



# Surgeons' Hall Museum

## Human Remains in Collections Policy

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Related Surgeons' Hall Museum Policies:	Procedure for the Return from Collections 2026 Collections Development Strategy 2025 Collections Management Framework 2024

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## INTRODUCTION

1. Surgeons' Hall Museum (the Museum) is part of the Royal College of Surgeons of Edinburgh (RCSEd), an organisation incorporated by Royal Charter and registered as a charity in Scotland. The stated Charitable Purpose of the RCSEd are: "the advancement of education", "the advancement of health", "the advancement of the arts, heritage, culture or science". These purposes are furthered by the work the Museum.
2. Founded in 1505, RCSEd has housed collections of human remains since the eighteenth century to support the study of the human body and the advancement of medical science. Many do not meet contemporary standards of consent, and portions of the collection were taken in contexts that reflect significant imbalances of power, including colonial collecting. Others were donated with consent.
3. The Museum recognises that collections are never neutral, but are shaped by complex histories of power, medical education, colonial encounter, and global exchange. Through collaborative work with individuals and communities, the Museum seeks to reveal hidden histories and share stories of medicine, wellbeing, and the people represented in the collections, connecting past and present experiences to deepen understanding of what it means to be human.
4. This policy affirms the Museum's ethical commitments. It is guided by three core principles: to Minimise Harm, to Promote Transparency and Accountability, and to Encourage a Reflective Culture.
5. The Museum recognises that not all standards set out in this policy are currently met. Some are aspirational and will require sustained resources, commitment, and collaboration. To track progress, this policy is supported by a Human Remains in Collections Plan to monitor and track progress.
6. The principles and protocols that support the day-to-day application of this policy are set out in Appendix One. This ensures that operational activity across the Museum is consistently informed by the framework established in this policy.
7. The Museum complies with all relevant legislation, regulations, and professional guidelines governing the management of human remains, as listed in Appendix Two. The Museum also ensures that decisions align with Scottish charity law and advance the College's charitable purposes, as part of RCSEd, a registered Scottish charity,
8. To support clear and appropriate use of language, a Glossary provides definitions of specific terms. These are intended solely as operational guidance for staff and Trustees, recognising that some terms may be sensitive or contested, and that individuals and communities may use or prefer alternative expressions.

## GUIDING COMMITMENTS

9. The following three Guiding Commitments are interdependent and designed to be read together, forming a consistent framework for all activities involving human remains in collections and associated material.

### **To Minimise Harm**

10. The Museum recognises that working with human remains can affect the dignity of the deceased and the wellbeing of living people. The principle of minimising harm guides the

Museum to act with care and foresight, to proactively reduce the possibility of harm, and to respond with openness and respect if it arises. This includes:

- Preventing dehumanisation by ensuring that human remains are never treated solely as specimens or data, but as the physical remains of once-living individuals whose lives, experiences, and contexts are recognised and respected.
- Ensuring dignity and care through respectful management that avoids sensationalism and reflects the humanity of those represented.
- Anticipating and mitigating emotional impact by considering how all activities may affect diverse audiences including descendant individuals and communities.
- Applying proportionate ethical review so that all proposed activities involving human remains are assessed for both benefit and potential harm, with preference for the least intrusive and most respectful approach.
- Supporting repair, reconnection, and redress by acknowledging and addressing any harm that occurs through open communication, engagement, and meaningful changes in practice.
- Safeguarding the Museum's workforce by recognising the emotional and professional demands placed on staff working with human remains and ensuring appropriate mechanisms for support and wellbeing.

### **To Promote Transparency and Accountability**

11. The Museum is committed to openness, consistency, and accountability. Transparency ensures that decisions involving human remains are made through clear, documented processes. Accountability ensures that authority, responsibility, and oversight are properly defined, and that decisions are reached through appropriate consultation and deliberation. This includes:

- Embedding clear, consistent, and well-documented decision-making processes that define responsibility and promote accountability.
- Allowing sufficient time for reflection, consultation, and consideration before any decision is finalised, recognising the sensitivity and complexity of such matters.
- Engaging openly with stakeholders and audiences encouraging dialogue that promotes understanding and trust.
- Recording decisions and their rationale so that the reasoning, evidence, and consultation behind each outcome are traceable and inform future practice, using a dedicated Human Remains Risk Assessment Tool to document, in a consistent and auditable way, how decisions involving human remains are assessed and reached.

