

Citizen Participation and Public Petitions Committee
Wednesday 26 November 2025
18th Meeting, 2025 (Session 6)

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

Introduction

Petitioner Ann Stark

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to review the Human Tissue (Scotland) Act 2006 and relevant guidance to ensure that all post-mortems—

- can only be carried out with permission of the next of kin;
- do not routinely remove brains; and
- offer tissues and samples to next of kin as a matter of course.

Webpage <https://petitions.parliament.scot/petitions/PE1911>

1. [The Committee last considered this petition at its meeting on 23 April 2025](#). At that meeting, the Committee agreed to write to the Lord Advocate.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the Lord Advocate, the Petitioner, Mark Griffin MSP and Monica Lennon MSP which are set out in **Annexe C**.
4. The Committee Convener raised this petition with the First Minister at the Conveners Group meeting on 26 March 2025. The Convener noted the absence of Ministerial leadership and asked whether the First Minister would allocate ministerial responsibility for death and bereavement, including pathology services. [The Conveners Group discussion is available on Scottish Parliament TV](#).
5. The First Minister followed up in writing to the Conveners Group on a number of points raised during the Conveners Group meeting. An extract from the First Minister's letter is set out at **Annexe D**.
6. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage](#).
7. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.

8. [The Scottish Government gave its initial response to the petition on 15 November 2021.](#)
9. Every petition collects signatures while it remains under consideration. At the time of writing, 3,437 signatures have been received on this petition.

Action

10. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
November 2025

Annexe A: Summary of petition

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

Petitioner

Ann Stark

Date Lodged

11 October 2021

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to review the Human Tissue (Scotland) Act 2006 and relevant guidance to ensure that all post-mortems—

- can only be carried out with permission of the next of kin;
- do not routinely remove brains; and
- offer tissues and samples to next of kin as a matter of course.

Previous action

I contacted my local MSP who is taking up my individual case but is also supporting my petition to achieve wider change.

Background information

My child died suddenly at home. As a result, there was a post-mortem. I thought it was a Grant & View but discovered not only was it a post-mortem but that, the brain, throat and tongue had been removed. I was horrified.

In the event of a sudden or unexplained death the Procurator Fiscal provides authorisation for a post-mortem, not the next of kin. I believe that this must change. I also believe that brains should not be routinely removed.

I was advised that the tissue samples taken belonged to no particular person and would be held as part of Medical Records. When I tried to retrieve them, I was sent on a wild goose chase for ten months, all whilst grieving.

This is different from England/Ireland & Wales, where loved ones are automatically offered the samples back (perhaps to add to caskets). People can decline the samples, but at least they are given a choice.

Annexe B: Extract from Official Report of last consideration of PE1911 on 23 April 2025

The Convener: I will advance through the agenda to facilitate discussion of PE1911 and PE2136, respectively, for which our MSP colleagues Monica Lennon and Tess White are joining us this morning.

PE1911 was lodged by Ann Stark, who has been an assiduous campaigner on the issue of the petition. I see that she is again with us in the gallery this morning. The petition calls on the Scottish Parliament to urge the Scottish Government to review the Human Tissue (Scotland) Act 2006 and relevant guidance to ensure that all post-mortems can be carried out only with the permission of the next of kin, do not routinely remove brains, and offer tissue samples to the next of kin as a matter of course.

As I said, we have been joined by Monica Lennon, who has spoken to the committee on the petition from time to time and has followed it through its course. Throughout the lifetime of the petition, the committee has considered a number of issues concerning bereavement and pathology services. We have heard about specific improvements that could be made, such as the use of CT scanners for post-mortems and giving loved ones more choice on the return of tissue samples.

We took oral evidence from the Lord Advocate and practitioners in England, and the committee also raised several of Ann Stark's points in writing with the Scottish Government, the Lord Advocate and the Royal College of Pathology. That work uncovered that there has been a lack of ministerial leadership to oversee and drive forward improvements in pathology services. At the most recent Conveners Group meeting, just before the recess, I had the opportunity to put that point to the First Minister directly. In writing to the Conveners Group, the First Minister noted the cross-cutting nature of the issues that have been raised in our work and highlighted the on-going consideration of alternative delivery models for pathology. I do not know that he actually answered our question, but he acknowledged that the lack of single ministerial accountability was not something that we should be rushing in search of but something that the Government ought to be offering us.

