

<b>Policy/Procedure: Medical Staff Autopsy</b>	
<b>ENTITY:</b> <input checked="" type="checkbox"/> CMMC <input checked="" type="checkbox"/> BRIDGTON HOSPITAL <input checked="" type="checkbox"/> RUMFORD HOSPITAL <input type="checkbox"/> CMHV-ASC <input type="checkbox"/> ELSEMORE/DIXFIELD FAMILY MEDICINE (RCHC) <input type="checkbox"/> SWIFT RIVER FAMILY MEDICINE (RCHC) <input type="checkbox"/> BOLSTER HEIGHTS <input type="checkbox"/> RUMFORD COMMUNITY HOME	<b>BOOK:</b> Administrative
	<b>CHAPTER:</b> Medical Staff
	<b>ORIGINATION DATE:</b> 10/16/2024
	<b>FINAL APPROVAL DATE:</b> 10/16/2024

#### **PERFORMED BY**

This Policy applies to Central Maine Medical Center, Bridgton Hospital and Rumford Hospital facilities, practices, entities, services and its team members.

#### **PURPOSE**

The purpose of this Policy is to provide guidance with respect to the guidelines and procedures to be followed in obtaining an autopsy.

#### **STATEMENT OF POLICY**

Autopsies are performed on deceased patients affiliated with a Central Maine Medical Center (CMMC) provider. Listed below are guidelines for consideration when contemplating an autopsy which includes, if indicated, a gross and microscopic examination and may include other studies such as bacteriologic cultures which are available in the CMMC laboratory; costs of specialized outside tests such as genomic-based testing, drug testing, etc., if indicated or requested, may be subject to charges to the deceased's estate or next of kin. Furthermore, if the body is not located at CMMC and requires transportation to CMMC for the autopsy, the cost of transportation of the body will be the responsibility of the deceased's estate or next of kin.

CMMC does not perform autopsies on those cases which are designated as Medical Examiner cases. However, for Medical Examiner cases for which the Medical Examiner has dismissed the body from autopsy or gross examination, CMMC may perform the autopsy following the usual protocol for autopsies including consent. The facilities and equipment at CMMC are appropriate for performing hospital autopsies but may not be appropriate for the performance of certain mechanisms of death including but not limited to trauma with a forensic component.

The pathologist may defer performance of the autopsy at CMMC if they feel that we lack the appropriate forensic expertise or equipment in a given death. The final decision as to whether an autopsy is safe and appropriate rests with the pathologist performing the case. Due to safety considerations, CMMC does not perform autopsies on cases which have or are suspected of having Creutzfeldt-Jakob disease (CJD, Mad Cow disease, spongiform degenerative encephalitis, slow virus disease), however, such cases may be referred to certain regional centers which have

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specialized facilities for such cases. Providers should contact the pathologist on call for further information. Such cases may be subject to charges to the deceased's estate or next of kin under some circumstances such as transportation to the facility and autopsy charges if the case proves to be negative for CJD.

CMMC does not perform autopsies on a fee basis for cases not under the care of a CMMC provider, however such services are available; see online lists of such services or contact the pathologist on call for further referral information.

The autopsy is a valuable medical procedure and resource for assessing the quality of patient care, evaluating clinical diagnostic accuracy, determining the effectiveness and impact of therapeutic regimens, discovering, and defining new and/or changing diseases, increasing the understanding of the biologic process of disease, augmenting clinical and basic research, and providing accurate public health and vital statistical information and education.

In our setting the most appropriate use of autopsy is to determine the disease state(s) which contributed to death of a patient when that is unclear to the treating clinicians. The autopsy is an invasive and resource intensive procedure, and as sensitive as we must be to a family's suffering in a difficult time, it is not intended as palliation with regard to a family's grief or state of denial. Given a finite set of resources it is preferable to limit its use to answering specific medical questions.

