

Citizen Participation and Public Petitions Committee
Wednesday 29 May
10th Meeting, 2024 (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 6 September 2023.](#) At that meeting, the Committee agreed to write to the Crown Office and Procurator Fiscal Service and the Royal College of Pathologists and to delegate authority to the clerks to invite views from other relevant organisations.
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 Crown Office and Procurator Fiscal Service, the Royal College of Radiologists, and the Royal College of Pathologists, 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 gave its initial response to the petition on 15 November 2021.](#)
7. Every petition collects signatures while it remains under consideration. At the time of writing, 3,222 signatures have been received on this petition.
8. The Crown Office and Procurator Fiscal Service's recent written submission highlights [the HM Inspectorate's Annual Report 2022-2023](#). The report suggests reform of forensic pathology services and states that there is a need for a co-designed approach to securing a long-term vision for pathology services.

Action

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

**Clerks to the Committee
May 2024**

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 6 September 2023

The Convener: That brings us to our second continued petition, and I gather that the petitioner is again with us in the public gallery. Good morning.

PE1911, lodged by Ann Stark, is on review of the Human Tissue (Scotland) Act 2006 as it relates to post mortems. The petition calls on the Scottish Parliament to urge the Scottish Government to review the 2006 act 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 next of kin as a matter of course.

In our consideration of this petition, we are joined by our colleague Monica Lennon MSP. Good morning to you, too, Monica.

Members will recall our evidence-taking session in June with the Lord Advocate and Andy Shanks, Head of the Scottish fatalities investigation unit at the Crown Office and Procurator Fiscal Service. Since that meeting, we have received further information from the COPFS; its written submission states that the COPFS is working with pathology providers on a service redesign, and its preference is to have a national pathology and mortuary service established under national health service leadership. On the issue of CT scanning, the submission notes that representations have been made by two pathology providers on the viability of using scanning in post-mortem examinations, which I think is progress on what we have understood to be the position before.

The petitioner, Ann Stark, has provided two written submissions, the first of which notes the upcoming service redesign and states that there is an opportunity to introduce the use of scanners in murder and suspicious cases. Ann also emphasises the importance of taking grieving families' perspectives into account if a national service is to be established.

In her second submission, Ann Stark reiterates the importance of families having a choice about what happens with their loved ones and highlights the use of scanners in London to check for prostate cancer, which I think was in a very recent news story—in fact, they were talking about using magnetic resonance imaging for that.

In addition to the two submissions that are included in the papers, we have all received numerous e-mail communications directly from the petitioner about issues relating to her petition. I say to the petitioner that, although I fully understand her desire to ensure that we are fully informed, it is most helpful if submissions go to the clerks, because it causes confusion among members if we get them, as we are not sure of the operational process for dealing with them. I assure the petitioner that, if they go to the clerk, we will get them on a concise form, and that would assist us.

Before I open up to wider comment, given that Monica Lennon was with us when we heard our evidence from the Lord Advocate and from Andy Shanks, I wonder whether she would like to say something.

Monica Lennon (Central Scotland) (Lab): It is lovely to be back and to have the opportunity to be with the committee again, and it is good that we have Ann and Gerry Stark in the public gallery today. The loss of their son, Richard, is what brought us all here and what has brought all the evidence and discussion into the Parliament and the public arena.

Ann is a prolific e-mail writer and sender. I do not want to make committee members feel that they are not special, but she has been writing to every MSP and has been getting a very warm response. More and more people are coming forward to say that the issues that we are looking at are very important.

I will not repeat everything that I said in my summary at the session in June. It was quite an intense session with the Lord Advocate and Mr Shanks and, at points, it was frustrating to try and find out who will take responsibility for the issue. Fergus Ewing and Alexander Stewart, in particular, teased out a lot of that. In the end, the Lord Advocate acknowledged that, if we all want a humane and progressive system, we need to be robust and thorough in investigating deaths where there is suspicion, but that it needs to be proportionate.

