DEATH INVESTIGATION

THE PROVISION OF AN AUTOPSY SERVICE IN IRELAND

AN ESSENTIAL PART OF PATIENT SAFETY, QUALITY IMPROVEMENT IN HEALTHCARE AND BEREAVEMENT SUPPORT FOR FAMILIES.

This position paper from the Faculty of Pathology, Royal College of Physicians of Ireland, provides an overview of the current structure of the autopsy service in Ireland and the provision of this service, including both coroner-directed and consented (in-hospital) autopsies. It addresses the obstacles and challenges threatening the continued provision of this service, including specialist areas of autopsy practice and the training of histopathologists of the future. We recommend practical solutions to the problems identified in our conclusions.

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EXECUTIVE SUMMARY

The health service is tasked to provide health care from the cradle to the grave. However, at this time in 2025, one of the major contributors to evidence-based practice and quality improvement, the post mortem examination/ autopsy service, is in jeopardy. **There is a very real crisis in the provision of the autopsy service by HSE facilities and staff on a national level.** Approximately 6,000 autopsies are performed in Ireland each year, the vast majority of which are directed by the coroner.

An autopsy is the last medical procedure that a person can have. High standard autopsy practice serves to ascertain the exact cause of death and provide families with information that is essential for closure. In doing so, the results of an autopsy may direct future and life-saving healthcare and reproductive choices for bereaved relatives. Autopsy practice also serves to assess the quality of care given to a patient before death and may improve the understanding of new and current diseases, which in turn leads to enhanced care of future patients; in cases of undiagnosed genetic or metabolic conditions, it may save lives of living relatives by offering genetic and laboratory screening and disease modifying measures.

Regardless of whether it is directed by the coroner or consented, autopsy has a vital role in informing public health, providing information to the living and informing healthcare and government policy. The recent COVID-19 pandemic highlighted the importance of autopsy in understanding many aspects of this new potentially fatal disease.

The vast majority of coroner-directed autopsies in Ireland are performed by hospital consultants or by consultant-supervised trainee doctors in histopathology (approximately 96%). These autopsies are usually performed in a hospital mortuary, thus ultimately resourced, managed, and staffed by the HSE. While the primary purpose of an autopsy directed by the coroner is to fulfil legal requirements for death investigation, key learning and feedback on quality of clinical care may often be gained, when the autopsy is performed in a centre with clinical links to the hospital where the deceased person received care.

Indeed, the autopsy service serves diverse functions, with multiple stakeholders. It is an essential requirement for the training of histopathologists of the future and contributes to the training of other specialties. The autopsy service is provided in hospitals and thus falls

under the governance of the Department of Health (DOH) / Health Service Executive (HSE). The responsibility for death investigation is the remit of coroners as a statutory function, and this is supported by the Department of Justice, Home Affairs and Migration (DJHAM). While in Dublin this is funded by DJHAM, around the country it is funded by local authorities. The HSE requires a robust death investigation system to fulfil its statutory responsibility for registration of deaths. Failure of the autopsy service and thereby the death investigation system, will cause profound distress to families bereaved by sudden, unexplained or unnatural death.

In recent years, many hospitals have ceased to provide an autopsy service, with substantial loss of service. Individual histopathologists have ceased to carry out postmortem examinations, citing work pressure demands, time constraints and difficulties encountered in the coroners' courts. This has evolved without capacity being developed elsewhere to minimise the impact of a lack of this service on bereaved families; and to mitigate effects on clinical governance, quality assurance and improvement; and the training of pathologists and other specialties and specialty recognition.

The Faculty of Pathology, Royal College of Physicians of Ireland (RCPI) published *'A review of the Provision of the Coronial Autopsy Service'* in 2022 which provided recommendations on improvements to the autopsy service. The solutions outlined were to ensure that bereaved families receive the service needed, that the service required by legislation is resilient, and that there was appropriate autopsy training of future pathologists and other doctors.

Recommendations addressed the need to

- Make autopsy work more manageable within the hospital pathologist's normal work environment and commitments.
- Deliver appropriate and responsive autopsy training and exams.
- Ensure a robust and sustainable future death investigation system.

It is imperative that each of the new HSE regions recognises their responsibility to provide a high quality, sustainable autopsy service, ensuring timely access for deceased persons and bereaved families, as well as contributing to clinical governance. There is already a shortage of trained histopathologists keen to engage in autopsy practice, which will become much

worse if the current situation prevails. If hospitals are allowed to cease the provision of an autopsy service, without ensuring that the workload is accommodated in the region, the capacity to provide this valuable end of care medical examination will no longer be readily available. This will inevitably lead to delays in burials/cremations and will only compound the distress for bereaved families.

Following enactment of the Human Tissue Act 2024, which adds additional responsibilities to histopathology departments providing consented autopsies, and the reduction in teaching hospitals providing autopsy services, this position paper updates recommendations in line with the regionalisation of Irish health care, and reviews progress against recommendations of the 2022 Faculty of Pathology report.

The importance of ensuring and maintaining provision of high-quality autopsy practice and providing bereaved families with timely access to this essential service must be a central focus of all involved.

Urgent, cohesive cross-department government action is needed, while there is still time, to avoid a situation where bereaved families are unable to access autopsy services in a timely manner, causing unnecessary suffering.

Based on current workload recommendations, provision of approximately 6,000 autopsies requires a contractual commitment equivalent to 24 whole time equivalent pathologists, with appropriate support staff and facilities. A detailed review of current autopsy capacity is urgently required to inform workforce planning to develop a resilient service for families.

A detailed costing exercise is needed to ensure that hospitals are reimbursed for the full economic cost of providing an autopsy service, and until pathologists are employed to provide coronial autopsies, reimbursement should reflect current medicolegal guidelines.

INTRODUCTION

The health service must provide care from the cradle to the grave. The Health Service Executive (HSE) clearly states that its vision is for a healthier Ireland with a high-quality health service valued by all. Their mission includes providing a health service that delivers evidence based best practice to provide the highest quality of care to their patients [https://about.hse.ie/our-work/hse-mission-vision-and-values/].

Given the legal mandate to investigate specified types of deaths, the services required to allow deceased patients proceed to a dignified and timely burial/cremation are essential. The Coroners Acts 1962-2020 in Ireland mandate that many deaths that occur in this jurisdiction are reportable to the coroner. (The Coroners Acts 1962-2020 https://www.gov.ie/en/department-of-justice-home-affairs-and-migration/publications/coroners-annual-returns-2023/). A focus only on "services for the living," while ignoring the duty of care to deceased citizens, could raise serious ethical concerns.

There are many clinical benefits of death investigation by autopsy. Determining causes of death in cases where the cause is not known is hugely important, providing much needed answers to families. Establishing the diagnosis of genetic/inherited diseases such as cardiomyopathies informs future health screening and reproductive decisions. The knowledge generated from an autopsy may potentially save the lives of relatives with the same inherited diseases. Examination of post-operative deaths contributes to clinical governance by the surgical or medical service using evidence of past experiences to inform future practice. Autopsy contributes to quality assurance by maintaining a desired level of quality in clinical practice. Clinical feedback after postmortem examination /autopsy contributes to quality improvement and highlights safety issues should they arise. As illustrated globally during the COVID-19 pandemic, autopsy has a vital role in understanding pathological mechanisms of this and any novel disease, informing public health, informing the development of vaccines and therapies and providing information to the living. Autopsy provides valuable insights into the deceased persons' disease which may improve care for other people with the same condition and may provide important information about the quality and effectiveness of care of the deceased person.

