

Citizen Participation and Public Petitions Committee

12th Meeting, 2023 (Session 6), Wednesday
6 September 2023

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

Lodged on 11 October 2021

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>

Introduction

1. The Committee last considered this petition at its meeting on [14 June 2023](#). At that meeting, the Committee took evidence from Rt Hon. Dorothy Bain KC, Lord Advocate, and Andy Shanks, Head of the Scottish Fatalities Investigation Unit, Crown Office and Procurator Fiscal Service and agreed to consider the evidence at a later meeting.
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 responses from the Crown Office and Procurator Fiscal Service and the Petitioner which are set out in **Annexe C**.
4. Written submissions received prior to the Committee's last consideration can be found on the [petition's webpage](#).

5. Further background information about this petition can be found in the [SPICe briefing](#) for this petition.
6. The Scottish Government's initial position on this petition can be found on the [petition's webpage](#).
7. Every petition collects signatures while it remains under consideration. At the time of writing, 2,307 signatures have been received on this petition.

Action

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

Clerk to the Committee

Annexe A

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

Petitioner

Ann Stark

Date lodged

11/10/2021

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: Review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems on 14 June 2023

The Convener: Good morning and welcome to the 10th meeting of the Citizen Participation and Public Petitions Committee in 2023. We have a particularly busy meeting this morning.

Agenda item 1 is consideration of continued petitions, the first of which is PE1911, on a review of the Human Tissue (Scotland) Act 2006 as it relates to post mortems. This continues our discussion on a petition that was lodged by Ann Stark to call 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 permission of the next of kin, do not routinely remove brains and offer tissues and samples to the next of kin as a matter of course.

We have convened this morning's session on the back of evidence that we have heard to date. It is not just a matter of routine or fancy—members of the committee have been drawn to the evidence that we have heard already and believe that there are issues of substance that we wish to pursue. That included taking evidence from witnesses based in England when we heard about the ways in which their approach to post mortems and tissue sample retention differs from ours. They shared their experience of setting up a scanning service for post mortems and—accepting that cases where the procurator fiscal will be involved because there are suspicious circumstances would require a different route—outlined the ways in which that reduces the requirement for full invasive post mortems.

We also heard that the next of kin are offered a range of options for how tissue samples are handled. Despite our having received written evidence that those issues might be insurmountable, they seem to have been dealt with in passing in England—without us even questioning the witnesses about it, they volunteered the alternative solutions as a matter of course.

We would quite like to pursue those issues this morning. We are delighted that the petitioner is in the gallery today. It is worth reminding everyone that the petition was lodged by Ann Stark, whose son Richard died suddenly at the age of 25. Unlike many other Scottish Parliament committees, there is no party-political agenda driving our inquiry—our inquiry is happening because a petitioner decided to participate in the public process open to them to bring a petition to the Parliament. In essence, all of us sitting on the committee are representatives of that petitioner in the way in which we seek to take forward the substance of the issue that she raised.

I am delighted to welcome the Lord Advocate, Dorothy Bain KC, to our proceedings this morning, as well as the head of the Scottish fatalities investigation unit, Andy Shanks. Thank you both for giving us your time. I understand that you would like to make an opening statement, Lord Advocate.

The Lord Advocate (Rt Hon Dorothy Bain KC): Thank you very much.

As Lord Advocate, I am responsible for both the system of criminal prosecution and the system of investigation of deaths in Scotland. By virtue of the Scotland Act 1998, any decision in those capacities shall be taken independently of any other person, including decisions that are taken on my behalf by procurators fiscal.

Critical to the constitutional role that I fulfil is the ability on my part and those who act on my behalf to take any decision independent of any other person. One of the main reasons for procurators fiscal investigating sudden and unexpected deaths is that, depending on the circumstances, such an investigation might disclose a proper basis for criminal proceedings. However, the investigation is also important to ensure that the medical cause of any death is accurately identified and recorded; that the bereaved family can be informed about what led to the unexpected death of their loved one; and that any lessons can be identified and learned to avoid similar deaths in the future.

Yes, the role involves investigating deaths, but it also involves taking steps to save other lives, and I take my responsibility with regard to the constitutional function very seriously. I hope to fulfil it in a humane and compassionate way.

The Convener: Thank you very much, Lord Advocate. The points that you have made have been raised in the written submissions that we have received, and they are very much appreciated and understood. In part, what has surprised the committee is that, in our investigation of practices elsewhere, we have seen the function that you have just identified evolve both to the satisfaction of the people in question and in a way that has proved to be equally effective. Those are the areas that we would like to explore this morning.

I will open the questioning. Everybody understands that, if there is any suggestion that the circumstances surrounding a death are suspicious, a completely different criminal procedure is undertaken, but where no such suspicious circumstances are anticipated, is there scope for greater involvement of the next of kin and their views with regard to instructing a post mortem?

The Lord Advocate: Although we appreciate that the instruction of a post mortem is a distressing matter for the next of kin—and we will, of course, take account of their views, particularly any religious or cultural sensitivities—the views of the next of kin cannot be determinative with regard to the decision-making process around such matters. Unfortunately, as we know, close relatives can sometimes be responsible for the fatality.

In practice, post mortems are instructed only where they are considered essential. A post mortem might be required to determine the cause of death, to ensure that the circumstances surrounding the death are fully investigated and to exclude criminality. The final decision is for the independent prosecutor as part of their role in investigating the person's death, and, as I have said, that independence is expressed in the 1998 act. However, it is the case that post mortems are instructed only where they are essential.