At our most recent consideration of the petition, on 29 May 2024, we agreed to write to the Scottish Government, setting out our recommendations and conclusions following our work on the petition. As the minister with portfolio responsibility for hospital-arranged post-mortems, the Minister for Public Health and Women's Health responded to our letter, and she included views from the office of the chief medical officer and the Crown Office and Procurator Fiscal Service. The response reiterates the Scottish Government's view that it is essential that independent investigations into the cause of a death take place. The minister also states that the Scottish Government does not support legislative change to offer tissue samples to next of kin as a matter of course.

12:00

The provision of forensic pathology services is currently being assessed by the Scottish Government, the Crown Office and Procurator Fiscal Service and other interested parties. The response also highlights that the Crown Office and Procurator Fiscal Service is progressing a co-design process to prepare a business case for the future of forensic pathology services.

Ann Stark's most recent written submissions reiterate her call for the next of kin to be offered a choice about whether a post-mortem takes place in cases where the death is not suspicious. That is what we heard evidence to support. She emphasises the emotional distress that a post-mortem causes families, and she calls for change. Her written submission states that many of the systems that are in place are not fit for purpose and that the response from the minister does not give a clear answer on the issue of leadership.

We are at a difficult impasse, given where we are in the lifetime of the Parliament—we are now into the final 12 months of this session of Parliament. We have done a great deal to advance the aims of the petition, and I am not sure that the committee is entirely clear what more we can do in this session.

Before we consider the best options that are open to us at this stage and what we might recommend for the future, I invite Monica Lennon to contribute.

Monica Lennon (Central Scotland) (Lab): Thank you very much, convener, and good afternoon. I begin with a heartfelt “thank you” to you, convener, and to all the committee for your extensive and thoughtful work. You have been considering the petition for quite some time. On behalf of the petitioner, Ann Stark, who is here today with her husband, Gerry, I want to record the family's gratitude to you as well as my thanks to them for the personal sacrifices that they have made in pursuing the petition—as always, inspired by their much-loved and much-missed son, Richard. From your summary, convener, it is clear that the progress that has been made would not have been possible without the petition and the committee's work, so I offer a genuine “thank you”.

I know that a lot of work has happened behind the scenes, but I think that there has been significant progress since the last meeting at which the petition was discussed, in May last year. Some real movement has occurred. However, it is quite an honest reflection from you, convener, that we are now at a difficult crossroads in relation to both the time that we have left in this session of Parliament and, given the complex nature of the matter, the fact that, although we have had some clarity, we still do not really know who in Government is taking the lead on the issue and where responsibility for it lies. In your letter to the Minister for Public Health and Women's Health last year, you told her that the committee had been quite

“struck by the lack of clear ownership over policy, direction and decision-making across postmortem services in Scotland.”

We have had a better understanding of the Lord Advocate's role, which is unique, but it is still clear that no one organisation is taking responsibility for addressing concerns or leading on improvements. In fact, at one point, the Lord Advocate

passed the matter back to the committee. The petition is relevant and essential—that remains the case.

I will touch on some of the progress that has been made. Your summary was very helpful, convener, so I will not repeat those points. I have become aware, through Ann Stark's direct meetings with the Lord Advocate, that there will be a visit to the coroner's office in Lancashire next Friday, 2 May, which is really good news. I am not sighted on the detail of who will be included. Ideally, the committee would have been represented, but I do not know whether that is still possible. I think that that is a bit of a breakthrough, because we have always felt that Scotland has been lagging behind and has been an outlier—not in a positive way—in relation to the choice and modernisation that we have seen in other parts of the UK and the world. The committee could ask for an update on the scope of that meeting.

We also believe that a pilot scheme involving the use of scanners is about to be embarked on. We understand that the Lord Advocate was going to update the committee, but I am not sure whether that has happened ahead of today's meeting. It feels as though there is more work to be done on that.

