

## The problem with autopsy today may be us

Jody E. Hooper<sup>a</sup>

**How to cite:** Hooper JE. The problem with autopsy today may be us. [editorial]. *Autops Case Rep* [Internet]. 2020 Jan.-mar.; 10(1):e2020142. <https://doi.org/10.4322/acr.2020.142>

Much time, print, and exasperation has been devoted to the decline in autopsy rates and the reasons for it, so that any autopsy-interested person can easily offer three reasons for this decline: potential legal concerns for clinicians, discomfort of both clinicians and pathologists with related discussions, and perhaps most importantly, lack of reimbursement for the procedure. We see that every few years or so an article appears in *Time* or the *Wall Street Journal*, indicating that autopsy still has an important role to play in disease process elucidation and clinical care. However, none of these sources pinpoint the possibly single most important circumstance that prevents autopsy from taking the place of respect that it has held since the very beginning of medicine itself.

To clinicians, to other pathologists, to administrators, the field of autopsy is personified by the activities and attitudes of those who practice it. If it ever served our purposes as autopsy pathologists to fly under the radar, we can no longer afford that luxury. The modern autopsy pathologist needs to be responsive to clinical teams, able to speak the language of direct patient care, and willing to communicate directly with patients and families. An excellent autopsy pathologist is a constant ambassador for the field and its time proven utility. In my own experience, I have seen clinicians formerly unimpressed by the very mention of autopsy become outspoken advocates for its value after seeing that value demonstrated in M&M conferences and family meetings. There is nothing unfair about the necessity to show the remarkable usefulness of what we do. Autopsy cannot rest on its

substantial historical laurels. It is time to do this new exciting work with renewed vigor and there is much to be done.

For example, it is not enough to simply cite the oft quoted 5 to 8% diagnostic discrepancy rate found at autopsy. What are we as autopsy pathologists doing to ensure that these findings are conveyed effectively to those who need to know? Critical results must be communicated in the same way that Surgical Pathology results are (as the CAP now requires). This means that autopsy pathologists should be personally involved in the presentation of findings and in developing mechanisms for conveying results, such as through the hospital Quality Improvement committee structure. Very few studies have been performed demonstrating improvements in care as a direct result of what is learned at autopsy and there is a need for this work to be done.

If we accept the identity of our services as a secondary medical activity, that is just how the field will be perceived by others. Our staffs in particular absorb the attitudes that they see and hear. It is important both to convey pride in the history of autopsy and to visibly demonstrate the important ongoing work in the field. A current measure could be as simple as a display of posters that have been presented at national meetings, bringing the Autopsy Division on par with other areas in a Department. We cannot allow ourselves to slip into the attitude that standards and innovation matter less because our patients are deceased. Of course, we know this is not true, but do we consistently demonstrate it in the way we

<sup>a</sup>Johns Hopkins University, Pathology & Oncology Departments, Legacy Gift Rapid Autopsy Program. Baltimore, MD, USA.



speak, conduct ourselves, and uphold our standards of performance?

There is no better demonstration of the old autopsy being made new again than in the use of postmortem tissue in research. When researchers learn about the extraordinary availability and potential of postmortem tissue from autopsy, requests for collaboration skyrocket. Autopsy activities, when approached from the standpoint of genuine research involvement bring interest, funding, and respect to the autopsy pathologist. Whether or not an institution participates in a rapid research autopsy program, all Autopsy Divisions can be involved in providing this

valuable resource. To that end, autopsy pathologists should stay abreast of ongoing research projects in their Departments and watch for opportunities to participate.

With creativity, focus, and determination, it is still possible to build a fruitful academic career in the area of hospital autopsy. At my institution, there are still trainees who express an active interest in autopsy and, though forensics is one career path for them, some could also develop a rewarding career as hospital autopsy practitioners. By fostering and training them with passion and by providing role models they can follow, we can perpetuate a vibrant, growing, and respected autopsy field for the future.

**Conflict of interest:** None

**Financial Support:** The Legacy Gift Rapid Autopsy Program at Johns Hopkins is supported by an NIH Cancer Clinical Core Support grant P30CA006973 and a grant from the Sol Goldman Pancreatic Research Center.

**Submitted on:** December 12<sup>th</sup>, 2019

### **Correspondence**

Jody E. Hooper

Johns Hopkins University - Autopsy and Legacy Gift Rapid Autopsy Program

600 North Wolfe Street – Pathology B-106, Baltimore/MD, USA

Office: 410-955-3765

jhooper9@jhmi.edu