The Convener: Two questions follow from that. First, how is a post mortem determined as being essential? Secondly, by what means are the views of the relatives of the deceased taken into account? What is the process for establishing and assessing their preferred wishes?

The Lord Advocate: A post mortem is considered essential if it is to establish the cause of death.

It is impossible to give all the permutations of the circumstances in which post mortems are instructed. Essentially, a post mortem is carried out to establish the cause of death in order to inform whether there needs to be a criminal investigation or to assist in a criminal investigation; to understand whether there are systematic deficiencies in healthcare or in how workplace operations are undertaken; and to inform the bereaved relatives as to why an individual has died. There is a whole series of reasons.

On how that is effected operationally by the procurator fiscal, the head of the Scottish fatalities investigation unit, Mr Shanks, can explain a little further as to how that happens in practice.

As I said, it is the case that post mortems are carried out only when that is essential. At all times, the procurator fiscal, along with the expert advice that is received from the pathologists, takes on board the views of the next of kin and speaks to them—

The Convener: How?

The Lord Advocate: They discuss the issues and the processes with them, and they take on board their views.

Perhaps, on an operational level, you could hear directly from Mr Shanks.

Andy Shanks (Crown Office and Procurator Fiscal Service): Good morning. During that process—throughout the course of a death investigation—contact is made with bereaved relatives. If a post-mortem examination is being contemplated, their views are sought and are definitely taken into account, particularly when, as the Lord Advocate said, there are cultural or religious sensibilities.

The primary purpose of the instruction of a post mortem is for the identification of a—

The Convener: Is a record of that engagement kept?

Andy Shanks: Yes.

The Convener: In each case, it would be possible to demonstrate the engagement that took place with the relatives in relation to the request that they had made regarding the desirability of a post mortem.

Andy Shanks: Yes. Indeed, there may well have been prior contact with the police, if it was a police-reported death, and the relatives' views may have been made clear at that stage. Therefore, even on—

The Convener: Is that record open to inspection?

Andy Shanks: I am not sure by whom, convener. The records would be held for operational purposes by the Crown Office and Procurator Fiscal Service.

The Convener: If a relative were to assert that they did not feel that there had been any engagement, a record would be publicly available that would demonstrate that, in fact, their assertion was not correct.

Andy Shanks: I am not sure that that would be publicly available. However, we would certainly aim to respond to any inquiry that was made by a member of the public.

The Convener: Thank you. The Lord Advocate identified two situations. I think that the committee fully understands that, where there is any suggestion of a suspicious death or a death of unknown cause, different rules must pertain. However, the Lord Advocate also suggested that a post mortem can identify underlying systemic health deficiencies.

Children are excluded from post-mortem scanning—my understanding is that that does not work with young children; their bodies have not developed to the point where that would be appropriate. The professionals in England to whom we spoke told us that 94 per cent of all causes of death are established by use of scanning and that a similar percentage of their post mortems were non-invasive. I know that one of my colleagues will be pursuing that issue later.

You carry out post mortems when you identify that they are essential. The term “essential” seems to me to be very general.

Andy Shanks: It is not a decision that is taken lightly, convener.

When a decision is made that a post-mortem examination must be carried out, that instruction will be provided to the pathologist. Thereafter, generally speaking, it is a matter for his or her clinical judgment as to the nature and the extent of the examination that is necessary.

I think that, having heard previous evidence, the committee is also aware that there are certain circumstances in which a non-invasive external post-mortem examination is possible. That is very much driven by the individual circumstances—perhaps there is a detailed medical history that points towards a likely cause of death and, in consultation with the pathologist, the decision can be made that an external examination may be appropriate.

I think that almost 800 external view and grant post mortems were carried out last year. However, even in those circumstances, the pathologist is still at liberty to decide, having applied his or her professional judgment, that the external examination has not been sufficient in fully identifying the cause of death and that a more invasive procedure is therefore required.

The Convener: Are brains always removed during a post mortem?

Andy Shanks: I do not think that the brain is removed as a matter of course or routine. The instructed pathologist will make a clinical judgment on the nature and

extent of the examination that is required. That will depend on a range of circumstances relating to the presentation of the individual and their medical records.

The Convener: What percentage of post mortems that are conducted involve the brain being removed?

Andy Shanks: I am not in a position to answer that question. Such matters are based primarily on the instructed pathologist's clinical and professional judgment. The COPFS does not specifically direct pathologists in that regard.

The Convener: I understand that, but my understanding is that removing the brain is more a matter of routine in Scotland than it is elsewhere in the United Kingdom. Elsewhere in the UK, it is not routine practice simply to remove the brain in the way that we seem to do here. I wonder whether we have fallen behind medical practice elsewhere in the way in which we are proceeding.

The Lord Advocate: I will respond to what you have said. Although the decision on whether to instruct a post-mortem examination is for the COPFS, decisions on the nature and extent of the examination that is required are for the pathologist. In all this work, we are guided by the medical experts who perform post mortems. Our understanding, through our engagement, is that pathologists retain whole organs only on rare occasions when it is absolutely necessary in order to establish the cause of death. In such cases, there are well-established procedures for ensuring that families are advised immediately when organ retention is a possibility, and options for the return of organs are discussed with them.

In our investigation, the Crown will use any tools that are available to us to establish a cause of death and provide the next of kin with the answers that they seek, where possible. Any decision on the appropriate course of action should be taken in consultation with, and following discussion with, the relevant pathologist and in accordance with the Royal College of Pathologists guidelines. If there are differences between Scotland and England in relation to processes, practices and the understanding of what is required to allow an expert to advise the COPFS on the cause of death, those matters should be explored with the pathologists. Unfortunately, we cannot advance such matters any further with the committee today. What pathologists do in order to inform us of the cause of death is a matter for them.