In prompting the inquiry, the petitioner has highlighted that in Scotland we are not keeping pace with modern practice elsewhere, and not only in England—we have heard about the experience in Lancashire—but in Japan and Australia, and there are other examples. We want to keep pace with that. The evidence that we heard from colleagues in Lancashire gave me some comfort that those innovations have been cost neutral to public authorities. It is important for us, as parliamentarians, to understand the cost implications.

We all want families to be treated with respect, dignity and compassion, but unfortunately that has not always been the case. We have heard about some of the workforce challenges. No one wants to minimise those, but the proposals that have come to the committee would help with workforce pressures and future workforce planning.

I am a Central Scotland MSP, and the family behind me are from Lanarkshire. Rightly, they are wondering why families in Lancashire can benefit from the service but no one has been looking at it in Scotland, until now.

It is welcome that the committee has had an update from the Crown Office on the service redesign during the summer but, to go back to the title of the petition and the ask of the Scottish Government, the Scottish Government has, in my view, been sitting on the sidelines while everyone else has been trying to figure out what to do. It is important that the Government is aware that the Parliament is taking the issue seriously and that ministers are fully engaged. Looking back at the notes from the previous session, I think that the Lord Advocate pretty much said that, if she gets a steer on what to do next, she will do it to the best of her ability, but that it is not really up to her. We need leadership on the issue.

The petition that Mrs Stark lodged is a huge credit to her, but it has been at huge personal cost to her. She spends every waking hour on this, and I can tell you that she does not get a lot of sleep. It is important that we do the right thing by her and other families.

I am interested to hear what Government and other partners will do next because, until now, no one has really picked up the ball on this; it has been left to families, which is unfair. I appreciate all the time and effort that the committee has put in. We started with a blank sheet of paper, and no one really knew what was going on but, now, thanks to the committee, we have a ton of evidence, not just from the United Kingdom but on what is happening internationally, which is really important. I say a big thank you to all the committee members.

The Convener: Thank you very much, Monica. You described the evidence session that we had as tense, which is a fair description. Having read the Official Report of the meeting, I think that you characterise it correctly in many respects. Although it was a slightly tense atmosphere, the Lord Advocate clearly stuck to her view of where her responsibilities lay. The committee got slightly frustrated that it was not clear thereafter where she thought the committee should go to get the correct answers. That is what we have been reflecting on.

Given the evidence that we heard from the pathologists in Lancashire and the other evidence that we have heard, I believe that members of the committee are minded to seek to do everything that we can to advance the aims of the petition. In the light of those remarks, do colleagues have any contributions?

Fergus Ewing: Yes, I agree with that. It was very helpful to have Monica Lennon's exposition at the beginning, so I thank her for that. I will refer to a couple of bits of the evidence and then make a couple of recommendations.

The Lord Advocate was very clear that it is not her role to deal with matters relating to pathology. She started off by saying:

“We do not have a role in the recruitment or training of pathologists”.

She went on to say:

“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 ... would reasonably expect that the pathologist advising the Crown on that issue would explain that the process was available and should be used.”—[Official Report, Citizen Participation and Public Petitions Committee, 14 June 2023; c 10, 14.]

In a sense, the Lord Advocate is saying that it is not her job but, if she is advised by the experts in the pathology world that that is something that should happen, as it does apparently in England—and, we hear today, in Japan and elsewhere—she would pay heed to that in her role. That seems to be no more than common sense, and entirely logical and correct.

Therefore, with one caveat, we should take up the suggestion of writing to the Royal College of Pathologists to highlight the evidence session, point out the evidence from the practitioners in England, stress that scanning and other processes appear to be available in England but not here, ask for an explanation of why that is and get its views on these matters—perhaps orally, if necessary, but in the first instance in writing. As the petitioner very clearly argues, there is a gap in the Scottish system, which results in the petitioner's conclusion that nobody appears to care, which struck me in her remarks.