Approximately 6,000 autopsies are performed in Ireland each year, the vast majority of which are directed by the coroner, in compliance with The Coroners Acts (1962-2020), with consented autopsies contributing a very small number of the total. Cases of sudden, unexplained, or unnatural death (for example suicides, drug overdoses, poisonings, road traffic collisions), occurring either in the community, or in a hospital are reported to the local coroner who may direct an autopsy. Autopsies that are coroner-directed, when performed in the hospital where the patient received care may, in addition to fulfilling legal requirements, provide important feedback in relation to patient care, providing an evidence base to drive quality improvement. This benefit of the autopsy is unlikely to occur where autopsy services are separate and/or without formal clinical links to the hospital which provided the deceased person's care. In addition, the specialist expertise of pathologists in centres providing specialised care ensures they are particularly well qualified to undertake death investigation in patients cared for in their hospital. This includes hospitals where there may be patients who have died following organ transplantation, deceased persons following sudden cardiac death, and those who have undergone complex surgical procedures. Hence, a coroner-directed autopsy will undoubtedly have direct relevance to quality improvement and patient safety in the centre where the patient received care.

Hospital based histopathologists have traditionally provided and continue to provide the autopsy service to local coroners. Histopathology is the branch of pathology that deals with diagnosis and study of disease in tissues and organs. Most coroner-directed autopsies in Ireland are performed by hospital consultants or by consultant-supervised trainee doctors in histopathology (approximately 96%). These autopsies are usually performed in hospital mortuaries that are resourced, managed, and staffed by the HSE. However, many hospitals have ceased to provide an autopsy service, particularly in recent years. Sub-specialisation within histopathology has evolved as diagnoses and ancillary investigations in individual diseases have become more complex, particularly in cancer diagnostic work. With this, many individual histopathologists have ceased to carry out postmortem examinations, citing work pressure demands, time constraints and also difficulties encountered when presenting their autopsy evidence in the coroner courts. Some individual hospitals have not prioritised the effect that a lack of a high quality and sustainable autopsy service will have on bereaved families. In the absence of a clinically linked, alternative arrangement for an autopsy

service, cessation of an autopsy service has a negative impact on clinical governance (the evidence provided by autopsy for quality assurance and improvement) and the training of pathologists, other specialties and for specialty recognition.

It is imperative that each of the new HSE regions recognises their responsibility to provide a high quality, sustainable autopsy service, ensuring timely access for deceased persons and bereaved families, as well as contributing to clinical governance.

There is already a shortage of trained histopathologists keen to engage in autopsy practice, this situation will only become much worse if the current circumstances prevail. If hospitals are permitted to stop providing an autopsy service without ensuring that the workload is accommodated within the region, the capacity to provide this valuable end of care medical examination will no longer be readily available. This will also inevitably lead to delays in burials/cremations and will only compound the distress for bereaved families.

As outlined, the autopsy service serves diverse functions. It also has multiple stakeholders: it is essential for the training of histopathologists and contributes to the training of other specialties. The autopsy examination Certificate of Higher Autopsy Training (CHAT) must be attained by all histopathology trainees to be registered on the Irish Medical Council specialist register when they become a consultant. Autopsy service is provided in hospitals where there are often, but not universally, bereavement and social supports for families, mortuary facilities, Anatomical Pathology Technicians (APTs) to assist pathologists with the autopsy and laboratory facilities (histology, biochemistry, microbiology) to support postmortem investigations. These hospital services fall under the governance of DOH / HSE. The responsibility for death investigation is the remit of coroners who are legislated for and supported by the Department of Justice, Home Affairs and Migration (DJHAM). While DJHAM funds Dublin, the rest of the country is funded by Local Authorities. The State Laboratory provides support for postmortem toxicological analysis.

The HSE requires a robust death investigation system to fulfil its statutory responsibility for registration of deaths. Appendix 2: HSE Post Mortem Examination Services Process Map 2023, gives a comprehensive overview of the Autopsy service (HSE National Clinical Guidelines for Post Mortem Examination Services 2023 downloadable at: https://www.lenus.ie/handle/10147/635255).

In January 2022, as these concerns were raised, the Faculty of Pathology, RCPI published a report entitled *"A review of the Provision of the Coronial Autopsy Service"* [file:///H:/Downloads/Coroner_Autopsy_HSC_Report_final_with_cover%20(3).pdf]. The report sets out the status of the service in detail, addressing the challenges faced with regard to resources, both facilities and staffing. It was precipitated by the underlying difficulties that histopathologists reported as leading to their decisions to cease providing an autopsy service. Of note, the COVID-19 pandemic had highlighted the variability in facilities in mortuaries around the country, many of which prevented the safe performance of autopsies in infected patients.

In light of further service challenges, this report now updates the recommended actions required to ensure that bereaved families receive the autopsy service needed, that a resilient autopsy service is provided as required by legislation, and to ensure appropriate training of future pathologists and other doctors.

Failure of the autopsy service and thereby the death investigation system, will cause profound distress to families bereaved by sudden, unexplained or unnatural death.

BACKGROUND

NATIONAL PRACTICE AND INTERNATIONAL COMPARISONS

IRELAND

In recent years, there has been an overall increase in the number of autopsies performed in Ireland. There are several reasons for this including amendments to the Coroners Act, an increasing population and a growing focus on medicolegal issues in the coroners' courts. As defined by the Coroners Acts 1964-2020, an autopsy in Ireland must consist of a three-cavity examination (i.e. examination by the pathologist of the contents of the head, chest and abdomen).

However, not all deaths reported to the coroner require an autopsy. The percentage of deaths reported that result in an autopsy in Ireland varies from coroner to coroner. There are 34 coroners responsible for 37 districts across the country. Nationally, in 2024, of the 15,382 deaths reported to coroners, 5,977 (39%) had an autopsy directed (https://www.gov.ie/en/department-of-justice-home-affairs-and-migration/publications/coroners-annual-returns-2024/). With the Central Statistics Office noting 35,173 registered deaths in Ireland in 2024, this means an overall autopsy rate of approximately 17%.

As outlined above, the autopsy service in Ireland is a complex system. In Dublin District Mortuary, which is managed and resourced by DJHAM, the autopsies are performed by external consultants who are paid by DJHAM on a case-by-case basis. In the rest of the country, funded by local authorities also on a case-by-case basis, autopsies are performed by hospital-based consultants. In some cases, autopsy is an expected part of the workload and is managed as such. In other cases, it is considered an "extra" or as private work because there is no formal agreement between the DOH/HSE and coroners to provide this service. This situation is reinforced by the case-by-case payment from the local authorities to the histopathologists. The fee per case is €321.40, and where the pathologist must attend the inquest, the fee is increased to €535.68. These fees are in accordance with Statutory Instrument 155 of 2009 but have not been reviewed or increased in 16 years.

(https://www.irishstatutebook.ie/eli/2009/si/155/made/en/pdf#:~:text=These%20Regulations%20prescribe%20various%20fees,the%20attendance%20of%20witnesses%20at)

The new Public Only Consultant Contract (POCC) in section 10 allows for the employed doctor to take on "other duties as may be assigned to them provided such other duties are consistent with (a) the role of a consultant having regard to the letter of approval and…….. (b) the Employees clinical speciality (as recognised in their registration on the Specialist Division…)". Autopsy work would appear to fall under this remit, particularly as it is a compulsory requirement for histopathology practice. However, there is a failure to appreciate the provision of an autopsy service, as currently structured for the Irish health service, as integral to the duties of histopathologists, as section 24.14 of the contract quite clearly stated that any work for a coroner is included in activities that should only be completed outside of the normal work schedule. https://www.hse.ie/eng/staff/resources/hr-circulars/public-only-consultants-contract-including-academic.pdf) Performance of an autopsy requires support from Anatomic Pathology Technicians, who also undertake reconstruction following the post-mortem examination. Hence it is not feasible to perform an autopsy out of hours, when other essential staff are not on duty. Similarly, inquests take place during normal working hours, and are not scheduled to occur outside normal office hours.