### **To Encourage a Reflective Culture**

12. The Museum recognises that the care of human remains requires continuous learning, self-awareness, and open dialogue. The principle of encouraging a reflective culture commits the Museum to active reflection on its decisions, methods, and impacts. This includes:

- Learning from experience by reviewing both successes and mistakes to strengthen future practice and embed ethical awareness throughout the organisation.
- Improving practice through the regular review of procedures, collaboration with peers, and engagement with emerging scholarship, community perspectives and audiences visiting the Museum or engaging with content online.
- Investing in training and development to ensure that all staff and volunteers understand the ethical and cultural responsibilities involved in the care of human remains and are equipped to recognise and respond appropriately to the varied emotional impacts this work can involve.

- Fostering open discussion so that questions, concerns, and differing viewpoints can be raised safely and respectfully, contributing to collective understanding and institutional accountability.

13. Together, these commitments guide all aspects of human remains in collections management, from practical care to complex decision-making, ensuring that human remains are treated with dignity, transparency, and ongoing reflection.

#### HUMAN REMAINS IN COLLECTIONS

14. For the purposes of this policy, the term *Human Remains in Collections*, is fully defined in the Glossary. It refers to material of human origin, including skeletal and soft tissue, embryonic or foetal material, casts or moulds made from the body, other human biomaterials such as hair or teeth, and any remains that have been intentionally modified.

15. This policy also applies to Associated Material such as funerary, ceremonial, or culturally significant objects. While not strictly human remains, they are subject to the same ethical principles, procedures, and decision-making processes set out in this policy. These terms are also defined in the Glossary.

16. Photographs, images, 3D prints, and medical imaging of human remains are not defined as human remains for the purposes of this policy. However, they are recognised as directly related material. All such material will be ethically assessed in line with the Museum's three Guiding Commitments, with enhanced safeguards applied where any cultural, personal, or contextual sensitivity is identified.

17. The Museum recognises that records, annotations, and contextual data associated with human remains may constitute sensitive patient information. Such information will be handled lawfully, confidentially, and proportionately, balancing privacy, dignity, and ethical responsibility with the Museum's charitable purposes and public interest.

#### HUMAN REMAINS WITH ADDITIONAL IDENTIFIED SENSITIVITY

18. While all human remains are sensitive, some require enhanced measures. These are defined as Human Remains with Additional Identified Sensitivity (see Glossary for full definition) and includes remains with known family or community connections, whether local, national, or international; remains taken during colonial or otherwise exploitative periods; and remains whose acquisition, past treatment, interpretation, or use raises significant ethical concern. This designation provides a consistent framework for additional safeguards and reflects the Museum's commitment to proactively minimising harm.

19. Human Remains with Additional Identified Sensitivity may be identified through provenance research, consultation with descendant individuals, communities or cultural representatives, or other relevant evidence. Remains may be reclassified as new information emerges, reflecting the Museum's commitment to a reflective and responsive culture.

20. Human Remains with Additional Identified Sensitivity are designated by the Museum. In making this determination, the Museum will consider a proportionate range of evidence, including collections documentation, provenance research, consultation with descendant individuals and communities, audience feedback, and advisory or expert input where required, alongside any other relevant historical, cultural, or ethical information.

21. The Museum seeks meaningful and ongoing dialogue with connected individuals, communities and cultural representatives to guide the care, access and future of Human Remains with Additional Identified Sensitivity.
22. These human remains are held in a restricted area of the collection store and are not accessed, displayed, researched, imaged, loaned or published without explicit informed consent from the appropriate descendant individuals, communities or cultural representatives. Where essential provenance research may support the identification of origin, community affiliation, or historical context, a risk-based assessment will be applied to determine whether such work may proceed without harm and in accordance with the Museum's three Guiding Commitments.
23. The only exception is the sharing of brief descriptions, excluding images, on the Museum's online database and website. This is done transparently to support potential identification and consultation.
24. Where sensitivity or representation is complex or contested, the Museum will seek independent specialist or advisory body guidance to ensure decisions are consistent with ethical and professional standards.

#### PROCEDURE FOR COLLECTION RETURNS

25. Where appropriate and supported by robust evidence, human remains may be returned. A return is the permanent transfer of material from the Museum's collections to an appropriate recipient, following a formal assessment and decision-making process, and is used as an umbrella term encompassing restitution, repatriation, and repatriation. The assessment, decision-making, and implementation of collection returns are governed by the Surgeons' Hall Museum's *Procedure for Return from the Collections* (2026).

#### OPERATIONAL PRINCIPLES OF CARE AND MANAGEMENT

26. The detailed operational standards that underpin the Museum's work with human remains are set out in Appendix One: Operational Protocols for the Care and Management of Human Remains. This appendix brings together procedures that guide day-to-day practice across the Museum, including documentation, communication with audiences and stakeholders, display, imaging, research, conservation, loans, acquisitions, transport, and all processes relating to restitution, repatriation, and repatriation.
27. These protocols explain how the commitments set out in this policy are applied in practice. They ensure that activity across the Museum is carried out with clarity, care, and a consistent ethical approach that reflects the needs of different individuals, communities, and contexts.

