



SCOTTISH EXECUTIVE

**Health Department
Public Health Division**

St Andrew's House
Regent Road
Edinburgh EH1 3DG

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Fax: 0131-244 2866
anatomyactconsultation@scotland.gsi.gov.u
<http://www.scotland.gov.uk>

28 January 2004

Dear Sir/Madam

ANATOMY ACT 1984: CONSULTATION ON EXISTING PROVISIONS AND LICENSING ARRANGEMENTS

I am writing to invite comments on proposals for updating the Anatomy Act 1984 to ensure its continuing relevance to Scotland's needs in the 21st Century. A consultation document, which seeks views on changes that might be made to the Act is attached. It has been prepared in response to representations to the Scottish Executive about perceived shortcomings in the Act in its present form. Account also needs to be taken of proposed legislative changes in England and Wales, as described in the consultation document. I appreciate that not all aspects of the document may be of relevance to every recipient of this letter. However, please feel free to comment on any specific points which are of interest to you, or the organisation that you represent. How you can set about responding is described below.

Consultation process

We would be grateful if you would structure your comments according to the layout of the consultation document, as this will allow us to consider and analyse all responses in a comprehensive and prompt manner. Please also feel free to give us your views on any matters about the Act that are not covered in the consultation document.

A web version of the consultation can also be accessed at www.scotland.gov.uk/anatomyactconsultation/. You can telephone Freephone 0800 77 1234 to find out where your nearest public internet access point is, if you prefer to submit your response by e-mail. This should be sent to us at: anatomyactconsultation@scotland.gsi.gov.uk

Submission of Responses

Responses to this consultation should be submitted by Friday 30 April 2004 to:

Public Health Division Branch 2
Anatomy Act 1984 Consultation
Scottish Executive Health Department
Mailpoint 3E (South)
St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Fax: 0131-244 2866 E-mail: anatomyactconsultation@scotland.gsi.gov.uk

If you have any queries, contact June Doig at 0131-244 2506

To help inform debate on the points covered by this consultation paper, the Scottish Executive intends to follow its normal practice of making copies of responses received available to the public in the Scottish Executive library at Saughton House, Broomhouse Drive, Edinburgh (tel 0131 244 4552) by 3 June 2004. If respondents indicate that they wish all, or part, of their reply excluded from this arrangement, confidentiality will be strictly respected. All responses not marked confidential will be checked for any potentially defamatory material before being placed in the Scottish Executive library. To assist us in handling your response appropriately, it is important that you complete the attached 'Respondee Information Form' at Annex A.

An outline list of consultees is attached at Annex B.

I look forward to receiving your views on this consultation.

Yours faithfully



JT BROWN

RESPONDEE INFORMATION FORM

Please complete the details below and attach it with your response. This will help ensure we handle your response appropriately:

Name:

Address:

Title of consultation:

1. Are you responding as:

an individual

on behalf of a group or organisation

2. Do you agree to your response being made public (in SE library and/or on SE website)?

Yes

No

Where confidentiality is not requested, we will publish your full response including your name (and address, where provided).

If you do not wish these personal details to be published, please tick this box:

Are you content for the Scottish Executive Health Department to contact you again in the future for consultation purposes?

Yes

No

The Scottish Executive Consultation Process

Consultation is an essential and important aspect of Scottish Executive working methods. Given the wide-ranging areas of work of the Scottish Executive, there are many varied types of consultation. However, in general, Scottish Executive consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body. Consultation exercises may involve seeking views in a number of different ways, such as public meetings, focus groups or questionnaire exercises.

Typically, Scottish Executive consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the area of consultation, and they are also placed on the Scottish Executive web site enabling a wider audience to access the paper and submit their responses¹. Copies of all the responses received to consultation exercises (except those where the individual or organisation requested confidentiality) are placed in the Scottish Executive library at Saughton House, Edinburgh (K Spur, Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD, telephone 0131 244 4552).

