

EDITORIAL

Issues relating to the retention of organs after hospital post mortem examination, and those concerning organ donation and transplant have been the subject of much discussion in the recent past. The McLean report, published in February of this year, contains the findings and recommendations of a review group which looked at post mortem practice in Scotland, and which was set up in the wake of the scandals surrounding such practice at Alder Hey hospital. Bereaved relatives, especially parents, expressed their fears and concerns surrounding organ retention without proper information and consent. The first four contributions to this edition of the Journal arise out of this climate of discussion and debate regarding the retention and use of organs.

Lynne Thomson reminds us that the gap between the supply of organs suitable for transplant, and the demand for such organs is an ever widening one, and she presents us with a case for a change in legislation in favour of 'presumed consent.' Is this one answer to the current problem of shortage? Are there, on the other hand, moral, ethical, spiritual considerations which might give us pause for thought as we contemplate such a fundamental change in the law?

The recommendations of the McLean report are 'intended to ensure that the hospital post mortem examination is seen as part of the continuum of patient care. If properly implemented, they should help to make the post mortem examination part of the healing process for relatives.' Peter Johnston's article tackles the complex issue of the management of death and bereavement in an acute setting, and in particular, the way in which the post mortem can be a valuable aspect of continuing care for patients and relatives through death and the bereavement process. His is a plea for information, education, partnership and openness regarding these difficult issues, and his observations, very much in the spirit of McLean, concern that process of the rebuilding of the trust which has been so shaken by recent publicity.

From Fred Coutts we have a vivid account of the effect which this publicity has had, and the role played by the chaplaincy department in responding

to the anxieties of relatives. These anxieties are outlined for us, along with reflections upon the deeper spiritual issues which lie behind them. Fred's piece is complemented by a contribution from Shirley Seabury, who speaks out of her experience of parents' reactions to the loss of a child. Particularly poignant is her stress upon the perceived need of parents to protect their child, and how this need to protect, in life and in death, can lead to deep feelings of guilt over the death, and a reluctance to agree to post mortem. I am reminded of Charlotte Mew's poem 'To a Child in Death' the first verse of which says :-

' You would have scoffed if we had told you yesterday
Love made us feel, or so it was with me, like some great bird
trying to hold and shelter you in its strong wing -
A gay little shadowy smile would have tossed us back such a solemn word,
And it was not for that you were listening
When so quietly you slipped away
With half the music of the world unheard.
What shall we do with this strange summer, meant for you -
Dear, if we see the winter through
What shall be done with spring?
This, this is the victory of the Grave; here is death's sting,
That it is not strong enough, our strongest wing.'

Looking over this edition, it seems that there is much that has to do with death:- how we handle it, both personally and professionally; how we can improve our practice in an acute setting, so that a procedure around a death can be perceived as ultimately helpful to the bereaved; how we work out our understanding of spirituality and spiritual care in the face of death; what the modern novel can tell us about the attitudes of our society towards death. It may be that the raising of the profile of death in hospital which has resulted from recent publicity will have the positive effect of helping to chip away at the long conspiracy of silence, and will lead to greater confidence and sensitivity in this area on the part of all those engaged in health care.