

TITLE:	AUTOPSY INFORMATION FOR MEDICAL PROFESSIONALS
SCOPE:	This policy is intended for all Members of the Medical Staff and Privilege Holders.
DOCUMENT TYPE:	N/A
PURPOSE:	The following information is provided to assist medical professionals in how and when to obtain an autopsy.
PHILOSOPHY:	N/A
DEFINITIONS:	N/A

PROCEDURE:

Policy /Procedure Document		
Manual:	N/A	
Origination Date:	08/23/2012	
Last Review Date:	08/03/2015	
Next Review Due:	08/03/2018	
Policy Owner:	Medical Staff	
Required Approvals:		
Committee:	Medical Executive Committee	
Leadership/Board:	Board of Trustees	

Cause of Death Presumed Non-Natural or Possibly Non-Natural: For a deceased patient where circumstances indicate or suggest a non-natural cause of death (ex. injury*, drowning, apparent suicide, apparent homicide, apparent foul play, apparent neglect, apparent abuse, apparent SIDS, apparent alcohol or substance abuse, abortion, death while under anesthesia, death in a behavioral medicine area, or unknown cause and not under the care of an available physician), the case requires coroner notification. When a physician can't be found to fill out the death certificate, the case requires coroner notification¹. Once the coroner is notified, the coroner will decide jurisdiction and the extent of death investigation (including whether or not a coroner's autopsy is required).²

Presumed Natural Cause of Death, Non-Inpatient: When a physician is willing to complete the death certificate for this case category, the coroner need <u>not</u> be notified. When a physician cannot be found to fill out the death certificate, the case requires coroner notification. Once the coroner is notified, the coroner will decide jurisdiction and the extent of death investigation (*including whether or not a coroner's autopsy is required*) Error! Bookmark not defined. Under this category when the coroner does not require an autopsy or coroner notification was not required; but more post mortem information is desired by the physician, patient's family, or other interested parties; a **private autopsy** can be considered as part of the death investigation. As a required part of private autopsy arrangements, the legal next of kin³ must sign the consent for autopsy and a statement of financial acknowledgment for the autopsy charges⁴.

There are two sets of requirements for arranging a private autopsy for this case category. The <u>first requirement set</u> is for both a properly signed consent for autopsy (*signed by the legal next of kinError! Bookmark not defined.*) and a properly signed statement of financial responsibility (may or may not be the legal next of kin). The <u>second requirement set</u> is for the physician to contact the on-call autopsy pathologist to provide case history and obtain <u>case acceptance</u> for private autopsy. "N.B." Case acceptance for private autopsy referral will be determined by the autopsy pathologist on <u>a case by case basis</u>⁵.

* Injury includes but is not limited to injury which led to current hospitalization, motor vehicle crash, falls, trauma, strangulation, environmental injury, fire, poisoning, and industrial chemicals.

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<u>Presumed Natural Cause of Death, Inpatient</u>: For cases under this category, similar guidelines as in non-inpatient category are used as relate to coroner notification and pursuit of an autopsy. For this category, the term, **hospital autopsy**, is used for autopsies not ordered/arranged by the coroner.

There are two requirements for arranging a hospital autopsy. The <u>first requirement</u> is for a properly signed consent for autopsy (*signed by the legal next of kinError! Bookmark not defined.*). The <u>second requirement</u> is for the physician to contact the on-call autopsy pathologist to provide case history and discuss case selection for hospital autopsy.

Hospital autopsy reports will be sent to the attending physician (as listed on Consent for Autopsy). For coroner's autopsies, case physicians must contact the Coroner's Office (not SBMF) to request a report. The report is usually available within 2 months.

Document Revision History:		
Revision Date:	Revised By:	Summary of Changes:
08/23/2012	Medical Staff	Original Document
07/2015	Michael Blakesley, MD	Policy format

¹ The physician who agrees to complete the death certificate should support a specific natural cause of death and should have seen the patient or represents a practice, which has seen the patient in the preceding 2 years.

² The County Coroner with jurisdiction is the Coroner in the county of the death. If a coroner's autopsy is required, the coroner's office will make the arrangements with the autopsy pathologist.

³ Six categories listed on consent for private autopsy (Only the highest level of living competent adult is eligible to provide consent.)

⁴ Autopsy Fee for Private case \$3,870 (including morgue services; head only \$1,280)

⁵ Pathologists are not required to accept referral for private autopsy cases. The autopsy pathologist may provide alternatives when appropriate.