The Convener: To whom are they accountable?

The Lord Advocate: Pathologists are medically qualified professionals who answer to their own professional body. The Crown Office and Procurator Fiscal Service investigates deaths and seeks to identify the cause of death in order to inform whether a criminal investigation is required or whether we need to make further investigations in order to proceed with a fatal accident inquiry. Critical to all that decision making is what caused the death. When we require that answer, we instruct an expert pathologist, who has responsibilities in relation to their own professional body, to carry out a post mortem. If there have been medical advances that could better inform pathologists operating in Scotland, it is for pathologists to advise on those medical advances.

The Convener: I have to say that I am struggling here—I feel as though I am wrestling with a ball of cotton wool. Are you saying that the pathologists would have to be the ones to decide whether there were modern operational practices that would mean that there were alternative ways of fulfilling their function?

The Lord Advocate: I understand that the pathologists who are instructed to carry out these examinations in Scotland are individuals from a professional body that we hold in the highest regard. We, as the Crown, are informed by those experts as to what is required in order to establish a cause of death. If there are different practices across the pathology profession, I would assume that the professional body would train, advise and give directions to the professionals in that body. If it is the case that there are less invasive processes that could be applied at the post-mortem stage, those are the ones that should be chosen by the pathologist.

I can see that there are issues of enormous concern to the committee, but it is important to distinguish between the responsibility that I have as the Lord Advocate and the responsibility that lies with the professional body of pathologists who carry out the examinations.

The Convener: I understand that distinction. I am grateful to you for that.

You touched on the issue of retention. The Royal College of Pathologists explained that

“small tissue samples taken for microscopy and diagnostic purposes are retained as part of the medical clinical record”.

It said that such samples

“could theoretically be returned to relatives, but the gain would be marginal and would need traded off against further complexities in the authorisation and consent processes, which are already difficult.”

We took evidence from Dr Adeley, a senior coroner in England, who said:

“What happens with any sample that contains even a single cell is that the family are asked what they want to be done with the sample when it is finished with. The family are given a number of choices. The coroner’s officer will ask whether the sample could be retained by the hospital for medical research and teaching, or it can be returned to the family and their undertaker.”

Indeed, Dr Adeley outlined a process whereby there can be a second funeral proceeding for the additional tissue. All that happens regularly and as a matter of course in England. Dr Adeley continued:

“Alternatively, they can elect for the sample to be disposed of by the hospital in a lawful and sensitive manner. Those are the three choices.”—[Official Report, Citizen Participation and Public Petitions Committee, 17 May 2023; c 18.]

It seems that there is an operational practice elsewhere in the United Kingdom that is executed with no complications and without any professional obstacles being put in place, yet such obstacles seem to be routinely put in place by the processes that apply in Scotland. Is that any longer appropriate? Could Scotland seek to operate in a much more transparent and humane manner, consistent with practice elsewhere in the UK?

The Lord Advocate: I hear what you are saying; I understand that there is a different practice in England and Wales and that you have taken evidence on that. As the Lord Advocate, who is responsible for the investigation of criminal matters and sudden and unexpected deaths, I have a different role to play from the one that the committee is in the process of examining. It is not for me to advise on what the law should be; I implement the law and I have to do what the law provides for in Scotland. Currently, the Human Tissue (Scotland) Act 2006 applies to the issues that you have raised this morning.

If there is to be a change in practice and if the practice is to be, as you described, more humane, that is not a matter for me to comment on. I cannot advance that matter any further. All that I can do is explain what the law is currently in Scotland and what the procurator fiscal and the Crown Office do in relation to the implementation of our investigations and what happens when the 2006 act comes into play.

I can say that, at the conclusion of our investigation, by virtue of the Human Tissue (Scotland) Act 2006, any blocks and slides prepared for the purposes of histopathology—examination of the tissue under a microscope to detect any signs of disease, damage or other abnormalities—are considered to be part of the medical records of the deceased person. That is the statutory provision. If there is to be a change to the law, that is a matter for parliamentarians; it is not a matter for the Lord Advocate of the day.

The Convener: Thank you—

The Lord Advocate: The decision on returning samples is for the health board to make. A requirement to offer tissues and samples to the nearest relatives as a matter of course before the end of a criminal investigation might impact on the investigation of death. It might impair the procurator fiscal's ability to fully investigate the circumstances surrounding the death or establish a definitive cause of death.

I am not here to advance any inhumane practice. I am here to say how I operate within the existing law. I can only do that.

The Convener: To which minister in the Government does the responsibility fall?

The Lord Advocate: The responsibility for what?

The Convener: The issues that we have just discussed.

The Lord Advocate: If the law requires to be changed, it is for the democratically elected representatives of the people to bring forward the arguments for such a change in the law. As we know, when the law is to be changed, we have a process

of open consultation and parliamentary committees consider the proposals for change—

The Convener: I have been here for 16 years so I get that bit. To which minister in the Government would the responsibility fall?

The Lord Advocate: I am not entirely sure. I do not know why you are speaking to me in the way that you are. I am here to try to assist—

The Convener: I understand that, and that is why I am asking you if you can assist me by telling me which minister in the Government we should direct this issue to because you believe that is where that responsibility would lie if not with the Crown Office.

The Lord Advocate: I think that I have answered the question to the best of my ability. I am not here to be difficult. I am here to explain the job that I do as the independent head of the prosecution system that is responsible for the investigation of deaths in Scotland. I operate within the law, and if there is to be a change in the law, it is for parliamentarians such as yourself to advance the reasons for that change. I fully understand that the committee is dealing with sensitive issues about human dignity and the need for bereaved relatives to be supported through what is the most traumatic period of their lives when they lose a loved one in unexpected circumstances.

