

Group of experts recommends NHS should create national autopsy imaging service

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The NHS should implement a non-invasive alternative to autopsies, according to a Department of Health-commissioned report by leading UK experts within the field of post-mortem cross-sectional imaging.

The NHS Implementation Sub-Group of the Department of Health's Post Mortem, Forensic and Disaster Imaging Group (PMFDI) has called on the NHS to adopt post-mortem cross-sectional imaging for as an adjunct to, and under the right circumstances, a replacement for autopsies.

The group, chaired by Professor Guy Rutty, Chief Forensic Pathologist to the East Midlands Forensic Pathology Unit (EMFPU) at the University of Leicester, made the recommendations in its report Can Cross-Sectional Imaging as an Adjunct and/or Alternative to the Invasive Autopsy be Implemented within the NHS?, published today (Friday October 26) by the EMFPU.

The report recommends the NHS introduces a national cross-sectional autopsy imaging service provided by 30 mortuary-based imaging centres in England.

This would be a single, integrated service involving radiology and pathology services, based on a single cost no matter what discovering the cause of death involves. This would be supported by transparent costs for each professional group delivering the service.

The group also suggests that a national teaching and training programme



for all professionals involved in the service should be funded and developed with sub-speciality recognition for all professions involved in the delivery of the service.

The group recommends the need for funded research to produce an evidence base to expand the types of death amenable to the use of non-invasive imaging.

The service would be delivered primarily by the Department of Health in collaboration with the Ministry of Justice and local authorities.

The Department of Health and Ministry of Justice will now consider the report's recommendations before making a decision on whether to implement the service.

The reports suggests the service should make use of alternative techniques, including post-mortem computed tomography (CT) and magnetic resonance imaging (MRI), for carrying out non-invasive autopsies.

Computed tomography, which can be enhanced by use of injected contract medium, provides a minimally invasive radiological adjunct and, in the right circumstances, alternative for the investigation of natural and unnatural deaths, for either single cases or mass fatalities. It could also potentially allay qualms from certain faith groups that object to autopsies.

The EMFPU has pioneered research in this area in the UK in relation to the use of computed tomography in the investigation of sudden cardiac death and its application to mass fatality investigations.

Professor Rutty stated in the report: "There are important religious, cultural and humanitarian benefits offered by non-invasive autopsies and



it is recognised that there is no longer the need to undertake invasive autopsy examinations in certain types of death. The current demand by the general public for a non invasive autopsy service is expected to grow."

Provided by University of Leicester

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