for research without going through the often time-consuming process of applying for project-specific ethical committee approval.<sup>15</sup>

### SIDS and uncertainty

A small proportion of sudden unexpected deaths in infancy attributed after thorough post-mortem examination to 'sudden infant death syndrome' (SIDS) are subsequently suspected or proven to be unnatural deaths.<sup>16</sup> Conversely, the similarly unexpected death of a sibling infant may cause the parents to be suspected of contributing to both deaths. In both situations, events after a death attributed to SIDS may initiate a review of the circumstantial and material evidence.

Review of post-mortem tissue is not a problem in Scotland. Section 38(2) of the Human Tissue (Scotland) Act 2006 makes it lawful, after a procurator fiscal's post-mortem examination, to retain tissue blocks and slides, but not organs, with the medical record of the deceased. Consent is not required for the storage and use of the retained blocks and slides for diagnostic review or for audit. Any other use, such as for education or research, requires consent. However, in England, Wales and Northern Ireland, tissue blocks and slides can be stored after the coroner's authority has expired (e.g. on certification of a cause of death or at the conclusion of an inquest) only with consent, even if the intended purposes are exclusively diagnostic review and audit.

SIDS is not a diagnosis of the cause of death; it means that the specific cause of death has not been

ascertained despite thorough investigation. However, as medical knowledge advances or new information comes to light, the death can be reviewed and a better understanding obtained. Consequently, the intercollegiate report on the investigation of sudden unexpected death in infancy<sup>17</sup> advised that: *'Coroners should order the retention of all tissue blocks (including frozen specimens) and microscope slides in perpetuity or until further court order and such retention falls within the coroners' exemption in the legislation regarding the retention of human tissue'*. Unfortunately, the Human Tissue Bill was not amended to incorporate the recommended exemption. Currently, except in Scotland, long-term retention without consent even for diagnostic purposes is unlawful; long-term retention cannot be authorised by a coroner and is possible without consent only if the death is the subject of criminal proceedings or a public inquiry.

Even though it may be distressing to contemplate, the key point is this: parents who have knowingly contributed to their infant's death, but which was attributed after post-mortem examination to SIDS, may be less likely to agree to the prolonged retention of material evidence that might facilitate any subsequent review of the death, the cause not having been ascertained.

#### **The sledgehammer that misses the nut**

During a debate on the Human Tissue Bill in the House of Lords, Baroness O'Neill of Bengarve said: *'I ask the Minister why this [Human Tissue] Bill has been brought forward before legislation to revise the Coroners Rules. ... Why was it thought more urgent to reorganise the vast range of uses of human tissues taken from patients for clinical reasons than to clarify and limit coroners' authority to determine subsequent use of tissue lawfully removed post mortem? ... It has been said that this Bill constructs a sledgehammer to crack the proverbial nut, but that, unfortunately, it misses the nut. I do not think that we can reshape the hammer to ensure that it really hits the nut because for that we would also need to reform the Coroners Rules, but I hope that with close attention we may be able to do a little to mitigate the damage potentially caused by hyper complex legislation'*.<sup>18</sup>

I confess to being among those responsible for the allusion to 'the sledgehammer that misses the nut', having argued that it should be made an offence for a coroner not to disclose to relatives what organs had been retained from a post-mortem examination unless there are compelling reasons, set out in legislation, for withholding this information.

Despite failure to amend the Bill so that the eventual legislation would deal adequately with the salient events at Bristol and elsewhere, the Human Tissue Act 2004 gained Royal Assent. Of course it could be argued, and no doubt will be, that the Coroners (Amendment) Rules 2005<sup>14</sup> were

intended to ensure that bereaved families would be informed about what had been retained under the coroner's authority and their wishes about its fate ascertained and effected. But that has not happened in all cases or in all coronial jurisdictions as revealed by the Human Tissue Authority's summary of the first wave of inspections: *'However, our inspection process has highlighted that many establishments continue to retain material because they simply have not received instruction from the family on whether or not they would like it retained, and they are uncomfortable disposing of material without the knowledge of the next of kin'*.<sup>19</sup>

