

of abnormality missed in view of its potential for harm to the patient.

The regulations do not mandate any course of action, but they do state that if a corrected report is issued, it must state clearly the reason for issuing a corrected report.

I hope this update, based on information not available to Dr. Deppisch at the time the original response was prepared, will avoid confusion about the points raised by Dr. Kuklinca.

Richard A. Savage, MD
Editor, Q & A

Autopsy

I would like to commend Dr. Wagner for his provocative and challenging editorial, "The autopsy: our moral obligation" (March CAP TODAY).

The drastic decline in the performance of hospital autopsies constitutes a danger to the expansion of scientific knowledge. Although all medical practitioners should be concerned about this glaring deficiency, the responsibility for focusing attention on this problem and spearheading actions and programs designed to reverse this unacceptable trend falls logically on the shoulders of pathologists.

An additional reason for the decline in the performance of hospital autopsies is the almost paranoid concern among clinicians and hospital administrators that a post-mortem examination will reveal additional information that may precipitate or facilitate medical malpractice lawsuits against them and the hospital. It is my opinion, based on discussions with physicians and hospital administrative personnel, as well as attorneys, family members of deceased patients, and forensic pathology consultants, that this fear is the major reason for the precipitous drop in the autopsy rate. After all, if staff physicians and hospital administrators truly wanted to obtain more autopsies, accomplishing this objective would not be a problem. The lay public today is much more attuned to advancements in medical science than in past decades, and would be more responsive to a sensitive and cogent request for a postmortem examination.

Pathologists are arguably the most objective of all medical specialists by virtue of the nature of their practice. We are not police officers, but we are chroniclers of disease factors and ultimate determiners of the causes of death. Medical science cannot be expected to continue to advance if we do not obtain adequate and accurate data via autopsies. It is understandable that physicians are distressed and uptight about medical mal-

practice litigation. But this problem will not be ameliorated or solved by ignoring and discrediting the most important diagnostic tool in cases of death.

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Dr. Wagner's editorial makes a strong case for the value of the autopsy in the practice of medicine, and I agree with his views. However, nowhere in the editorial does he mention what has to be the major factor in the decline of autopsy use: The clinician who requests an autopsy is at risk that it will disclose an overlooked diagnosis or a diagnostic error which, at least in Michigan, will inevitably raise the strong possibility of successful litigation by the family of the deceased.

To pontificate about "the moral basis for our autopsy obligation" without recognizing this "Catch-22" situation and to imply one is immoral for not requesting an autopsy is unfair to our clinical colleagues.

Rather than concern ourselves with the morality of physicians, I suggest the CAP devote more of its efforts toward modifying the medical-legal climate that tends to preclude the autopsy's use in its proper role as a diagnostic procedure.

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CAP President Loyd Wagner, MD, responds: The letters concerning the fear of litigation as the reason why clinicians do not request permission for the performance of autopsies have validity. I mentioned this fear of litigation in my recent editorial as a reason for the decline in autopsy percentages. While I do not dwell on this aspect, I do not minimize its impact.

However, as with most things, there are multiple facets to the problem. For every case in which an autopsy has led to litigation, instances can be cited where the autopsy has prevented the filing of lawsuits or has vindicated the clinician at trial. The numbers on either side are impossible to validate. The reluctance to request the autopsy to validate the quality of medical care is only a reflection of the antipathy of many physicians and medical staffs to a formal review of the quality of medical care. This problem will be magni-

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filed as practice guidelines are developed and imposed upon the medical community by federal mandate and third-party payers.

In these times when public accountability is increasingly demanded, malpractice liability must be addressed. Liability and litigation are not just problems for pathology and medicine; they are societal problems. When a manufacturer can be held fiscally responsible for the loss of a hand of a worker who consciously circumvents well-designed and clearly labeled safety guards, the whole tort system is seriously flawed. Reform is not the sole responsibility of the CAP. While we wait for reform, however, we should not avoid our duty to patients and to the profession. □