The one caveat is that, as the petitioner pointed out, the fiscal service's contract that the Lord Advocate referred to a couple of times expires in seven months. If that is the case, the committee may feel that the new service-level contract should refer to specific duties to enable the provision of scanning and so on to be available where appropriate. Working backwards from that, for that to happen, we might want to flag up to the minister that that approach is in our minds, subject to getting professional expert advice from the pathologists.

Finally, the clerks have flagged up that the pathologists say that some of the medical and clinical decisions may involve radiologists as well as, or instead of, pathologists. Perhaps the clerks could consider from whom we require to obtain the most relevant evidence, and whether it is one or the other, or both—I suspect that it is both.

I am sorry that I spoke for so long, convener.

The Convener: No—that was incredibly helpful.

In the letter that Fergus Ewing has suggested, it might be helpful to refer to the fact that the COPFS has said that it has received representations from two pathology providers. It might be interesting to ask for a bit more detail on that, because that does not tell us anything other than that it has received submissions. It would be useful to pull that together, as Fergus Ewing has suggested.

Do colleagues have any other suggestions over and above that?

Fergus Ewing: The clerks could consider following up the reference to Japan and other countries, too, if need be, because we would not want to leave any stone unturned.

The Convener: I think that we have covered the ground at this stage, mainly. Will we get that evidence first? I am just trying to think where we want to be sequentially—

Fergus Ewing: What we might want to do, because seven months is not a long time and it might well be that the meat of the negotiation is being conducted right now—my point is that we might miss a chance—

The Convener: We want the most comprehensive letter at this stage—

Fergus Ewing: Yes, we want to flag it up to the minister now, specifically saying—

The Convener: Yes, it might be risky to be sequential here; let us get it all in there now.

Foyso! Choudhury (Lothian) (Lab): Can we ask the Crown Office whether it has any alternatives and whether it has done anything at all to find any solutions since it met us last? We were concerned then, and we saw the reaction of the Lord Advocate. I do not know whether the Crown Office has done anything, so can we ask it?

The Convener: Yes, we can do so. The only thing that it has said is that it has had those two submissions, which is not really action but just a reflection of that fact. Thank you for that. Are we content to proceed on that basis?

Members *indicated agreement.*

The Convener: The petition remains open. I am hopeful that Parliament will be able to influence its outcome and advance its aim as we proceed; let us hope that we do. I thank Monica Lennon for her on-going interest and the petitioner for all the interest that she shows. I appreciated having an opportunity to read the response that the petitioner received from the Lord Advocate, which was economical in respect of the issue. The opportunity to advance the aims of the petition exists, so thank you, everybody.

Annexe C: Written submissions

Crown Office and Procurator Fiscal Service submission of 5 October 2023

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

Thank you for your letter of 27 September in relation to the above and the further information sought by the Committee following its meeting on 6 September.

As I said in my previous letter, COPFS is the client and the recipient of forensic pathology services in Scotland to allow and Procurators Fiscal to discharge their deaths investigation duties on behalf of the Lord Advocate. COPFS would support any improvements to the death investigation process that would minimise the distress caused to families without affecting the thoroughness of the investigation, including the confirmation of a cause of death. However, it is primarily a matter for medical experts rather to comment or offer evidence on any proposed changes.

I can confirm that COPFS regularly meets with the current pathology providers and the potential future use of CT scanners has, from time to time, formed part of those discussions.

Recent discussions with the pathology providers have included the benefits and possible difficulties with the suggestion of the use of CT scanners as an alternative to invasive post mortem examinations. However, it is respectfully suggested that it would be more appropriate for the Committee to take evidence directly from pathologists, as the medical experts, on these aspects. It is noted that, following the discussions on 6 September, that the Committee intends to write to the Royal College of pathologists and obtain its views on the use of scanning and we would welcome that approach.

On the service redesign process, the Committee may have noted the recent publication of the Annual Report 2022-2023 of the HM Inspectorate of Prosecution in Scotland. The Report helpfully sets out the background to current redesign and the preferred model for a national forensic pathology service. The Inspector notes that COPFS have carried out extensive work over many years in an effort to address its issues with pathology services, but has been limited by issues including the fact that securing new arrangements for forensic pathology services is not entirely within our control.

