THE HOSPITAL-AUTHORIZED AUTOPSY

DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE LHSC

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OBJECTIVES

- 1. INTRODUCTION
- 2. AUTOPSY QUALITY ASSURANCE for a CLINICAL SERVICE
- 3. CLINICAL AND FAMILY PERSPECTIVES/ISSUES
- 4. AUTOPSY AUTHORIZATION WHO?
- 5. "INFORMED" AUTHORIZATION
- 6. ORGAN RETENTION A RISK MANAGEMENT ISSUE!
- 7. COMMUNICATION POST MORTEM CONSULTATION FORM
- 8. CORONER's CASE?

1. INTRODUCTION

THE AUTOPSY

The Pathologist's Steps:

Determine Provisional Anatomical Diagnoses by

- review of medical information
- external examination
- dissection

Determine Final Anatomical Diagnoses and correlate with clinical diagnoses (clinical-pathological correlation) in final report by

microscopy & ancillary tests (e.g. microbiology)

AUTOPSY SUITE – UNIVERSITY HOSPITAL ALL AUTOPSIES IN LONDON

AUTOPSIES (2014) = 603

AUTHORIZED BY FAMILY = 129 CORONERS' CASES = 474 5% (1/20) LHSC DEATHS HAVE AUTOPSIES

2. QUALITY ASSURANCE

"WHY HAVE AN AUTOPSY WHEN WE ALREADY HAVE THE ANSWERS?"

AUTOPSY = QUALITY ASSURANCE

AN AUTOPSY IS A MEANS OF DIAGNOSIS! CLINICAL-PATHOLOGICAL CORRELATION CAN EXPLAIN CLINICAL EVENTS & REVEAL SIGNIFICANT UNEXPECTED FINDINGS

3. PERSPECTIVES & ISSUES

CLINICAL PERSPECTIVES

- ARE CLINICAL DIAGNOSES CONFIRMED?

 WERE DIAGNOSTIC TESTS/IMAGING
 ACCURATE?
- WAS Rx EFFECTIVE?
- CAUSE OF DEATH? DEATH CERTIFICATION PHYSICIAN'S RESPONSIBILITY. AN AUTOPSY PROVIDES GREATER ACCURACY.

SOME QUESTIONS/ISSUES A FAMILY WANTING AN AUTOPSY MAY HAVE

"WHY DID HE/SHE DIE?"

(AUTOPSY CAN PROVIDE CLOSURE FOR FAMILY - "EVERYTHING WAS DONE"; "HE/SHE WAS VERY SICK")

SOME QUESTIONS/ISSUES A FAMILY MAY HAVE WHEN AN AUTOPSY IS BEING REQUESTED

"I DON'T WANT AN AUTOPSY!"

(Objections may be raised because of religious, cultural, personal beliefs -unless a death is a coroner's case, an autopsy must be authorized by next-of-kin)

• "HE/SHE HAS SUFFERED ENOUGH." (Discussion of unresolved clinical questions with family)

SOME QUESTIONS/ISSUES A FAMILY MAY HAVE WHEN AN AUTOPSY IS BEING REQUESTED – cont'd

I DON'T WANT THE FUNERAL DELAYED."

(Provided the autopsy authorization is properly completed, autopsies are performed within 24- 48 hours following death)

 "CAN WE DO A VIEWING AT THE FUNERAL HOME?"

(Incisions are made on the torso and scalp which are not visible at an open casket funeral; the face and hands are not disfigured)

SOME QUESTIONS/ISSUES A FAMILY MAY HAVE WHEN AN AUTOPSY IS BEING REQUESTED – cont'd

"HOW DO I GET THE RESULTS?"

[The pathologist issues a list of Provisional Anatomic Diagnoses = PADs within 3 days to the attending MD (on Power Chart)/Family MD (if known) who will receive a final report. The Dep't Turn-around time policy for final reports is 3 months. Family can contact one of the MDs to discuss results. A written request to Health Records for the final report can be made by the Estate Trustee.]