David Torrance (Kirkcaldy) (SNP): The committee has heard evidence that there are real pressures on the service in England because of a lack of pathologists to carry out post mortems. Can the Lord Advocate or Mr Shanks confirm that the pathology workforce is under the same pressure to carry out post mortems in Scotland?

The Lord Advocate: That is an operational matter that Mr Shanks can fully explain.

Andy Shanks: In our operational experience, the level of service that we receive from various pathology providers across the country varies. As you might expect, there is always a degree of variation through the seasons of the year. When I talk about a level of service, I am really talking about the period of time between the instruction of a post-mortem examination and the completion of that examination.

The Crown Office and Procurator Fiscal Service is essentially a service recipient; we are not the service provider and we are not in charge of the pathologists. We rely on service providers from across the country, including the NHS, local authorities and universities that provide the service. We have a number of contracts and service level agreements in place with those organisations, so they are responsible for the level of service across the country.

At the same time, we recognise the need for an improved service more generally. We are therefore in the process of reviewing the nature and the number of the contracts and agreements that are in place to see whether there is a way of making them more efficient and resilient across the board. It is not for me to characterise the service in the way that Mr Torrance has suggested, but it is certainly variable at the moment and there are a number of different service providers.

David Torrance: Thank you for that, Mr Shanks. You said that you are looking to review the system. Is the current model of service sustainable?

Andy Shanks: Again, I am not sure that I can answer that question directly. All that I can say is that we recognise the number of different service providers and the way that the contracts are at the moment—there is room for improvement and the contracts are under review with a view to making them more resilient and effective across the board. The matters under discussion are essentially matters for the service providers.

The Lord Advocate: The Crown Office and Procurator Fiscal Service is the client and the recipient of the service, to allow the Lord Advocate and the procurators fiscal to discharge their death investigation duties. To that end, we have a series of contracts and service level agreements with universities, local authorities and the NHS for pathology, mortuary and toxicology services across Scotland.

We do not have a role in the recruitment or training of pathologists—that is a matter for the professional body. All of what the committee is looking at today in terms of the way in which pathology is undertaken sits with the pathology providers. There is a distinction between what the Crown does in this matter and what the experts who carry out the post mortems do. We are the client of the service.

David Torrance: As a client, you are procuring a service, so can you not determine how that service looks and change the ways of working to the approach that we have heard about in certain areas in England? You are procuring a service, so surely how that service looks is up to you. You can determine how it works.

Andy Shanks: That cuts across some of the issues that the Lord Advocate raised in an earlier response about the exercise of professional judgment by individual pathologists and the overarching role of the Royal College of Pathologists. As the Lord Advocate said, we can be supportive of tools and innovations that assist pathologists in the exercise of their professional duties, but that is different from being overly prescriptive about the techniques that they deploy in particular circumstances.

David Torrance: You said that you were looking at the service. How far down the line are you on that, and how deeply are you reviewing the service with the aim of changing it?

Andy Shanks: I am not personally involved in that but, if the committee requires more information on it, something could be provided in writing, if there are particular points on which you require clarification.

David Torrance: Thank you.

The Convener: There are around 56,000 deaths in Scotland each year and 12 per cent of them require a post mortem. In a submission to the committee, the Royal College of Pathologists stated:

“there are significant pressures on pathology, post mortem and forensic services across Scotland. With grossly inadequate facilities and staffing levels being the reality of current provision.”

I should earlier have recognised our colleague Monica Lennon, who has joined us this morning. When she raised in Parliament the issues of delays and backlogs in the post mortem service, the Lord Advocate explained that

“The Crown Office and Procurator Fiscal Service aims to conduct its investigation and advise the next of kin of the outcome within 12 weeks of the initial report of the death in at least 80 per cent of those cases.”—[Official Report, 6 October 2021; c 3.]

Can you confirm whether those pressures on the post-mortem service exist in Scotland? What proportion of post mortems are currently reported within 12 weeks?

Andy Shanks: I do not have that information before me at the moment but, again, I can provide that in writing if it would be of assistance to the committee.

The Convener: Do you expect to achieve the objective of 12 weeks in 80 per cent of cases, or do you think that that objective might be under challenge at present?

Andy Shanks: Again, I would like to follow that up in writing, if that would be convenient.

The Convener: That was specific but, more generally, are there pressures on the post-mortem service in Scotland?

Andy Shanks: As I said, there are variations in service. In particular parts of the country and at particular times of the year, there will be an impact on the period of time between the instruction of the examination and the completion of the examination. I am not sure that it is for me to characterise that as particular pressures, but the service is certainly variable in that regard.

The Convener: If you are supplying us with further information to follow up on the point that you discussed with Mr Torrance, it would be helpful if we could have information on the scope of and timescale for the review that was identified.

Earlier, the Lord Advocate referred to changes in the law being the responsibility of parliamentarians and not the Crown Office, which is there to apply the law. However, the use of imaging does not require any change in the law at all. There is no provision in law that needs to be changed to achieve that. Alexander Stewart will pursue that.

Alexander Stewart (Mid Scotland and Fife) (Con): Some of the questions and answers that we have heard this morning have been quite vague. I acknowledge that you are giving your views about your roles and responsibilities, but we are trying to investigate the petition and to draw out as much information as we can, in order to assist the petitioner. As the convener said, there is no need for a change in the law to allow for the use of imaging.