#### TEAM DEVELOPMENT AND REFLECTIVE CULTURE

28. The Museum recognises that the care, interpretation, and sharing of human remains requires informed, reflective, and culturally sensitive practice. All staff and volunteers involved in this work will receive induction and ongoing training that covers legal responsibilities, ethical principles, cultural sensitivity, and practical standards of care. This programme will be tailored to specific roles and grounded in the Museum's three Guiding Commitments.
29. Training and reflective practice will also include learning on anti-racism, decoloniality, and

Scotland's historical links to empire and slavery, particularly as they relate to medical collecting. Staff will be supported to engage critically with these histories and to develop inclusive, community-led approaches to interpretation, communication, and decision-making.

30. Training will be refreshed regularly to ensure awareness of new legislation, sector guidance, and community perspectives. This will include opportunities for discussion, peer learning, and reflection on real cases from within the Museum and the wider sector. Where appropriate, relevant external experts, community representatives, or cultural practitioners will be invited to contribute.
31. Support will be provided, where appropriate, to promote staff wellbeing and to build confidence when working with complex or sensitive material. This support will be tailored to the needs of individual colleagues and roles, recognising the varied emotional and ethical demands associated with this work.
32. When incidents, concerns, or mistakes occur, they will be reviewed constructively and without blame, with a focus on resolution, repair, and organisational learning. Outcomes and lessons learned will be documented and used to inform the ongoing development of the Human Remains in Collections Plan and future training and development.

#### REVIEW AND LEARNING

33. This policy and its implementation will be reviewed every two years, or sooner if required by changes in law, ethics, or museum practice. Each review will include consultation with staff, Trustees, and where appropriate, relevant external experts or representatives of connected communities.
34. The Museum is committed to a culture of continual learning. Insights gained through research, consultation, training, and incident review will be shared internally to strengthen collective understanding and improve decision-making. Updates to this policy, and to associated procedures, will be documented and communicated to all relevant staff and stakeholders.
35. The Museum will also seek opportunities to share its learning more widely with peers and partners in the heritage and health sectors, contributing to national and international discussions on the ethical care of human remains.
36. Through these processes, the Museum aims to ensure that reflection leads to action, and that the ethical challenges posed by its collections continue to inform both contemporary surgical understanding and the wider mission of the Royal College of Surgeons of Edinburgh.

## GLOSSARY

This glossary is provided to support consistent and transparent use of language. These are intended solely as operational guidance for staff and Trustees, recognising that some terms may be sensitive or contested, and that individuals and communities may use or prefer alternative expressions. It is set out alphabetically.

### **Accountability**

The responsibility of the Museum to ensure that decisions and actions involving human remains are transparent, documented, and open to review.

### **Associated Material**

Objects directly linked to human remains, such as funerary, ceremonial, or culturally significant items, that are subject to the same ethical principles and decision-making processes set out in this policy.

### **Consultation**

A structured process of dialogue and information exchange between the Museum and relevant individuals, communities, or organisations to inform ethical and transparent decision making.

### **Consumptive/Destructive sampling**

Any method that permanently alters, removes, or destroys part of human remains to obtain data (for example, cutting, drilling, or removing) where the original material cannot be fully restored.

### **Descendant Individuals, Communities, or Cultural Representatives**

Those with appropriate recognised cultural, spiritual, ancestral, or historical connection to human remains, and who have the standing or authority to speak on their care, management, or return. This may include:

- Descendant individuals, families, and/or communities with genealogical or ancestral links.
- Cultural representatives or authorities formally recognised or authorised by communities, governments, or other legitimate bodies to act on their behalf.

The Museum acknowledges that “appropriate” will vary according to context and may require consultation, dialogue, and sensitivity to determine.

### **Disposal**

The final, permanent and lawful transfer out of the Museum’s care following a formal deaccession decision. Disposal may include transfer to another appropriate custodial institution, return, or other lawful methods permitted under applicable legislation and ethical standards.

### **Due diligence**

The process of verifying legal title, provenance, ethical standing, and suitability of human remains and/or associated material before any acquisition, loan, research, transfer, or disposal.

### **Engagement**

Activities that enable dialogue, collaboration, or shared learning between the Museum, its audiences, and connected communities, including consultation and feedback.

### **Ethical review**

The process by which proposed activities involving human remains are evaluated against this policy's principles to minimise harm, promote transparency and accountability, and encourage a reflective culture.