Because of the peremptory way in which the Coroners (Amendment) Rules 2005 were introduced, to which the College objected, a significant number of coroners are reported to have encountered predictable problems in their implementation. Coroners are now required to inform the bereaved family if any tissues or organs have been retained from a post-mortem examination and then to ascertain their wishes about their eventual fate. The discussions with the family inevitably take time and the process has to be documented so that decisions are recorded and acted upon. But coroners were given no extra resources to cover this extra work.

Tissues and organs retained from a coroner's post-mortem examination succumb to the consent provisions of the Human Tissue Act 2004 only when the coroner's authority over the death comes to an end – and, to be pedantic, only if the material is then stored with the *intention* of using it for a scheduled purpose such as education or research. Although the premises and tissue storage facilities for coroner's post-mortem examinations must be licensed by the Human Tissue Authority and the procedures therein conform to the Authority's codes of practice, the Authority has no mandate to regulate coroners and thereby to provide bereaved relatives with a *guarantee* that they will be informed if any organ has been retained. While it is reported that most relatives donate the retained material for research, etc, a few may wish to delay the funeral so that organs returned to them can be reunited with the body before burial or cremation. Although the Coroners (Amendment) Rules 2005 require coroners to inform relatives about what has been retained and offer various options to them, the Rules do not explicitly require coroners to do so before the body has been released for disposal. A possible solution is likely to be set out in the Human Tissue Authority's revised code of practice on disposal.<sup>20</sup>

Given that the vast majority of retained hearts considered by the Bristol Inquiry came from coroner's post-mortem examinations, the imperfect dovetailing of the Coroners Rules (as amended) with the Human Tissue Act is a lamentable flaw in the new legislation. The Human Tissue

(Scotland) Act 2006 deals in a more integrated manner with post-mortem examinations ordered by a Procurator Fiscal.

The key inadequacy is that it is not an offence under the Human Tissue Act 2006 to fail to inform relatives that organs have been retained, albeit lawfully, from a coroner's post-mortem examination.

#### **RATE: a lost opportunity?**

In 2004, the Department of Health (England) published a review of its Arm's Length Bodies and proposed a new regulatory body to replace the Human Tissue Authority and the Human Fertilisation and Embryology Authority. The new Regulatory Authority for Tissue and Embryos (RATE) was then described in a Government White Paper in 2006 and subsequently included in a draft Human Tissues and Embryos Bill. While the White Paper proposed an overhaul of the Human Fertilisation and Embryology Act 1990, it failed to acknowledge the need similarly to revisit the Human Tissue Act 2006. However, the draft Human Tissues and Embryos Bill was considered by a joint parliamentary Scrutiny Committee.

In written evidence to the Scrutiny Committee, the Human Tissue Authority drew attention to the opportunity to clarify or change some aspects of the Human Tissue Act 2004.<sup>21</sup> The Authority focused particularly on the definition of what the Act refers to as 'relevant material'. For example, the draft legislation might be amended to include within the Authority's remit discretion to decide whether a research urine bank requires a licence; it does currently because urine includes cells and, therefore, is 'relevant material'. The Authority also suggested that the list of 'qualifying relationships' in Section 27 of the Act might be extended.

The Joint Committee on the Human Tissue and Embryos (Draft) Bill reported that: *'The Government's argument that it is too soon to amend the [Human Tissue] Act does not stand up to scrutiny. If the law needs amending, as the Committee believes it does, it should be done as quickly as possible. The Committee also notes the weight of evidence suggesting that the Human Tissue (Scotland) Act has achieved a far better result, in particular in terms of legislating only for tissue removed after death, the retention of tissue blocks and slides, and the retention of post-mortem samples in a case of Sudden Infant Death Syndrome. We reject the Government's conclusion that it is too soon to amend legislation as it applies to England and Wales. In consultation with the Human Tissue Authority and its stakeholders, we recommend that the Government use the opportunity presented by the draft Bill to make necessary amendments to the Human Tissue Act 2004.'*<sup>22</sup>

