

Professor Mark Patterson
Department of Forensic Medicine
Glebe

PO Box 90
Glebe NSW 2037

14 August 2012



STREET Suite 5.2, Level 5, 414 Elizabeth St Surry Hills NSW 2010
POSTAL PO Box 831 Darlinghurst NSW 1300 ABN 42 907 908 942
SWITCH +61 2 9206 2177 FREECALL 1800 245 677 FAX +61 2 9211 5672

Policy of non-reconstruction of HIV infected bodies post-autopsy

Positive Life NSW is the peak state agency representing people with HIV in NSW. Positive Life NSW advocates for people with HIV to have the opportunity to enhance their own quality of life and the quality of life of their partners and communities.

Positive Life NSW understands that the Department of Forensic Medicine Glebe, does not reconstruct the bodies of persons infected with HIV and/or Hepatitis C, post-autopsy. We also understand that NSW is the only jurisdiction in Australia that refuses to reconstruct the bodies of HIV-infected and /or HCV-infected persons.

Positive Life NSW has been contacted by partners and family members to register their distress at the Department's policy. Family members are understandably in a state of shock due to the often sudden nature of the death. The Department's policy not to reconstruct the body of those persons infected with HIV and/or Hepatitis C means that an open casket funeral cannot be given and that it is highly likely that the deceased's HIV/HCV status is disclosed to family and friends. Where the funeral takes place within smaller communities, disclosure to the wider community - via funeral home staff - often follows.

The Department clearly treats the bodies of people with HIV and HCV differently to those without HIV or HCV. That such differentiation is carried out in the name of a senior medical institution, only reinforces and perpetuates the stigma of infectiousness that is often attached to people with HIV and Hepatitis C.

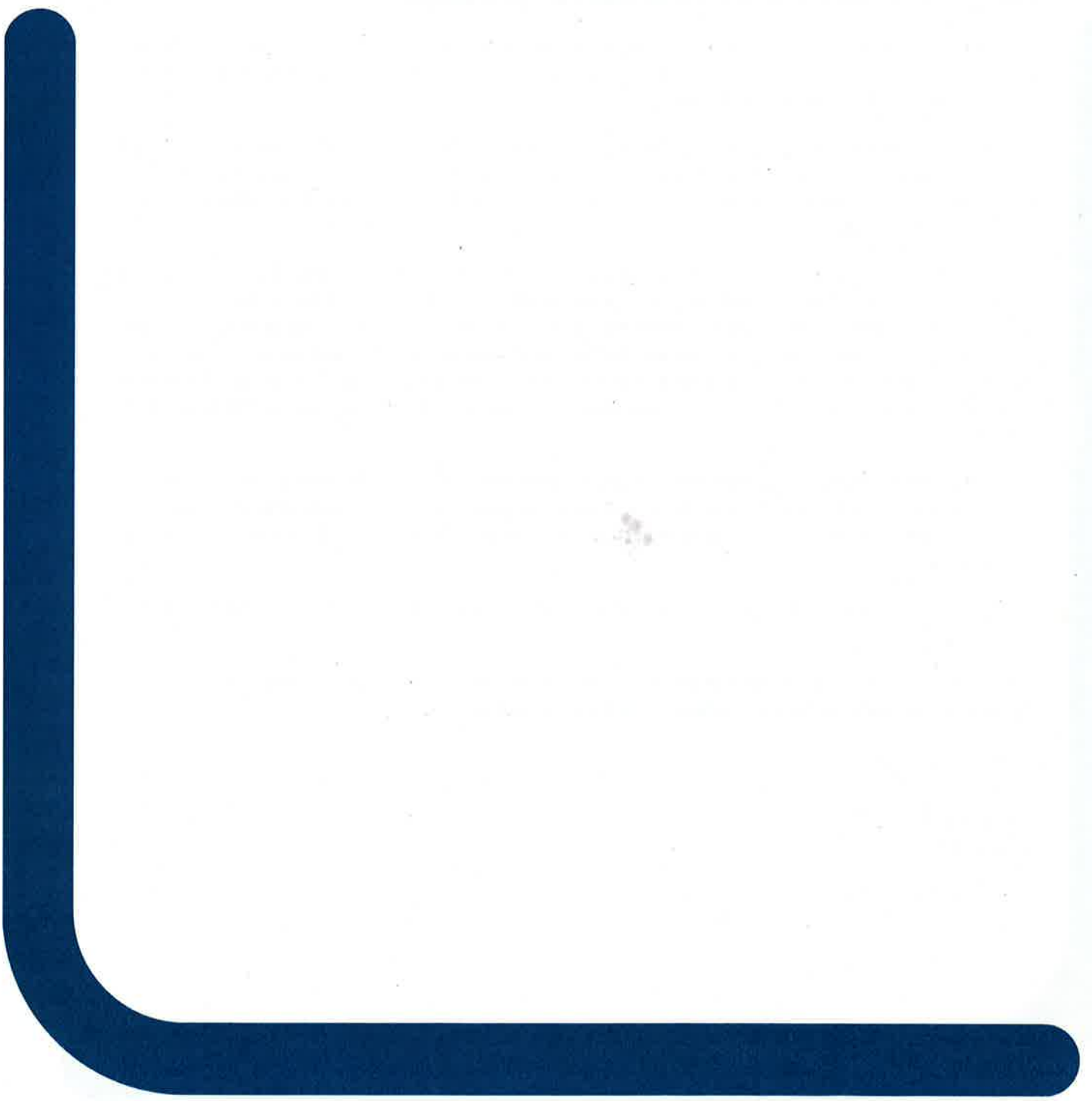
Positive Life NSW is keen to work with the Department to remedy this situation and look forward to receiving your response.