### **Explicit Informed Consent**

Clear, voluntary, and fully informed agreement for a specific purpose, based on accessible information. Where consent has been given by an individual during their lifetime, or by an authorised party where legally permitted, that consent provides the authority for activity. Where explicit informed consent cannot be established, the Museum will not proceed with activities that require it. A limited exception applies where essential provenance research is necessary to establish origin, context, or potential community affiliation, and where such work can be undertaken on a proportionate, non-intrusive basis. Consent may be withdrawn where applicable, after which activity will pause, and next steps will be agreed.

### **Heritage Committee**

A committee of the Royal College of Surgeons of Edinburgh with delegated responsibility for oversight of the Museum, its collections, and associated heritage activities. The Heritage Committee provides governance, scrutiny, and strategic direction, and considers matters escalated from the Museum, including significant ethical, reputational, or strategic issues relating to human remains.

### **Human Remains in Collections**

For the purposes of this policy, human remains are defined as material from the species *Homo sapiens*, including:

- Osteological material: complete or partial skeletons, individual bones, and bone fragments.
- Soft tissue: human tissue preserved by dry or wet methods, including histological preparations and skin.
- Embryonic, foetal, and stillborn material: material from any stage of prenatal development, with associated developmental structures.
- Casts and moulds: made from living or deceased individuals, or from human remains as defined above.
- Other human biomaterial: such as teeth, hair, nails, blood, foreign objects or implants removed from the body, and pathological products.
- Modified human remains: any of the above that have been intentionally altered or crafted by human action.
- The definition of human remains in collections extends to associated material (funerary, ceremonial, or culturally significant objects directly connected with human remains).
- Photographs, images, 3D prints, and medical imaging are not themselves human remains but may carry particular sensitivity and will be managed in line with the three guiding principles set out in this policy.

### **Human Remains in Collections Plan**

An operational document that sets out actions, responsibilities, and timelines for implementing this policy and tracking progress. This Plan is owned by the Director of Heritage and Estates and reported on annually to the RCSEd Heritage Committee.

### **Human Remains with Additional Identified Sensitivity**

A designation that provides a structured framework for additional safeguards and decision-making, reflecting the Museum's commitment to proactively minimising harm. This designation applies to human remains with known or likely family or community connections,

remains taken during colonial, coercive, or otherwise exploitative contexts, and remains whose acquisition, past treatment, interpretation, or use raises significant ethical concern. Designation may be informed by provenance research, consultation with descendant individuals or communities, acquisition context, cultural authority, documented audience or stakeholder feedback, and other relevant evidence. This designation ensures that enhanced measures are in place to minimise harm and guide careful, ethical decision-making.

### **Human Remains Risk Assessment Tool**

A documented process used to identify and evaluate potential harms, sensitivities, legal and ethical constraints, and anticipated benefits before approving activity involving human remains. The Tool records the evidence considered, assumptions made, proposed mitigations, and the decision-making authority. Assessment is proportionate: higher sensitivity or potential impact requires enhanced review, consultation, and safeguards.

### **Object and Object Number**

Collections management terms used to document material in the Museum's care. The term *object* is not applied to Human Remains, except for the use of *Object Number* as a cataloguing reference. The Museum recognises that this terminology may be distressing or dehumanising for descendant communities and will use alternative language, developed in consultation, wherever possible.

### **Nearest Relative**

The statutory term defined in the Human Tissue (Scotland) Act 2006 and refers to the legally recognised hierarchy of individuals who may speak on behalf of a deceased person where consent is required. For the purposes of this policy, decisions involving nearest relatives will be handled with sensitivity; however, valid consent given by the donor during their lifetime remains the legal authority.

### **Patient Information**

Information relating to an identifiable individual's medical care, diagnosis, treatment, or health history that is recorded in connection with human remains or associated material. This may include clinical notes, case records, annotations on specimens, cataloguing data, teaching material, or research outputs. Patient information may remain sensitive even where the individual is deceased and is subject to legal, ethical, and professional obligations.

### **Provenance Research**

The process of establishing the origin, history, use, and chain of custody of the material requested, including the circumstances of collection and acquisition.

### **Reflective practice and reflective culture**

A continuous process of review and self-assessment through which staff and Trustees consider the ethical, emotional, and cultural implications of their work and apply learning to future practice.

### **Return**

The permanent transfer of material from the Museum's collections following a formal assessment and decision-making process. "Return" is used as an umbrella term encompassing restitution, repatriation, and repatriation.

### **Stakeholders**

Individuals, communities, organisations, institutions, or nations with a legitimate interest in, or connection to, human remains or associated material, or to decisions relating to their care, management, interpretation, access, or return. Relevant stakeholders are identified on a case-by-case basis, taking account of context, provenance, and sensitivity.