The Inspector further remarks that the case for reforming arrangements for pathology services is evident, but that such reform also requires the input of others such as pathologists themselves, the NHS and the Scottish Government.

I hope this information is of assistance to the Committee.

The Royal College of Radiologists submission of 5 October 2023

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

1. We acknowledge the correspondence from the Citizen Participation and Public Petitions Committee dated 27 September 2023. Please find our response below.
2. The Royal College of Radiologists is the UK's professional membership body for clinical radiologists, interventional radiologists, and clinical oncologists. Clinical radiologists are specialist doctors who interpret medical images to diagnose, treat and monitor diseases and injuries. They do this using a range of imaging techniques, including X-ray, ultrasound, computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET) and molecular imaging. Some radiologists are interventional radiologists (IR); these doctors perform image-guided surgical interventions, often replacing traditional open operations.
3. Clinical oncologists are specialist doctors who treat cancer with drugs (systemic anti-cancer therapies) and radiotherapy. They are the only medical professionals in the UK who can prescribe radiotherapy treatments.
4. We are pleased to respond to the Committee's request for a response with regards to petition PE1911: review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems.
5. The RCR has previously produced in 2021, in collaboration with the Royal College of Pathologists (RCPATH), clinical guidelines relating to the use of CT scans in post-mortem examinations. These guidelines are publicly [available on our website](#) and a PDF copy is also attached to our email.
6. Please consult the guidance document to find out more about the RCR's and RCPATH's recommendations for the scope and limitations of this service; the standards that ought to be employed; and the relevant training and qualifications required.
7. The guidance affirms the value of the use of cross-sectional imaging, particularly CT scans, during post-mortem examinations in providing additional information to the coroner or medical examiner. For example, it can be of significant value in cases of death by major trauma. However, there are also causes of death that cannot be reliably diagnosed by cross-sectional imaging alone.
8. The guidance was designed to be applicable to all four nations of the UK. It is our view that there should be in principle no reason that CT scans could not be used during post-mortem examinations in Scotland.
9. The guidance notes that, at the time of writing, the availability of expertise in post-mortem cross-sectional imaging interpretation was limited to a small number of centres in the UK.

10. Please note that the guidelines specifically do **not** apply where criminal proceedings are in prospect (forensic examinations).
11. If you have any questions on the specifics of the contents of the guideline document, the authors would be best placed to answer you; they are listed on page one of the document. However, we would be very happy to address any general questions you may have arising from this guidance.

Royal College of Pathologists submission of 20 October 2023

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

1. We acknowledge the correspondence from the Citizen Participation and Public Petitions Committee dated 27 September 2023. Please find our response below.
2. We are pleased to respond to the Committee's request for a response with regards to petition PE1911: review of Human Tissue (Scotland) Act 2006 as it relates to post-mortems.
3. The Royal College of Pathologists is the professional membership body for pathologists. Our role is to set professional standards and provide best practice guidance for its members who undertake post-mortem examinations. It is central to our practice as pathologists that the body of those who have died is treated with respect and dignity.
4. The Royal College of Pathologists does not provide post-mortem services. The introduction of post-mortem cross-sectional imaging in adults would be a matter for service providers and commissioners, in conjunction with pathologists in local services.
5. The Royal College of Pathologists, with members of the Royal College of Radiologists, has published a clinical guideline, *Guidelines for post-mortem cross-sectional imaging in adults for non-forensic deaths*, which sets standards for pathologists and radiologists to deal with non-suspicious consented post-mortems and those that come under the legal jurisdiction of the Procurator Fiscal or Coroner system (in England and Wales). This guideline is available on our [website](#).
6. The guideline sets out the scope and limitations of post-mortem cross-sectional imaging as an alternative or adjunct to an autopsy, and as a means of reliably establishing the cause of death in adults. It sets out guidelines that should be in place when such a service is being commissioned or an examination is being authorised by a legal authority. The decision as to whether or not an invasive autopsy is necessary can only be made after the post-mortem imaging has been analysed and an external examination performed by a trained medical practitioner.
7. In any authorised examination, a General Medical Council (GMC)-registered pathologist should retain the central coordinating role in establishing the cause of death, working closely with practitioners who perform and interpret post-mortem

imaging studies. Imaging-based post-mortem examination should never be undertaken without a thorough external examination of the body having also been performed by an appropriately trained, GMC-registered and licensed pathologist.

