

Anatomical pathology: views from the mortuary

This year's Association of Anatomical Pathology Technology conference was held at the Mercure Holland House Hotel in Bristol. John Pitchers reports.

Once delegates to this year's annual Association of Anatomical Pathology Technology (AAPT) conference had been registered, given their conference bags and received a prophylactic dose of caffeine, it was time to hand over to David Scott, chairman for the morning session.

The programme got underway with what had been advertised as a 'Welcome from James Lowell, AAPT Chair', but was, in fact, a welcome from Ishbel Gall, AAPT Chair-Elect' as, due to the impending arrival of a tiny Lowell, James reluctantly, but wisely, elected to remain in London.

REMOVAL OF TISSUE AT POST-MORTEM

First on the morning programme was Caroline Browne, head of regulation at the Human Tissue Authority (HTA), who delivered a relevant and informative presentation on 'Removal of Tissue at Post-Mortem'. This was given in a logical way, beginning with the legislative background and scheduled purposes of the Human Tissue Act, consent and licensing information, and the presentation of the possible scenarios involving the removal of tissues and their specific issues.

Of particular interest was information on some of the 'grey areas' of tissue retention, such as genetic analysis, keepsakes, and testing after needlestick injury, which are not encountered frequently and can be problematic in terms of consent and the fact that the need to retain such specimens usually only becomes apparent at short notice, often during procedures.

The talk underlined the fact that the best course of action, if unsure, is to contact the HTA for advice and guidance.

DISASTERS: REMEMBERING AND CHANGE

On next was Lucy Easthope, a teaching Fellow at the University of Bath, with a talk entitled 'Disasters, Remembering and Change'. This was a very dynamic and interesting talk, delivered in an engaging way, on the subject of mass fatality and disaster victim identification (DVI), but exploring themes and aspects that are a world away from the standard gory-picture-and-battle-story manner in which this subject is more commonly tackled.

Lucy has wide-ranging experience, both in the academic world and in the more technocratic environment of resilience planning, so is able to put across a pragmatic point of view, but one which is mindful that there are real individuals involved at the heart of these incidents, and that what we do as professionals, although usually 'hidden', can deeply affect them – given that DVI is usually all about protocols and standardisation of process, this is an aspect that can be easily overlooked.

There was a strong message that communicating why we do things in a certain way and why the process takes the time it does is key to managing the inevitable tensions between families, media and responders. This is reinforced by the position taken by groups such as Disaster Action (www.disasteraction.org.uk), which calls for a 'rights-based approach' to disaster management and the recognition that we, as 'agents of the state', hold all the power.

Although various aspects of legislation touch on the subject (ie Human Tissue Act, Civil Contingencies Act etc.), the rights that groups such as Disaster Action talk about

(ie the right to information, the right to communication, the right to communication before the media, the right to view the deceased, the right to personal effects etc) are not guaranteed in law, neither does the Human Rights Act guarantee protection for families after a disaster. All of which means that if we feel the rights of the families are important then we, as practitioners and contributors to planning, must ensure these rights are protected in terms of our 'best practice', of which we are the guardians.

One piece of advice given by Lucy was that anyone involved in a public service or agency should read the recently released report of the Hillsborough Independent Panel (<https://s3.amazonaws.com/s3.documentcloud.org/documents/427806/hip-report.pdf>), which is highly relevant to any work in which we may be involved in the future.

A BUSY YEAR FOR THE AAPT

After a break for more coffee and a chance to look around the commercial stands, the day continued with a 'Review of the Last 12 Months', delivered by Ishbel Gall. Given that the AAPT has been involved in such a wide range of activities over the past 12 months, this was a welcome and informative presentation.

Ishbel took a chronological approach to the topic, listing developments month by month throughout the period. Achievements included:

- contributing a chapter in *Histopathology*, a textbook in the Oxford University Press/IBMS 'Fundamentals of Biomedical Science' series
- contributing to the review of *Safe Working and the Prevention of Infection in the Mortuary and Post Mortem Room* – the 'Yellow Book'
- contributing to significant new work on bereavement in conjunction with several partner organisations.

Work on trying to fit APTs into the scope of the *Modernising Scientific Careers* (MSC) project continued to present challenges; however, there has been significant progress,

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The Mercure Holland House Hotel in Bristol was the venue for the eighth annual AAPT conference.



Refreshment breaks provided an idea opportunity for delegates to interact with the meeting's commercial sponsors.

with recognition that APTs are 'different', and the setting up of an MSC APT Curriculum Steering Group to discuss the issue with various stakeholders.