**Training and development**

Structured learning and professional support that equip staff and volunteers to uphold this policy and the ethical management of human remains.

**Transfer**

The permanent movement of human remains to another institution in line with this policy, usually following a deaccession decision.

**Transparency**

A commitment to open communication, documentation, and clear reasoning so that decisions involving human remains can be understood and reviewed by others.

**Trustee Board**

The governing body of the Royal College of Surgeons of Edinburgh with ultimate legal and fiduciary responsibility for the organisation. The Trustee Board provides final approval for matters requiring trustee authority, including decisions involving significant risk, legal obligation, or reputational impact in relation to human remains.

**Withdrawal of consent**

The right of a living donor to revoke previously given consent in whole or in part. The Museum will act in accordance with this policy and applicable law to implement the withdrawal and align future activities with the donor's wishes. Withdrawal of consent also requires the Museum to pause or cease research, display, or publication until a proportional and ethical response is agreed.

## APPENDIX ONE: OPERATIONAL PROTOCOLS FOR THE CARE AND MANAGEMENT OF HUMAN REMAINS

The following operational protocols align with the Museum's approved Collections Development Strategy, the Collections Management Framework, and the standards set out in Spectrum 5.1 as well as UK Museum Accreditation. They provide practical steps to support the commitments in the Human Remains Policy.

### COLLECTION INFORMATION AND DOCUMENTATION

1. The Museum maintains accurate and comprehensive documentation for all human remains in the collection. Records are managed through the Collections Information System (Axiell Collections), which provides central oversight of all information.
2. Historic records containing outdated or inappropriate terminology are updated in line with current ethical standards while original wording is retained for transparency and research integrity.
3. Records include, where available, provenance and acquisition history, historic use, associated objects or burial context, relevant medical information, research undertaken, Conservation history, condition, clinical annotations, cultural and geographic context and a biological profile such as estimated age, sex or pathology are also recorded, along with evidence of disease, trauma, medical intervention or anatomical variation.
4. Documentation includes any engagement or consultation with descendant individuals, communities or cultural representatives, as well as information that supports a fuller understanding of an individual's life, context and lived experience.
5. Records associated with human remains may include patient or clinical information. Such information is handled with confidentiality, sensitivity, and respect for privacy. Access to identifiable patient information is restricted to authorised staff and is not made publicly available unless lawful, ethically justified, and appropriately anonymised or contextualised.
6. Where human remains are designated as Human Remains with Additional Identified Sensitivity, this status is clearly recorded, along with any consent requirements or conditions governing access or use.
7. Records are reviewed and updated whenever new research, conservation activity or consultation takes place. All updates note the date and source of new information.
8. Human remains are clearly and appropriately labelled in display and storage settings, in line with professional and ethical standards. Consultation feedback from descendant groups may guide language or presentation.
9. Where human remains form part of a wider assemblage or contextually linked group, this relationship is documented, and items are collocated as far as practicable to maintain historical, cultural and interpretive integrity.
10. An online database of human remains is publicly accessible and updated regularly. Content information and awareness statements are used, and sensitive or confidential material is protected.

11. Access to information supports accountability and connection. Human Remains with Additional Identified Sensitivity are included in the online database and in a dedicated list with brief descriptions only and without images to support identification and informed dialogue.
12. Full documentation is available to authorised staff and, following ethical review and legal compliance, to external researchers or representatives. Access to detailed medical or contextual information may be restricted for recently deceased individuals, identified persons or Human Remains with Additional Identified Sensitivity.

#### CONTENT INFORMATION AND AWARENESS

12. The Museum recognises that human remains can evoke varied responses and are understood differently across cultures, communities and individuals. It ensures visitors can make informed choices when engaging with these collections.
13. The presence of human remains on display is communicated through the Museum's website, printed materials and promotional content. Clear signage informs visitors before they enter gallery spaces and Visitor Services staff reinforce this information at point of entry.
14. Content information and awareness statements are provided in advance of any learning or engagement activity that involves human remains. This information is proportionate and accessible, supporting informed participation. Feedback from participants informs future practice.
15. Digital content that includes human remains is accompanied by clear signposting on the Museum's website, social media and Bloomberg Connects platform. Printed materials that depict or discuss human remains include appropriate notices.
16. Images of X-rays, casts and moulds may be used in promotional materials when the material is not classed as Human Remains with Additional Identified Sensitivity. Images will not depict traumatic injury or identifiable individuals unless explicit informed consent has been obtained.
17. Audience feedback relating to distress, cultural sensitivity or perceived harm is monitored and used to inform ongoing review of content information and awareness statements,, signage and communication practices.