The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

If you have any comment about how this consultation exercise has been conducted, please send them to:

Mrs June Doig
Public Health Division Branch 2
Anatomy Act Consultation
Scottish Executive Health Department
Mailpoint 3E (South)
St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

E-mail: june.doig@scotland.gsi.gov.uk

¹ www.scotland.gov.uk

ANNEX B

LIST OF CONSULTEES

Anatomy

HM Inspector of Anatomy
Head of Biological & Clinical Laboratory Sciences,
University of Edinburgh
Head of Life Sciences, University of Dundee
Head of Bute Medical School, University of St. Andrew's
The Institute of Biomedical & Life Sciences, University of
Glasgow
Department of Biomedical Sciences, University of
Aberdeen
Scottish Deans of Medical Schools

NHS Scotland/other medical

NHS Board Medical Directors
NHS Trust Chief Executives
NHS Trust Medical Directors
NHS Health Scotland
NHS Quality Improvement Scotland
NHS Board Chief Executives
BMA Scottish Office
UK Central Council for Nursing, Midwifery & Health
Visiting
General Medical Council
Association of Clinical Pathologists
British Paediatric Pathology, Scottish Branch
Department of Forensic Medicine & Science, University
of Glasgow
Department of General Practice, University of Edinburgh
Department of Pathology, Western Infirmary, Glasgow
Ethics & Advisory Committee, Royal College of
Paediatrics & Child Health
Local Health Councils
Local Research Ethics Committees
Medical & Dental Defence Union of Scotland
Medical Research Council
MRC Social & Public Sciences Unit, University of
Glasgow
Neuropathology Department, University of Edinburgh
The Patients Council
Retained Organs Commission
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Nursing, Scottish branch
Royal College of Paediatrics & Child Health
Royal College of Pathologists
Royal College of Pathologists (Scotland)
Royal College of Physicians & Surgeons of Glasgow
Royal College of Physicians of Edinburgh
Royal College of Surgeons of Edinburgh
Scottish Association of Health Councils
Scottish Committee, Royal College of Pathologists
Scottish Regional Council, Institute of Biomedical
Sciences
UK Transplant

Local Authorities & Government Bodies

Local Authority Chief Executives
COSLA
Crown Office (Edinburgh)
Department of Health, London
European Members of Parliament
SPICe
Scottish Civic Forum
Health & Community Care Committee, Scottish
Parliament
Scottish Executive Library

STUC

Justice

The Law Society of Scotland
Faculty of Advocates
Citizens Advice Scotland
Procurators Fiscal Society
Scottish Law Commission
Scottish Medico-legal Society

Religious

Action of Churches Together in Scotland
Associated Presbyterian Churches of Scotland
Baptist Union of Scotland
Church of Scotland
Churches Agency for Inter-faith Relations in Scotland
Confederation of Scotland Council of Christian & Jews
Council for Christians & Jews
Evangelical Alliance Scotland
Free Church of Scotland
Free Presbyterian Church of Scotland
Hospital Chaplains Association
Office of the Chief Rabbi
Reformed Presbyterian Church of Scotland
Reform of Synagogues of Great Britain
Religious Society of Friends (Quakers)
Scottish Churches Parliamentary Office
Roman Catholic Church
Scottish Association of Chaplains in Healthcare
Scottish Episcopal Church
Scottish Inter-faith Council
United Free Church of Scotland

Burials & Cremation

Federation of British Cremation Authorities
National Association of Funeral Directors
Burials & Cremation Administration Office, Aberdeen

ANNEX B

Equality

Commission for Racial Equality
Equal Opportunities Commission

Disability

Disability Rights Commission

Minority Ethnic Communities

Asian Concern
Asian Welfare Association
Black & Ethnic Elders Group
Africa Centre Scotland

Voluntary Sector

Scottish Council for Voluntary Organisations:
Voluntary Sector Health Network
Scottish Partnership Forum
Scottish Pensioners Forum
Scottish Pensions Association
Help the Aged Scotland
Age Concern Scotland
Confederation of Scotland's Elderly
West of Scotland Seniors Forum
CRUSE Bereavement Care

Individual members of the public and health professionals who request a copy.

