

## 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 AUTHORIZATION

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 OF THE FORM

- 1<sup>st</sup> 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)

### 1. Has the appropriate person authorized the autopsy?

Decision maker(s), as listed in descending order:

- The deceased person's estate trustee:
  - If not known or there is no will, determine whether anyone has or will be applying to the court to be appointed as the estate trustee. If family members are in agreement with respect to the person applying to become estate trustee, obtain authorization from that person. If there is a dispute among family members regarding who will apply to become estate trustee, obtain authorization from the deceased person's next of kin in order of priority listed below.
- The deceased person's spouse and adult children, where spouse means the person:
  - To whom the deceased was married immediately before his/her death; or
  - With whom the deceased was living in a conjugal relationship outside of marriage immediately before his/her death, if the deceased and the other person had cohabited for at least one year or were together the parents of a child; or
- The deceased person's parents;
- The deceased person's siblings;
- 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

I understand that an autopsy must include the dissection, removal, retention and use of tissues, organs or parts thereof and fluids deemed to be necessary or advisable by the pathologist for the purpose of determining diagnoses. Depending on the clinical history, autopsy may be restricted to organs in specific body cavities upon request.

No Restrictions

Restrictions - Examination limited to:

Brain Only    Brain & Spinal Cord Only    Thoracic Cavity Only    Abdominal Cavity Only    Abdominal & Pelvic Cavities Only

Other - Please Specify: \_\_\_\_\_

I understand that organs or parts thereof removed at the time of autopsy may also be retained and used for the purpose of medical education and research, which may include histology/video recording.

Restrictions - Please Specify: \_\_\_\_\_

I understand that all tissues, organs or parts thereof removed at the time of autopsy will be disposed 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.

Organs, if retained and not released with the body, to be returned to family for burial/cremation

## 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 NECESSARY OR ADVISABLE BY THE PATHOLOGIST FOR THE PURPOSE OF DETERMINING DIAGNOSES

*(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



## 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 **DISPOSED** 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 interment by a funeral home. This can be specified on the authorization form.)*

## GUIDELINE #2 (on reverse)– Summary of Initialed Statements

2. Has the authorizing person initialed all three statements and noted any restrictions/requests?
- Has the authorizing person acknowledged the steps required during the autopsy to ensure pathological diagnoses?  
Organ retention is at the discretion of the case pathologist depending on the clinical history. Contact the Forensic Pathologist On-Call if there are questions.
  - Has the authorizing person acknowledged organs/tissues may be used for medical education or research?  
Organs retained by the Department of Pathology and Laboratory Medicine will be respectfully cremated. No remains will be left to return to the family. Alternatively, a retained organ can be returned to a funeral home designated by the family for burial/cremation. Once the case pathologist has completed his/her report, the Department of Pathology and Laboratory Medicine will contact the funeral home. This may be some months after the body is released.
  - Has the authorizing person clarified the disposition of organs, if they are retained?

**OPTION A:**

I have reviewed and understand the content of this form and have had my questions answered satisfactorily.

Signature of the Person Giving Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of RHP Obtaining Authorization: \_\_\_\_\_ Time: \_\_\_\_\_

Name of RHP Obtaining Authorization (please print): \_\_\_\_\_ TELEDEPARTMENT

Contact Number for RHP Obtaining Authorization (extension or pager #): \_\_\_\_\_

Contact Information of Person Giving Authorization: \_\_\_\_\_ FULL ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

OR

## 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

**OPTION B:**

Telephone Authorization: Given after a full explanation and review of all information outlined in this authorization. RHP obtaining authorization must initial all statements in first section to indicate agreement.

Signature of RHP Obtaining Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Giving Authorization: \_\_\_\_\_ Time: \_\_\_\_\_

Name of RHP Obtaining Authorization (please print): \_\_\_\_\_

Contact Number for Person Obtaining Authorization (extension or pager #): \_\_\_\_\_

Signature of Second Health Care Professional Witnessing Authorization: \_\_\_\_\_

Contact Information of Person Giving Authorization: \_\_\_\_\_ FULL ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

## INFORMATION PAMPHLET

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

family physician (except if it is a Coroner's case).

The report is very complex. You may wish to contact your Family Physician or the Attending Physician at LHSC to talk about the report and help you understand the findings.

If you would like a copy of the report, the Executor of the patient's estate may request one from Health Records. Please note: if it is a coroner's case, the report will be issued from the Office of the Chief Coroner, not LHSC.

**What happens to the organs or tissues that are removed during autopsy?**

An autopsy includes the removal of organs and tissues for diagnosis, research or education. Small tissue samples will be kept for examination. Most organs/tissues are returned to the body at the end of the autopsy. Some organs may be kept for closer and more detailed study. For example, brain tissue cannot be examined until it has been specially treated for up to two weeks. If the brain is to be examined as part of the autopsy, it will not be available for burial with the patient's body.

Unless required by the Coroner, the family may specify that organs be returned and buried with the body. The organs and tissues that are kept are disposed of at a later date, in accordance with legislation.

**What if a Consent for Organ/Tissue Donation has also been signed?**

If the patient/family has consented to donate organs or tissues, for the purpose of transplanting them into another person, those organs or tissues will be surgically removed before an autopsy is begun.

**What happens to the body?**

The next-of-kin or executor is responsible for making funeral arrangements and providing LHSC with the name of the funeral home. The next-of-kin makes all necessary arrangements for the funeral.

LHSC will notify the funeral home when the autopsy is complete. The Funeral Director then makes arrangements to transport the body to the funeral home.

**LONDON Health Sciences Centre**

**AUTOPSY**

**Information for Patients and Families**

Revised 2008

## 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)

**London Health Sciences Centre**

**POST MORTEM CONSULTATION**  
 TO BE COMPLETED BY PHYSICIAN REQUESTING POST MORTEM EXAMINATION

DATE OF DEATH: \_\_\_\_\_ TIME OF DEATH: \_\_\_\_\_

PHYSICIAN NAME OF PHYSICIAN REQUESTING REPORT: \_\_\_\_\_ ADDRESS FOR REPORT: \_\_\_\_\_

CLINICAL INFORMATION: (Please provide a brief summary of the relevant clinical history and/or lab work.)

QUESTIONS TO BE DIRECTED TO PATHOLOGISTS: (Please Print Clearly)

**All Patient information within a form to be used for Pathology consultation must be provided in printed form.**

Information that an autopsy was conducted on this patient should be directed to the following physicians:

NAME: _____	PHONE: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: _____	TELEPHONE: _____
NAME: _____	PHONE: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: _____	TELEPHONE: _____

Revised: 2008 (Rev. 08/08)

## 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