THE "REVISED" AUTOPSY AUTHORIZATON

An updated authorization is in the process of replacing the previous version. Major differences: recognition of estate trustee; transparency about autopsy process



4. WHO CAN AUTHORIZE?

THE PATIENT UPON DEATH BECOMES PART OF HIS/HER ESTATE.



WHO HAS SIGNED THE **CONSENT?**

AS OUTLINED IN THE GUIDELINES ON THE REVERSE SIDE

- 1st PRIORITY = ESTATE TRUSTEE (FORMERLY EXECUTOR OF THE WILL) IF KNOWN >
- SPOUSE >
- ADULT SON OR DAUGHTER >...

[Authorizations sometimes are signed by a son or daughter when there is spouse. Usually, the spouse has delegated this authority to one of the children or is not able to sign (e.g. too emotionally stressed because of death, dementia). A notation in the progress notes or notification of the Autopsy Suite will clarify this. Otherwise, there may be a delay in conducting the autopsy while efforts are made to determine whether the spouse agrees to an autopsy]

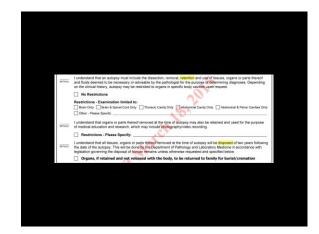
GUIDELINE #1(on reverse)

- Has the appropriate person authorized the autopsy? aker/s), as listed in desc
- below.

 Because of person's spouse and adult children, where spouse manse for the spouse man and the children, where spouse mans the country of the spouse man and the children, where spouse manse for death; or With whom the deceased was married immediately before halver death; or With whom the deceased was fiving in a conjugal relationship outside of marriage ammediately before halver death, the deceased and the other person had collabilisted for all least one year or were together the parent child; or
 - The deceased person's par
 - d. The deceased person's siblings.
 - e. Any other next of kin who is mentally capable in relation to the procedure.

5. INFORMED **AUTHORIZATION**

BY INITIALLING THE FOLLOWING STATEMENTS, THE PERSON AUTHORIZING THE AUTOPSY HAS BEEN INFORMED BY THE RHP ABOUT THE AUTOPSY PROCESS



INITIAL #1 STATEMENT

 I UNDERSTAND THAT AN AUTOPSY MUST INCLUDE THE DISSECTION, REMOVAL, RETENTION AND USE OF TISSUES, ORGANS OR PARTS THEREOF AND FLUIDS DEEMED FOR THE PURPOSE OF

(Note that the retention of an organ is at the discretion of the pathologist based on the clinical history)

6. ORGAN RETENTION = **RISK MANAGEMENT ISSUE**



HUSBAND SUES AFTER BRAIN TISSUE TAKEN FROM DEAD WIFE

BRAIN RETENTION – MOST COMMON ORGAN RETAINED

- The brain is relatively soft. Compared to other organs, it can be difficult to cut and accurately section for microscopy at autopsy
- The brain is best examined after formalin fixation for 2 weeks
- IF THERE ARE ISSUES RAISED BY THE FAMILY re: ORGAN RETENTION CONTACT PATHOLOGIST ON CALL

RESTRICTIONS

- NONE
- BRAIN ONLY
- BRAIN & SPINAL CORD ONLY
- THORACIC CAVITY ONLY
- ABDOMINAL CAVITY ONLY
- ABDOMINAL & PELVIC CAVITIES ONLY
- OTHER

(The above restrictions are the most common. Seek the advice of a pathologist for restrictions out of the "norm" to ensure family wishes are feasible)

INITIAL #2 STATEMENT

 I ALSO UNDERSTAND THAT ORGANS OR PARTS THEREOF, REMOVED AT THE TIME OF AUTOPSY MAY ALSO BE RETAINED AND USED FOR THE PURPOSE OF MEDICAL EDUCATION OR

