



THE SCOTTISH OFFICE

National Health Service in Scotland Management Executive

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General Manager, Common Services Agency
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General Manager, Health Education Board for
Scotland
Project Managers, First Wave Trusts

Our Ref: HOS/5/29/269

10 January 1992

Dear Colleague

SENSITIVE DISPOSAL OF FETUSES AND FETAL TISSUE FOLLOWING TERMINATION OF PREGNANCY

1. The purpose of this letter is to inform you of the decision to end as soon as possible any use of the maceration and sluicing method for the disposal of fetuses and fetal tissue following stillbirth or termination of pregnancy.

2. This letter is copied to the Common Services Agency, State Hospital and Health Education Board for information only.

BACKGROUND

3. As a result of a recently publicised case in England, the Department has reviewed the arrangements required to provide for disposal of fetuses and fetal tissue in a manner which as far as possible matches current public views on this matter.

4. There is a respect due to the dead fetus which is based upon its lost potential for development into a fully-formed human being. That respect is due no matter what the circumstances of the loss (eg stillbirth or termination of pregnancy). With that important factor in mind, you are requested to ensure that current arrangements for disposing of fetuses and fetal tissue are acceptable. One way of determining whether current arrangements are satisfactory might be to ask health professionals whether they would feel able to answer parents' questions about the method of disposal without causing distress.

5. For many years incineration or maceration and sluicing have been the main methods available for the disposal of fetuses and fetal tissue. Although the maceration and sluicing method does not present any public health hazard, it has been decided that its use is no longer appropriate and that it should be phased out as soon as possible.

6. Full account should be taken of any personal wishes that have been expressed about disposal of the fetus or fetal tissues. Subject to that, all fetuses and fetal tissue from termination of pregnancy, including suction termination, must be disposed of by incineration. In the case of

suction termination, this will normally involve some means of filtration to separate tissue from fluids.

7. A basic requirement must be the use of separate containers for fetal remains, separate delivery to the incinerator and separate loading.

8. Guidance on the handling and disposal of clinical waste, which includes all human tissue, is given in the following documents:-

. "The Safe Disposal of Clinical Waste" - Health and Safety Commission, issued under cover of DS(82)29.

. "Waste Management Paper 25" - Issued by the Department of the Environment in 1983.

Both of these documents recommend incineration for the disposal of human tissue.

9. The detailed arrangements for disposal are clearly matters that managers need to deal with locally.

10. Advice on these matters can also be obtained from the following voluntary organisations, both locally and nationally: the Stillbirth and Neonatal Death Society (SANDS) whose Guidelines for Professionals on Miscarriage, Stillbirth and Neonatal Death were circulated to the service earlier this year, the Miscarriage Association and Support After Termination for Fetal Abnormality (SATFA). The addresses of these organisations' national bodies are attached.

11. Finally, some concern has been expressed about the position of ancillary staff in relation to the handling of fetuses and fetal tissue following termination of pregnancy. Although such staff are not covered by the provisions of Section 4 of the Abortion Act 1967, which acknowledges conscientious objection to participation in treatment authorised by the Act, managers will wish to ensure that the same principle is applied to any ancillary staff who express conscientious objection to the handling of fetuses and fetal tissues.

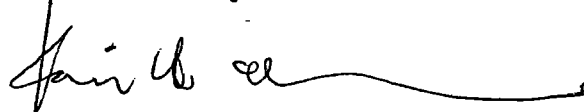
ACTION

12. I should be grateful if General Managers and Project Managers would ensure that all NHS units and Trusts comply with the contents of this letter as soon as possible, and no later than 1 February 1992.

GENERAL

13. Any enquiries on this letter should be addressed to Mr F Elliott (Ext: 2430) at the above address.

Yours sincerely



GAVIN A ANDERSON
Director of Strategic Management

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28 Portland Place
LONDON
W1N 4DE

(Tel No: 071-436-7940 (Administration))

The Miscarriage Association
c/o Clayton Hospital
Northgate
WAKEFIELD
WF1 3JS

(Tel No: 0924-200795)

Support After Termination for Fetal Abnormality
29-30 Soho Square
LONDON
W1V 6JB

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