The Government rejected this suggestion: *'The Government notes the evidence provided to the Committee and recognises the Committee's and stake-*

*holders' concerns on this matter. However, we remain unconvinced that it constitutes a compelling mandate for making significant change, at this time, to legislation [Human Tissue Act 2004] that has so recently been the subject of wide-ranging consultation and public and Parliamentary debate.'*<sup>23</sup>

If the Human Tissues and Embryos Bill had proceeded to a full debate in the Houses of Parliament, perhaps other sensible amendments to the human tissue legislation might have been introduced. However, this opportunity was lost when, in October 2007, the Department of Health (England) announced that it would not be proceeding with plans to establish the RATE. A new Human Fertilisation and Embryology Act was granted Royal Assent in 2008. The opportunity for Parliament to deal with some problems experienced in implementing the Human Tissue Act 2004 was lost.

#### **Conclusions**

The Human Tissue Bill was debated in Parliament without pre-legislative scrutiny. The need for scrutiny was glaringly obvious from the Bill's accompanying Explanatory Notes.<sup>24</sup> For example, paragraph 80 stated: *'NHS pathology laboratories where post-mortem examinations are undertaken, or human tissue is stored for research or education will need to be licensed and inspected by the HTA. ... The likely cost of licences would be £2,000 initially, with a charge of £1,000 per year, with biennial inspections.'* Even allowing for inflation, those who drafted the Bill grossly underestimated the cost, complexity and impact of licensing; the fee in 2009/10 for a main post-mortem site is £8,000. Paragraph 81 gave an astonishing underestimate of the number of research tissue banks that would require licensing: *'There are about 5 tissue banks for research in England and Wales, and 3 more are planned.'* By 6 March 2009, 148 research tissue banks had been listed as holding HTA licences! And nowhere in the Explanatory Notes was there any mention of the existing role of ethics committees in safeguarding the interests and welfare of those from whom tissue used for research had come. In my opinion, pre-legislative scrutiny by a Joint Committee of Parliament could have substantially improved the Bill, resulting in more proportionate legislation at lower cost.

The Coroners (Amendment) Rules 2005 were presented just a few weeks before they were due to come into force. Home Office Circular 25/2005,<sup>25</sup> informing coroners about the amended rules, was issued on 10 May 2005, only 21 days before the mandatory implementation date. This short notice was one of several reasons why the College appealed to the Home Secretary for a postponement of the implementation date.<sup>26</sup> My letter, as President of the College, was never even acknowledged. Within a few weeks, responsibility for coroners had moved

from the Home Office to the Department for Constitutional Affairs.

I support strongly the opinion of the Joint Committee on the Human Tissue and Embryos (Draft) Bill: the Human Tissue (Scotland) Act 2006 is a more proportionate response to the past problems arising from post-mortem organ retention. The Scottish legislation also exemplifies how the reviewability of post-mortem interpretations can be assured, thus maintaining professional standards in pathology and minimising the risk of miscarriages of justice.

Finally, what now are the prospects for amending the Human Tissue Act 2004? Given its response to the Joint Committee's Report, the Government considers it too soon to amend the Act. There are also considerable pressures on Parliamentary time. So I'm not optimistic. But if Parliament takes note of the College's suggestions on the reform of coroner's legislation,<sup>27</sup> perhaps the Coroners and Justice Bill<sup>28</sup> could be amended so that at least, for post-mortems required by law, tissue blocks and slides can be archived for review and audit as they are in Scotland.

In pressing for changes to human tissue legislation, pathologists are sometimes suspected of having vested interests and hidden agenda. For example, when suggesting amendments to the Human Tissue Bill, I recollect a civil servant

commenting that such changes would be 'concessions to pathologists'! My motive has always been that restated in my letter to the Home Secretary, which concluded: *'Finally, I must dispel any doubts there may be about the motives of the College or the pathologists it represents. Our primary concern is public safety and the welfare of relatives and families of the deceased'*.