Previous witnesses have told us about the time saved by the use of imaging. We have heard that scans can be used to establish a cause of death in 94 per cent of cases and that 92 per cent of those post mortems were non-invasive. It is obvious that using that equipment for scans is of real benefit to individuals. The process saves time for professionals and the fact that it is quicker can give some reassurance to the next of kin. You have already told us about the targets that you have set and want to achieve within your service.

Mr Shanks may be the best person to answer this. Do you acknowledge that imaging could have benefits both for the service and for the next of kin? Should you consider procuring imaging services, in order to ensure that we have a better service for clients, for service users and for yourselves?

The Lord Advocate: I understand the evidence that the committee has heard about imaging and the benefits of that process that have been described.

All that I can say is that, when the Crown Office and Procurator Fiscal Service investigates a cause of death, we instruct experts to undertake the examination and are informed by the expert as to whether an invasive post mortem is required. If there is an imaging process that means that there is no need for an invasive post mortem, I would expect that the pathologist of the day would advise that that process was available for use, rather than having an invasive post mortem.

It is really for the professional body to consider the quality, efficacy and benefits of the imaging and to determine whether imaging should be utilised in the process being undertaken. If the Royal College of Pathologists has identified a means by which post mortems can be less invasive when undertaken using imaging, then I—as the Lord Advocate who is instructing the investigation of a death in order to understand the cause of death—would reasonably expect that the pathologist advising the Crown on that issue would explain that the process was available and should be used.

I am not aware whether there is provision for imaging in Scotland to the same extent as there is in England. That is a matter for the pathologists' professional body to advise on. I have not heard all the evidence that you have heard about how pathologists in England and Wales carry out examinations, but one would expect a consistent approach in relation to decisions about whether to conduct invasive or non-invasive examinations.

Alexander Stewart: I acknowledge that, Lord Advocate, but there seem to be barriers in Scotland at the moment and we are concerned about that. Imaging facilities are available in other parts of the United Kingdom and imaging takes place as a matter of course, but that is not happening here. We would like to know why. You explained that the professional organisation has a role to play in all that, but it is quite difficult for individuals, and for the petitioner, to see why there seems to be a differentiation between what takes place here and elsewhere. It is my understanding that there must, therefore, be a barrier in Scotland that is not permitting imaging to take place here. Do you acknowledge that there may well be a barrier if the service is not being provided to the same standard in Scotland as it is in other parts of the United Kingdom?

The Lord Advocate: Could you explain to me what you mean by a barrier? What barrier has been identified in Scotland?

Alexander Stewart: It could be many things. It could be a lack of training or equipment—I do not know. I am making an assumption that there is a barrier because, from what you have said this morning, I am not convinced that Scotland should not be doing what is done elsewhere.

You have given information and evidence to suggest that it would be up to the professionals to decide. In my opinion, the professionals are not doing what I have described, because there is a problem. If there is a problem, it may be that a barrier is in place, or some kind of logjam that is causing the situation to occur. That is my interpretation, but it would be good to get your view on whether you think that there is a similar issue.

The Lord Advocate: It is difficult for me to answer the question that you pose when you have not actually identified a single barrier.

What I would say is this: your questions, and your anxiety and your obvious concerns about the issue, should be directed to the professional body that delivers the service to the Crown: the Royal College of Pathologists, which operates in Scotland and carries out those post-mortem examinations at our request.

It is simply the case that the Crown would only ever instruct a post mortem if necessary, and the post mortem that would be instructed would be informed by what the pathologists were telling us needed to be done in order to identify the cause of death.

If there is a less invasive process that is available in England and Wales, I would expect that pathologists in Scotland should know about that and should have access to the same facilities and the same provision. If they do not, and if they are not able to do their job in the way that they should be, they should raise that with their professional body. They should let those within their professional body know, and they should take steps to ensure that the equipment that is required in order for them to carry out their job is available.

There is only so much that the Lord Advocate can do. I cannot instruct the Royal College of Pathologists to take the steps that you have identified might be needed in order to resolve the issues that you are so concerned about.

Alexander Stewart: You acknowledge that we have a role here. If the Parliament wants to change things and make things happen, it is up to individuals such as Monica Lennon MSP, who has supported the petition, to try to do that. We are doing that now by having this discussion and debating the topic. We are putting the topic further up the agenda to try to ascertain what the problem might be and what the solutions should be.

I see that as my role in this committee: to try to tease out some of the evidence and the issues so that we can provide the best service that we can within our capability for individuals in Scotland. As I said, however, I am perplexed when those individuals are not being given a similar quality of service as people south of the border. To me,

it is not right, in some respects, that individuals in Scotland are not being provided with the same standard of information and operation that people are getting elsewhere. As I said, that perplexes me, as a member of this committee, and I am trying to tease out the issues to try to iron them out and support people to get a better service.

The Lord Advocate: I understand what you have said. It is the case that the law is changed by people bringing forward problems and injustices and identifying inhumane, improper practices, and bringing those to the attention of their parliamentarians.

It is for the parliamentarians to change the law; I cannot do that. If there is to be a change in service and better service, I would support that, but I cannot do it. I have a particular role to perform here in terms of my constitutional responsibility. If I were to come forward and suggest changes in policy, practice and the law, it would be quite inconsistent with the job that I have, which is to uphold the law as it is. If there is to be a change, it is for people such as yourself, committed to issues like these, to make the change. I do not dispute any of what you have said here today.

Alexander Stewart: Thank you.

The Convener: I return to the fact that the use of imaging does not require a change in the law. There was no change of the law in England when the practice was changed; it was just changed. It did not require parliamentarians to change the law; it required direction and discussion.