Each trainee doctor in histopathology must pass the Certificate of Higher Autopsy Training (CHAT) exam as part of their consultant qualification. They are required to perform a full autopsy as part of this, as well as to sit a comprehensive exam involving both written and oral parts. A histopathology consultant must have this qualification in order to register on the specialist register with the Irish Medical Council. Without this specialist registration, they are unable to practice in Ireland. In summary, autopsy practice remains a required component of histopathology training, practice and specialist registration with the Irish Medical Council.

Autopsy, as outlined above is an essential and obligatory part of a histopathologist's training. Until recently, autopsy has always been considered as part of a histopathologist's

day-to-day work. In a hospital, where there may have been questions around an underlying diagnosis around the time of death, it was considered to be the responsibility of the Histopathologist, through autopsy, to answer these questions. Consented autopsies, where the family agrees to the procedure to answer their or the clinical team's questions, were routine practice. However, with 96% of all autopsies performed each year in Ireland being coroner-directed from a legislative basis, this has led to a departure from what has always been usual histopathology responsibility and practice.

Urgent review of how autopsies are funded, adequate job descriptions and allocation of time for autopsy practice are all required to ensure a sustainable high-quality service for bereaved families in Ireland. A detailed costing exercise is needed to ensure that hospitals are reimbursed for the full economic cost of providing an autopsy service, and until pathologists are employed to provide coronial autopsies, reimbursement should reflect current medicolegal guidelines.

INTERNATIONAL COMPARISONS

UK and worldwide

Death investigation in the UK has changed significantly, with the implementation of the Medical Examiner system in September 2024, in England and Wales. The new system means that every death is subject either to a medical examiner's scrutiny or to a coroner's investigation, ensuring that all deaths, without exception, are subject an independent review. The new arrangements will also ensure that only those deaths which require investigation are referred to the coroner. This is designed to enable better focusing of coronial resource which, in turn, is expected to support the reduction of inquest backlogs and delays.

According to the UK Office of National Statistics, in 2024 there were 568,613 deaths registered in England and Wales, with 31% reported to the Coroner. There was significant regional variation in the number of deaths reported to coroners as a proportion of

registered deaths varied widely across coroner areas, from 19% in Rutland and North Leicestershire to 53% in Inner North London.

There were 81,200 autopsies directed by the coroners (an autopsy rate of 14.2%). Of these, 7% were classified as non-standard indicating a requirement for specialist skills – for example, a paediatric or other specialist pathologist. In 2024, 20% of all UK post-mortem examinations included histology, and 28% of all post-mortem examinations included toxicology.(Coroners statistics 2024: England and Wales - GOV.UK)

In the UK, Coroners issue A Prevention of Future Deaths (PFD) report if there is a concern (arising from the investigation) that action should be taken to reduce or prevent the risk of other deaths occurring in the future. A PFD report is issued to people or organisations whom the coroner believes are in a position to take action. In 2024, 713 Prevention of Future Death Reports were issued in England nd Wales.

The UK autopsy rate of 14.2% may appear similar to Ireland, however the autopsy rate per deaths annually in these jurisdictions such as England and Wales, Victoria (Australia) and New Zealand, notwithstanding similar coronial systems, is difficult to compare to Ireland. This is because they have a range of autopsy types. Their systems allow for non-invasive autopsies (where only imaging is used), targeted autopsies (not involving a three-cavity examination) and “view and grant” autopsies (involving an external examination and review of medical notes to rule out foul play).

Different types of autopsy procedures are available worldwide. The following table is taken from the HSE National Clinical Guidelines for Post Mortem Examination Services 2023 (downloadable at: https://www.lenus.ie/handle/10147/635255). It outlines and describes these different types of autopsy procedures.

Autopsy procedures available worldwide by type- Postmortem examination (PME)
Coroner's PME

A detailed examination of a body after death, ordered by a coroner in order to determine the cause of death and any contributing factors. It involves:

- The noting and description of marks or injuries on the body.
- The dissection of organs from the head, chest and abdomen.
- Ancillary investigations where appropriate to include toxicology, histopathology, microbiology and any other investigations that may be required.

This is a compulsory postmortem examination required by law and consent from the deceased's family is not required.

Hospital PME (also known as consented or non-coroner PME)

A detailed examination of a body after death requiring the consent of the family. It is carried out at the request of the family or of the clinician in order to provide further information about an illness / condition / disease process or to investigate the effect and efficacy of treatment. A full hospital postmortem examination involves the dissection of the organs of the head, chest and abdomen and ancillary investigations as appropriate (for example histopathology, microbiology).

Full PME

A full PME involves a detailed external examination as well as an examination of all the internal organs, from the head, chest and abdomen. This includes a detailed examination of all the internal organs, including the brain, heart, lungs, liver, kidneys, intestines, blood vessels and small glands.

Limited PME

A limited PME is usually confined to an examination of those organs most likely to have been directly related to the cause of death, meaning only certain parts of the body are examined.

Minimally invasive PME

Includes those in which needle biopsies through the skin are taken to sample internal organs and tissues, and examinations that use an endoscope or laparoscope to provide internal access to the gastrointestinal tract and the abdominal cavity. Needle autopsies are undertaken for only the most limited of examinations, for example when the body poses a high risk of serious infection, or when there are neither the time nor conditions for a complete post mortem examination. Endoscopic post mortem examinations require specialist equipment and expertise. They have been used in cases in which consent for more complete post mortem examination has not been obtained. (Human Tissue Authority, UK).

Virtual post mortem examination
The use of imaging (radiological imaging such as CT or MRI) for PME instead of invasive procedures.

In the UK where autopsy is no longer a required component of training or consultant registration in histopathology, there is now a shortage of pathologists providing autopsy services. This has led to delays in some areas of several weeks before an autopsy can be performed. The distress for bereaved families when funerals are delayed for many weeks adds greatly to the trauma of the sudden loss of a relative. As we are aware, funeral customs and practices differ greatly between Ireland and the UK, and we can anticipate much less tolerance for such a delay in Ireland.

To compound family distress, a delayed autopsy may not allow the full range of ancillary investigations indicated to determine cause of death, to be performed.

It would require a legislative change to the Coroners Acts, as well as further resourcing of mortuaries, in order to allow a range of autopsy types to be available in Ireland in line with international comparisons. In the current climate, we are of the view that this should be considered.

AUTOPSY IN SPECIFIC SERVICE CIRCUMSTANCES

FORENSIC PATHOLOGY

The Forensic Pathology service in Ireland is provided by the Office of the State Pathologist (OSP), which is an independent body under the aegis of the Department of Justice, Home Affairs and Migration. The OSP provides the coroners, An Garda Síochána and the State with a national forensic pathology service where a forensic pathologist is on duty, twenty-four hours a day, each day of the year. There are currently four forensic pathologists based in the Dublin office with a fifth vacant post to be filled in 2025. There is ongoing support from an assistant state pathologist based in Cork.

Forensic pathologists are medical doctors who are trained in anatomical pathology (diseases affecting the body), histopathology (microscopic examination of body tissues) and the forensic examination and interpretation of injuries after death. They differ from histopathologists who are based in HSE hospitals and provide the autopsy service in their respective hospitals in non-suspicious deaths only.

