

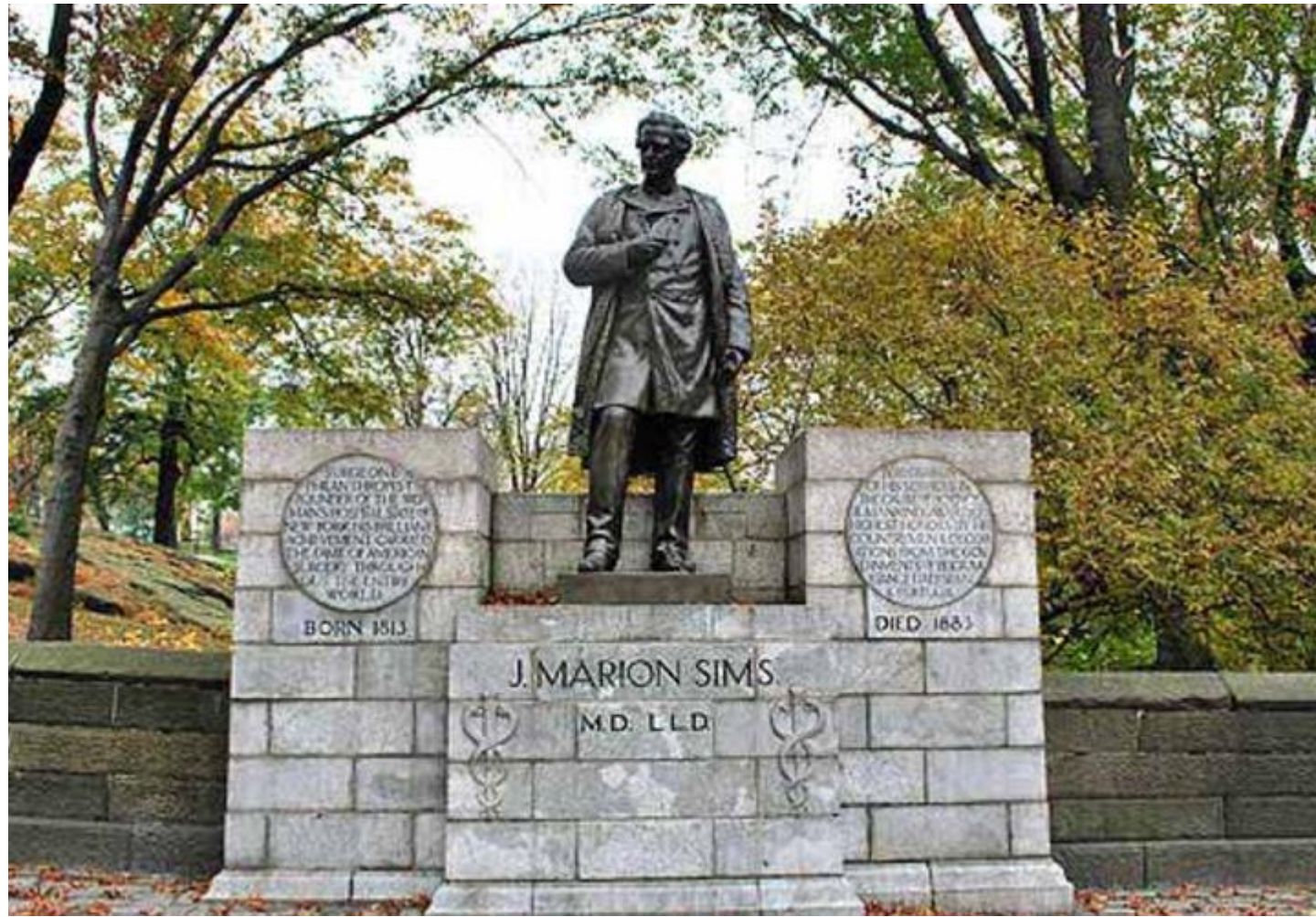
Primary Care to the Rescue, Again.

Autopsy and the Death Certificate

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The New York Times

Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

The study was conducted to determine from autopsies what the disease does to the human body.

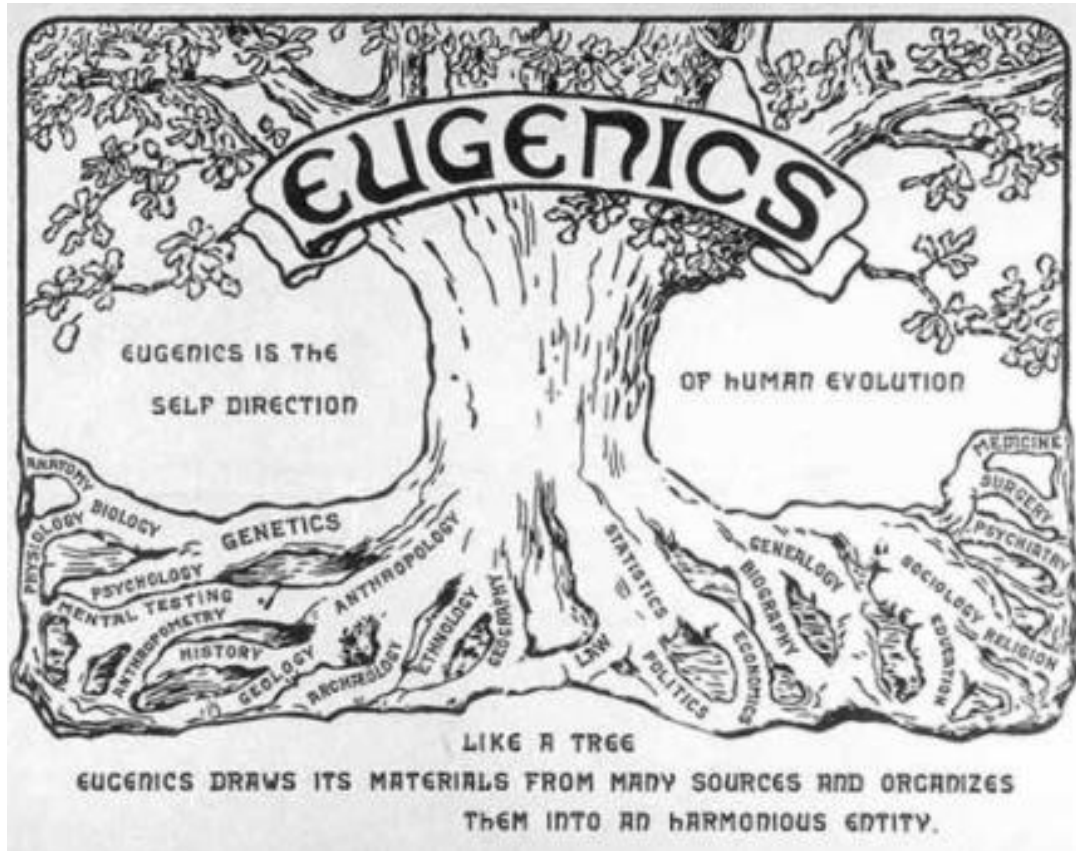
Officials of the health service who initiated the experiment have long since retired. Current officials, who say they

