Medical Autopsy: The Forgotten Teacher

Scott Sattler, MD
22 February 2009

Remember when we used to do autopsies on other than just coroner's cases? When I trained at Valley Medical Center in San Jose in the 1960s and 70s, essentially every hospital death went to autopsy unless the family requested otherwise and the resident couldn't persuade them differently. The involved medical staff would usually attend the procedure. Weekly morbidity and mortality conferences (M & M's) would discuss the cases and correlate the pathologic findings with the premortem diagnoses. It was often a humbling experience.

In the mid-1980's, data showed that such autopsies revealed a major misdiagnosis of the primary cause of death in 20 to 40% of cases. In 10 to 15% of all cases, the missed diagnoses would likely have affected patient outcome. Did I mention that autopsies are a humbling experience?

When I first came to Humboldt County (to the Hoopa Indian Reservation to be exact) in 1974, the tradition of medical (as opposed to forensic) autopsy was still going strong. I well remember the woman with advanced diabetes whose chemistries and comfort just couldn't be controlled and, despite intensive care and multiple specialty consultations, whose deterioration was unstoppable. I remember her, in great part, because of her autopsy. The vision of her large undiagnosed pituitary tumor and the dent it had made on her optic chiasm is burned onto my permanent intracranial hard drive. Before that day pituitary tumors were a theoretical construct I'd learned about in med school. That day they became real.

When I moved my practice to Eureka in 1982 we were still doing medical autopsies, but over the years they became fewer and fewer. Out of curiosity I went over to the Coastal Pathology office the other day and talked with them about it. They showed me the book where they record all the autopsies done by their group (and by the Humboldt Central Pathology group which preceded them). It contained records going back to 1983, when 40 medical autopsies were performed. By 1986 it had dropped to 30, and by 1989 to 16. There were only 9 done in 1991. By 1999, only 4. In 2005 there were just 2 and there have been none done in the area served by Coastal Path (Humboldt and Del Norte counties) since June of 2007, almost two years ago.

We have lost a helpful friend and an inspiring teacher. On this part of the North Coast, medical autopsy is no more.

I did some homework attempting to find out just how our profession had let this happen. Medical autopsy provides the cornerstone of physical diagnosis; how could we have let it disappear? Is this an isolated Northern California phenomenon or is it more widespread? Has the need for autopsy diminished in light of current medical technology? Are there not enough pathologists these days? Perhaps there's just no money to pay for them? Or have clinicians simply lost interest? Are we as clinicians drowning in the current dysfunctional medical system so badly that we just can't bother with it anymore? What's happened?

Not surprisingly, there is a significant body of literature on the subject. Two local pathologists in the Coastal Pathology group were also happy to provide their input. Here's the picture as I've come to see it.

The demise of the medical autopsy started in 1971 when the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) removed the requirement that hospitals must have a minimum autopsy rate of 20% to keep their accreditation. I can't find any explanation as to why they did this. Nationwide the autopsy rate started dropping shortly thereafter and is currently hovering at around 10%.

There is a definite problem with reimbursement. Medicare says its DRG payments include autopsy-related activities, but they do not include reimbursement for the physician and for other professional components of the autopsy services. As a result, there is little incentive for hospitals to increase autopsy rates. Despite this, St. Joseph Hospital's policy is to fund any autopsy requested by an attending physicians if the patient's family can't afford it. They consider it an aspect of supporting their staff physicians' continuing education.

A third reason for the demise of autopsy relates to physicians' fear of litigation and medical staff disciplinary action. Interestingly, there are research findings showing that autopsy does not increase the risk of litigation, even when findings don't support the premortem diagnosis.

Another misconception is that autopsies aren't needed given today's technology. Unfortunately research shows that this is a myth. Diagnostic discrepancies between pre-and postmortem diagnoses persist at a relatively unchanged rate.

Finally, the pathologists with whom I spoke don't really wish to do more autopsies than they are doing at the present time. They have indeed contracted with the hospitals to provide the autopsy service when requested, and they will do so, but would much rather not. Surgical pathology is

keeping them very busy and they have little time for autopsies. Reimbursement is felt to be poor-to-middling for the time spent, and they must do the autopsies at the funeral homes where the facilities are marginal and where there is little manpower assistance.

So the bottom line is that physicians on staff at SJH may indeed order autopsies when there is an educational need to do so and the next of kin has agreed. Just speak to the Nurse Director/Administrative Supervisor on duty to start the process.

The larger question, however, remains. It is clear that as a profession we must not abandon the autopsy. We must maintain our gold standard for clinical diagnosis. Currently our national health statistics are significantly skewed by the current rate of unchallenged inaccurate premortem diagnoses. This data is used to establish funding for research and preventative medicine programs. It needs to reflect accurate diagnoses.

Given the realities of today's medicine, the current healthcare delivery system is simply not able to provide the number of autopsies needed. As our profession works to develop a newer, more functional health care system in this period of political renewal, let us not forget this critical need. We need more pathologists, perhaps circuit pathologists, who have the time and the training to provide this service. We need to reimburse them appropriately. We need to have local autopsy suites (like the one in the coroner's office in Eureka), which are well equipped and staffed to facilitate physician involvement for both forensic and non-forensic autopsies. But most of all we need to regroup around this issue and require our healthcare system to return to us one of our most valuable tools. Professionally and ethically, we can't just let it fade away.