The OSP on-call pathologists are always available to histopathologists in a professional capacity to provide advice and guidance in difficult trauma cases, unusual injuries or where there are questions around the circumstances of death. This relationship is mutually beneficial as the OSP may seek advice around specialist histopathology areas in state cases.

The main activity of the OSP is the performance of autopsies in cases of sudden, unexplained death where a criminal or suspicious element is present (referred to as “State” cases). In a small number of cases, this will involve a visit to the scene of death. Forensic pathologists deal with homicides as well as a wide range of natural and unnatural deaths (for example: certain road traffic accidents, other accidents, drug-related and prison deaths) as instructed by the coroner.

Forensic pathology is not a recognised specialty in Ireland and does not have a dedicated training scheme. Interest in pursuing it as a career is very much dependent on the exposure of medical students, junior doctors and in particular, histopathology trainees, to the practice

of autopsy. The OSP is involved with and continues to provide support to the Faculty of Pathology, RCPI to enhance and progress autopsy teaching for histopathology trainees. However, theory is only one aspect of developing competency to perform autopsy to a high standard and practical experience is essential, as the Certificate of Higher Autopsy Training (CHAT) is a requirement to become a histopathology consultant and register with the Irish Medical Council.

The current crisis in the provision of the coronial autopsy service is already impacting on exposure to autopsy pathology and forensic pathology as viable career paths. Histopathology trainees are now struggling to receive mandatory autopsy training and those with a specific interest in forensic pathology are unable to undertake elective attachments with the OSP due to hospital work commitments.

Inability to provide adequate and comprehensive training to doctors on the histopathology training scheme will undoubtedly result in long term difficulties recruiting Irish trained autopsy pathologists and potentially result in delays to bereaved families. This will lead to notable reputational damage to the HSE in the future, who are ultimately legally responsible for the registration of deaths nationally.

The OSP does not have its own mortuary. To perform coroner directed forensic autopsies nationally, the office relies on access to HSE and hospital mortuaries in the locality where the death occurred. If the trend of hospitals ceasing to provide autopsy service continues, these mortuaries may become unavailable, and this will have a direct impact on coronial and criminal investigations.

Certain hospitals provide specialist services such as perinatal pathology, paediatric pathology, cardiac pathology and neuropathology. There is already a shortage of these specialists in the country. The OSP deals with suspicious deaths in all age groups and is heavily reliant on access to such experts. Cessation of autopsy practice from specialist centres (e.g. Beaumont Hospital – neurosurgical centre) reduces the ability to adequately train these specialist pathologists. The lack of specialist pathologist expertise impacts on the OSP's ability to not only perform autopsies in a timely fashion, but also to provide timely and comprehensive reports to the coroner. This in turn will undoubtedly affect criminal investigations.

In summary, the current crisis in the provision of the coronial autopsy service will have direct impact on the national forensic autopsy service in relation to training and promotion of forensic pathology as a career, access to hospital mortuaries and necessary specialist expertise and ultimately on coronial and criminal investigations that will result in unnecessary trauma to bereaved families nationwide.

PERINATAL PATHOLOGY

Perinatal pathology is a subspecialty within histopathology that focuses on diseases and abnormalities affecting pregnancy and the developing fetus. Its importance lies in understanding, diagnosing, and helping prevent conditions that may harm the fetus, and identifying causes of stillbirth and neonatal death. Perinatal autopsy examination plays a vital role in this diagnostic process by providing crucial information to both families and healthcare providers.

By examining pathological changes in the placenta, fetus, and newborn tissues, clinicians gain valuable insights into complications that may arise during pregnancy and delivery, leading to improved prenatal and perinatal care. Additionally, findings from perinatal pathology help guide care and management in future pregnancies by identifying risk factors and enabling targeted interventions to reduce the likelihood of recurrence.

Perinatal pathology and autopsy investigations also play a crucial role in the ongoing evaluation and enhancement of antenatal and neonatal medical care, as well as in medico-legal investigations. Diagnostic findings from autopsy, placental examination, and ancillary testing—including genetic analysis—contribute to a broader understanding of congenital abnormalities, infections, and maternal-fetal conditions. This knowledge significantly supports public health initiatives aimed at reducing infant mortality.

Importantly, determining the cause of perinatal loss can provide emotional closure to grieving parents and inform appropriate counselling and support services.

These specialised investigations including the perinatal autopsy, are conducted by medical doctors who are Histopathologists with additional subspecialty qualifications in perinatal pathology, obtained through postgraduate fellowship training. Perinatal pathologists work

closely with their clinical colleagues in Obstetrics and Neonatology for the provision of comprehensive care in pregnancy and in the antenatal period.

Currently, Ireland faces a shortage of specialists trained in perinatal pathology, and a reduction in autopsy practices nationally would have an added negative impact on retention and training of Perinatal Pathology Specialists in Ireland. Ultimately, this would hinder our understanding of complications that may occur during pregnancy, risking affecting care and perinatal outcomes nationally.

PAEDIATRIC PATHOLOGY

Specialised paediatric pathology autopsy practice in Ireland is based primarily in Crumlin and Temple Street Children's Hospitals, soon to be merged into the new National Children's Hospital. Specialised paediatric autopsies are referred to both sites from much of the country. In addition to examining the cause of death, paediatric autopsy practice provides essential information regarding familial risk and quality of care, in addition to providing assistance in medico legal situations of inquest and suspicious deaths. Paediatric autopsy also provides necessary information for public health initiatives, one recent example being the finding of an increase in childhood deaths from invasive Group A Streptococcal infections.

Paediatric autopsy, particularly in the setting of sudden and unexplained death, has a significant time and resource impact on our hospitals, in particular for the laboratory, secretarial and social work disciplines. Paediatric autopsies generate numerous associated tests for our microbiology, biochemistry/metabolic, neuropathology and clinical genetics colleagues. Bereavement meetings with families attended by pathologists and social workers to communicate autopsy findings and arrange follow up as necessary are standard practice. International published data indicates an average time spent on a paediatric/perinatal autopsy by a subspecialised pathologist at 15 hours. This would be in line with our experience here. Two paediatric pathologists and two anatomical pathology technicians currently staff the paediatric pathology autopsy service across both sites on a 24/7 basis, representing a clear risk to ongoing service provision.

The vast majority of paediatric autopsies are performed under the coronial system, which does not provide direct funding for the provision of autopsies, except for a nominal fee to the pathologist and technician, not commensurate with the resource implications across all involved specialities. This situation in general has contributed to the ongoing loss of hospital based autopsy services across this country and is a threat to the provision of specialised paediatric autopsies in Ireland.

At this time, sub-specialised training in paediatric pathology in Ireland to consultant level is lacking, requiring additional training abroad. This situation is clearly not suitable for many potential candidates. A paediatric/perinatal fellowship program based in Ireland would provide a pipeline of future paediatric and perinatal pathologists to ease the recruitment crisis in these specialities, and consequently shore up autopsy services.

NEUROPATHOLOGY

Neuropathologists are specialists in the discipline of pathology that provides expert evaluation of tissues of the brain, spinal cord, muscle and nerve facilitating or adding to the diagnosis of diseases of the nervous system. In an analogous fashion to anatomic pathologists, this evaluation is achieved by examination of tissue made available either through surgical biopsy, by examination of the retained brain or spinal cord or in some cases by the full post-mortem examination for patients with a clear history of neurologic or psychiatric disease where specialist examination is indicated. Neuropathologists are also frequently asked to evaluate the retained brains of patients examined by anatomic and forensic pathologists at autopsy where this may aid in either identifying or clarifying the cause of death, quantifying and describing traumatic brain injury or in determining the overall contribution of nervous system derangement to the disease process.