8. The guidelines are primarily aimed at those commissioning post-mortem services or authorising or requesting post-mortem examinations, pathologists who conduct post-mortem examinations and radiologists who interpret post-mortem cross-sectional imaging studies.
9. In cases of death as a result of major trauma, imaging frequently demonstrates the nature and extent of many injuries better than invasive autopsy, although some injuries are not well demonstrated on imaging.
10. In combination with the clinical history, circumstances of the death and external examination, the causes of natural death that can be diagnosed using cross-sectional imaging without angiography (a procedure that allows the blood vessels to be visualised and can show arterial disease that could have, for example, caused a heart attack) include:
 - haemorrhagic events such as ruptured aortic aneurysm
 - coronary artery disease in the presence of severe coronary artery calcification
 - disseminated malignancy, although it might not be possible to identify tumour deposits within a solid organ such as the liver using unenhanced imaging
 - pneumonia
 - certain intra-abdominal events such as intestinal obstruction and perforation, although identification of the cause of obstruction or site of perforation is often not possible on imaging. Therefore, limited invasive examination of the abdomen, directed by the imaging findings, might be required.
11. Causes of natural death that cannot be reliably diagnosed using unenhanced cross-sectional imaging alone include:
 - sepsis (without abscess), including meningitis
 - toxic and metabolic conditions
 - primary inflammatory diseases
 - pulmonary thromboembolism
 - intestinal ischaemia
 - potentially inheritable cardiac conditions
 - epilepsy and other brain diseases.
12. Imaging alone may not be suitable for investigating potentially unnatural causes of death.

13. Imaging can be supplemented by minimally invasive procedures to determine the nature of a radiological abnormality and refine the cause of death. For example, imaging-guided needle sampling can be performed to provide histological, toxicological and microbiological diagnosis.
14. The Royal College of Pathologists considers that post-mortem cross-sectional imaging in adults could be used as an adjunct or alternative to some conventional post-mortems in Scotland. We already work closely with the Royal College of Radiologists on a number of issues, and this year we jointly set up an All-Party Parliamentary Group for Diagnostics.
15. In Scotland the legal process around death certification is different from England and Wales. This means that in Scotland significantly fewer autopsies are carried out. The view and grant system allows for a death certificate to be issued by a doctor in a greater proportion of deaths. For example, in England and Wales, in 2013, 45% of deaths were reported to a coroner and 19% involved an invasive autopsy. In Scotland, only 24% of deaths were referred to a procurator fiscal and only 9% involved an invasive autopsy.
16. Many types of deaths which can be diagnosed by post-mortem imaging in England would not require an autopsy of any kind in Scotland. This means the impact of introduction of post-mortem imaging on the overall autopsy rate in Scotland is likely to be much less than in England.
17. At present in the UK, expertise in post-mortem cross-sectional imaging interpretation resides in a small number of centres. The cost and availability of CT scanners, and workforce pressures on radiographers (who carry out the scan) and radiologists (who interpret the scan) is prohibitive in many centres, and may also be the case in Scotland.
18. In post-mortem imaging services, with well trained and highly experienced radiologists and pathologists, a proportion of invasive autopsies can be avoided or, in some cases, a minimally invasive autopsy (MIA) service could be offered. Instead of the body being examined internally, a CT scan (a form of x-ray examination) is performed. In some cases, a procedure known as angiography is also necessary, whereby a type of fluid that can be detected by x-rays is injected into the patient. This allows the blood vessels to be visualised and can show arterial disease that could have, for example, caused a heart attack.
19. Post-mortem imaging is not suitable in the investigation of some types of deaths and the guidance of the procurator fiscal and local pathologist will inform which deaths can be investigated in this way.
20. We would be happy to deal with any general questions you may have arising from this guidance.