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#### Declared interests

*The author led the production of the College's guidelines (March 2000) on post-mortem tissue retention, was an observer on the Retained Organs Commission, was a member (remunerated) of the Human Tissue Authority, and served on Department of Health (England) working groups on post-mortem consent and human tissues. However, the arguments and opinions expressed in this article are personal and, except where stated, are not representative of any organisation. The author has received fees for performing coroner's post-mortem examinations, some involving the retention of tissue, but is no longer engaged in professional practice. As a potential patient, the author may benefit clinically from the ethical and lawful use of human tissue in medical research, education and training.*

#### References

1. Human Tissue Act 2004. [www.opsi.gov.uk/ACTS/acts2004/ukpga\\_20040030\\_en\\_1](http://www.opsi.gov.uk/ACTS/acts2004/ukpga_20040030_en_1) (accessed 22 April 2009).
2. Human Tissue (Scotland) Act 2006. [www.opsi.gov.uk/legislation/scotland/acts2006/asp\\_20060004\\_en\\_1](http://www.opsi.gov.uk/legislation/scotland/acts2006/asp_20060004_en_1) (accessed 4 April 2009).
3. Knight BH. Legal considerations in the retention of post-mortem material. *Bulletin of The Royal College of Pathologists* 1985;52:3-4.
4. The Royal College of Pathologists. *Guidelines for the Retention of Tissues and Organs at Post-Mortem Examination*. The Royal College of Pathologists, 2000.
5. Ramsay S. 105,000 body parts retained in the UK, census says. *Lancet* 2001;357:365.
6. The Bristol Royal Infirmary Inquiry, 2000. *Interim Report: Removal and Retention of Human Material*. [www.bristol-inquiry.org.uk/interim\\_report/index.htm](http://www.bristol-inquiry.org.uk/interim_report/index.htm) (accessed 22 April 2009).
7. Dyer C. Doctors' arrogance blamed for retention of children's organs. *BMJ* 2000;320:1359.
8. *The Report of The Royal Liverpool Children's Inquiry*, 2001. [www.rlcinquiry.org.uk](http://www.rlcinquiry.org.uk) (accessed 22 April 2009).
9. HM Inspector of Anatomy. *Isaacs Report*. Stationery Office, 2003. [www.dh.gov.uk/en/Publication-sandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4064681](http://www.dh.gov.uk/en/Publication-sandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4064681) (accessed 22 April 2009).
10. *Public Inquiry into the Identification of Victims following Major Transport Accidents*. Report of Lord Justice Clarke. Volume 1, March 2001. Cm 5012. [www.marchioness-nsi.org.uk/index.htm](http://www.marchioness-nsi.org.uk/index.htm) (accessed 22 April 2009).
11. *AB and Others v Leeds Teaching Hospital NHS Trust and Cardiff and Vale NHS Trust*. Approved Judgment. Neutral Citation No: [2004] EWHC 644 (QB).
12. Department of Health. *Human Bodies, Human Choices*. Department of Health, 2002. [www.dh.gov.uk/en/Publication-sandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4109272](http://www.dh.gov.uk/en/Publication-sandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4109272) (accessed 22 April 2009).
13. Human Tissue Bill, 2003. [www.parliament.the-stationery-office.co.uk/pa/cm200304/cmbills/009/04009.i-v.html](http://www.parliament.the-stationery-office.co.uk/pa/cm200304/cmbills/009/04009.i-v.html) (accessed 22 April 2009).