This means that neuropathologists require knowledge of and proficiency in the post-mortem examination. This is obtained by mandatory training in anatomic pathology including postmortem examination. Neuropathologists, similarly, to all histopathologists, must demonstrate their competence in autopsy as a curriculum requirement by achieving the Certificate of Higher Autopsy Training awarded through the Royal College of Pathologists, UK. Achieving adequate training is dependent on availability of post-mortem

examinations in a variety of environments including those resulting from deaths in hospital and deaths in the community.

In hospitals, neuropathologists are associated with large neuroscience teams that are focused on the examination of patients with neurologic disorders. Where indicated, specialist postmortem examination of these patients either by or in collaboration with the neuropathologist is available. However, this is contingent on the availability of a functioning postmortem service in that location. This can prove a limiting factor in the full evaluation of some neurologic disease that can ultimately only be adequately assessed by pathological evaluation of the nervous system at a macro- and microscopic level with an opportunity to retrieve tissues for further genetic, proteomic or biochemical analysis.

In a large number of cases neuropathologists provide for examination of the brain retained at postmortem examination for specialist evaluation. This challenging task requires a long period of specialist training with suitable and ample opportunities for a neuropathology trainee to evaluate these cases to acquire requisite experience in the broad spectrum of pathology that can affect the brain at any stage of life from perinatal development to old age as well as result from the effects of emerging novel neurologic therapies on neural tissues. The cessation of autopsy practice in hospitals threatens the availability of these opportunities to trainees should the number of referred cases become greatly (and inappropriately) reduced.

In this sense the described crisis in the provision of the Coronial autopsy service discussed in this document will reduce access to the information available from these examinations to bereaved families, coronial services and criminal investigations and ultimately impact on the ability of the neuropathology training program to provide fully trained neuropathologists with the experience necessary to conduct and contribute to these examinations.

CARDIAC PATHOLOGY

Since 2015, in association with the Irish Heart Foundation, the CRY (Cardiac Risk in the Young) clinic at Tallaght University Hospital and the Heart House at the Mater Misericordiae University Hospital (MMUH) and all the cardiologists and corners of Ireland, a specialist cardiac pathologist at St. Vincent's University Hospital (SVUH) has set up a sudden adult

death **(SADS) biobank,** which is based at MMUH. In cases where a sudden death occurs and there may be genetic cardiac factors, the myocardium (heart muscle), blood and spleen are sampled by pathologists at the time of autopsy and then sent to the MMUH SADS biobank.

Upon consent from next of kin, through the specialised training cardiac services, genetic testing can be performed using these autopsy samples in line with autopsy results (channelopathies vs. cardiomyopathy). This is now done in MMUH in the genomic laboratory. These results often inform healthcare professionals on screening of family members, allow lifesaving disease modifying approaches (such as implantation of intra-cardiac devices) and future reproductive planning. They provide valuable public health information around inherited cardiac conditions and allow planning and research into future approaches and treatments.

The specialist cardiac pathologist in SVUH also provides a referral service where difficult cardiac death cases from autopsy are reviewed to assist histopathologists in their diagnosis of SADS or cardiomyopathy. Cardiology teams may also request reviews of autopsy material to confirm or infirm a diagnosis of SADS/cardiomyopathy. This lies within the investigation of unexplained deaths that occur in the community, and the coroners are now advising family members to be referred via their GP to specialist cardiac testing services in cases of SADS/cardiomyopathy (negative toxicology + negative autopsy + negative neuropathology).

It is known from previous work that up to 30% will have a genetic mutation that can be screened for on the biobanked sample and then looked in family members that can then be managed accordingly to prevent further sudden death in families and help provide closure in bereavement. (Europace. 2011 Oct;13(10):1411-8. doi: 10.1093/europace/eur161. Epub 2011 Jul 28) and (Europace. 2013 Jul;15(7):1050-8. doi: 10.1093/europace/eus408. Epub 2013 Feb 3).

Coroners' autopsies play a key role in identifying these cases. Cardiologists, Pathologists and coroners are all aware of this SADS biobank. It would be a tremendous loss for the society if the autopsy service crisis continues and this process ceases.

RECENT AUTOPSY RELATED STANDARDS INITIATIVES IN IRELAND and CURRENT STATUS

PRACTICE STANDARDS

In recent years, the HSE has directed the development and/or modernisation around several standards relating to autopsy practice:

The new National Clinical Guidelines for Postmortem Examination (PME) Services and a toolkit of forms to assist their implementation were published in 2023 – The review group chair was a representative from the Faculty of Pathology RCPI.

The National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death were published in 2022 (https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-reports-on-womens-health/national-standards-for-bereavement-care-following-pregnancy-loss-and-perinatal-death.pdf).

A new HSE National Policy for Consent in Health and Social Care was published in 2024 (https://hseresearch.ie/publications/), this deals with aspects of autopsy practice.

The HSE also adopted the Design and Dignity Guidelines (https://hospicefoundation.ie/wp-content/uploads/2020/12/Design-Dignity-Guidelines-Irish-Hospice-Foundation-2020.pdf) produced by the Irish Hospice Foundation in 2020, in order to improve mortuaries around the country to ensure respect and support for the deceased persons and their family as part of the HSE end-of-life care process.

CURRENT STATUS

Implementation of the HSE guidelines, and particularly the PME services guidelines, has not been uniform.

RECENTLY ESTABLISHED COMMITTEES

Since the publication of the Faculty of Pathology, RCPI Coronial Autopsy Service Review (2022), the faculty has been invited to participate in two committees; -

The Standing Committee for the provision of Coroner Directed Autopsies was convened by the president of the Coroners Society of Ireland in 2022 immediately on publication of the faculty report. This committee is attended by representatives from the DJHAM, DOH, HSE, Local Authorities, Coroners, The Office of the State Pathologist and Anatomical Pathology Technicians (APTs). It has discussed issues faced nationwide including histopathology and toxicology supports, standard reporting templates and gaps in service and others. This committee remains in place at time of writing.

The Coroner Reform Advisory Committee was set up in October 2023 to direct public consultation into the reform of the coronial service, as a first step in modernising the coronial death investigation system.

CURRENT STATUS

Progress has been slow with the recently established committees.

Service delivery has faced significant additional challenges: In 2025, a third major Dublin teaching hospital and specialist neurosurgical centre, Beaumont Hospital, has ceased to provide a coronial autopsy service. In addition, from January 2026, Waterford University Hospital has indicated its intention to follow suit.

RECOMMENDATIONS FROM HISTOPATHOLOGY STANDING COMMITTEE REVIEW 'A Review of the Provision of the Coronial Autopsy Service' 2022.

KEY SERVICE PILLARS

Twelve recommendations were elaborated by the Histopathology Standing committee clustered around key service pillars.

Key Pillar 1. Make autopsy work more manageable within the hospital pathologist's normal work environment and commitments

1. Development of autopsy as a subspecialty, with appropriate training and staffing.
2. Autopsy to be developed as a 'special interest' within histopathology departments, leading to a pool of interested consultants, thus enabling the development of a regionalised service (main training centre supported by regional hospitals) in time.
    - Initially a hub and spoke model, where a group of collaborating hospitals includes a university teaching hospital and regional hospitals was proposed. This opens rotation possibilities for trainees to get more autopsy exposure and allows for possibility of better communication between autopsy pathologists, improved standards and options for peer review and subsequently improved training.' The report includes a suggested model
3. Protected time for conduct of autopsy and inquest responsibilities.
4. Appropriate levels of dedicated secretarial support.
5. Inclusion of autopsy in consultant histopathologist job descriptions with specific outlines of the expected commitment in each post.