Beyond the work of this committee, the Criminal Justice Committee has taken a keen interest in the issue. The annual report for 2022-23 of His Majesty's Inspectorate of Prosecution in Scotland made a number of recommendations, and—similarly to your work, convener—it reflects the fragmented nature of pathology services in Scotland.

Let me bring us back to why that matters. Ann and Gerry Stark have had a terrible loss, which was made worse by the trauma of having to deal with the system and the services, of which there are many. There was a lack of communication with the family and a lack of compassion around sample retention, as it was a journey of discovery to have Richard's samples returned to the family. It feels as though we are making progress on scanners, although there is work to be done.

The committee could do further work on the Human Tissue (Scotland) Act 2006. I do not think that the Scottish Government has given proper reasoning for its not supporting any change to the law. Why is it that next of kin in England and Wales have choices, including about reuniting samples with the body prior to the body being released for funeral and about samples being returned to the family for a separate funeral at the appropriate time, but those choices are not available in Scotland? There has been progress in Ireland during the past couple of years. I do not think that the minister, Jenni Minto, has given a proper reason for that in her response, so it would be useful to probe the matter further.

It is for the First Minister to organise his Government and ensure that there are no gaps in ministerial responsibilities. The minister told the committee that she has responsibility for hospital-arranged post-mortem examinations, and I believe that the First Minister has said that there will be a light-touch reshuffle due to circumstances, so the issue could be considered by the Government at that point. However, it is not clear whether all of the work on the co-design of what the future of pathology in Scotland should look like sits within Ms Minto's portfolio or whether there is a role for

Angela Constance, as part of her portfolio. The Government needs to put that in writing to this committee and to the Criminal Justice Committee.

This continues to be a matter of importance not just for Ann and Gerry, but for all of our constituents. When I checked earlier this morning, more than 3,400 people had signed Ann's petition. It was good that the convener was able to raise it with the First Minister at the recent meeting of the Conveners Group. I noted the First Minister's answer and the follow-up letter. It is good that Government is beginning to engage, but there is still a lack of detail.

That convinces me that it would be helpful to keep the petition open, given that we are coming into the final year of the Parliament and there is interest among a number of MSPs and at least one other committee, and given that the Scottish Government is beginning to show interest and understands that there needs to be change. The Government has been quite vague and non-committal about what that change should look like, and, if more written and oral evidence could be taken, the committee is well placed to do that.

I will conclude by saying that we have not had a full update on the visit to the coroner's office in Lancashire or what the scanner pilot scheme would look like. If the Lord Advocate has not written to the committee on that, the committee could follow that up.

We want to send a signal to people across Scotland that, where there are gaps in legislation or policy, there is a place in the Parliament where people can come and have their experiences heard and change can happen. We have made a lot of progress, but there is still a bit of a journey ahead. I would be grateful for the committee's on-going interest in the matter, because there is more to be done.

The Convener: Thank you very much. I pay tribute to Ann and Gerry Stark. Their commitment to the petition has been absolutely magnificent. Progress has been made despite the dryness of the institutional response, if I can put it that way, to the individuals concerned, on whose experience it rests, but Ann and Gerry are also seeking to improve opportunities for others.

There are three reasons why we could move to closure now. First, the Scottish Government does not intend to amend the Human Tissue (Scotland) Act 2006 to require consent from families for procurator fiscal post-mortems. That seems to be its position. Secondly, the Scottish Government does not support legislative change to offer tissue samples to next of kin as a matter of course. Thirdly, the committee has extensively explored the issues raised in the petition, including in multiple oral evidence sessions, a substantial letter to the Scottish Government and a question put directly to the First Minister. There will come a point at which political parties may have to start to engage with the issues, but there is only so far that the committee can take them. I recommend that party health spokespeople become even more direct in cross-examining ministers in the chamber.

However, Monica Lennon has touched on two areas that the committee might be sympathetic to looking at further. It would be interesting to know the outcome of the visit to the coroner's office in Lancashire, because that is an incremental step in the

consideration of the issues that we have not been able to consider. We could also pursue with the Lord Advocate the issue of the timing of the pilot that is supposedly taking place on the use of scanners, because we have been on a journey, during our consideration of the petition, to understand the use of scanners, from not knowing anything about them to hearing terrific evidence about their use elsewhere.

