The importance of autopsy cannot be over-emphasized for the family members, physicians, hospitals and community. For family members:

- Autopsy will discover an inherited or familial disease that may be helpful in family planning, early diagnosis and treatment of other family members.
- Autopsy has been proven by many studies to be more accurate in providing specific diagnoses. Knowing the cause of death will ease the stress of the unknown.
- Autopsy will confirm the clinical diagnosis. It is comforting for the families to know that their loved ones had received proper treatment and care before they died.

For physicians and hospitals:

- Autopsy establishes the cause and the manner of death of a patient.
- Autopsy produces vital statistics for the monitoring of public health.
- Autopsy is important for quality assurance and improvement of patient care.
- Autopsy can be effective in risk management.
- Autopsy is essential for medical research, identification and characterization of new diseases.
- Autopsy is important for medical education, residency and fellowship training programs.

The overall autopsy rate of non-forensic deaths in the United States has fallen dramatically in the past 60 years. In the 1940s, 50% of the non-forensic deaths had autopsies. In 1992, the autopsy rate was 12%. In 1994, the last year for which national U.S. data exists, the autopsy rate for non-forensic deaths was 6%. The autopsy rate in the pediatric population is traditionally much higher than the general population. In 1997, a survey with participation of 17 children’s hospitals in the United States was conducted. The average autopsy rate of non-forensic death in the 17 hospitals was 42.8%. The range was 29% to 70%.

The major factors that may have contributed to the decline of autopsy rate in the United States are as follows:

- Diagnostic over-confidence among clinicians
- Increasing responsibilities of pathologists in other services
- Difficulty obtaining consent from families
- High costs that are not reimbursed by insurance companies or Medicare

The mortality and autopsy data of Children’s Mercy Hospital in the past 15 years was reviewed recently. The hospital deaths varied from 113-140 each year in the past 15 years. Twenty-two to 42 patients had autopsies performed by the Medical Examiner’s offices each year. The difference between the total hospital deaths and the Medical Examiner’s cases was the non-forensic deaths of the hospital (Figure 1).
The non-forensic hospital deaths were 86 to 105 cases each year. The numbers of autopsy performed by the pathologists at CMH were shown in figure 2. Although the non-forensic deaths each year in the hospital were relatively stable, the numbers of autopsies in the hospital decreased gradually in the past 15 years. The year with the most autopsy cases was 1991. Sixty-four of the 103 non-forensic cases had autopsies performed in that year. The year with the fewest autopsy cases was 2005. The non-forensic deaths of that year were also 103; only 30 cases had autopsies in the hospital.

The rate of non-forensic autopsies at CHM in the past 10 years is shown in figure 3. The autopsy rates of Neonatology and the remaining services of the hospital including Surgery, Medicine, and Emergency Department are shown in figure 4.

Figure 3

Figure 4

Over two-thirds of autopsies at CHM in the past two years were complete autopsies in which all the internal organs, including the brain, were removed for gross and histologic examination. About one-third of the cases were partial or limited autopsies in which internal organs in the specified region are removed and examined. The turnaround time of autopsy reports was 38 working days in 2004 and 34 days in 2005.

CME Series
Sponsored by Department of Pathology & Laboratory Medicine

Date: Tuesday, April 18, 2006
Time: Noon – 13:00
Location: Lab Conference Room 2206.10 WT
Speaker: Dr. Shao, MD
Topic: TBA