Key Pillar 2. Deliver appropriate and responsive autopsy training and exams

6. Ensure training and exams are responsive to the needs of the coronial autopsy system.
7. Ensure ongoing feedback to the Histopathology Speciality Training Committee (STC) and trainers to monitor issues around training needs including:
    - Approach to Certificate of Higher Autopsy Training (CHAT) exam. Appropriate rostering of autopsy service within trainee rosters.
    - Ensure ongoing incorporation of training needs around autopsy into current study day programmes.

Key Pillar 3. Ensure a robust and sustainable future death investigation system

8. Ensure that autopsy has a formal standing through an Irish Human Tissue Act.
9. Begin evaluation of local mortuary facilities in order to start the process with the HSE which will result in ensuring that infrastructure and facilities nationwide are of good standard, fit for purpose and that all have access to appropriate laboratory, secretarial and social service system support.
10. Consider a change to the current system of death investigation (in line with proposals from the 2000 Review of the Coroner Service [https://www.drugsandalcohol.ie/5396/1/Dept_JELR_ReviewCoronerService.pdf] and from the 2021 research report published by the Irish Council for Civil Liberties [https://www.iccl.ie/report/iccl-report-on-the-coroners-system/]).

Key Pillar 4. Ensure availability of specialist autopsy expertise

11. Ensure sufficient perinatal and paediatric pathology expertise/posts so that each region is appropriately resourced, and that appropriate referral of cases can be made.
12. Establish a clear protocol for perinatal and paediatric cases to avoid inappropriate referrals to the forensic pathology service.

Current Status

Key Pillar 1. Make autopsy work more manageable within the hospital pathologist's normal work environment and commitments (Recommendations 1,2,3,4,5)

Progress:

The creation of the subspecialty autopsy consultant has not so far been approved. Agreed wording has been submitted by the Faculty of Pathology RCPI to the Consultant Applications Advisory Committee (HSE) for potential inclusion in future histopathologists' contracts:

Consultant Histopathologist Role:

The Consultant Histopathologist will play a lead role in the provision of the hospital's autopsy service and in the coordination of the contribution of others to the autopsy service. The Consultant Histopathologist will also contribute to and support the provision of other elements of the histopathology service not related to autopsy. Capacity to deliver on the leadership role for autopsy would be demonstrated by way of suitable experience or certified training in autopsy such as the Certificate of Higher Autopsy Training of the Royal College of Pathologists, UK or equivalent. The provision and coordination of the autopsy service includes consented autopsies, which provide a key quality indicator of care provided, and coronial autopsies. The role includes performance of autopsies, availability to advise other Consultants performing autopsies and leading on autopsy quality assurance and improvement. The Consultant will attend inquests, support adherence to HIQA guidelines and the Human Tissue Act 2024, provide training of NCHDs in autopsy and liaise with the HSE/hospital, Coronial Service, Consultant Colleagues, and other stakeholders to provide a sustainable and efficient autopsy service. The role may require performance and follow up of neuropathology and paediatric autopsy cases and contribution to Forensic Pathology cases where appropriate.

Qualifications:

Registration as a specialist on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in the specialty of histopathology.

However, since the wording has been agreed, no new histopathologists have been appointed. The new public only consultant contracts (POCC) appear to provide some flexibility in job descriptions to enable autopsy to be considered part of a consultant's role. Decisions around utilisation of this flexibility are within the HSE/hospital remit. There is an expectation that new consultant posts will have autopsy practice specified in their job description and practice plans.

Coroner autopsies carried out on hospital sites must be allowed under the terms of the POCC. Clause 24.14 should be clarified to this effect.

Key Pillar 2. Deliver appropriate and responsive autopsy training and exams (recommendations 6 & 7)

Progress

The Histopathology Speciality Training Committee (STC) has implemented all of the recommendations from the Faculty of Pathology report on the autopsy service in Ireland. A review of the Provision of the Coronial Autopsy Service (2022)

- The committee has been responsive to the needs of the coronial autopsy system resulting in the decision to nationalise the Basic Specialist Training (BST), and potentially the Higher Specialist Training (HST) scheme rotations but cognisant of the fact that this is entirely against RCPI policy whereby regionalisation is the preferred method of delivering postgraduate training.
- Two new training posts were approved in the last 3 years at Our Lady of Lourdes Hospital Drogheda, a site that has a heavy autopsy workload and that has allowed trainees in the North Dublin Hub to gain valuable practical training.
- There has been an enhanced emphasis on autopsy training within the weekly study day schedule with focussed teaching sessions on preparation for the Certificate of Higher Autopsy training (CHAT) examination.
- The Faculty of Pathology awarded an Aspire Fellowship (post-CSCST) in Autopsy to St Vincent's University Hospital / St Columcille's Hospital, and the successful candidate commenced training in July 2025.
- Novel innovative teaching methods are being developed including a simulation autopsy training programme in Galway.

Despite all these efforts unless radical changes are made to the current provision of autopsy services in Ireland there is a real threat to the continued post-graduate training of pathologist

The Certificate of Higher Autopsy Training component of the Fellowship of the Royal College of Pathologists in Histopathology is still required by the Irish Medical Council for specialist registration as a histopathology consultant in Ireland.

Key Pillar 3. Ensure a robust and sustainable future death investigation system (recommendations 8, 9 and 10)

Progress

DJHAM has concluded a public consultation exercise with a view to progressing the reform of the coronial service, as a first step in modernising the coronial system. The Faculty of Pathology was represented on the advisory committee and submitted written and oral contributions. A Heads of Bill is being prepared for presentation to the government by the end of 2025. If approved, this will allow for drafting of a new Coroner Bill. In tandem, a costed model of the reformed Coroner Service will be prepared to include pathology**.**

The Human Tissue Act 2024, enacted in June 2025 covers only 'House ', that is consented autopsy, which represents a small minority number of cases every year.

Some progress has been made on improving the infrastructure of facilities nationwide, but the most recent major investment in a brand-new state of the art mortuary in Waterford may soon be unused.

The autopsy component of death investigation will be part of the Coronial Reform. This will take some years to come into effect, and the damage may be irreversible by then.

Key Pillar 4. Ensure availability of specialist autopsy expertise (recommendations 11 and 12)

Progress

The creation of a hub and spoke model requires engagement and support from local hospital management, HSE, DOH, DJHAM, local autopsy pathologists and ideally should be led by a facilitator/project manager. This would also ensure the specialist input by paediatric, perinatal and neuropathologists**.** There have been no formal meetings about this, although informal links exist currently for perinatal, paediatric and neuropathology support.

FACULTY OF PATHOLOGY, RCPI

The Faculty of Pathology, RCPI committed to follow up action from the 2022 review.

Specifically, that the following steps would be taken:

- Circulate this proposal to histopathology consultants nationwide
- Establish a discourse with stakeholders (HSE, DJHAM, coroners, county councils, Faculty of Pathology) with the aim of:
    - Agreeing collaborating hospital groups and function of each hospital within these groups
    - Appointing additional consultant pathologists with dedicated autopsy sessions
    - Sourcing appropriate funding.

Progress

Faculty has engaged in discourse with stakeholders. Some slow progress has been made, but work is ongoing.

A Faculty of Pathology board member chaired the review group tasked with updating previous autopsy service guidelines for the HSE and developing the HSE National Clinical Guidelines for Postmortem Examination (PME) Services 2023 with their adjunct toolkit of forms. As part of this Faculty carried out and endorsed a comprehensive literature review of autopsy practice nationally and internationally. This highlighted the importance of autopsy as a clinical governance tool, while emphasising the need for high quality autopsy practice and the extent to which a good autopsy service can empower families.