Anatomy Act 1984
A CONSULTATION PAPER

ANATOMY ACT 1984

CONSULTATION

ON

EXISTING PROVISIONS

AND

LICENSING ARRANGEMENTS

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ANATOMY ACT 1984: CONSULTATION ON EXISTING PROVISIONS AND LICENSING ARRANGEMENTS

Part 1 – Introduction and Background

Introduction

1. This consultation document seeks views on proposals for updating the Anatomy Act 1984 to ensure its continuing relevance to 21st century needs. A separate consultation bearing on the Human Tissue Act 1961 is currently underway on proposals for the regulation of hospital post mortem examinations. The outcome of these consultations will inform the development of legislation to be introduced in the Scottish Parliament, when a suitable legislative opportunity occurs.

2. The 1984 Act brings helpful regulation to the field of anatomical research and examination and makes an important contribution to the training of surgeons and other health professionals in these respects. Experience of the operation of the Act, however, has identified constraints which may limit its effectiveness and which may not allow the intentions and aspirations of those who propose to bequeath their bodies for anatomical examination to be fulfilled. A particular difficulty is that the Act does not permit the use of bodies for training in new or current surgical operative techniques. This means that, while a body may be dissected to teach anatomy relative to particular surgical operations, the Act does not allow surgeons to carry out surgical or any reconstructive procedures on bodies donated under the Act. This is an inhibiting factor for both trainee and established surgeons in such areas as general, orthopaedic, plastic, ear, nose and throat surgery. This matter is addressed in the document, along with a number of other issues.

Background

3. The first Anatomy Act was passed in 1832 following the Burke and Hare scandal. The present Act – the Anatomy Act 1984 - and the Anatomy Regulations 1988 set out a regulatory framework authorising anatomical examinations on corpses. The key features are:

- a regulatory framework in the shape of Her Majesty's Inspector of Anatomy (HMIA) who provides a central focus for information and administration throughout Great Britain. HMIA inspects premises where bodies for anatomical examination and anatomical specimens are kept, their record keeping and disposal practices;
- anatomical examination can only be carried out on licensed premises and by a person who is licensed to carry it out. Licences are granted by Scottish Ministers;
- the requirement for a request from an adult that his/her body should be used after death for anatomical examination. This request must be made in writing, or, exceptionally, it may be made orally in the presence of two witnesses during the person's final illness. In the absence of such a request made by the deceased, if the person in lawful possession of the body, having made such reasonable enquiry as may be practicable, has no reason to believe that the deceased expressed an objection to his body being so used or that the surviving spouse or any surviving

relative of the deceased objects to the body being so used, he may authorise the use of the body for anatomical examination;

- authority to examine expires 3 years after the date of death. After the anatomical examination, the body must be disposed of, so far as practicable, in accordance with any wishes of the deceased, surviving spouse or any surviving relative;
- body parts may be retained for separate study with the permission of the person bequeathing their body and the agreement of the relatives;
- body parts can only be used for anatomical examination, which includes dissection and visual examination;
- full records of bodies and all anatomical specimens, their use and disposal must be retained for at least 5 years.

4. Anatomy is broadly a devolved matter and legislative competence in Scotland therefore rests with the Scottish Parliament. Under Section 9 of the Act, there are powers for Scottish Ministers to appoint their own HMIA. However, it has been customary for some time for the same HMIA to be appointed for England and Wales and Scotland, but with the title in Scotland of HM Inspector of Anatomy for Scotland.

5. There are currently eight licensed Departments of Anatomy in Scotland, including 5 medical schools.

Current Experience

6. The Scottish Executive has received representations about perceived shortcomings in the Act. These focus particularly on the constraints in the Act, touched on earlier, which allows anatomical examination but does not permit training in surgical techniques, surgical reconstruction or insertion of implants. While graduate surgical trainees and students can dissect a corpse, they cannot practise surgical procedures that fall outside the scope of anatomical examination as it is currently defined in the Act. For example, in orthopaedic surgery, the 1984 Act allows the surgical exposure of the hip joint and division of the femoral neck in order to display the acetabulum, but it precludes any further steps in the procedure, e.g. implantation of hip joint replacement. Moreover, it is important to develop and research new techniques and procedures to ensure that bodies which are donated in this way are preserved in suitable conditions to allow every facet of surgical training to be practised and honed.

Do we need an Anatomy Act?