Petitioner submission, 16th May 2024

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

Richard Stark's Law.

We plead with MSPs to leave a legacy behind and clean up this current law with the below. This will give everyone in Scotland the CHOICE.

If scanners are adopted, they will not be for Procurator Fiscal cases which would include **non-suspicious** deaths.

We had a meeting with the Lord Advocate and Head of Procurator Fiscal they advised there is a shortage of resources within the Procurator Fiscal & Police.

Procurator Fiscal should **ONLY** be involved in Murder/Suspicious cases, non-suspicious deaths are **NOT CRIMINAL CASES**, there are more innocent people than criminals and this is destroying families.

Removing non-suspicious deaths would free up resources, speed up funerals for families and would save a fortune that could be used for more nurses/radiologists/equipment/pensions as pensions are poor in this country and taxed.

Changes:

1. Non-suspicious deaths should be removed from the Procurator Fiscal as they are NOT criminal cases. N.O.K should have the **choice** of "likely cause" "uncertain" or request a post-mortem by scanner.
2. Murder/Suspicious cases a post-mortems should be performed by scanner and **only** if needed limited.
3. **No** removal of brains, throats or tongues – barbaric!
4. Samples for investigation should be taken by keyhole surgery as it would in the living – they deserve the same respect!
5. Samples should be offered back when a death certificate is issued. They should have the choice to collect samples in person.

It seems we have **NO Human Rights** in this country, others are dictating what happens and this is wrong! Choice to Vote, Freedom of Speech. Your body and your, loved ones belong to YOU!

If the Procurator Fiscal have so much confidence in Pathologists, why are 1 in 10 deaths pulled from the system for checks? If the Procurator Fiscal is not satisfied with the cause, a post-mortem is performed, and samples are taken! Pathologists **can only give their belief** in a cause of death and in the process, they are destroying families with these PM's! **Medics are not covered by law, but**

pathologists are, which tells it all, they are performing immoral acts on our loved ones! How do they sleep at night!

We were advised for years that we had all samples of Richard. This was untrue, and a sample or more still missing. We and the Lord Advocate were deceived. **Who do you trust?** Questions not answered, doors closed, sent on wild goose chase for years. All **adding to the most unbearable pain you will ever feel** – in a non-suspicious death! This whole system/law is not fit for purpose. The public think there is a black market for samples. Where are samples stored?

2014 there were 150 suspicious/murder cases - **1200 NON-SUSPICIOUS deaths** they **ALL** went through a post-mortem! Yet 1200 were not criminal cases. Money being wasted when this country is struggling, and lives destroyed!

Next-of-Kin will **NEVER** recover from this ordeal when the Procurator Fiscal are involved, we certainly won't and like many families, we will never forgive all involved. So many innocent lives destroyed but who cares – they don't!

Do you know the effects this has on the N.O.K. – serious health issues, cannot work, careers destroyed, can't sleep, nightmares, anxiety, broken marriages, all caused through others! The Procurator Fiscal and Pathologists abuse their power at present and have too much power when it comes to NON-SUSPICIOUS DEATHS.

In Murder/Suspicious cases, pathologists should not have a free hand to do as they please and help themselves. This is someone's loved one and **still a person!** The Royal College of Pathologists, General Medical Council and Health Boards should be answerable to someone. They have been getting away with this for years!

Public think a routine post-mortem is performed on the torso this is **NOT** the case. The brain/throat/tongue are removed too, the Procurator Fiscal are aware of this and allowing it. Samples are taken, fluid is extracted from eyes - monsters!

In 2023 two pathologists were asked if brains were always removed and still soaked for weeks to bond cells, (easier to section) a brain is the consistency of jelly. The pathologists were reticent, then eventually advised **YES**. Asked if the brain was returned to the body, they would not confirm this.

