



Autopsy and Case Reports

ISSN: 2236-1960

Hospital Universitário da Universidade de São Paulo

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Autopsy and Case Reports, vol. 7, no. 3, 2017, July-September, pp. 1-2

Hospital Universitário da Universidade de São Paulo

DOI: <https://doi.org/10.4322/acr.2017.023>

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Why have doctors stopped asking for autopsies? Will a different type of autopsy change this?

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How to cite: Laposata M. Why have doctors stopped asking for autopsies? Will a different type of autopsy change this?. [editorial]. Autops Case Rep [Internet]. 2017;7(3):1-2. <http://dx.doi.org/10.4322/acr.2017.023>

The traditional autopsy has been in dramatic decline for many years. This trend can be reversed by also offering the “Diagnostic and Management Autopsy” or “DMA” that involves a review of the many diagnostic decisions made before death, without any anatomic dissection postmortem. The DMA is an expert review by specialists in the diagnostic decisions related to the apparent cause of death.¹ The experts may be from pathology or other departments, but they know well the primary disease suffered by the decedent. An example of a DMA is a review of a patient death from a coronary stent thrombosis by a group of experts in coagulation and vascular disorders.

It was recently recommended that in addition to offering a traditional autopsy to the next of kin, the DMA also be offered. There is, and always has been, a need to know the medical appropriateness of diagnostic and treatment decisions for all patients, so that care can be continuously improved, in the midst of rapid and continuous medical practice changes.

To show the special advantages of a DMA, consider these selected comparisons between the traditional autopsy and the DMA for both the next of kin and the physician:

- The physician expects a response of “no” when requesting a traditional autopsy to a grieving family. The suggestion of a “medical record focused” DMA

is likely to be a welcomed alternative for the family interested in knowing more about the cause of death for their loved one;

- The traditional autopsy is invasive, and the thought of a loved one’s body undergoing an autopsy is disturbing to many. For many who feel that their loved one has “suffered enough”, the benefit of a traditional autopsy is not worth the lasting memory of a loved one’s body undergoing a dissection. The DMA involves no dissection. It is possible, however, that in addition to the expert-review of medical records, the DMA may recommend a needle biopsy of the disease-affected and normal tissue for any future genetic analysis;
- The traditional autopsy is informative and often does find unexpected contributors to a patient’s death, but much less often than it did years earlier. We have far more sensitive imaging studies and diagnostic tests than ever before that allow for more accurate premortem diagnoses, and these diagnostic tools continue to improve. However, there is still a need to determine if sophisticated and expensive diagnostic studies that were performed during life were truly necessary and if they were beneficial. In this way, the DMA revives the process of postmortem review.

Taken together, the DMA does not face the same roadblocks as a traditional autopsy, and it is an important tool to optimize care for the living following for all deaths.

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