The Lord Advocate: Perhaps I could return to that point. If there is to be a different process applied by the expert pathologist, that is for the expert to apply. If pathologists in Scotland do not have access to imaging of that type, that is not for me to change and it does not require a change in law. It is a change in professional practice, and the availability of the essential tools for that is not my responsibility.

The Convener: I understand. The thing is that it is not pathologists, it would be radiologists. It might very well be that the reason why pathologists are not interested in pursuing this is because it is not a service that they would be able to provide.

The Lord Advocate: I cannot comment on that.

The Convener: I do think that that ought to be a matter of public concern. Both Mr Choudhury and Mr Ewing want to come in. Is it to develop this point or to touch on a different point?

Foyso Choudhury (Lothian) (Lab): It is to develop this point.

The Convener: We will go to Mr Choudhury and then to Mr Ewing.

Foyso Choudhury: Thank you very much, and good morning.

Sorry, I am just confused, although I do not want to repeat what my colleagues have already asked. I get your point that it is up to us to make the policies and that you will not be able to answer quite a lot of questions. However, my question is about how the samples are examined just now. From what we are hearing and what I have

read, what is happening here is not the same as what is happening in England and Wales. If that is the case, why? Who should be telling us that we are not doing the same job as they are doing in England and Wales? What procedures are we following?

Andy Shanks: As the Lord Advocate said, I cannot speak to the particular practices and procedures that are taking place elsewhere in the UK, but in Scotland, the conduct of the post-mortem examinations is a matter for the professional clinical judgment of the pathologist on the instruction from the procurator fiscal that a post mortem has to take place. I think that I would be repeating my earlier points if I was to go any further there.

Fergus Ewing (Inverness and Nairn) (SNP): Good morning, Lord Advocate. I absolutely understand your central point that the concerns that other colleagues have expressed this morning are not matters for which you, as Lord Advocate, have legal responsibility. I understand that.

We are here because not only did the petitioners lose a child, that horrific experience for any parent was compounded, as Monica Lennon has eloquently said on previous occasions, by what happened afterwards. Therefore, my question to you is really about the role of Lord Advocate in Scotland. After all, you are leading the system of criminal prosecutions and the investigations of death. Is there not a statable argument that, although there are certain specific legal responsibilities, which you have clearly set out and are clearly delineated, there is perhaps a higher obligation? If not the Lord Advocate, who can deal with this? It seems to me that the professional bodies will patently not really be able to do this.

Lord Advocate, is it not the case that some people might see your role not so much as one of an umpire or a referee but as one of a team manager? If something really goes wrong, some kind of action would be expected of the Lord Advocate in order to initiate action, if not by yourself, because you lack the legal power and competence to do so, by urging others to do so, whether that be the Scottish Government, the royal colleges or otherwise.

Our job is to speak for the petitioner—that is why we are here; it is, as the convener has said, nothing to do with politics—so, in that respect, is there not a statable argument that some people see your role in a much wider sense than you appear to have set out to us today? If there is merit in that argument, is it worth reflecting on whether there is any way in which your esteemed and distinguished office, which is so important to the dispatch of justice in Scotland, can take action to deal with the horrendous grievance that the petitioner in this case has suffered?

The Lord Advocate: I wonder what you are suggesting should be done. You know very well the role of the Lord Advocate—what are you suggesting?

Fergus Ewing: It is perhaps for the committee to consider the matter later, but my first reaction would be to recommend that you as Lord Advocate make a specific series of recommendations about how the injustice suffered by the parents can be remedied. I will admit that it is not a straightforward matter, but then I have discovered that very few things in Government are. Nonetheless, this is an important

issue, and just because something is difficult does not mean that Governments can fail to discharge their functions.

The Lord Advocate: If the committee were to recommend a series of actions to alleviate an injustice that had been suffered and if those actions were to come within the responsibility of the Lord Advocate of the day, I would, of course, act. I would not say anything other than that. I am therefore very interested in seeing the committee's recommendations.

I am interested only in providing a humane and progressive justice system that meets everybody's needs. I do often deal with difficult issues, but it would be quite unfair if there were an underlying suggestion that I would ignore the committee's decisions or recommendations or that I would not act to make better things that have gone badly. I am here today to give evidence and answer questions. Of course, if recommendations are made that I can do something about, I will do that.

The Convener: Thank you very much, Lord Advocate. That final remark was very helpful. If we have seemed a bit testy, it is not just because we are seeking to benefit from such an assurance; the committee is just a bit confused as to where best to pursue these points and colleagues will probably consider who else we might need to see to try to bring that position around. We look forward to receiving the additional written information that you have mentioned.

I invite Monica Lennon to say a few words, as someone who has actively engaged with the committee on the petition.

Monica Lennon (Central Scotland) (Lab): I am very grateful to you, convener, and to the committee, the Lord Advocate and Mr Shanks. Thank you for taking this petition very seriously and for bringing us to this point.

We have heard a lot of evidence over many months and, as you said at the start, convener, real issues of substance have arisen. Most recently, the evidence-taking session with the coroner and the pathology and radiology teams was really important and helped to set out in our minds that different practices are emerging—and, indeed, have been in place for a few years now—that still provide an effective and accurate service and system, but with people and families at the heart of things.

I am very heartened to hear the Lord Advocate's commitment to humane and progressive practice. We all want to hear the committee's recommendations on the matter, because, convener, you are right: operationally speaking, changes could be made to policy and practice. People need to be corralled a bit so that we can have that dialogue and direction.