#### DISPLAY

18. The Museum displays human remains in ways that uphold the dignity of the individuals represented, avoid sensationalism and promote understanding through accurate, thoughtful interpretation. Displays are designed to encourage empathy, reflection and learning. Human Remains with Additional Identified Sensitivity are not displayed.
19. Audience feedback is actively encouraged to support the ongoing development and renewal of displays. Feedback helps identify concerns about cultural, personal or contextual sensitivity and guides proportionate adjustments to interpretation and display methods.
20. Decisions to alter or remove displays involving human remains are clearly documented, including the rationale, evidence considered, and any consultation undertaken.

## IMAGING

21. The Museum recognises that imaging technologies such as photography, video, X-rays, CT scans, 3D scanning, and photogrammetry can support research, conservation, education, and public engagement when used in a proportionate and ethically informed way.
22. Visitors are asked not to photograph or video human remains on display or during learning and engagement activities.
23. Requests to create or access existing imagery of human remains, whether for research, conservation, education, publication, or other purposes, must be made through the Museum's formal imaging application process. Requests are assessed on a case-by-case basis, taking account of purpose, sensitivity, proportionality, and ethical considerations.
24. External imaging may proceed only following formal approval. Approved applicants are required to sign an agreement setting out permitted uses, conditions of access, restrictions on reproduction or publication, and requirements for attribution, storage, and data protection.
25. Imaging involving Human Remains with Additional Identified Sensitivity requires explicit informed consent from relevant descendant individuals, communities, or cultural representatives. Essential provenance imaging that may support identification, origin, or community affiliation may proceed following a documented risk-based assessment and the application of appropriate safeguards.
26. Imagery relating to human remains, including images, scans, and video, is stored securely with appropriate access controls. Imagery is not modified in ways that distort context or meaning unless required for legitimate conservation or research purposes, and any such changes are documented.
27. Imaging is published only where appropriate, respectful, and aligned with the approved purpose. Material showing traumatic injury, identifiable individuals, or potentially distressing content is not shared without explicit informed consent from relevant individuals or parties.
28. Concerns raised by audiences about the creation, display, or other dissemination of imaging are documented and considered in future decision-making.

## LEARNING AND ENGAGEMENT ACTIVITIES

29. The Museum recognises that engagement with human remains can support learning in areas like social history, health, anatomy, pathology, medical practice and the complex histories that shaped how human remains were collected, used, and understood.
30. Human remains are included in learning and engagement activities only when doing so meaningfully enhances understanding and where the human remains can be presented with care, accuracy, and respect. A risk-based approach ensures that activities proceed without harm and remain aligned with the Museum's ethical commitments, including the Guiding Commitments set out in this policy.
31. The Museum's learning and engagement programmes create space for open dialogue and the sharing of diverse perspectives. Collaboration with communities, researchers and educators supports interpretation that reflects multiple voices, and audience feedback is proactively used to strengthen and develop these programmes.

32. Staff involved in learning, engagement and public programming receive specific training to ensure that human remains are presented with care, accuracy and respect. Training supports staff to facilitate informed, sensitive and inclusive discussions that reflect the ethical commitments of this policy.

#### RESEARCH

32. Research involving human remains is considered on a case-by-case basis and only where the purpose and significance are clearly demonstrated. Proposals are assessed to ensure that the research is not unethical, discriminatory, harmful, primarily commercial or unnecessarily duplicative.
33. All research proposals are considered through a formal application and assessment process. Researchers must justify the need for the specific human remains, demonstrate significant potential benefit, and use proportionate, appropriate and minimally interventive methods.
34. Research proposals are assessed by the Museum's Collections Committee. Relevant external advice may be sought where complex ethical considerations arise.
35. Human Remains with Additional Identified Sensitivity are not used in research without explicit informed consent of the relevant descendant individuals, communities, or cultural representatives, except where risk assessed, essential provenance research is agreed to determine origin or community affiliation.
36. Research findings relating to provenance and collection-specific information are recorded in the Collections Information System. Formal decisions, including approvals or refusals, are documented through Collections Committee minutes.
37. Consumptive/Destructive sampling is permitted only where no non-invasive alternatives exist and where benefits are proportionately significant. These proposals undergo enhanced ethical review and consideration by the Collections Committee with relevant external advice sought for complex cases.
38. Research generating genetic, biometric or identifiable data requires explicit informed consent of the relevant individuals. Publication of such data is restricted or anonymised unless consent allows disclosure.
39. Approved researchers undertake a formal induction covering ethical standards, respectful handling, conservation procedures, and access rules and conditions specific to the agreed research. Researchers are required to sign an agreement setting out their responsibilities, approved methods, and any conditions attached. Access may be suspended or revoked where conditions are breached or where there is a risk of harm.
40. Research findings are shared with the Museum. Researchers are encouraged to publish in open-access formats. Images or identifiable data require prior approval and, where necessary, consent.
41. The Museum may suspend or revoke research access in cases of non-compliance or ethical misconduct. All such decisions are documented.

