

**Central Maine Medical Center
Lewiston, Maine**

Medical Staff Policy

SUBJECT: AUTOPSY

1.0 SCOPE

This Policy applies to the Medical Staff of the Hospital.

2.0 PURPOSE

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

3.0 GENERAL POLICY

The autopsy examination is a professional consultation provided by a pathologist on behalf of a requesting physician. In the general practice of medicine, it is important to remember that the pathologist does not directly participate in the care of the decedent. As a result, the pathologist has no knowledge of the patient's clinical course leading up to the patient's death. Therefore, it is imperative that there be direct communication between the physician and pathologist so that the pathologist may fully understand the clinical history of the patient as well as the information the clinician hopes to derive from the autopsy study.

A second critical component of this information flow is the availability of the patient chart for the pathologist to review. Too often the autopsy is treated like a laboratory test where an order is simply written with the expectation that the test (autopsy) will be immediately performed. The autopsy examination is a very complex process and requires a greater degree of attention than a routine laboratory test.

With these issues in mind, the following protocol has been developed to ensure that requests for autopsies result in the expeditious performance of the examination in all cases. The process requires the close communication of the attending physician and pathologist. No autopsy will be performed unless the entire procedure outlined below is followed.

For cases in which autopsies are performed, the provisional anatomic diagnoses are recorded in the record within three days; the completed final autopsy report shall be in the record in 60 days. 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, uncomplicated patient
- Sudden or unexpected death in an uncomplicated patient who was stable at admission and declined unexpectedly during hospitalization

- Death in a complicated patient where autopsy would provide useful information concerning procedures, treatment and/or cause of death
- Death reviewed by Medical Examiner and autopsy declined where, in the opinion of the attending physician, an autopsy would provide important information concerning procedures, treatment and/or cause of death

Physicians are encouraged to submit other cases which, in their determination may provide important information concerning the decedent's illness, family medical history or other information beneficial to the hospital's performance improvement program.

4.0 PROCEDURES

At the time of patient death, the attending physician or his or her designee should review the hospital indications for autopsy and determine whether an autopsy is warranted. Appropriate communication should take place with other physicians involved with the care of the patient.

Obtaining legal consent is the responsibility of the requesting physician and the autopsy consent form should be executed by the physician in the presence of the legally authorized next of kin of the decedent. Autopsy consent may also be obtained via telephone; however the consent must be witnessed.

The requesting physician **MUST** directly contact the pathologist who will be performing the autopsy to discuss the issues of the case. If the death occurs off hours, the physician should contact the pathologist on call, whatever the time of day.

The patient chart **MUST** stay with the patient if there is going to be an autopsy. If for some reason the chart must be located elsewhere, the whereabouts of the chart must be made available to the Pathology Section.

Upon receipt of the patient body, completed autopsy consent, telephone conversation with the attending physician and patient chart, an autopsy will immediately commence during regular business hours. Since no support staff is available for autopsy examination after hours or on weekends, autopsy cases received after hours will be performed the morning of the next business day.

Following completion of the post mortem examination, the pathologist will issue a provisional anatomic diagnosis within 24 hours. For simple cases, a final autopsy report will be issued within 4 weeks. Complex cases may take up to 3 months to complete.

In order to accommodate any special requests, the attending physician should discuss such circumstances with the pathologist.

5.0 DOCUMENT RETENTION

N/A

6.0 REFERENCES

This Policy refers to the current versions of the following:

CMMC Medical Staff Rules and Regulations, Section II (Code of Conduct).

Effective: 10/01/10

Reviewed: 9/2012,

Revised: 7/2014,