7. Technological advances are contributing increasingly to surgical training. These include:

Restructured animal tissue models. This methodology consists of building a 'humanised' anatomical region relevant to specific operations using component fresh animal tissues mounted on a wire frame. This requires considerable technician resource, and thus precludes adoption on a large scale.

Synthetic tissue models. Although these provide a good cost-effective means for some training (eg suturing), the simulation of complete operations is limited in scope and very expensive.

Virtual reality simulation. This is a realistic proposition for the training of generic/component surgical/interventional skills but technology will not currently provide virtual reality systems for the training in complete surgical operations or allied interventions in the foreseeable future.

Thus, helpful though these developments are, a need is foreseen for some time yet for the strictly regulated use of fresh and embalmed human cadavers for skills training relevant to surgery and other recognised medical specialties. This consultation, therefore, assumes the continuation of appropriate legislation to govern and facilitate the use of bodies of deceased persons for anatomical examination and related purposes.

Position in England

8. The Department of Health, following a period of consultation, is planning to repeal the Anatomy Act 1984 and the Human Tissue Act 1961 for England and Wales and replace them with a new Human Tissue Act. To that effect, a Human Tissue Bill was published on 4 December. The Bill envisages the setting up of a new statutory body, the Human Tissue Authority. The latter would include an Inspectorate of Anatomy and Pathology, which would, broadly speaking, incorporate the functions of the HMIA as set out in the 1984 Act. HMIA currently has a duty under the Act to advise on applications for the licensing of premises to be used for the teaching of anatomy and for the licensing of persons to teach anatomy; to carry out periodic inspections of premises; and to investigate allegations of violations of the Act. The Inspectorate would also regulate the taking, storage and use for non-therapeutic purposes of human organs and tissues after death, and also regulate the storage and use of human material taken after surgical or other procedures. Although the Anatomy Act 1984 could continue to remain in place for Scotland (unless it is repealed by the Scottish Parliament), a new inspectorial structure in England and Wales could impact on HMIA arrangements for Scotland.

9. This consultation document, therefore, also seeks views on how inspectorate arrangements for Scotland might best be organised in the future.

10. Respecting people's wishes after death was one of the crucial issues to emerge from the recent controversy and concerns over the removal of organs and tissue from children at post-mortem examination. That has led to the concept of 'authorisation' in place of 'consent', and that concept is equally valid in the Anatomy context. **Views therefore are invited on how best authorisation might be obtained.**

Part 2 - Changes that might be made to the Act and Inspectorate Arrangements

11. Part 1 has set the scene for the consultation, and identified issues and developments which suggest the need for changes to the Act. This Part of the document makes suggestions on which views are sought, picking up on representations and proposals which have been made to the Scottish Executive, and inviting other options.

Definition of Anatomical Examination

12. Section 1 defines the scope of the Act and is at the heart of current concerns. In particular, it defines “anatomical examination” as “the examination by dissection of a body for purposes of teaching or studying, or researching into, morphology; and where parts of a body are separated in the course of its anatomical examination, such examination includes the examination by dissection of the parts for those purposes”.

13. Section 1 also provides that, if a part of a body is authorised under section 1 of the Human Tissue Act to be removed for purposes of medical education or research, that latter section (and not the 1984 Act) applies to the removal and use of the part even if the education or research consists of or involves anatomical examination.

14. To address the issues raised in Part 1 about the limitations in the definition of anatomical examination, the range of purposes for which bodies donated under the Act may be used could be expanded to include training in surgical procedures. The expansion should not be restricted to the training of surgeons as other specialties, for example in the medical and dental fields, should also benefit from the amendment. Any such change should apply both to whole bodies and to separated parts and would be reflected throughout the Act. Views are invited.

15. As noted earlier, there is separate consultation on the Human Tissue Act. This inter alia will address the need to rationalise the current disparities and overlap between the two pieces of legislation.