I am happy to keep the petition open, recognising that we are getting to a stage at which a fresh petition in the next parliamentary session, under a different set of considerations, may be the way forward, and we will take those two issues forward if my colleagues agree to do that. Is that agreed?

Members *indicated agreement.*

Annexe C: Written submissions

Lord Advocate written submission, 26 May 2025

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

Thank you for your letter dated 28 April in relation to the above petition.

I have maintained a close interest in the progress of the petition since I gave evidence to the Committee in June 2023. You may be aware that I have now met with the petitioner, Mrs Stark, on two occasions to hear more about her experiences following the tragic death of her son.

I can confirm that on 2 May 2025 senior representatives from the Crown Office & Procurator Fiscal Service (COPFS) attended at the Coroner's Court in Lancashire, accompanied by an experienced pathologist and radiologist from our pathology providers. They were grateful to have the opportunity to meet with Dr Adeley, Senior Coroner as well as pathologists and radiologists based there to discuss their approach to the post mortem examination process – including the use of CT scanning in appropriate cases – to establish a cause of death. Discussions focused on the process that is followed when investigating a death and determining a cause of death, as well as the background to the development of the CT scanning service in Lancashire.

The information that was obtained was very helpful and will form part of our ongoing discussions with pathology providers about any improvements that can be made to the process. However, it is clear from what we have learned that the use of CT scanning is only one tool that may be available to assist in establishing a cause of death, and it cannot replace the need for an invasive post mortem examination in every case. There are some categories of death, particularly those involving children or young adults, lung disease or certain cardiac-related deaths where scanning is likely to be of limited assistance.

Although there are similarities between my role and that of the Coroner in relation to the investigation of deaths, there are also significant differences. In particular, unlike the Coroner, I am responsible for the investigation and prosecution of crime in Scotland as well as the investigation of deaths. Accordingly, one of the key functions of a death investigation is to eliminate (or establish) criminality in relation to that death, and an invasive post mortem examination may be required for that purpose.

I would highlight that the use of CT scanning is currently available in some circumstances in Scotland. Since 2011, NHS Lothian has been able to carry out scanning as an additional investigative tool, alongside more traditional examination processes, albeit restricted to particular cases such as homicides or deaths involving decomposition where it is thought it may add additional value to the findings.

I hope it was clear from the evidence that I previously gave to the Committee that I am supportive of any measures that will minimise the distress caused to families during the death investigation and post mortem examination processes, whilst still

ensuring that an accurate cause of death is established and the requirements of our death investigation are fully met. However, I require to be guided by pathologists – as the medical experts – as to the effectiveness of any proposed changes. It was on that basis that it was considered helpful for a pathologist and radiologist to attend the meeting in Lancashire to discuss the more technical aspects of the process.

In my experience, our pathology providers are equally committed to identifying any improvements that can be made. To that end, we were recently approached by pathologists regarding the possibility of expanding the use of CT scanning in our death investigations and commencing additional CT scanning in certain identified cases. From May 2025, Glasgow University Pathology and NHS Greater Glasgow and Clyde Health Board will begin a service development pilot to investigate the potential benefits of incorporating CT scanning in Procurator Fiscal-instructed post mortem examinations taking place at the Queen Elizabeth University Hospital Mortuary in Glasgow.

The aims of the pilot are to ascertain:

1. whether using CT scanning, in addition to the established view and grant and invasive post mortem procedures, could improve outcomes regarding the accuracy of establishing a final cause of death;
2. whether utilising CT scanning could enable pathologists to perform minimally invasive examinations in some cases; and
3. whether, in any category of case, a CT scan could entirely replace an invasive examination.

During the pilot, the CT scan will be carried out in addition to the post mortem examination that is instructed. This approach will allow the pathologists and radiologists to compare results of the examination and CT scan and consider where the scan adds value.

The scope of the pilot is to include any post mortem examination of an adult instructed and to be performed at the Queen Elizabeth University Hospital Mortuary by Glasgow University pathologists. These will include suspicious deaths. Pathology providers will identify cases which may be suitable for the pilot. It is not expected that the scheduled date of the post mortem examination will be affected by the additional CT scanning involved. The results of the scan will be included in the final post mortem examination report.