#### CONSERVATION AND CARE

42. The Museum ensures respectful and professionally informed conservation and care of human remains.

43. A specialist human remains conservator assesses condition, carries out necessary treatments, advises on storage and display and ensures practice aligns with ethical and sector standards.
44. Conservation treatment is undertaken only where needed for long-term stability or to ensure appropriate dignity, such as addressing dehydration or removing surface dust. Treatments are as reversible as possible and fully documented.
45. Approaches prioritise respect and avoid invasive or aesthetic treatments that compromise integrity. Environmental conditions are monitored and controlled to minimise the need for interventive work.
46. Where Human Remains with Additional Identified Sensitivity are identified, care focuses on minimal intervention and handling until meaningful engagement with descendant groups has taken place.
47. Spaces containing human remains are monitored for security, access control and environmental stability.

#### LOANS

48. Human remains are loaned only where there is a clear educational, research or interpretive purpose. Outgoing loan requests are carefully considered to ensure they meet ethical, legal and professional standards, and loans to commercial entities, private individuals or non-accredited bodies are not permitted.
49. Potential borrowers must demonstrate they can comply with the requirements of this policy, sign a formal loan agreement and agree to periodic review. Before agreeing a loan, the Museum verifies legal title, provenance and the ethical considerations relevant to the specific remains.
50. The Museum may borrow human remains where these enhance the ability to share a particular narrative or add value to a specific research project. Incoming loans undergo the same due diligence checks and standards set out in this policy.
51. Human Remains with Additional Identified Sensitivity are not lent or borrowed without explicit informed consent of the relevant Descendant Individuals, Communities, or Cultural Representatives.

#### ACQUISITIONS

52. The Museum is legally authorised to collect, hold, and display human remains under the Human Tissue (Scotland) Act 2006.
53. Acquisitions are considered on a case-by-case basis, within the Museum's defined collecting remit. Acquisitions proceed only where they demonstrably enhance the existing collection, and where the Museum has the capacity, resources, and expertise to ensure their long-term care, documentation, and ethical management.
54. All acquisitions are subject to full due diligence. Where information is incomplete, the Museum undertakes a transparent and proportionate review to assess risk before proceeding.
55. The Museum does not purchase human remains and/or associated material directly from the commercial market.

56. Human remains donated under the Human Tissue (Scotland) Act 2006 are not accepted, as the Museum is not a licensed Anatomy Department.
57. The Museum has a presumption against acquiring remains from colonised, enslaved, Indigenous or otherwise marginalised communities. Any exception requires clear justification and explicit, informed consent from the relevant descendant individuals, communities, or cultural Representatives.
58. Living donors may consent for their remains to be acquired. Consent must be explicit, informed and documented through a signed agreement with an independent witness.
59. Post-mortem donations are accepted only where witnessed, informed consent was given during the donor's lifetime and where documentation is held on record.
60. Living donors may withdraw consent at any time. The Museum provides clear guidance and responds promptly to withdrawal requests.
61. If consent is withdrawn after display or publication, the Museum takes reasonable steps to withdraw, amend or limit use of relevant content and ensures all future use aligns with the donor's wishes. Withdrawal of consent does not affect a donor's relationship with the Museum and is handled with respect and confidentiality.
62. In line with current legislation, valid consent given by the donor during their lifetime takes precedence, while the Museum will act with care and respect for those raising concerns.
63. The Museum is not a repository for the storage or long-term holding of human remains that are not being acquired into the permanent collection. Remains offered solely for storage will not be accepted. The Museum will advocate for the establishment of viable, ethical and sustainable UK-wide mechanisms to ensure that human remains which cannot be acquired by museums or similar educational institutions are managed and cared for appropriately.
64. Acquisition approval for human remains follows the Museum's established governance structure. Recommendations are made by the Curator and the Director of Heritage & Estates and are considered and agreed by the Museum's Collections Committee. Acquisitions involving significant financial commitment or reputational risk are escalated to the RCSEd Heritage Committee for approval.

