

The Autopsy



Frequently Asked Questions

What is an autopsy?

An autopsy is the examination and dissection of the body after death to determine the cause of death. It is sometimes called a postmortem examination. The word *autopsy* derives from the Greek meaning to “see for with one’s own eyes.” Originally, physicians would examine their patients’ bodies after death to see for themselves why the patient died.

Who performs an autopsy?

Autopsies are performed by pathologists, who are licensed medical or osteopathic physicians, specially trained in anatomic pathology and Board Certified by the American Board of Pathology to perform autopsies. Pathologists are assisted in the performance of autopsies by pathologist’s assistants and dieners.

What happens during an autopsy?

The patient’s chest and abdomen are opened with a midline incision. Internal organs are examined, weighed and small pieces of tissue are taken and retained for histology. These pieces of tissue are processed into glass slides that can be examined under the microscope by the pathologist. The organs are returned to the body. Sometimes, the skull must also be opened to examine the brain.

When should an autopsy be performed?

The following represents the position of the College of American Pathologists on autopsies.

“The College of American Pathologists advocates the autopsy as a valuable medical procedure and resource for assessing the quality of patient care, evaluating clinical diagnostic accuracy, determining the effectiveness and impact of therapeutic regimens, discovering and defining new and/or changing diseases, increasing the understanding of biological processes of disease,

augmenting clinical and basic research, providing accurate public health and vital statistical information and education as it relates to disease, and obtaining medical-legal factual information.

The College of American Pathologists recommends that a request be made for autopsy on every death. It is, however, recognized that performing an autopsy on every death may not be possible. Deaths in which an autopsy should be especially encouraged are:

- Deaths in which autopsy may help to explain unknown and unanticipated medical complications to the attending physician.
- All deaths in which the cause of death or a major diagnosis is not known with reasonable certainty on clinical grounds.
- Cases in which autopsy may help to allay concerns of the family and/or the public regarding the death, and to provide reassurance to them regarding same.
- Unexpected or unexplained deaths occurring during or following any dental, medical or surgical diagnostic procedures and/or therapies.
- Deaths of patients who have participated in clinical trials (protocols) approved by institutional review boards.
- Unexpected or unexplained deaths which are apparently natural and not subject to a forensic medical jurisdiction.
- Natural deaths which are subject to, but waived by, a forensic medical jurisdiction such as a) persons dead on arrival at hospitals; b) deaths occurring in hospitals within 24 hours of admission; and c) deaths in which the patient sustained or apparently sustained an injury while hospitalized.
- Deaths resulting from high-risk infectious and contagious diseases.
- All obstetric deaths.
- All perinatal and pediatric deaths.
- Deaths at any age in which it is believed that autopsy would disclose a known or suspected illness which also may have a bearing on survivors or recipients of transplant organs.
- Deaths known or suspected to have resulted from environmental or occupational hazards.”

What is a forensic autopsy?

A forensic autopsy is an autopsy performed by a Medical Examiner. A Medical Examiner is a pathologist who is Board Certified in Forensic Pathology.

When should the Medical Examiner’s Office be notified about a death?

The following represents the criteria of the Spokane County Medical Examiner’s Office. Other counties and States may have different criteria.

Criteria for Reportable Deaths to Spokane County Medical Examiner’s Office See their Web site www.spokanecounty.org/medexaminer/Death_Investigation_Guidelines.aspx

“After a death is reported to the Medical Examiner's Office, the Medical Examiner will determine whether the office will assume jurisdiction and responsibility for signing the death certificate. In order to make this decision, an investigation is performed. Investigation may include a review of Medical records (the office can review records, by law, without family permission), interviews, an investigation at the place of death, clarification of prescriptions, etc. If jurisdiction is assumed, a forensic pathologist will determine if an autopsy will be performed. The law allows Medical Examiners to perform autopsies, without family permission or signature on a consent form. In certain deaths, the pathologist will sign a death certificate based

on the decedent's medical records, without an autopsy. An example of this situation would be an elderly person who falls and sustains a hip fracture; the patient becomes hospitalized, a surgery is performed to repair the fracture, and postoperatively the patient develops pneumonia and dies. Because the chain of events that lead to death is well documented in records, and no foul play is suspected, the Medical Examiner signs the death certificate without performing an autopsy, even though the office assumed jurisdiction.