Although all cases where a post mortem examination has been instructed will be considered for inclusion of the pilot, it is considered that the use of CT scanning may be of most benefit in the following categories of death:

- Shootings
- Manual strangulation
- Deaths involving fire
- Deaths where there has been significant decomposition of the body
- Deaths resulting from trauma, including falls
- Deaths following a road traffic collision.

The pilot funding initially covers fifteen cases and a review paper of the results of each test case, with overall conclusions and recommendations, will be produced and made available to COPFS.

Pathology services are delivered through commercial contracts where COPFS is the client. We do however work with pathology providers to shape the future of service delivery. We regularly meet with current pathology providers to support the resolution of any ongoing issues and to identify any improvements to the quality of service that can be provided to nearest relatives.

Future discussions will consider the findings from the CT pilot and the information gathered during our meeting with the Coroner in Lancashire. Members of our Pathology, Toxicology and Mortuary Programme Board also previously visited Northern Ireland and received a presentation from the State pathologist on their experiences of using CT scanning, and we will consider whether visits to other areas would be helpful. Earlier this year, our Post Mortem Programme Delivery Manager met with the Royal College of Pathologists where CT scanning featured among the discussions.

All the information received during these discussions and inputs are being taken into account by the Board as part of its future planning. An ongoing review by COPFS of pathology provision allows for pathology providers to highlight any opportunity for research or for new innovative procedures, including CT scanning, to be introduced or tested. However, proposals regarding the introduction of new processes, including the costs involved in installing suitable equipment and recruiting appropriately trained staff, are the responsibility of the pathology providers. To ensure the provision of a consistent approach throughout the country, we would support the establishment of a National Pathology and Mortuary Service and we are keen to work with the NHS and others who are well placed to provide appropriate leadership for this.

Finally, I am aware that the Committee has heard or received a considerable amount of evidence in relation to this petition from numerous sources. However, before coming to any conclusions or making any recommendations, I do consider that it may be helpful for the Committee to hear evidence from pathology providers, particularly pathologists and radiologists, currently engaged in the death investigation system in Scotland to obtain their views on the current process and any proposed changes.

I hope this information is of assistance to the Committee.

Yours sincerely

THE RIGHT HONOURABLE DOROTHY BAIN KC
LORD ADVOCATE

Petitioner written submission, 1 August 2025

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

Richard Stark's Law

The Committee is gaining support from MSPs who clearly see all of the below is immoral.

We are pleading with the Committee to keep this petition open as it affects everyone in Scotland. It has been extremely hard sharing Richard's story, but we couldn't have others going through this unbearable pain on top of grief! Stress causes serious illnesses! Many are on medication/counselling/benefits – look at the costs! I now have a chronic illness triggered by stress!

The Lord Advocate advises she is responsible for CRIME. The Crown Office/Procurator Fiscal are associated with CRIME and should stick to that. Non-suspicious deaths are NOT CRIMINAL! Most people have a LIKELY cause of death, such as Richard-medics agree.

Innocent families traumatised by this ordeal! There are more innocent people than criminals in this country, we are all being treated as criminals! And given a life sentence.

150 murder/suspicious deaths 1200 non-suspicious they ALL had a post-mortem. Look at the difference in numbers! Look at the level of suffering! Money & resources wasted, all for the sake of a worthless death certificate, hundreds/thousands wrong! We asked the Procurator Fiscal (PF) why our wishes were ignored, advised they don't make the decisions (pathologists do!) We asked why Richard had Arrhythmia recorded when results clearly stated "NOT SUPPORTED" Advised PF have no say in what is recorded! Pathologists are answerable to no-one. This must change!

Ministers advising this current law is fit for purpose – what planet are you on? Look at the suffering! This is about gaining samples of OUR loved ones! Medics agree there are plenty of people willing to leave organs/samples, they should not be taken without consent (stealing and grave robbing). There is also discrimination within this system.

There is no humanity/dignity/respect/compassion-heartless and the level of unnecessary suffering is shocking, this is TORTURE! People wrongly imprisoned start new lives, given compensation. N.O.K in non-suspicious deaths are given a life sentence NO CRIME COMMITTED! They will NEVER RECOVER! We want this law changed and human rights!