Definitions of Body and Body Parts

16. Section 1 defines the term “body” as the “body of a deceased person”. Section 5 enables parts of a body to be retained by licence from the Scottish Ministers after the authority to use a body for anatomical examination has expired. A practical problem is that the Act does not define what is meant by “part of a body” and this has caused difficulty for HM Inspectors of Anatomy over the years, in deciding what proportion of the body should be retained. **It would be helpful to have views on this point. Would it be preferable to deal with this issue by means of a Code of Practice (see paragraph 31)? Or is it, for example, feasible to prescribe a maximum proportion that could, with the authorisation of relatives be retained? If so, should this be set at one third or a smaller figure?**

Implications of Acts governing Registration of Deaths

17. Section 2 limits anatomical examination to bodies, in respect of which death has been registered under section 15 of the Births and Deaths Registration Act 1953 or the Registration of Births, Deaths and Marriages (Scotland) Act 1965. This means that, for example, the bodies of persons, who are ordinarily resident in Scotland or England but who die in other

parts of the United Kingdom, such as the Channel Islands cannot be accepted under the Act. This may run counter to the wishes of the deceased or relatives.

18. **It is suggested that amendment should be made to allow that the bodies of persons whose deaths have been properly registered anywhere in the UK can be donated under the Anatomy Act.**

Donation of Bodies

19. Section 4 sets the framework within which bodies may be lawfully used for anatomical examination. In particular, it prescribes that a body may be used for this purpose if a person, either in writing at any time or orally in the presence of two or more witnesses during his last illness, has so requested. It is for consideration whether these conditions are sufficiently explicit. Ought, for example, the written authorisation to be witnessed? **In what form should it be made? Should it be a testamentary request? Is the authorisation of the person concerned, when alive, essential rather than the testimony of 2 witnesses as the Act currently allows? Views on these issues would be welcome.**

20. Section 4(3) allows a person in lawful possession of a body to authorise its use for anatomical examination where the deceased had expressed no wish or opinion in this regard. This enabled the bodies of people who had no relatives or next of kin, who died, for example, in hospitals or institutions to be used for anatomical examination. In the last 10 years, at least, no bodies have been accepted under section 4(3), not least because of the concerns of medical schools that the deceased might not have wished their remains to be used for this purpose. **Given the importance now rightly attached to the principle of authorisation, the balance of argument may lie in favour of deleting this provision and, at the same time, making clear that bodies donated under the Act should not give rise to financial gain; but views are invited.**

Importation of Bodies

21. Section 5 sets out what is to take place where the authority given under section 4 to use a body for anatomical examination has expired or the examination concluded before the expiry of the authority, which currently last for 3 years from the deceased's death.

22. The provisions of this section seem clearly to apply to bodies dissected in Great Britain. What is less clear is whether they apply to bodies imported into Great Britain, and which had been dissected abroad. This has proved to be a particular issue where recent attempts were made to stage an exhibition of human body parts that had been dissected abroad and preserved by a process which, it was argued, altered their characteristics so that the body part should no longer be regarded as subject to the Anatomy Act 1984. It has been argued that processes such as plastination and freeze drying so alter the characteristics of the parts retained that they should no longer be regarded as subject to the 1984 Act.

23. **It is proposed that Section 5 should be amended so that the licensing requirements apply to possession in Scotland of any dissected body or body part irrespective of where the dissection took place or any form of processing. It is proposed also to make clear that the public display of a body that had been dissected wholly, or in part, will be subject to the licensing regime.**

24. **Amendments also seem desirable to clarify that any body part retained under Section 5 continues to be subject to the requirements specified, in particular record keeping, irrespective of any processing that might be carried out.**

HM Inspector's Powers to Inspect Premises

25. Section 10 confers powers on HMIA for Scotland, where he has reasonable cause to believe that an offence under the Act is being, or has been, committed, to enter and inspect the premises concerned where authorised by the Scottish Ministers. The powers can only be exercised "at a reasonable time" and, if a licence under section 3 of the Act is effective at the time of the suspected offence and time of entry. These constraints on the execution of the powers have proved to be an impediment in a recent case.

26. In particular, at present HMIA has no power to accompany the police to premises which are not licensed under the Act to advise on whether an offence under the Act is being committed therein. And, as noted, a visit by HMIA can only take place at a reasonable time and with the written authority of Scottish Ministers.