The National Quality Improvement Programme in Histopathology has set up an Autopsy Quality Improvement Group to look at how best to monitor the quality and standards of autopsy practice at a national level.

Some work has been undertaken with regard to funding being provided by the DJHAM directly to hospitals to fund Histopathologist and/or APT posts, but DOH / HSE restrictions on staff head counts have impeded this.

TRAINING

Post-graduate training in autopsy pathology

The Faculty of Pathology postgraduate histopathology training is divided into a Basic Specialist Training (BST) scheme (2 years) and a Higher Specialist Training (HST) scheme (4–5 years) with a current total of 65 approved posts covering both schemes. There are 15 histopathology departments accredited for post-graduate histopathology training, which are divided into 4 regional training hubs (North Dublin, South Dublin, Munster, and Galway).

Autopsy training is an essential element of the training schemes and covers both adult, perinatal, and paediatric patients. To attain the Certificate of Satisfactory Completion of Higher Specialist Training (CSCST) and thus be eligible to be entered on the Specialist Register for Histopathology with the Medical Council every trainee must pass an autopsy examination run by The Royal College of Pathologists in the UK and be awarded the Certificate of Higher Autopsy Training (CHAT). Of note the CHAT is not a mandatory requirement for trainees in the UK, a decision made around a decade ago which has contributed to the significant current deficiencies in the UK post-mortem service.

Due to a combination of factors, including increasing surgical pathology workload and concerns regarding the medicolegal environment associated with the coroner service, several large histopathology departments have ceased to provide an autopsy service over the past 10-15 years such that only 5 of the 10 histopathology departments that previously provided an adult autopsy service are currently delivering training. This translates to a situation whereby 35 of our trainee posts (54%) have no access to assisting/performing autopsy examinations. If Waterford University Hospital (WUH) ceases to provide an autopsy service in January 2026 as indicated then a further 3 trainees will be affected, increasing the total to 58% of trainees with no direct access to autopsy training. An additional knock-on effect is that the remaining 5 histopathology departments providing autopsy training now have an increased time commitment placed on their hospital consultants in teaching as the trainees have minimal experience in the practical examination and formulation of autopsy reports.

Training in perinatal autopsy has also been challenging due to the continued national deficit of consultant histopathologists in this specialty area.

A consequence of the above cessation of autopsy services in major academic teaching hospitals was the conversion of the BST training scheme in 2022 from a regional based hub system to a national rotation system whereby trainees now must spend 1 year in Dublin and 1 year outside of Dublin. If WUH ceases autopsy practice, then the entire Munster Hub will no longer have direct access to training thereby putting pressure to also convert the HST scheme to a national rotation system.

The Histopathology Speciality Training Committee (STC) has implemented all of the recommendations from the Faculty of Pathology report on the autopsy service in Ireland related to training.

Current Obstacles and challenges

In September 2025, despite progress as shown above, there is still an imminent crisis in the provision of the coronial autopsy service by HSE facilities and staff on a national level. The coronial autopsy service, which investigates legally defined reportable deaths (excluding state forensic cases) has been and continues to be provided by the HSE and its staff without a contractual/formal agreement of any kind between the HSE/Department of Health and Coroners to provide this service. This arrangement includes the Dublin District Mortuary where the service is provided by external HSE consultants and is intermittently supported by pathologists from the Office of the State Pathologist (OSP) when the forensic workload allows

A lack of integrated planning of additional or expanded clinical services to include the associated essential diagnostic services has precipitated a crisis in laboratory services, most strikingly in histopathology laboratories. The increase in histopathological cases has led to an increase in workload for pathologists and laboratories around the country. This means that autopsy is now appropriately performed as a “last on the list” or “part-time” clinical activity. Coupled with outdated fees per autopsy performed, increased expectations from coroners and families and the now frequent legal representations of families and other interested parties at coronial inquests, it is no longer attractive for hospital-based pathologists to be involved in this service, which, many have successfully claimed without consequence, does not form part of their contracted commitment.

As a result, autopsy services have ceased in St James’s Hospital (a teaching hospital linked to Trinity College and a major cancer centre), the Mater Misericordiae University Hospital (a teaching hospital linked to UCD, a major trauma centre and national heart and lung transplant centre) and Beaumont Hospital (a teaching hospital linked to RCSI, cancer centre and national renal transplant centre and one of only two neurosurgical centres in Ireland). The CEO of the Mater Misericordiae University Hospital (MMUH) and the coroner jointly made the decision to have autopsies on Mater Hospital patients performed in the Dublin District Mortuary in Glasnevin. On 5 December 2024, Waterford University Hospital gave notice to the relevant local coroners and the Department of Justice Home Affairs and Migration that they too will be withdrawing coronial autopsy services from January 2026.

Hospital histopathology Departments now have several precedents where the withdrawal of their service to the coroner was without consequence, reduces workload and removes a very significant stress from their work lives. However, patients who were treated in these hospitals during life, can no longer have their postmortem examinations in their treating hospital and must be transferred externally. This lack of continuity of care means less opportunity for learning to drive future clinical practice, leads to a lack of quality assurance in those hospitals and specialist centres where it is no longer performed and most importantly is distressing for families, at a particularly traumatic time.

Hospital management, the HSE and the Department of Health have not uniformly, consistently or publicly recognised and supported the importance of maintaining an autopsy service, which is a key service for the local community served by hospitals.

The Coroners Acts 1962-2020 in Ireland require that many deaths that occur here are reportable to the coroner. The health service must provide care from cradle to the grave and given the legal mandate to investigate certain types of deaths, services required to allow deceased patients proceed to a dignified and timely burial, are essential. To focus only on "services for the living" would raise ethical issues in relation to the duty of care to deceased citizens. Indeed, the autopsy service is also for those living who might be affected by inherited cancers and other genetic conditions.

Provision of a service to provide approximately 6,000 autopsies requires appropriate staffing, facilities and management. While the Coronial system requires almost 6,000 autopsies per annum, this number is expected to rise significantly due to increasing population and demographic changes. The European Society of Pathology recommends that Pathologists engaged in autopsy practice perform a minimum of 50 autopsies per year, as well as recommending additional quality parameters (https://www.ncepod.org.uk/2006Report/results_of_study_17.html#:~:text=One%20concern%20that%20has%20been,above%20average%20number%20of%20autopsies.) The American National Association of Medical Examiners recommend a maximum of 250 – 325 medicolegal death investigations per pathologists, per annum (https://www.thename.org/assets/docs/2016%20NAME%20Forensic%20Autopsy%20Standards%209-25-2020.pdf). Hence provision of 6,000 autopsies, together with ancillary

investigations, preparation of reports and attendance at inquests requires the equivalent of 24 Whole Time Equivalent (WTE) pathologists. It is likely that this workload will be spread over a larger number of individuals, as many pathologists will opt to combine autopsy practice with another pathology subspecialty.

Some existing histopathologists have autopsy practice included in their workplan. It should be noted that the total number of histopathologists in the public service was 143.1 WTE in December 2024 (NDTP, Personal Communication), provision of adequate autopsy related posts requires urgent action. An informal survey of Histopathologists carried out in 2024 identified 48 histopathologists who contributed at some level to an autopsy service. However autopsy accounted for less than 0.25WTE for the majority of those involved in adult autopsy. A detailed survey of current autopsy provision is urgently needed.

To ensure service resilience, it is essential that autopsy services are organised with a network involving at least 4 pathologists. This also facilitates interdepartmental consultation and peer review of complex cases. Provision of an autopsy service requires appropriate Anatomic Pathology Technician and medical scientist staffing as well as facilities which comply with Health and Safety standards.