The law should be changed on the below, this is for everyone in Scotland!

N.O.K should have the CHOICE in non-suspicious deaths of a likely cause recorded or request a post-mortem by scanner. They seem to have forgotten post-mortems were brought in for families! It should be their CHOICE!

We feel pathologists went to Lancashire with their minds already made up and have convinced others that invasive post-mortems must stay and scanners will be a tool. The Crown Office mentions scanners(tool)being used in suspicious deaths. They are missing the point; scanners are meant to replace these horrific PMs and on request of a N.O.K.

England performs 10% of invasive post-mortems, which are limited, others are on request of N.O.K, look at the savings, respect for the deceased and the compassion to the families.

If this is NOT about gaining samples, there should be no problem in changing this Tissue Act & Cruel Law.

I advised the Lord Advocate of the evidence regarding Richard, she knows that horrific post-mortem shouldn't have taken place, with dozens of samples taken. No-one dies of skeletal muscle-taken too! Police advised-not suspicious! The money wasted and lives destroyed is disgraceful! NHS treating patients at home, (staff-shortage) there will be hundreds of deaths-NON SUSPICIOUS NOT CRIMINAL!

One cell is DNA of a WHOLE family, stored without consent, this surely is a breach of privacy legislation. We are advised to protect our identity; it is being stolen! Read about Henrietta Lacks: samples taken without consent, cloned and where all over the world. The family sued research company in 2023 and asked for profits to be returned. Many feel there is a black market here.

Shocking discovery of samples being purchased at over £1,000 in Scotland! This is a family's DNA! This is a scandal and proves the fact this is all about samples. Who is PROFITING FROM THIS? Why is this Government so reluctant to change this law? This is shocking and those in Government should be ashamed! How do you sleep at night? You are taking the lives of innocent families.

We discovered X-rays sent to America for results due to a lack of radiologists!

Changes:

- No Post-Mortems-Unless Murder/Suspicious! Many MSPs agree!
- The Crown/PF should ONLY deal with Murder/Suspicious Deaths (Crime-for Justice)
- Tissue Act: UK who changed over ten years ago due to a scandal & DNA
- Unannounced yearly checks undertakers/crematoriums/mortuaries etc

Scotland: thirteen organs found in a police facility freezer, had been there for 14 years, N.O.K unaware they had been taken! Can you imagine the shock? How do they recover? This is a scandal and there are many more.

I asked Pathologists if samples are given/sold to research companies and sent out-with this country. I was referred to PF- no answers. The Lord Advocate has advised YES, they are sent out-with Scotland when it is an unusual death, for specialists– NO specialists in Scotland/UK? There will be more than unusual death samples going out and will not be returned/DNA Sold/purchased? Samples of our son were in

Edinburgh, Aberdeen, Glasgow University & QEH "Nice to share what doesn't belong to you!" I had to fight to get all samples back! QEH wanted DNA to remain in Aberdeen. There is something going on, an underworld of immoral acts (seems a supermarket for samples!)

Changes above would ease resources/save a fortune that could be used in NHS, homes for homeless, pensions, and makes sense no lives destroyed!

We vote people into Government they are public servants, seems more about furthering careers than bettering a country! There to run the country NOT run our lives, as advised by another the Government should NOT be involved in our lives nor taking away our human rights! This country is in some mess, there is no compassion, and that comes from the top. I requested meetings with ministers & First Minister and received several replies from Burials and Cremations team! How INSENSITIVE AND SHOWS NO COMPASSION! No time for the public! People should not be paying hundreds/thousands of pounds to remove ashes from a grave they already hold the deeds to!

Your body and loved ones belong to YOU!

Where are our Human Rights?

Anyone within this Government with any morals/compassion/conscience would change the above immediately! Lives of innocent families are being destroyed! Horror stories-shocking.

MSPs please support this Committee and make the changes, giving people their Human Rights and CHOICES! Richard lost his life due to negligence, was then mutilated, and samples stolen-NO JUSTICE! The suffering/stealing of DNA and a Government prepared to ignore all and turn a blind eye to it, you should be ashamed!

As a Mum advised all involved in this, had better have answers when they meet their Maker there will be no excuses.

