

## MEMORANDUM

**TO:** All New Incoming Housestaff

**FROM:** Drs. Alisha Ware, Mark Hopkins, and Andrew Layman  
Chief Residents, Pathology, 2018-2019

**DATE:** June 28, 2019

**SUBJECT:** THE AUTOPSY

### I. UTILITY OF THE AUTOPSY

Though current diagnostic techniques are sophisticated, the literature shows that autopsy continues to reveal unexpected or discrepant diagnoses in 10-20% of cases, with 5-8% showing an unknown diagnosis essential to the cause of death. Yet, the autopsy has many other purposes:

- Education – even where the cause of death is known, providers can learn many things about severity of disease and sequelae and effectiveness of management.
- Information and closure for families – autopsy can reinforce the diagnosis and management, give the family a sense of closure and peace with their care decisions, and reveal disease that may have implications for relatives.
- Quality Assurance – as well as response to treatment, autopsy results may be compared with laboratory and imaging studies.
- Production of vital statistics
- Exploration of emerging or unusual diseases
- Collection of tissue for research

### II. WHAT IS AN AUTOPSY?

An autopsy is a surgical diagnostic procedure performed for the deceased patient which includes both gross and microscopic examination. At Johns Hopkins a complete autopsy includes all organs, brain, spinal cord, and eyes. An autopsy examination does not restrict a viewing at a funeral.

The initial procedure takes up to several hours and is followed by a preliminary oral report to the clinician and written report including summaries of the history and provisional gross findings. Contact the resident on call for the day if you or your clinical team wish to attend part or all of the gross examination. A conference to review the gross findings with the attending pathologist typically

occurs the day following the autopsy. The final written report follows in approximately 4-6 weeks and (except for stillbirths) will be available in EPIC.

### III. HOW TO OBTAIN AN AUTOPSY

Families are often more accepting of autopsy than physicians believe (Pediatr Blood Cancer 2013; 60: 204-209; JAMA 1994; 271(4): 284-288). Open communication with the family regarding end-of-life decisions can make the process less awkward. Advice to families should include the fact that medical technology cannot answer all of the diagnostic questions and that autopsy is offered to the families of all patients who die in our hospital.

1. Before requesting permission for a hospital autopsy, consider whether the Medical Examiner's Office should be called at (410) 333-3271. Deaths that fall under their jurisdiction include the following: all trauma (recent or remote), accident, homicide, poisoning, suicide, criminal abortion, rape, therapeutic misadventure, drowning, suspicious or unusual death, or death of a healthy person. The Medical Examiner may release the case, and autopsy permission may then be sought in the usual manner.
2. Consent for a hospital autopsy must be obtained from the closest next of kin, defined by Maryland state law in the following order: 1) spouse/domestic partner; 2) adult child; 3) parent; 4) adult sibling; 5) person acting as a representative of the decedent under assigned authorization of the decedent; 6) guardian, if one has been appointed. In the absence of any of the above, anyone willing to assume final disposition of the body may provide consent. Medical power of attorney may **not** provide consent unless this individual is also the closest next of kin, as defined above. Any deviation from this order must be cleared through the JHH Legal Office. It is important to note that Medical Power of Attorney (POA) ends when the patient dies; the person making medical decisions while the patient was alive may not necessarily be the legal next-of-kin who can sign the autopsy consent, unless they are also the highest order listed above.
3. The family is not charged for the autopsy, including for DOA patients in the ED.
4. The autopsy may confirm the clinical diagnosis or reveal additional causes contributing to the patient's death.
5. The autopsy will not delay the funeral or interfere with the viewing of the body.
6. The autopsy contributes to physician education and improved patient care.
7. Providing prompt, understandable autopsy findings may allow the family to reconcile with the patient's death.
8. The family is entitled to a copy of the report, but they must make a request on the consent, or call the autopsy office (5-2490).

Included is a suggested approach to family members to obtain permission for autopsy, some basic facts about autopsy, and relevant telephone numbers, and this is online on the Pathology Department website at <http://pathology.jhu.edu/departments/divisions/autopsy/request.cfm>. Much helpful information is also provided in the Medical Staff Manual.

The Admissions Office (5-6733) handles the paperwork on patient deaths.

In order to render a more definitive diagnosis, we prefer to perform complete autopsies. If the responsible party agrees to a complete autopsy, fill in “none” on the line for restrictions on the permission form. Please note that our complete autopsy includes removal of the eyes. If you cannot obtain permission for a complete autopsy, however, it can still be of value to obtain permission for a partial autopsy. Regions of the body are good terms to use for partial autopsies (chest only, abdomen and pelvis only, no head).

Do not coerce the family to give autopsy permission by threatening to make the death a medical examiner case.

Unclaimed or donated bodies come under the jurisdiction of the Anatomy Board, and autopsy permission may be sought from them by contacting Mr. Ronn Wade, (410) 547-1222.

#### IV. AUTOPSY RESULTS

1. The responsible clinician will receive a call prior to the beginning of the autopsy to learn if there are any specific questions or concerns. You may arrange to review the gross findings then or at any subsequent time.
2. A Provisional Anatomical Diagnosis, which includes a brief narrative summary, will be posted in EPIC within a few days of the autopsy.
3. An Anatomical Diagnosis and Final Conference Note will follow when the case work-up is completed.
4. Arrangements may be made to have cases presented at Mortality Conferences. Please email the Director of Autopsy with presentation requests.

For questions pertaining to the autopsy in general or to any particular case, the Department of Pathology at the Johns Hopkins Hospital may be contacted at (410) 955-2490. The autopsy resident on call can be paged from 8 a.m. to 6:30 p.m. daily at (410) 283-9482. Outside these hours, call the paging operator and ask for Autopsy Pathology On Call to reach an attending pathologist.