Hospitals incur significant costs building and maintaining a post-mortem suite compliant with current standards, providing appropriately trained staff, supplying required ancilliary laboratory and other investigations. A detailed costing exercise is needed to ensure that hospitals are reimbursed for the full economic cost of providing an autopsy service, and until pathologists are employed to provide coronial autopsies, reimbursement should reflect current medicolegal guidelines for the time taken to perform the autopsy, review and interpret ancillary investigations, complete the report and attend the inquest.

ACTIONS REQUIRED

Urgent cross government department action is needed to avoid a situation where bereaved families are unable to access autopsy services in a timely manner, causing unnecessary suffering and often financial hardship. The HSE/Department of Health need to be given support and ring-fenced resources (financial and headcount) to work with stakeholders (Coroners, RCPI, Histopathologists, DJHAM), as all recognise the need for urgent change.

Autopsy posts need to be funded and exempt from headcount restrictions, to urgently rebuild autopsy capacity.

Consultants need to be contracted to perform coroner autopsies in Ireland.

The required workforce to provide 6,000 autopsies is equivalent to 24 WTE pathologists. A detailed review of current autopsy capacity is urgently required to inform workforce planning.

This would be beneficial in several ways:

- timely access to autopsies with no delays for bereaved families
- links and knowledge of the patients to clinicians
- links to specialists
- ability to present at morbidity and mortality meetings enhancing knowledge and quality
- access for trainees to autopsies, both histopathology and non-histopathology trainees
- increased quality of autopsies

A detailed costing exercise is needed to ensure that hospitals are reimbursed for the full economic cost of providing an autopsy service, and until pathologists are employed to provide coronial autopsies, reimbursement should reflect current medicolegal guidelines.

CONCLUSION

Should yet another large hospital withdraw its autopsy service to the coroner, it is highly likely that the health service will face another crisis with very significant reputational impact.

When the viability of a service is not maintained, skills, interest and vital training capacity are lost, and future service reintroduction is expensive, slow and faces many challenges.

There is a worldwide dearth of autopsy pathologists, and it is difficult to see how the autopsy service could be outsourced.

Coroner autopsies carried out on hospital sites must be allowed under the terms of the POCC. Clause 24.14 should be clarified to this effect.

There is a critical need for service planning and a resilient resourcing model for the autopsy sector to accommodate the reform of the coroners' service and ensure a structured, sustainable autopsy service and required training into the future, meeting the needs of bereaved families at a particularly vulnerable time.

Autopsy posts need to be funded and exempt from headcount restrictions. International standards suggest the workload requires the equivalent of 24 WTE pathologists (including existing autopsy provision). Consultants need to be contracted to perform coroner autopsies in Ireland.

A detailed review of current autopsy capacity is urgently required to inform workforce planning. Reimbursement of hospitals for provision of an autopsy service should reflect the costs incurred.

APPENDIX 1. GLOSSARY OF TERMS

DOH Department of Health

HSE Health Service Executive

DJHAM Department of Justice, Home Affairs and Migration

CHAT Certificate in Higher Autopsy Training

RCPI Royal College of Physicians of Ireland

POCC Public Only Consultants Contract

OSP Office of the State Pathologist

CRY Cardiac Risk in the Young

SADS Sudden Deaths

MMUH Mater Misericordiae University Hospital

PME Post Mortem Examination

APT Anatomical Pathology Technician

BST Basic Specialist Training

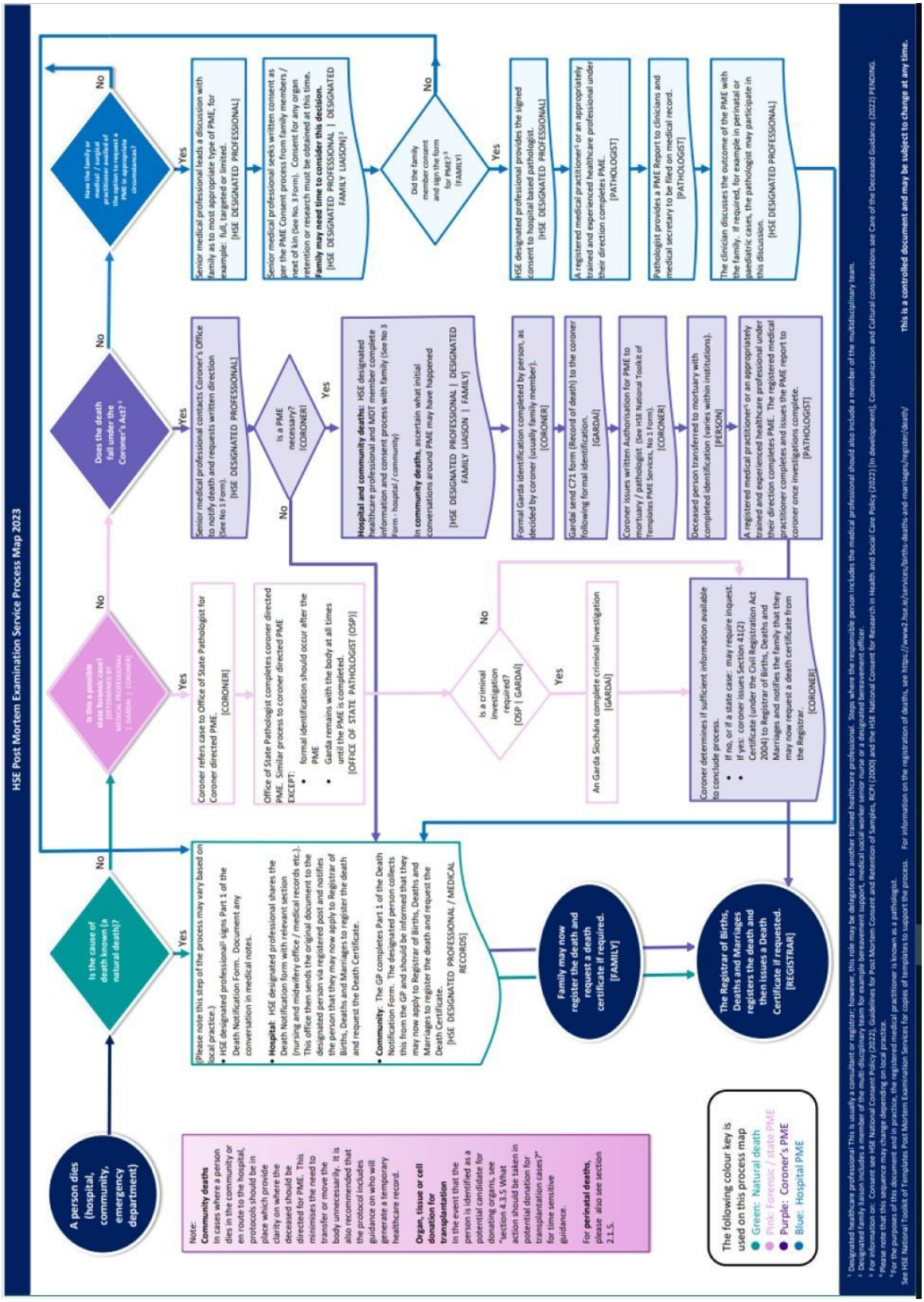
HST Higher Specialist Training

CSCST Certificate of Completion of Higher Specialist Training

STC Specialist training Committee

IMC Irish Medical Council

APPENDIX 2. HSE POST MORTEM EXAMINATION SERVICES PROCESS CHART 2023.



Appendix 3. SOURCES AND FURTHER READING

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