CASE FOR REGISTRATION

Ishbel then touched on registration, where the situation has become complicated by the fact that, although the Council for Healthcare Regulation and Excellence (soon to be renamed the Professional Standards Authority for Health and Social Care) is in talks with VRC regarding the launch of a new accreditation scheme for voluntary registers, the Academy for Healthcare Science has now been launched. Inevitably, the current situation is somewhat 'fluid' and remains unclear, but the AAPT continues to put the case strongly for registration and will continue to ensure APTs are represented on issues that affect them.

OPERATIONAL MILITARY FATALITIES

Next on the programme was Dr Russell Delaney, a Home Office-registered forensic pathologist with the South-West Group Practice, who gave a very interesting presentation on the 'Investigation of Operational Military Fatalities'.

Dr Delaney performs examinations on the majority of British service personnel who die in action and are subsequently repatriated, via RAF Brize Norton, to the John Radcliffe Hospital in Oxford, and this experience was evident in the way the presentation was delivered.

In common with some of the day's other talks, Dr Delaney took a slightly different look at the subject. He concentrated not just on the effects of gunshot and blast injury but on the wider issues, including how deaths are investigated by the Royal Military Police, and he also looked at his role in documenting the pathology with computed tomography (CT) scanning and autopsy.

One of the most impressive areas was how

the results are used to feed information back in order to improve future techniques and procedures, how the results feed into civilian trauma care, and also influence the design and development of new equipment.

NEW TECHNIQUE FOR EMBALMING

The afternoon session was chaired by John Prior and the first speaker was Dr Roos Eisma, whose presentation was entitled 'Thiel Embalming, the Future of Anatomy in Dundee'. Dr. Eisma presented a compelling and factual account of the potential for Thiel Soft-Fix embalming to replace current methods of fixation in the anatomy sector.

The drawbacks of traditional formalin-based embalming are well known, from the toxic and corrosive properties of the chemicals, to the discoloured and leather-like nature of formalin-fixed tissue. Thiel embalming involves initial arterial and venous perfusion using a fluid based on water, glycol, boric acid, ammonium nitrate, potassium nitrate, sodium sulphite, alcohol, morpholine, and low levels of formalin and chlorocresol; this is followed by maturation and storage submerged in a tank of fluid. The technique is suitable for long-term storage and has the benefits of excellent biocidal properties and low exposure to harmful chemicals.

Perhaps one of the more unexpected and interesting aspects of Dr Eisma's talk was the fact that, following this technique, the natural colours and flexibility, along with the tissue planes, are preserved. This enables the deceased to be used for training in surgical, diagnostic and interventional procedures, and as a model for research into, and development of, new medical devices and techniques.

MUMMIFYING ALAN

Up next were Dr Stephen Buckley, from the Department of Archaeology at the University of York, and Maxine Coe, a senior APT at the Sheffield Medico-Legal Centre, who recounted the fascinating story of 'Mummifying Alan'.

This novel and well-delivered talk described how, with the intention of overturning the received wisdom of the preservation process, a groundbreaking piece of experimental scientific research was achieved, thanks to Alan Billis.

Alan, who had a terminal illness, answered an advertisement for volunteers to be preserved after death using one of the methods of mummification being suggested by researchers. It was very humbling to hear how this man took the step of applying for no other reason than to be of use after his death and to assist in the advancement of knowledge.

The professionals who took part in the climax of this project – the origins of the research date back to 2003 – were committed to ensuring that Alan's dignity was preserved, and it was pleasing to see an APT in such a prominent role. The success of the project was a suitably impressive end to an eight-year journey of knowledge and understanding, made possible by the support of television, the commitment and dedication of the experts, and the extraordinary generosity of one man.

HISTORY OF THE AAPT

The final talk on the programme was given by Barry Knight, a semi-retired APT who acts as the AAPT Honorary Archivist. His talk, entitled '50-Year History of the APT', was packed with facts and anecdotes from the past five decades, based on researching the subject online and in the National Archive at Kew.

The main focus of the presentation was how Dr James Ferguson Heggie decided that staff involved in mortuary work should be properly trained and recognised, subsequently taking his cause to the government. It was interesting and gratifying to see that Barry had managed to obtain copies of correspondence between Dr Heggie and various health bodies, government departments, journals and newspapers, which gave a depth and context to the subject, and illustrated the breadth of the historical research.

John Pitchers is AAPT Vice-Chair. More information on the Association of Anatomical Pathology Technology is available online (www.aaptuk.org).

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