14. Coroners (Amendment) Rules 2005. [www.opsi.gov.uk/si/si2005/uksi\\_20050420\\_en.pdf](http://www.opsi.gov.uk/si/si2005/uksi_20050420_en.pdf) (accessed 22 April 2009).
15. National Research Ethics Service. *Standard Operating Procedure for Research Ethics Committees* (version 3.5). National Research Ethics Service, 2008. [www.nres.npsa.nhs.uk/news-and-publications/publications/standard-operating-procedures](http://www.nres.npsa.nhs.uk/news-and-publications/publications/standard-operating-procedures) (accessed 4 April 2009).
16. Bacon CJ, Braithwaite WY, Hey EN. Uncertainty in classification of repeat sudden unexpected infant deaths in Care of the Next Infant programme. *BMJ* 2007;335:129–131.
17. The Royal College of Pathologists and The Royal College of Paediatrics and Child Health. *Sudden Unexpected Death in Infancy: A multi-agency protocol for care and investigation*. The Royal College of Pathologists, 2004. [www.rcpath.org/sudi](http://www.rcpath.org/sudi)
18. Lords Hansard. 22 July 2004: Column 394. [www.parliament.the-stationery-office.com/pa/ld200304/ldhansrd/v0040722/text/40722-15.htm](http://www.parliament.the-stationery-office.com/pa/ld200304/ldhansrd/v0040722/text/40722-15.htm) (accessed 22 April 2009).
19. Human Tissue Authority, 2008. Summary of inspections 2007–2008: Post-mortem. [www.hta.gov.uk/\\_db/\\_documents/HTA-inspection-post-mortem-v2.pdf](http://www.hta.gov.uk/_db/_documents/HTA-inspection-post-mortem-v2.pdf) (accessed 22 April 2009).
20. Human Tissue Authority. Revised codes of practice: remaining issues. HTA (07/09). [www.hta.gov.uk/about\\_hta/publications/authority\\_meeting\\_papers.cfm](http://www.hta.gov.uk/about_hta/publications/authority_meeting_papers.cfm) (accessed 22 April 2009).
21. Human Tissue Authority. Supplementary written evidence to the Joint Parliamentary Committee on the draft Human Tissues and Embryos Bill. June 2007. [www.hta.gov.uk/about\\_hta/how\\_we\\_work/rate.cfm](http://www.hta.gov.uk/about_hta/how_we_work/rate.cfm) (accessed 8 April 2009).
22. Joint Committee on the Human Tissue and Embryos (Draft) Bill (Session 2006–07). Volume I: Report. The Stationery Office, 2007.
23. Secretary of State for Health. *Government Response to the Report from the Joint Committee on the Human Tissue and Embryos (Draft) Bill*. The Stationery Office, 2007.
24. Human Tissue Bill. Explanatory Notes. [www.parliament.the-stationery-office.co.uk/pa/cm200304/cmbills/009/en/04009x--.htm](http://www.parliament.the-stationery-office.co.uk/pa/cm200304/cmbills/009/en/04009x--.htm) (accessed 22 April 2009).
25. Home Office circular 25/2005. *Coroners (Amendment) Rules 2005*. [www.homeoffice.gov.uk/about-us/publications/home-office-circulars/circulars-2005/025-2005/](http://www.homeoffice.gov.uk/about-us/publications/home-office-circulars/circulars-2005/025-2005/) (accessed 22 April 2009).
26. Underwood JCE. *The Coroners (Amendment) Rules 2005: Letter to the Home Secretary*. The Royal College of Pathologists, 2005. [www.rcpath.org/index.asp?PageID=809](http://www.rcpath.org/index.asp?PageID=809) (log-in necessary) (accessed 22 April 2009).
27. The Royal College of Pathologists. *Draft Bill on Coroner Reform: Comments from The Royal College of Pathologists*. [www.rcpath.org/resources/pdf/CoronerBillcomment.pdf](http://www.rcpath.org/resources/pdf/CoronerBillcomment.pdf)
28. Coroners and Justice Bill. [www.publications.parliament.uk/pa/ld200809/ldbills/033/2009033.pdf](http://www.publications.parliament.uk/pa/ld200809/ldbills/033/2009033.pdf) (accessed 22 April 2009).