

## **AUTOPSY POLICY**

### **POLICY:**

#### 1. **Location of Autopsies**

Autopsies are currently not performed in the hospital and are performed at various funeral homes. Handling of the bodies within the hospital and release of bodies is under the jurisdiction of the Nursing department.

#### 2. **Helpful Information**

The most useful information can be obtained from an autopsy if the clinician and pathologist discuss the case prior to the examination. Without direction from the clinician, examination beyond the trunk may not be performed provided the cause of death is identified within the trunk. That is, routinely, the brain may not be examined, the bowel not completely opened, the larynx not removed, etc. An autopsy without instruction from the clinician may result in leaving unanswered some questions of the attending doctor or family. Prior discussion is especially important in cases where toxicologic or bacteriologic studies are desired. If the body is embalmed before material for bacteriology or toxicology is obtained, the opportunity for successful recovery of the material in question is greatly reduced.

#### 3. **Hospital Patients**

The hospital bears the expense of autopsies performed on hospital inpatients provided the case is not one for which the Medical Examiner accepts responsibility. This is an educational service for the medical staff and autopsies should not be requested primarily to satisfy the interests of the family. Guidelines for such cases include:

- a. Cases in which the clinical diagnosis does not definitely define the cause of death and an autopsy may help explain unknown or unanticipated medical complications.
- b. An autopsy may help to evaluate the medical or surgical care provided in the event of any unexpected or unexplained death occurring following dental, medical or surgical diagnostic procedures and/or therapies.
- c. Deaths occurring in patients who have participated in clinical trials (protocols) approved by institutional review boards.
- d. Sometimes there are cases that do not fall into one of the above categories, but which the attending physicians wish autopsied. It may be a patient who has been diagnosed or treated extensively and dies at home or in a nursing home. The fee for such cases may be waived. Again, proper permission is necessary.

## **AUTOPSY POLICY**

### 4. **Consent to Perform Autopsy**

Before an autopsy can be done, a properly signed permit must be obtained. It is the responsibility of the attending physician to obtain permission. The permit should be signed by the:

- a. Surviving spouse (cannot be divorced); if none, then
- b. Surviving children (all if possible); if none, then
- c. Surviving parents (both, if possible); if none, then
- d. Surviving brothers and sisters (18 or over and all if possible); if none, then
- e. Person (preferably relative) legally responsible for the patient.

Sometimes it is not possible to have all of the children or siblings sign and, in such cases, the post is often done with the signatures of as many as can be reached, provided:

- a. None object, and
- b. Reasonable effort has been made to reach as many as possible.

Telephone permission for autopsy is acceptable. This should be documented on the usual “Authorization for Post-Mortem Examination” form stating this to be a telephone authorization and signed by the individual obtaining permission.

A copy of the signed permit must be delivered to the Pathology department before starting the autopsy.

### 5. **Medical Examiner (M.E.) Cases**

The basis of the Oregon State Medical Examiner’s system is that unattended, unusual or traumatic deaths are investigated in each jurisdiction persons designated as the Medical Examiner. Contact with the Medical Examiner can be arranged by the Nursing Supervisor. There is generally poor understanding among physicians as to which deaths should be referred to the Medical Examiner. The following are types of deaths requiring investigation under Oregon State Medical Examiner’s law:

- a. Apparently homicidal, suicidal or occurring under suspicious or unknown circumstances.
- b. Resulting from the unlawful use of dangerous or narcotic drugs or the use or abuse of chemicals or toxic agents.
- c. Occurring while incarcerated in any jail, correction facility, or in police custody.
- d. Apparently accidental or following an injury.

## **AUTOPSY POLICY**

- e. By disease, injury or toxic agent during or arising from employment.
- f. While not under the care of a physician during the period immediately previous to death.
- g. Related to disease which might constitute a threat to public health.
- h. In which a human body apparently has been disposed of in an offensive manner.

Whether a Medical Examiner case will be autopsied is decided by the Medical Examiner involved in the case and/or by the District Attorney.

### 6. **Private Cases**

If the patient did not die in the hospital and an autopsy is not requested by the Medical Examiner, the family always has the option of requesting an autopsy. This is not done frequently. When the examination is requested by the family, the interest is sometimes related to an insurance policy, workman's compensation, etc. A fee is charged for such an autopsy. If photographs are indicated, there may be an additional charge. The right to refuse to perform such autopsies is reserved.



## **AUTOPSY POLICY**

Document Detail	
<b>Policy ID:</b> 10.20.PTH.AUT.POLI.960000	
<b>Review / Revision Authority:</b> Pathologist	
<b>Regulatory Requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach requirement information here CAP – ANP.31070, ANP.31100, ANP.33000	
<b>Date Policy Originated:</b>	1/9/1996
<b>Author:</b>	Michael Fortune, MD
<b>Revision History:</b> (note most recent changes in area under header) 4/12/2010-Michael Fortune, MD 1/18/2010-Shannon McWilliams, MS, PA(ASCP) 4/18/2001-Michael Fortune, MD	
<b>Computer Search / Master Index Number:</b>	<b>Document Location:</b>
POLI.960000	GSRMC Autopsy Manual

Date Current Version Implemented: (Mark applicable boxes and date)					
<input type="checkbox"/> All sites same implementation date		Date:			
<input checked="" type="checkbox"/> Implementation Date = Approval Date					
Enter site specific implementation dates when <input type="checkbox"/> applicable:					
<input type="checkbox"/> SHRL	<input type="checkbox"/> GSRMC	<input type="checkbox"/> SAGH	<input type="checkbox"/> SLCH	<input type="checkbox"/> SNLH	<input type="checkbox"/> SPCH

Scheduled Review Cycle	Annual
Document Responsible Person	Michael Fortune, MD

Review History		
Reviewed by	Printed Name	Date



Samaritan  
Laboratory Services

## **AUTOPSY POLICY**