If you require further information or would like to discuss this matter further, please contact Lance Feeney on (02) 9206 2174 or email lancef@positivelife.org.au

Yours sincerely

Sonny Williams

Chief Executive Officer





Mr Sonny Williams
Chief Executive Officer
Positive Life NSW
PO Box 831
Darlinghurst NSW 1300

Dear Mr Williams,

Re: Policy of non-reconstruction of HIV infected bodies post-autopsy

I refer to your letter of 14 August 2012, relating to our policies relating to reconstruction of bodies with infectious diseases post-autopsy.

As you are probably aware, this matter has been the subject of various legal proceedings over the years, some of which are still before the courts at this time. The issue is and has always been one of our concerns in relation to the safety of staff at the Department of Forensic Medicine. There is a very real difficulty in preventing needle stick injury during reconstruction of bodies which have undergone autopsy. We have tried a number of different approaches to reconstruction over the years, none of which have been successful for a range of reasons. It is an unfortunate fact that closing autopsy incisions requires a very different approach to that of closing surgical incisions, and those surgical techniques have simply not been effective in the autopsy setting.

However, I can inform you that we have now developed a new technique for restoration of bodies after autopsy which eliminates the use of a suture needle. The technique is relatively easy to master and produces an acceptable aesthetic and functional result. At this time, the technique is in the late experimental stages of development and we have rolled it out to all hepatitis C positive cases. We have currently not yet started using the technique on HIV positive cases, pending some minor but important changes to the relevant equipment. Because we only have one of these tools at present we do not want to make any changes to it in case we irreparably damage it, and we are presently awaiting an order for further equipment prior to making the changes to the equipment. In all, I would hope that we should be able to make those changes within the next month or so and once those changes have been made, and assuming they are found to be effective, we intend to restore HIV positive cases as well.

I am very excited about this new technique, and I can assure you that it has received positive comment from our counsellors whose task is to interact with the bereaved. We are hoping to have this method published in an international peer reviewed journal in the near future, in that we think it could be readily used in other facilities as well as a safer means of restoring bodies post-autopsy.

I do need to inform you that the only exception we will make to this change in restoration policy is in the case of CJD (Creutzfeldt-Jakob disease) cases because the equipment is not able to be sterilized to a suitable standard. These cases are relatively small in number, they are practically all non-coronial,

consented autopsies, and family members are informed of this as a matter of course prior to an autopsy proceeding. If concern is expressed by family members in such cases, the autopsy will not go ahead.

It will also follow that we will no longer be indicating on body bags that the body has not been restored. Concurrently, the new Public Health Regulation 2012, which I understand comes in force on 1 September 2012, will no longer have list A and List B diseases – instead they are replaced by “*prescribed infectious diseases*” which do not include HIV and hepatitis C. See <http://www.legislation.nsw.gov.au/>. From a practical perspective in the autopsy setting what this means is that HIV and hepatitis C positive bodies released to funeral homes will no longer have indications of their infection on either the body bag or by virtue of non-restoration.

Thank you for bringing your concerns to my attention. I am certainly very keen to resolve this problem and can assure you I have the full support of my staff in relation to this. Not only do we want to have a workplace which is as safe as possible, but we also aim to provide a world-class service to all members of society.

Yours sincerely,



Jo Duflou
Chief Forensic Pathologist & Head of Department
Clinical Professor, University of Sydney
Conjoint Associate Professor, University of NSW

20 August 2012