The Lord Advocate and the Procurator Fiscal advised they are sensitive to religious and cultural backgrounds – **this is discrimination!**

What gives others the right to think they can treat OUR loved ones in this manner. The Procurator Fiscal signing off samples of OUR loved ones to hospitals/Universities etc and then tell you they DON'T know where they are! Samples are stored in wax/frozen for a minimum of 30 years – this is stealing, the law cannot have rules for some and different rules for others. We should go out of this world the way we came in - we were **NOT** born for science unless we have given consent! We are advised to protect our DNA and the law is allowing it to be stolen and our loved ones to be butchered in a 500 year old procedure. **People are jailed for less!**

Lungs stored for years without the knowledge of the next of kin. Lungs/Samples/Parts taken **without consent!** Where is the respect for the deceased? The Lord Advocate advised the next of kin are informed if organs are taken, this is **NOT** the case. Parts of loved ones abandoned like rubbish in freezers! What kind of country are we living in? Those who made the decisions on this, current law/policies should be ashamed.

A baby's coffin exhumed, no baby, this baby has never been found, yet samples were retained! The mother fought for years, retrieving samples March 2023, she died months later, spent her life fighting this system shameful!

It seems those making decisions suit themselves, with not a thought for the N.O.K or the deceased. Advising post-mortems are to find a cause for the family-nonsense! We knew the cause yet had to fight for years to have it recorded. They have **destroyed this family for life!** The law is there to protect instead it is destroying the innocent – mental cruelty! And all are turning a blind eye to it!

Many MSPs were shocked at discovering what is going on and agree that non-suspicious deaths are **NOT** criminal cases. These post-mortems enable samples to be taken.

The Lord Advocate advised that Richard's death was **NEVER** considered to be suspicious yet look at what they did!

Anyone with any morals and compassion would change all of this system – it makes sense.

In the Committee meeting, the Lord Advocate advised she would support changes and reiterated this when we met up with her.

Petitioner submission, 20th May 2024

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

Richard Stark's Law.

It would seem those involved in all of this do not care that they are destroying the lives of innocent families. I know we will never get over this, nor will Richard's brother and sister, their lives are ruined too, with the horror of all of this. What kind of country are we living in?

How would you feel if this was one of your loved ones, in a non-suspicious death?

This should be the CHOICE of the next of kin if they want a cause of death, a likely cause, uncertain recorded or to request a post-mortem by scanner.

Choice is important. Organ donation is a choice as people can opt out. The Assisted Dying for Terminally Ill Adults (Scotland) Bill is currently going through Parliament.

The non-suspicious deaths must be removed from the Procurator Fiscal they are **not criminal**, and they are destroying the lives of INNOCENT families. There is a

shortage of resources and the resource they have should be used on Murder/suspicious cases!

People are jailed for stealing, yet pathologists can help themselves to parts of a person and share them out with organisations! People are jailed for fighting (bodily harm), yet pathologists can rip a person apart and get away with this. What kind of country are we living in?

Who in their right mind would think all of this is acceptable!

We had a discussion with the Lord Advocate regarding all of this, she advised it is for MSPs to change the law, and that she would support.

The public vote to put people in Parliament to work on their behalf to make this country a better and fairer place to live in, it's certainly not the case at present. The public have lost faith, I was even advised I was wasting my time. But I cannot sit back and have another family going through this unbearable pain due to others and this cruel current law – as someone advised this is mental cruelty caused by the law! The next of kin in non-suspicious deaths are being drained of life themselves due to this law. There is something wrong in society when people in positions of power think they are better than us, and therefore we shouldn't question them, and they are unaccountable to everyone! This has been highlighted by the recent blood transfusion scandal. We have witnessed this personally from our dealings with the Procurator Fiscal/Pathologists and Health-boards, treated like little people told to go away as they know best and we know nothing!

Please change this law, you have the power to do this!