Deaths which may come under the jurisdiction of the Spokane County Medical Examiner are defined by state statute (RCW 68.08.010) and include, but are not limited to the following criteria:

- Persons who die suddenly when in apparent good health and without medical attendance within 24 hours preceding death
- Circumstances which indicate death was caused in part, or entirely, by unnatural or unlawful means (i.e. accident, traffic, suicide, homicide), or when death occurs within one year following a bad accident.
- Suspicious circumstances
- Unknown or obscure causes
- Deaths caused by any violence whatsoever, whether the primary cause or any contributory factor in the death
- Contagious disease which may be a Public Health hazard
- Unclaimed, indigent decedents.
- Premature and stillborn infants, where suspicious circumstances are present,”

Does InCyte Pathology perform forensic autopsies?

No.

What is a hospital autopsy?

An autopsy may be requested by a physician for a patient who dies in the hospital (or shortly after discharge from the hospital or the Emergency Room) and who does not meet criteria for notification of the Medical Examiner/Coroner. The pathologist, who is contracted by the hospital to provide pathology services, performs the autopsy, usually at that hospital's morgue.

Does InCyte Pathology perform hospital autopsies?

Yes. At Holy Family Hospital, Kootenai Medical Center, Kadlec Medical Center and Sacred Heart Medical Center.

What is a private autopsy?

The next of kin of a decedent can privately contract with a pathologist for autopsy if the Medical Examiner or Coroner do not assume jurisdiction and the patient did not die in the hospital.

Does InCyte Pathology perform private autopsies?

No. In 2007, InCyte Pathology decided to no longer perform private autopsies. InCyte Pathology (509-892-2700) can provide a list of pathologists who do not work for InCyte who are willing to perform private autopsies.

Does health insurance pay for an autopsy?

No. Although autopsies have CPT codes, health insurance payors do not pay for autopsies. CMS (Medicare) and other payors do not pay for autopsies because a patient is no longer considered a beneficiary once the patient has died.

Who pays for an autopsy?

A hospital autopsy is performed at no charge to the patient's family. The hospital pays the pathologist for the pathologist's professional services. If a patient dies without being admitted, the hospital may not accept responsibility for the cost of an autopsy. If a patient dies on arrival to the hospital or shortly thereafter, an autopsy may not be covered. If the patient dies outside of the hospital, the Medical Examiner or County coroner may assume responsibility for the autopsy if the circumstances of death are unclear or suspicious. Private autopsies are possible, but must be arranged with a pathologist.

Can a hospital patient have an infectious medical condition that excludes a hospital autopsy?

Yes. Autopsies may not be performed at hospitals on patients with Creutzfeld-Jakob disease, suspected prion disease (spongiform encephalopathy), sudden onset of dementia, AIDS (HIV), active tuberculosis, active hepatitis B and chronic hepatitis C. This is because some hospital morgues are not equipped to handle infectious cases, and the risk to hospital personnel and pathologists is great in these diseases/conditions. Arrangements can be made with the National Prion Center for CJD patients to have an autopsy performed at University of Washington. The National Prion Center will cover the costs of the autopsy and for transportation of the body.

Can a hospital pathologist refuse to perform an autopsy on a hospital patient?

Yes. The autopsy is not a clinical lab test. It is a physician-to-physician consultation. The attending physician is requesting the pathologist's medical expertise and help in determining the cause of death. In some circumstances, a pathologist may deem that an autopsy is not indicated.

Who can authorize an autopsy?

The Next of Kin as defined by Washington State law.

“Autopsy or post mortem may be performed in any case where authorization has been given by a member of one of the following classes of persons in the following order of priority:

- 1) The surviving spouse or state registered domestic partner;
- 2) Any child of the decedent who is eighteen years of age or older;
- 3) One of the parents of the decedent;
- 4) Any adult brother or sister of the decedent;
- 5) A person who was guardian of the decedent at the time of death;
- 6) Any other person or agency authorized or under an obligation to dispose of the remains of the decedent. The chief official of any such agency shall designate one or more persons to execute authorizations pursuant to the provisions of this section.

If the person seeking authority to perform an autopsy or postmortem examination makes reasonable efforts to locate and secure authorization from a competent person in the first or succeeding class and finds no such person available, authorization may be given by any person in the next class, in the order of descending priority. However, no person under this section shall have the power to authorize an autopsy or post mortem if a person of higher priority under this section has refused such authorization: PROVIDED, That this section shall not affect autopsies performed pursuant to RCW [68.50.010](#) or [68.50.103](#).