The following guidelines are submitted for consideration when contemplating a request for an autopsy:

- Death within 24 hours of admission
- Death during a surgical procedure
- Unexpected death during diagnostic or therapeutic procedure
- Sudden or unexpected death in a stable patient
- Sudden or unexpected death in a patient who was stable at admission and declined unexpectedly
- Death in a patient where autopsy would provide useful information concerning procedures, treatment and/or cause of death
- Death in a Medical Examiner case which has been dismissed by the Medical Examiner, but in which an autopsy would provide important information concerning procedures, treatment and/or cause of death
- Cancer patients in whom there is no prior tissue diagnosis or in which the primary site is unknown
- Internal bleeding with an undetermined source
- Infections of undetermined type
- Transplant patients and/or donors of organs or tissues
- Patients who were participants in clinical trials
- Death in patient in which findings may have bearing on survivors

In addition, the pathologist on call may be contacted for further discussion regarding the specifics of a case in which an autopsy may be of benefit. Contact the pathologist on call through the CMMC laboratory number of 207-795-2330. (24/7)

A request for autopsy requires the requesting physician or designee to contact the pathologist on call. The requesting physician should discuss the case with the pathologist or make arrangements through his or her designee for a time that they would be available to discuss the case prior to the autopsy being performed.

Performance of an autopsy requires appropriate consent; See list of individuals authorized to grant consent in CMH policy HC-PA 2037 Death Procedures. It is generally the responsibility of the requesting clinician to obtain appropriate consent, however, the pathologist on call may be of assistance in helping with the details of obtaining consent. The consent may be by telephone but requires a witness. See details in HC-PA 2037 Death Procedures policy.

Due to limitations of support staff, autopsies are generally not performed after normal business hours.

## **DEFINITIONS**

N/A

## **PROCEDURE/PROCESS**

The autopsy procedure is as follows:

1. Determine if the case is a Medical Examiner Case and if so report to the State Medical Examiner (see hospital policy HC-PA 2037 Death Procedures for list of criteria).
2. Contact the pathologist on call (General laboratory number 207-795-2330) to notify of the autopsy and to discuss clinical findings, potential usefulness of an autopsy given the clinical findings and to confirm that the case is not a Medical Examiner case or has been dismissed by the Medical Examiner.
3. Obtain legal consent from the appropriate next of kin. See Hospital policy HC-PA 2037. It is the responsibility of the requesting provider to obtain consent; however, the pathologist on call may be able to help with some details of the consent process.
4. Instruct the hospital staff that the patient's paper chart and consent should accompany the body to the morgue.
5. Autopsy will generally be performed on the next regular business day. Clinicians involved with the patient's care are encouraged to attend and the time of the autopsy can be negotiated to accommodate the attendance. If there are special circumstances regarding the time of the autopsy, the provider should contact the pathologist on call.
6. A list of provisional anatomic diagnoses based on initial gross examination findings will be issued in most cases within 2 business days.
7. A final autopsy report will be issued in most cases within 60 business days.

8. Autopsy findings will be made available to appropriate institutional quality management groups including Morbidity and Mortality conferences, peer review committees, infection control, risk management and serious safety event review committees.

#### **DISCLAIMER STATEMENTS**

Extenuating circumstances may necessitate deviation from the terms of a Policy. It is understood that emergent situations may occur, which require immediate resolution. Where applicable, appropriate documentation should be created to support the necessity for such deviations.

#### **CROSS REFERENCES**

Death Procedures Policy [Death Procedures.docx \(sharepoint.com\)](#)

#### **REFERENCES AND SOURCES OF EVIDENCE**

N/A

<b>REVIEW/APPROVAL SUMMARY</b>
<b>SUPERSEDES:</b> CM Autopsy Policy; BH Autopsy Policy; RH Autopsy Policy
<b>REVIEW/REVISION DATES</b> <i>(dates in parentheses include review but no revision)</i> : N/A
<b>APPROVALS:</b> <i>Central Maine Medical Center Medical Executive Committee 08/19/24; Central Maine Medical Center Medical Staff 09/16/24; Rumford Hospital Medical Executive Committee 09/11/24; Rumford Hospital Medical Staff 09/19/24; Bridgton Hospital Medical Executive Committee 09/18/24; Bridgton Hospital Medical Staff 10/16/24</i>