To address these perceived deficiencies, it seems desirable to extend the current provisions to enable a duly authorised Inspector, where he has reasonable cause to believe that an offence under the Act has been committed, to have the power to enter premises, whether licensed or not, at any reasonable time, and with the consent of the occupier. The legislation could also provide where entry is denied, for the Inspector to use reasonable force to secure admission, on the authority of a warrant provided by a sheriff or magistrate. If so, should the Inspector be able to be accompanied by any person he thinks necessary, or should there be a requirement for a uniformed police officer to be present? Views are invited on these points.

Disclosure of Information

27. Section 10 governs the disclosure of information. Specifically it provides that –

Information (including information in records) obtained by any persons under section 10 should not be disclosed except –

- (a) with the written consent of the person by whom the information was provided, or
- (b) to any Minister of the Crown, or
- (c) in the form of a summary of similar information obtained from a number of persons, where the summary is so framed as not to enable particulars relating to any one person or undertaking to be ascertained from it, or
- (d) with a view to the institution of, or otherwise for the purposes of, any criminal proceedings, or
- (e) for the purposes of a report of any criminal proceedings.

Almost all the information that the HMIA has in his records is subject to the restrictions in section 10 as it was obtained during inspections or from applications for licences. The HMIA

cannot, for example, say publicly where he has made inspections or tell a third party the names of persons who hold personal licences at a particular location, without agreement. Similarly – and rightly - all personal details of deceased persons, who have donated their bodies, and their relatives, cannot be disclosed.

28. **Arguably, however, in the case of premises for which licences have been granted, there is no substantial reason why the places could not be publicly identified after the licence has been approved. There may be good reasons, however, for maintaining the present restrictions on disclosure in relation to applications under consideration and the reasons for refusal of licences. Views are invited.**

Future Arrangements for HMIA in Scotland

29. As noted earlier, proposals for England and Wales envisage a new Inspectorate of Anatomy and Pathology, assimilating the current functions of HMIA. Consideration therefore needs to be given to future arrangements in Scotland. The present arrangements which enable one HMIA to operate through Great Britain (GB) make practical sense. The Inspector can draw on his experience to ensure consistency of standards in the various anatomy schools, that any cross border issues are dealt with or drawn to the attention of the appropriate authorities, and that lessons learned in one area can be shared with all interested stakeholders.

30. A sensible approach might therefore be to enable the Scottish Ministers, as appropriate, to appoint or engage the new proposed Inspectorate in England and Wales, or the relevant person(s) acting for the Inspectorate, to discharge the HMIA function in Scotland. **Views are sought on this proposal and any other viable alternative.** It is worth noting that, with only five licensed Medical Schools of Anatomy and three other licensed places in Scotland (as indicated in paragraph 5) this would not be a full time post. At present, the work in Scotland constitutes only a small part of the workload of the current HMIA.

Code of Practice

31. It would be useful to take powers for the Scottish Ministers to issue Codes of Practice, governing, for example, the conduct of anatomical examinations and the care of donated bodies. **Views are invited on this proposal.**

Offences and Penalties

32. It is proposed that the existing offences under the 1984 Act should be retained. Current penalties are set at level 3 on the standard scale or imprisonment for a term not exceeding 3 months. **Views are invited on whether the maximum penalties are adequate or should be increased.**

Other Issues

33. Any other points or suggestions that consultees might wish to make in relation to the provisions of the 1984 Act would be welcome.

Part 3 – Consultation Process

Submission of Responses

34. Responses to this consultation should be submitted by Friday 30 April 2004 to:

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Anatomy Act 1984 Consultation
Scottish Executive Health Department
Mailpoint 3E (South) St Andrew's House
Regent Road
EDINBURGH
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Confidentiality

35. To help inform debate on the points covered by this consultation paper, the Scottish Executive intends to follow its normal practice of making copies of responses received available to the public in the Scottish Executive library at Saughton House, Broomhouse Drive, Edinburgh (Tel: 0131 244 4552). If respondents indicate that they wish all, or part, of their reply excluded from this arrangement, confidentiality will be strictly respected. All responses not marked confidential will be checked for any potentially defamatory material before being placed in the Scottish Executive library. To assist us in handling your response appropriately, it is important that you complete the "Respondee Information Form" which accompanies this document.

Scottish Executive Health Department
28 January 2004