This is mental cruelty!

Mark Griffin MSP written submission, 4 November 2025

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

I am writing on behalf of my constituent Ann Stark and her petition noted above.

I understand that the above noted petition, launched by Mrs Ann Stark in 2021, is under consideration by the Citizen Participation and Public Petitions Committee. Mrs Stark's petition calls for changes to post mortem investigations and the Human Tissue Act with regards to post mortems, following the sudden death of her son Richard in 2019.

I ask that this petition is carried over to the next parliamentary session to be considered by the newly formed committee.

Yours sincerely

Mark Griffin MSP

Member of the Scottish Parliament for Central Scotland Region

Monica Lennon MSP written submission, 19 November 2025

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

I am submitting this statement in support of Petition PE1911, lodged by my constituent Ann Stark, on 11 October 2021.

In those 4 years, Ann Stark has uncovered troubling practices within a system that is outdated and out of step with the rest of the UK and other countries. These circumstances are unknown to families until they are suddenly bereaved and begin asking questions. Ann Stark's persistence has brought to light many concerns about the lack of consent, transparency and dignity in the handling of post-mortems and non-suspicious deaths in Scotland.

Ann Stark's petition calls for a review of the Human Tissue (Scotland) Act 2006, particularly in relation to the conduct of post-mortems in cases of non-suspicious deaths. Ann has courageously shared the deeply distressing experience of her family following the death of her 25-year-old son, Richard, in 2019. Despite evidence suggesting a seizure as the likely cause of death, Richard underwent a full post-mortem and tissue samples were retained without the family's consent. Had Richard died in hospital, these samples would not have been taken, driven by this, Ann Stark's petition challenges how non-suspicious deaths are handled in Scotland.

If Richard had died elsewhere in the UK, we have learned that his body may not have been subjected to an invasive post-mortem. The Stark family uncovered that they would have been treated with more dignity, offered choices and spared the trauma of discovering, piece by piece, what tissues samples had been taken from their son without their knowledge or consent. Ann Stark says the emotional toll on families subjected to invasive post-mortems in non-suspicious deaths is profound. She continues to experience trauma and anxiety from what she has uncovered.

Current post-mortem practices allow exemptions for religious groups, where invasive post-mortems are limited or avoided entirely. If Richard belonged to a particular religious group, his body would likely have been treated differently. No family should be denied the same dignity and consideration based on their background or beliefs.

The Committee has made significant progress in investigating these issues, and I commend its commitment to listening to the Stark family. However, the Scottish Government's response to date has been inadequate. There remains a lack of leadership and accountability.

Ann Stark's petition has forced long-overdue attention on a broken system. Though limited progress has been made, much more is needed to deliver reform. Scotland must lead with compassion, transparency and respect for human dignity.

I urge the committee to keep Petition PE1911 open and to continue pressing for legislative and procedural reform. The changes proposed by Ann Stark and supported by thousands of petitioners (3,435 signatures) are reasonable, humane and necessary.

Annexe D: Extract from the First Minister's letter to Conveners Group

'Last year the Cabinet Secretary for Justice confirmed to the Convener of the Criminal Justice Committee that work had begun between Scottish Government, the Crown Office and Procurator Fiscal Service (COPFS), NHS Scotland, Universities, Local Authorities, as well as providers of other connected services, to understand the complexities of the current arrangements for provision of pathology services to the COPFS, and to develop possible alternative models for delivery. This is a complex task and so any form of alternative delivery model will take time to develop. I can assure you however that work is ongoing and, in the meantime, the COPFS continues to work closely with these service providers to identify areas where ongoing improvements can be made.

In addition to the complexities I note, you will appreciate that pathological investigations are undertaken for a variety of reasons, including in relation to both healthcare and criminal justice. As such, the issues raised at both the Criminal Justice and Citizens and Public Participations Committees are cross-cutting in nature. Nonetheless, I can confirm that the Cabinet Secretary for Justice has previously undertaken to write to the Criminal Justice Committee, once assessment of the current situation and requirement for change has been undertaken, and options for alternative delivery models have been fully considered. Further, I can confirm that she will copy that letter to the Convener of the Citizens and Public Participations Committee.'