#### DEACCESSION, TRANSFER AND DISPOSAL

65. The Museum may deaccession human remains where a return proposal has been agreed, where disposal is required by law or regulation, or where a more appropriate long term custodial institution has been identified. Deaccession will only proceed once legal authority has been confirmed.
66. All decisions will be approached with transparency, sensitivity and accountability. Each case will undergo formal review that includes provenance research, ethical assessment, legal consideration and proportionate consultation. A permanent record of the material and the decision will be retained in the Collections Information System.
67. The Museum may transfer human remains to an institution with a compatible policy and the capacity to provide long term care. Before any transfer, the Museum will make reasonable efforts to identify and engage descendant or culturally affiliated communities and will consider any views or claims they wish to raise.

68. Where deaccession or disposal is approved, the method used will follow legal and ethical standards and will reflect the wishes of any descendant community where these are known. Handling and movement will be undertaken in a secure, respectful and discreet manner.
69. All proposed deaccessions, transfers or disposals of human remains require formal approval by the RCSEd Trustee board following review and recommendation by the RCSEd Heritage Committee.

#### TRANSPORT

71. Transport of human remains is undertaken with the highest standards of care, sensitivity and legal compliance. Packing, handling and movement are carried out by trained staff or reputable contractors who follow recognised ethical standards. Remains are transported securely and discreetly, with full documentation and condition checks before dispatch and on arrival.
72. For Human Remains with Additional Identified Sensitivity, the Museum seeks to align with the wishes of descendant individuals, communities, or cultural representatives and follows appropriate ceremonial and cultural protocols as far as possible.

## APPENDIX TWO: COMPLIANCE WITH LEGISLATION AND PROFESSIONAL STANDARDS

This appendix is not intended to be exhaustive and will be updated as legislation, regulatory requirements, and professional standards change.

1. The Museum will comply with all relevant legislation, regulations, and professional guidelines governing the care, management, use, transport, and public display of human remains in collections.
2. With respect to public display, the Museum is exempt from the requirement to be licensed by Scottish Ministers under the Human Tissue (Scotland) Act 2006. This exemption is granted through the Anatomy (Specified Persons and Museums for Public Display) (Scotland) Order 2006 (SSI 2006/328), which lists Surgeons' Hall Museum as an authorised institution for public display of human remains.
3. This exemption applies only to public display. It does not permit the Museum to receive, store, or use human remains donated under the Human Tissue (Scotland) Act 2006, nor does it exempt the Museum from regulatory requirements relating to the storage or use of relevant material from persons who died less than 100 years ago. Where such material falls within the scope of the Act or related UK legislation, the Museum will comply with the appropriate statutory licensing and regulatory regimes alongside this policy.
4. The principal legislation, regulations, and professional frameworks informing this policy include, but are not limited to:

### **Statutory Legislation (Scotland)**

- Human Tissue (Scotland) Act 2006, including provisions relating to consent, authorised activities, and relevant material.
- Anatomy (Specified Persons and Museums for Public Display) (Scotland) Order 2006 (SSI 2006/328).
- Burial and Cremation (Scotland) Act 2016, relevant to the handling, retention, transfer, and return of human remains.
- Charities and Trustee Investment (Scotland) Act 2005, setting out the general duties and responsibilities of charity trustees.
- Equality Act 2010, relevant to anti-discrimination, cultural sensitivity, and equitable practice.
- UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, including obligations relating to identifiable data, genetic or biometric information, and consultation records.

### **UK-wide and Comparative Legislation**

- Charities Act 2011, relevant to trustees operating under the law of England and Wales
- Tribunals, Courts and Enforcement Act 2007, Part 6 (Protection of Cultural Objects on Loan), providing immunity from seizure for qualifying loans.

## **Licensing and Regulatory Frameworks**

- Human Tissue Authority Codes of Practice (where relevant, including research, storage, and use of relevant material).
- Applicable UK and Scottish licensing regimes governing the storage, retention, and use of human tissue from persons who died less than 100 years ago.

## **National Professional and Sector Guidance**

- Museums Galleries Scotland: Guidelines for the Care of Human Remains in Scottish Museum Collections (2011)
- Department for Culture, Media and Sport: Guidance for the Care of Human Remains in Museums (2005).
- Museums Association: Code of Ethics (2025).
- Arts Council England Museum Accreditation Scheme and associated standards.
- Arts Council England: Restitution and Repatriation Guidance (2022/2023).

## **International Ethical and Professional Frameworks**

- International Council of Museums (ICOM): Code of Ethics for Museums (2004; currently under review).
- UNESCO 1970 Convention on the Prohibition and Prevention of Illicit Import, Export and Transfer of Ownership of Cultural Property.
- United Nations Declaration on the Rights of Indigenous Peoples (2007; adopted by the UK in 2018).

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- Head of Museum Learning and Interpretation, Thomas Elliot.
- Director of Heritage and Estates, Chanté St Clair Inglis (Panel Coordinator).

**END**