have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Merlin K. DuVal, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men





In
Remembrance of
All pre-term babies and children
Involved in organ retention
at
Alder Hey Childrens Hospital
May they rest in peace

Donated by the Co-operative Funeralcare

Consent, consent, consent.

Why autopsy?

- Understand and correct diagnostic error
- Accurately establish cause and manner of death
- Identify new and reemerging disease
- Establish risk factors of disease
- Train residents in normal cases in preparation for non-normal cases
 - Autopsy is still a requirement for accreditation in pathology training: You need 50 autopsies for board certification

What's going on with autopsy now?

Overall autopsy rates: 19.1% of all deaths in 1972

In 2007, it was 8.5%

Medicolegal = 43.6 → 55.4

Hospital autopsy = 16.9 → **4.3**

**This does not separate academic from community: There are more hospitals that don't do autopsies than do

Why have rates decreased?

- How and where we die
- Money
 - Some hospitals absorb the cost (academic centers).
 - Otherwise, the cost gets passed on to next of kin
- Autopsy training is not a requirement for completion of medical school or residency training in other specialties
 - So docs are forgetting how to ask.

Why don't patients get asked?

1. Overreliance on the technology used to make the diagnosis
2. Lots was already known about the patient
3. Concerns about litigation
4. Inadequate information about autopsy procedures
 - Don't know how it is actually done, how much it costs
5. Discomfort in approaching the next of kin about obtaining permission
 - Numerous studies have shown that autopsy rates increase substantially once physicians are exposed to **formal training in autopsy consent**
6. Autopsy communication issues

What can we do to increase autopsy rates?

- Make autopsy accessible in a large health system
- Make sure autopsy is reimbursed and well funded

- **In a primary care setting: Train and educate requesting physicians on the logistics and benefits of autopsy.**

“Consented autopsy should be viewed as a common, altruistic act for the good of society, akin to current views on organ donation.”

“A multidisciplinary effort will be necessary to prevent the death of the autopsy.”

**This is where every one of you can
make a difference.**

You have the relationship and the trust,
and together we can develop the
language.

What questions do you have?

My patients will ask...

- What is an autopsy?
- Why might I or a loved one need an autopsy?
- How much does an autopsy cost?
- Does this mean I can't have an open casket?

I want to know...

Resources

- **Baumgartner A, Anthony D.** The decline of the autopsy in Rhode Island and nationwide: Past trends and future directions. *Rhode Island Medical Journal*. 2016. 36-38.
- **Bieri U, Moch H, Dehler S et al.** Changes in autopsy rates among cancer patients and their impact on cancer statistics from a public health point of view: a longitudinal study from 1980 to 2010 with data from Cancer Registry Zurich. *Virchows Arch*. 2015. 466: 637. doi:10.1007/s00428-015-1734-7
- **Blokker BM, Weustink AC, Hunick MG, Oosterhuis JW.** Autopsy of adult patients deceased in academic hospital: Considerations of doctors and next-of-kin in the consent process. *PLOS one*. 2016. 11(10) doi: 10.1371/journal.pone.0163811.
- **Chariot P, Witt K, Pautot V, Porcher R et al.** Declining autopsy rate in a French hospital: physician's attitudes to the autopsy and use of autopsy material in research publications. *Archive of Pathology and Laboratory Medicine*. 2000. 124(5): 739-745.
- **Hinchliffe SA, Godfrey HW, Hind CR.** Attitudes of junior medical staff to requesting permission for autopsy. *Postgraduate Medical Journal*. 1994. 70(822): 292-294.
- **Liao JM, Singh H.** Reviving the autopsy as a diagnostic error-reduction tool. *Lab Medicine*. 2013. 186-190. DOI: 10.1309/LMI9N2TS8YTQLBDI
- **Souza VL, Rosner F.** Increasing autopsy rates at a public hospital. *Journal of General Internal Medicine*. 1997. 12(5): 315-317.
- **Turnbull A, Martin J, Osborn M.** The death of autopsy? *The Lancet*. 2015. 389(10009): 2141.

Interactive resources

- eugenicsarchive.org
- Medical Apartheid by Harriet Washington
- mississippiappendectomy.wordpress.com