Who asks the next of kin for authorization for an autopsy?

The patient's physician, or -- at the physician's delegation -- a nurse, or chaplain may ask the next of kin for authorization to perform an autopsy.

Does the authorization for an autopsy need to be witnessed?

Yes. The witness signs the autopsy request form.

Is a phone authorization for an autopsy legal?

Yes, if witnessed by another person listening to the phone conversation.

When are autopsies performed?

Hospital autopsies are performed Monday through Friday during normal business hours. Because an autopsy requires an assistant, autopsies are performed when a hospital staff assistant is available.

Autopsies are performed when pathologist can find time in his/her schedule to perform the 3-4 hour autopsy procedure. If the department is short staffed, then an autopsy may have to be postponed.

Are autopsies performed STAT?

No. Autopsies are not emergency procedures. There is no significant clinical condition in which the autopsy findings will deteriorate if the patient is refrigerated. Autopsies are performed when hospital staff are available to assist.

Can next of kin authorize for an autopsy to be limited in scope?

Yes, an autopsy can be limited to body cavity, e.g., the thorax or even to a single organ. Limited autopsies provide limited information and are most useful when the clinical question is quite specific, such as, "Did the patient have hepatocellular carcinoma?" In this instance an autopsy limited to the liver may be sufficient. The limitations to the autopsy can be specified on the autopsy authorization form.

Is tissue retained by the hospital in an autopsy?

Yes. In general, a pathologist takes 1-2 gram samples each from each major organ. The rest of the tissue is returned to the body for the funeral home to dispose of or cremate with the body. The major exception to this would be examination of the brain. When the brain is examined, it is entirely removed from the body. The brain is very soft and must fix in formalin for 1-2 weeks before it can be properly examined. An autopsy with examination of the brain, therefore, takes longer to perform and to complete.

How long does an autopsy take?

A complete autopsy, including removal of the brain, requires 3-5 hours to complete the prosection of the body, gross examination the organs, and dictation the findings. A preliminary listing of the gross anatomic findings is available within 24 hours. Pathologists call this the Preliminary Anatomic Diagnosis (P.A.D.) The results are called to and then sent to the attending physician. The pathologist must then trim the fixed tissue, submit the tissue for processing, examine the fixed brain, review the microscopic slides when available, dictate the microscopic findings, order any required special stains, review any gross photographs taken at prosection, review the patient's chart, search the literature if the case is unusual, complete the autopsy report and correlate the findings with the clinical record.

When will the final autopsy report be available?

The final anatomic autopsy report is available within 30 days. However, if the autopsy needs special studies, such as cytogenetics, electron microscopically, outside consultation, etc., then the report may take up to 60 days.

Does the autopsy have clinical value in an age of CT, MRI, and PET?

Yes.

A recent meta-analysis study by the AHRQ found that the...“diagnostic discrepancy between the suspected cause of death and the diagnosis made at post-autopsy occurs in between 8 and 23% of cases.”

In a CAP Q Probes Study from 1993 found:

Category	% of autopsies with at least 1 unexpected finding
I Major unexpected findings contributing to death	39.7 %
II Major unexpected finding not contributing to death	24 %
III Minor unexpected findings contributing to death	17 %
IV Minor unexpected finding not contributing to death`	31 %

Does the autopsy always determine the cause of death or answer all the clinical questions

No, but the autopsy does reasonably well. The results from a CAP Q Probes Study is detailed below.

Type of question asked at autopsy	% of autopsies question asked	% of clinical questions answered
Identify pathology to account for clinical signs/symptoms	28 %	90 %
Established the cause of death	21 %	94 %
Confirm a clinical diagnosis	19 %	94 %
Determine the extent of pathologic process	14 %	98 %
Determine pathology to account for radiographic/endoscopic/imaging or other study findings	5 %	91 %
Determine treatment effectiveness	3 %	94 %
Determine the primary source of tumor	2 %	89%
Determine the source of bleeding	2 %	85 %
Determine adverse effects of treatment/diagnostic procedures	2 %	95 %
Determine the condition of the operative/wound site	2 %	100 %
Other	2 %	87 %