

Declining rate of autopsies: implications for anatomic pathology residents

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All physicians and pathologists are well aware of the fact that the autopsy rate has been declining for the last few decades. An autopsy was performed on 40% to 60% of all hospital deaths in the United States before 1970.^{1,2} Now this rate has gone below 5%.^{1,2} Our educational institution had a 20-fold decrease in the number of autopsies performed in 2016 as compared to 1970s. This trend is not limited to the United States but is worldwide. Autopsy rates in the United Kingdom decreased from 25.8% in 1979 to just 0.69% of all hospital deaths in 2013.³ The reasons for this decline are manifold but advanced diagnostic modalities are a major contributor. The reasons for decline in autopsy rates, the benefits of autopsy and future of autopsy have been discussed in literature.¹⁻⁸ Regarding future of autopsy, Laposata⁶ has proposed a new kind of autopsy; the Diagnostic and Management Autopsy (DMA). The DMA is a review of the diagnostic decisions related to the apparent cause of death by a panel of specialists.

Autopsy is a major branch of anatomic pathology and is a broad topic to discuss. Declining autopsy rates have implications for pathology residents as well. As a part of the Accreditation Council for Graduate Medical Education (ACGME) accredited anatomic pathology residency training in the United States, pathology residents are mandated to do 50 autopsies. With the decline in autopsies this number is becoming harder to achieve. To overcome this problem, ACGME allows two residents to share an autopsy. Even this shared autopsy policy may not be sufficient to achieve the desired number of 50 autopsies in the near future, and

ACGME may have to reconsider this requirement for the pathology residents to be eligible for the American board of pathology (ABP) examination.

It is not just about the ACGME requirements, what matters, even more, is the learning experience of the residents. Autopsies are considered a valuable tool in learning normal histology. The decline in autopsies is depriving the anatomic pathology residents of this invaluable tool for learning normal histology and usual anatomical and histological variations. Moreover, sometimes autopsies also provide means of microscopic examination of benign pathologic conditions that otherwise rarely come as a surgical pathology specimen. Autopsies have educational value not only for pathology residents but also for other specialties and medical students. Aiello⁸ emphasized the importance of autopsy in cardiology with respect to elucidating the precise cause of death; as an educational resource; and for research purposes. On the other hand, with ever increasing work load in surgical pathology this decline is a blessing in disguise, as the residents can invest more time in working up their surgical pathology cases.

Despite the continuous decline in autopsy rates it is hard to imagine that autopsies will become completely extinct. From anatomic pathology residents' perspective, however, pathology residency programs need to look into additional resources for a better learning of normal histology as well as benign pathology and ACGME may have to reconsider the requirement of 50 autopsies.

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