

## EDITORIAL PAGE

FROM THE PRESIDENT'S DESK

# The autopsy: Our moral obligation

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Much has appeared in CAP TODAY over the past several years about the autopsy—its importance, declining numbers, efforts at revitalization, and its reimbursement. The debate generated has been spirited and, at times, has created more heat than light. This column is written not with the desire to stir old controversy, but with the full realization that the role of the autopsy in the practice of medicine remains ill-defined and unfocused as we enter the '90s.



The decline in the autopsy's frequency and the low esteem in which it is held are not subject to argument. Reasons for the decline have been widely discussed:

- no mandated percentages from the Joint Commission on Accreditation of Health Care Organizations
- the mistaken concept that new imaging technology obviates the need for autopsy
- confirmation of diagnoses by biopsy techniques
- decreased emphasis on the autopsy as an educational tool
- the lack of recognition and reimbursement of the autopsy as a medical procedure

I suggest, however, that these are symptoms of a deeper problem, namely, the abrogation of medicine's moral responsibility to perform autopsies to improve professional practice and enhance medical education.

The moral basis for our autopsy obligation is discussed by Edmund D. Pellegrino, MD, in the opening chapter of the soon-to-be-published CAP book, *Autopsy Performance & Reporting*. Dr.

Pellegrino bases his premise of a moral basis for autopsy on two major factors: first on the nature of medicine as a healing profession, and second on the unique nature of medical knowledge.

The healing relationship in medicine demands a covenant of trust between the patient and the physician: The patient is dependent and vulnerable, while the physician professes the competence to heal or to relieve suffering. The physician, in addition, has entered a public covenant exemplified by the Hippocratic or other oath taken upon graduation. That promise underscores the physician's regard for the seriousness of the profession and the need to maintain professional competence.

The unique nature of medical knowledge places upon all of us the obligation to preserve, enhance, and transmit that knowledge. And because medical education is funded at least partially by the public, there is a need for public accountability.

Who then is responsible for the abrogation of moral obligation to enhance medical knowledge that the decline in autopsies represents? As is often the case, there is abundant blame to share.

The decreased emphasis on the autopsy as an educational tool is a factor in its general decline. Beginning in 1905, the American Medical Association required 30 to 50 autopsies annually before it would grant approval to a medical school. Since 1944, however, there has been no such requirement by the Liaison Committee on Medical Education. The American Board of Pathology does not require a definite number of autopsies for approval of a residency program, except for neuropathology and forensic pathology. The failure to use the autopsy for teaching allows medical students and residents to finish their education without a clear concept of the autopsy's role in the continuum of medical care.

Practicing physicians, too, have abandoned the autopsy as a means to greater knowledge and improved medical practice skills, fearing

that revelation of a clinical error will lead to litigation. Attending physicians, while best able to explain to a family the benefits of postmortem examination and to obtain autopsy consent, too frequently leave this task to nurses or house staff. If permission is obtained, clinicians often fail to attend the autopsy, losing the opportunity to better understand and correlate the pathophysiology of disease.

While computed tomography, magnetic resonance imaging, and other techniques can present body anatomy in exquisite detail, they are not perfect. Every pathologist can document discordance between imaging descriptions and autopsy findings. Autopsy is the only technique which can reliably verify and validate the accuracy and utility of the newer technological advances. Yet many of these advances come into widespread clinical use without such validation.

Hospitals and medical staffs are only now beginning to use the autopsy to assure quality in medical care delivery. While the JCAHO has been blamed frequently for the demise of the autopsy, the decline in necropsy percentages began prior to 1970, when the *recommendation* (never a mandate) for a 20 to 25 percent autopsy rate in accredited hospitals was removed.

Society (the ultimate beneficiary of medical knowledge), by failing to fund the technical and professional costs of the autopsy, also must bear its burden of blame for the decline of this educational and quality assurance tool.

Lack of reimbursement may be used by individual pathologists as an excuse for not performing autopsies or for performing them only in a perfunctory manner. This is another example of medicine's abandonment of its moral obligation to pursue sources of error in diagnosis and treatment and to enrich the body of medical knowledge by defining and refining the cause and natural history of disease.

The mastery of morbid anatomy in all its permutations is the most unique skill which we, as pathologists, bring to patients and our clinical colleagues. That mastery is best attained in the performance of the autopsy. It is the foundation of our specialty, and if we abandon it, we diminish our value as members of the medical team.

Medical education is a continuum which ceases only upon the death of the physician. Medical care also is a continuum which ends only upon the death of the patient with verification and validation of diagnoses and treatment through the autopsy.

No redefinition by a government agency, or

continued on page 48

## **Autopsy**

*continued from page 13*

refusal of reimbursement (because it is not performed upon a living patient) can change the fact that the autopsy is a medical procedure performed for the benefit of individual patients and of patients in general. The central role of the autopsy in medicine is most clearly stated in the prayer of Maimonides: "Today he can discover his errors of yesterday, and tomorrow he can obtain a new light on what he thinks himself sure of today!"

The decline of the autopsy involves the corporate body of medicine, so its rehabilitation will involve more than the CAP. Past CAP Foundation conferences have focused upon the importance of autopsy in medicine, and a CAP conference later this year will address its role in quality assurance. The conferences are designed to raise the awareness of both the medical community and the public of the importance of the autopsy in assuring the professional competence of physicians and enhancing the body of medical knowledge. The publication of the CAP's *Autopsy Performance & Reporting* and *Handbook of Forensic Pathology* will provide pathologists with needed guides for quality performance of the necropsy.

The AMA and other medical societies must assist in the re-education of physicians and the public about the value of the autopsy as the final event in the continuum of a patient's medical care. Only when the autopsy re-emerges as the central focus of medical education, is accepted by physicians for verification and validation of diagnoses and treatment, and is paid for by society will the moral obligation that this procedure represents be fulfilled by all concerned.

To order *Autopsy Performance & Reporting* or *the Handbook of Forensic Pathology* (\$34.95 each), send P.O. or check to CAP, 325 Waukegan Road, Northfield, IL 60093 (attn: L. Scott). □