The Lord Advocate is correct to say that the royal colleges play a very important role, but the Royal College of Pathologists is only one stakeholder and partner. It might want to protect the way in which things are done right now, but as we have heard, the reason for the change in practice in Lancashire—which is about 150 miles from Lanarkshire in my region, where the Stark family live—was the shortage of pathologists. There were also those who were electing to become pathologists but who did not want to do post mortems, because they wanted to do other important work.

We have heard about the opportunities to speed things up in order to alleviate workforce pressures. We do need to get the correct equipment for this work, but I would point out that what has been done in England has proved to be cost neutral, which is very important for us parliamentarians who are thinking not only about the law but about the public finances.

I appreciate the fact that the committee has been able to hear directly from the Lord Advocate today, but this issue needs to go to the top of the agenda. I am sure that health and justice ministers will be very interested in this—I note that we have not yet heard from them. I know that Mrs Stark has been busy engaging with MSPs and, indeed, has had a number of meetings since we last met. I am quite encouraged that colleagues from across the Parliament, irrespective of party politics, have been able to understand the very human issues that lie at the heart of this. No one is looking for short-cuts or is seeking to undermine the Lord Advocate's important role or the duties that she and her team have to carry out.

I again thank the committee for its time. It is important to bear in mind what can be changed now, with very little resource required. We might need to have that change in the law, particularly with regard to the retention of tissue samples; the petitioner has set out a number of proposals in that respect and I know that the committee is looking at the issue very carefully. I am encouraged not just by the practice that is emerging in other parts of the United Kingdom but by what is happening internationally. Indeed, I think that the committee is aware of practice in Japan as well as in Australia, where there is now a faculty of post-mortem imaging.

It therefore seems to me, if we are to have the humane and progressive system that we all want, we might need to be a bit more proactive in ensuring that we keep pace with such developments. I am sure that we are doing things in Scotland that are cutting edge and innovative and that people can learn from, but we need to look outwards and I thank the committee for its efforts in doing that.

The Convener: Thank you very much. I must also thank the petitioner for her forbearance. She is with us in the gallery this morning and we remember that it was the loss of her son that led to the petition that the Parliament is discussing. Thank you, again.

I also thank the Lord Advocate and Mr Shanks for their evidence. It has been very helpful to us and we look forward to receiving the further information. I am grateful for your time this morning.

We will now have a short suspension before our next evidence-taking session.

Members indicated agreement.

Annexe C

Crown Office and Procurator Fiscal Service submission of 29 June 2023

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

I would like to express my thanks to the Committee for inviting the Lord Advocate and me to give evidence at the hearing on 14 June 2023. At that hearing, during my evidence I offered to provide additional written evidence to the Committee in relation to the following:

- The scope and timescale of the pathology review being undertaken by COPFS
- Whether the COPFS key performance indicator for completion of death investigations is being met and whether we are encountering any pressures affecting our ability to meet that target.

Firstly, however, I would wish to take the opportunity to restate the position that the Lord Advocate is responsible for both the systems of criminal prosecution and investigation of deaths in Scotland. By virtue of the Scotland Act 1998, any decision in those capacities shall be taken independently of any other person, including other Scottish Ministers. The role of the Law Officers is, therefore, to be distinguished from that of other members of the Scottish Government. Procurators Fiscal in the Crown Office and Procurator Fiscal Service (COPFS) investigate deaths in Scotland on behalf of the Lord Advocate and, accordingly, their decisions are taken independently of any other person.

Pathology Review

COPFS is the client and the recipient of forensic pathology services in Scotland to allow Procurators Fiscal to discharge their death investigation duties on behalf of the Lord Advocate. To that end, we have a series of contracts and service level agreements with universities, local authorities, and the NHS for pathology mortuary and toxicology services across Scotland.

The current pathology contract extensions are, in the main, in place until March 2024 and we are currently working with all pathology providers on

a service redesign. Specifically, we are working with service providers to streamline the nature and number of the contracts to ensure resilience and efficiency through negotiations and service co-design.

Our preferred outcome is for the appointment and establishment of a National Pathology and Mortuary Service, preferably under the appropriate leadership from the NHS, to manage the service provision. However, as you will appreciate, COPFS is not in a position to design and implement unilaterally a national service model to deliver an improved and consistent service across Scotland and wider government direction and support will be required.

COPFS rely on pathology providers as the medical experts to determine the nature and extent of the examination that is required to establish a cause of death. COPFS would support any proposals where evidence is provided that a particular approach would fully meet the requirements of our investigation in a timely and cost-effective manner, whilst reducing distress to families from the post-mortem examination process.

Since the Committee Session on 14 June 2023, COPFS has received representations from two pathology providers about the viability of CT scanning in post-mortem examinations. COPFS will therefore seek further information from these pathology providers on the operational aspects of this approach.

COPFS Death Investigation Key Performance Indicators

In relation to deaths which require further investigation, COPFS has a published target to conclude the investigation and advise the next of kin of the outcome within 12 weeks of receipt of the death report in 80% of cases.

The figures for the previous five reporting years are as follows:

Full Year Performance 2018-19: 90%

Full Year Performance 2019-20: 71%

Full Year Performance 2020-21: 59%

Full Year Performance 2021-22: 49%

Full Year Performance 2022-23: 65%

It is accepted that the target has not been met for each of the last four years and there are a number of factors which we would wish to highlight to the Committee.

