

Petitioner submission of 30 August 2023

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

In response to the Crown Office & Procurator Fiscal Service submission of 29 June 2023.

It is very important to me that there is open and collaborative dialogue to address my petition. I do not know about the process of changing laws and procedures, but I do recognise that we have only one chance to get this right and there is a lot to change. The Crown Office's commitment to transparency is essential around my petition.

I have noted that the present contract the Procurator Fiscal Service has expires in 7 months' time so there is an opportunity right now to revise this with regards to accommodating their aims of streamlining contracts and efficiency savings, such as using scanners and toxicology in Murder and Suspicious cases, and NOT performing any type of post-mortem (PM) in NON-SUSPICIOUS or UNEXPECTED deaths. This should be up to the next of kin (N.O.K) to request one if they wish one. The most likely cause should be recorded or "uncertain". The PF should not be involved as these deaths are not criminal cases and would save a fortune that could go back into the NHS. There is so much money wasted in the country, Richard's case is an example, and it has ruined our lives.

I was advised by the PF that Richard would always have had a full PM and that View and Grants are only performed in cases where a person has been hit by a train. Yet Dundee performs many View and Grants. Advised by the Lord Advocate, Richard's death was never considered to be suspicious – so why did he go through that horrific PM?

In the opinion of others this was for samples, and he ended up with a death certificate of "Unascertained" which is meaningless when the evidence was there of the cause of death from day one.

Scanners and toxicology should be used in Murder/Suspicious cases - the police are not silly they know when it is murder or foul play. So, this would not prevent justice from being done.

Scanners are 96% accurate and improving with technology. Pathologists can never be a 100% accurate, they can only give their belief in a cause of death.

In Scotland we need a Coroner or the equivalent of a Coroner who makes the decisions and oversees the Royal College of Pathologists (RCOP) and the Procurator Fiscal. In England when there is a death the Coroner receives the paperwork and contacts the family, gathering information to avoid a PM (even a scanner one) as they know any type of PM is distressing for the N.O.K that has lost a loved one. They do take into account the wishes of the N.O.K. They look at the medical history, circumstances of the death, information the family holds, and they look for a likely cause first, or scanner PM or LIMITED PM.

Here in Scotland nothing is taken into account. Our son should never have gone through that horrific PM and this has happened in many cases and has ruined the lives of families – **and no-one seems to care!**

A Coroner with compassion should be at the top, and the RCOP and PF should be answerable to that Coroner, I like others are speechless at the discovery that they are answerable to no-one. In the submission there is very little caring for the **families and their wishes.**

Regarding the Pathology Review, I acknowledge the complexities involved in streamlining pathology services. As my petition has many aspects, this review should not be done singly, and I hope the committee can act on a review of all services, so organisations are not working in silos. As we heard in a previous committee session, there is a pathology service in England whose methods and best practice can be drawn upon. Their procedures provide a service which fully meets families' expectations with a high satisfaction level.

I understand COPFS's preference for establishing a National Pathology and Mortuary Service under NHS leadership, and I fully appreciate that wider Government direction and support are necessary for such a significant undertaking.

I would like to emphasise the importance of ensuring that any proposed approach takes into account the perspectives of grieving families, like mine. Reducing distress during the post-mortem examination process is crucial, the procedure is unnecessary, and I am encouraged by COPFS's willingness to support my goals.

With respect to CT scanning, this cannot happen soon enough, especially when considering so many other countries have already implemented more efficient systems. I have had personal correspondence with the Lord Advocate recently and to read on paper of all the samples of MY SON'S organs which were retained following his post-mortem without my knowledge, I find it difficult to comprehend and put into words why tissue samples of loved ones are retained in Scotland. It adds to the already profound pain of losing a loved one, and this is the DNA of a family being stored without consent when we are advised to protect our identity, and this current law is allowing it to be stolen.

Looking at the figures for 2023 (which isn't over), the figures are high regarding PMs: 2021-2022 – 7,092 PMs. Based on the number of samples I received of Richard (there will be more taken from some deceased) there are almost ½ million samples taken in a year. Where are they being stored? And what is the cost of storage? If a person chooses to leave organs/samples then that is their CHOICE!

As the Lord Advocate advised they are the clients of the RCOP, in that case, you dictate what kind of service you wish, not the other way around. The pathologists in England were not keen on scanners, but this went ahead anyway.

I acknowledge the challenges posed by the increasing number of reported deaths and the rise in post-mortem examinations. CT Scanning will reduce the substantially increased workload and more so if it is only murder/suspicious cases. The 12-week investigation target could be cut drastically for many grieving families. Over the reporting years given in the submission, the rising number of post-mortems conducted by pathologists is high. While acknowledging the importance of limited invasive post-mortems, why is Scotland not optimising the skills and expertise of these professionals by exploring ways to allocate their talents more effectively within the country.

I am grateful for any positive commitment to improvement. However, I believe it is essential to recognise the multifaceted reasons behind the challenges.

I trust that the committee will carefully review the provided information and engage in wider constructive discussions to find viable solutions to my petition.

Once again, I express my gratitude for the opportunity to contribute to the ongoing discussion and deliberations.