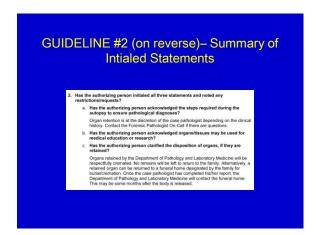
SCIENTIFIC RESEARCH, WHICH MAY INCLUDE PHOTOGRAPHY/VIDEOGRAPHY

(This allows the pathologist to document findings by photography. For formal presentations/publications, identifying features are removed. Research studies require REB and Dep't approval)

INITIAL #3 STATEMENT

I ALSO UNDERSTAND THAT ALL TISSUES, ORGANS OR PARTS THEREOF REMOVED AT THE TIME OF AUTOPSY WILL BE UNDERSTAND OF TWO YEARS FOLLOWING THE DATE OF THE AUTOPSY, THIS WILL BE DONE BY THE DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE IN ACCORDANCE WITH LEGISLATION GOVERNING THE DISPOSAL OF HUMAN REMAINS UNLESS OTHERWISE REQUESTED AND SPECIFIED BELOW.

(Disposal will be by cremation. Families can ask for return of a retained organ for internment by a funeral home. This can be specified on the authorization form.)



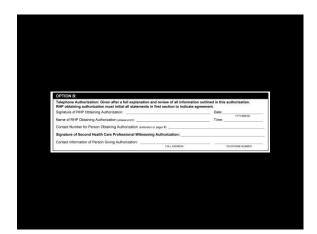


OPTION A: WRITTEN AUTHORIZATION

YOU MUST HAVE THE NECESSARY SIGNATURES – THE AUTHORIZING PERSON AND YOURS AS THE RHP (REGULATED HEALTH PROFESSIONAL)

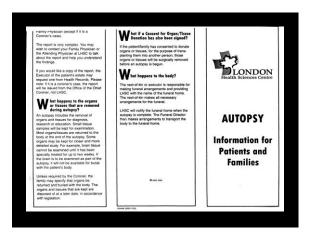
OPTION B: TELEPHONE AUTHORIZATION

YOU NEED A WITNESS (Health care professional does not have to be a RHP)
YOU NEED TO INITIAL ALL 3 STATEMENTS
INDICATING YOU HAVE DISCUSSED WITH FAMILY MEMBER



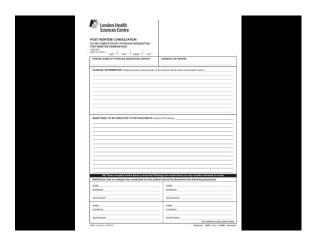
INFORMATION PAMPHLET

CAN BE PROVIDED FROM CARE AFTER DEATH PACKAGE ON WARD TO FAMILIES AT HOSPITAL



7. COMMUNICATION

- When obtaining the authorizing person's and your signatures as the RHP (either Option A or B on Authorization) provide your contact information in case the pathologist has questions (Guideline #3)
- Complete the Post Mortem Consultation form summarizing the history and questions to be addressed at autopsy (Guideline #4)



8. DOES FAMILY HAVE CONCERNS ABOUT MEDICAL CARE?

DISCUSS WITH CORONER

SOME OTHER INDICATIONS TO CONTACT CORONER

- SUDDEN UNEXPECTED DEATH (No clinical history of potentially fatal illness)
- ANY "UNNATURAL" DEATH ACCIDENT, SUICIDE, HOMICIDE (This includes any traumatic incident in hospital e.g. fall from bed leading to subdural hemorrhage; a patient who succumbs from pneumonia or pulmonary thromboembolism while in hospital recovering from trauma e.g. hip fracture)
- DEATH IN PSYCHIATRY WARD

QUESTIONS - CONTACT

DURING DAY -PATHOLOGIST ASSIGNED TO AUTOPSY SERVICE x33371 AFTER HOURS - ON CALL FORENSIC PATHOLOGIST THROUGH SWITCHBOARD