Firstly, COPFS has seen a significant increase in the number of deaths reported, as illustrated below:

Reporting Year	Deaths Reported
2018-19	10,397
2019-20	10,896
2020-21	15,712
2021-22	15,313
2022-23	14,149

As a consequence, the number of post-mortem examinations requiring to be instructed by COPFS and conducted by pathologists has also risen, as follows:

Financial Year	Post-Mortems
2018-19	5,655
2019-20	5,645
2020-21	6,635
2021-22	7,092
2022-23	7,045

In addition, from early 2019, COPFS experienced delays in the provision of toxicology reports by Glasgow University (which at that time provided forensic toxicology services for most of Scotland). This had a knock-on effect of delaying the provision of pathologists' final reports to COPFS

and the conclusion of death investigations as a result. COPFS and Glasgow University undertook a number of steps to seek to resolve the issue, including the agreement of an Improvement Plan. The success of that plan meant that, from the beginning of 2021, there was no backlog of toxicology reports and all reports from Glasgow University met the turnaround times agreed in the plan.

There will also be other reasons why it is not possible to conclude an investigation within 12 weeks, such as the need to carry out further investigations with a view to determining whether a Fatal Accident Inquiry should be held.

Petitioner submission of 30 August 2023 PE1911/OO: Review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems

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

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

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

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

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

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

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

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

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

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

Regarding the Pathology Review, I acknowledge the complexities involved in streamlining pathology services. As my petition has many aspects, this review should not be done singly, and I hope the committee can act on a review of all services, so organisations are not working in

silos. As we heard in a previous committee session, there is a pathology service in England whose methods and best practice can be drawn upon. Their procedures provide a service which fully meets families' expectations with a high satisfaction level.

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

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

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

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

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

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

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

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

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

Petitioner submission of 30 August 2023 PE1911/PP: Review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems

Richard Stark's Law

Our laws must place better emphasis on respecting the dignity of deceased individuals and safeguarding the rights of their families.

The Procurator Fiscal (PF) was involved as our son died at home – I thought he was in safe hands. I was wrong.

They instructed a PM - our wishes were ignored! This was **NOT A SUSPICIOUS DEATH**. This should have been our **CHOICE** to have a likely cause/Uncertain or a PM.

If not a suspicious death the PF should not be involved as this is not a criminal case.

PF advised they are in touch with the family throughout. We had no contact until after the PM. We were horrified at what was performed. The PF and Lord Advocate (LA) both advised that the wishes of the Next of Kin (NOK) are taken into account and are particularly sensitive to religious and cultural backgrounds – **this is discrimination.**

The LA/PF instruct PMs only where they feel it essential and there was medical evidence to explain the death – Richard had attended a hospital months before.

The LA advised Richard's death was **NEVER** considered to be suspicious.

The Scotland Act 1998 and Human Tissue (Scotland) Act 2006 need updating. People go into Politics to make a difference, to listen to the public and to make the country a better/fairer place. The LA advised for MSPs to propose changes to the law and that she would support changes.

She mentions carrying out her role in a compassionate way. There is nothing humane in current law. **The lives of innocent people are being destroyed/cannot be repaired. No-one should have to endure what we went through – this is mental cruelty.**

Where is the transparency in Scotland, where is the balance between medical progress, cultural sensitivities and ensuring that families' values are respected and taken into consideration.

I see the horror/anger in the eyes of others. There are many changes needed. Families wishes ignored - No compassion/Dignity/Respect for the Deceased.

A hospital didn't investigate injuries Richard woke up with whilst in bed with no recollection/concussion. A cause was considered then excluded. He was sent to another hospital for an ECG but this did not happen and there was no follow up. He was sent home with a leaflet.

This healthy boy was found dead months later - too much of a coincidence.

I will never trust Doctors / PFs / Pathologists. No-one seems to be answerable. These people are in a position of trust, they have certainly lost it from the public.

I was advised that samples of MY CHILD didn't belong to me, where is the compassion there?

All of the above delays the grieving process, but those involved **do not care**. Where is the respect for the deceased when samples of that person are spread all over the country/perhaps elsewhere?

Samples are DNA of a family, stored without consent. It seems in this country the medical profession, PF and RCOP, are answerable to no-one. Yet the public is. This current law has rules for some and different rules for others.

Death Certificate (DC): I fought for four years to give Richard a proper death certificate. In the opinion of others these are not for families, they are stats for medics but this is wrong! Many DCs are incorrect. The future generations will be disgusted at this law and what was allowed to be performed/retained of samples which is part of a person and someone's loved one.

There should be Coroner in Scotland.

The deceased are still entitled to dignity and respect – would you say our son received this?

There was always a likely cause in Richard's case (which was confirmed last month). We had investigations done, as pathologists refused to look at the information we had, to give our son a proper death certificate. Four years of hell, fighting for samples, information (I don't yet have it all) and a death certificate. He now has a proper certificate. How do these people sleep at night, knowing they are putting people through this?

The Republic of Ireland changed their tissue act in 2022 in order to offer samples back to the NOK.

Some are willing to leave samples/organs/bodies to science - this should be choice.

Pathologists have CHOICE when studying to deal with the living or deceased, most are going to the living which has created a shortage of pathologists who can undertake post-mortems. This was another reason England changed to scanners. Pathologists are given the CHOICE, we should be given the CHOICE too if it is a non-suspicious death.

Scanners: are cost effective and if only used in suspicious/murder cases this would make better use of resources and would save money.

London is now looking into using scanners as routine checks for prostate cancer. In a trial, a patient had a negative blood result, and then had a scan which was positive. The scanner has saved this man's life.

I will **NEVER** forgive those involved. I have a **life sentence** as a mother that didn't protect her child from that horrific PM – **in a non-suspicious death**. Richard was such a decent living boy who cared so much for others, he would be horrified at what was performed on him and what his family have gone through – **all down to others, they seem to have no shame.**

If anyone thinks there is nothing wrong with these immoral acts, there is something far wrong.