



Autopsy and Case Reports

ISSN: 2236-1960

Hospital Universitário da Universidade de São Paulo

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Autopsy and Case Reports, vol. 8, no. 1, e2018007, 2018, January-March
Hospital Universitário da Universidade de São Paulo

DOI: <https://doi.org/10.4322/acr.2018.007>

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Stance of pathology residents on declining number of autopsies

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How to cite: Hamza A. Stance of pathology residents on declining number of autopsies. Autops Case Rep [Internet]. 2018;8(1):e2018007. <http://dx.doi.org/10.4322/acr.2018.007>

In the last edition of the journal autopsy and case reports (A&CR), the implications of declining number of autopsies for anatomic pathology residents were highlighted.¹ The general viewpoint of pathology residents on this issue is also worth discussing.

In a survey by Cottreau et al.² all the pathologists were of the opinion that they would rather do surgical pathology than performing autopsies. In a more recent survey³ regarding opinion of residents on importance of autopsy, residents seem to be aware of the importance of autopsies, however, this survey doesn't elucidate their attitude towards performing autopsies as a routine responsibility.

From the authors, personal experience there is a general element of detestation for the autopsies among Pathology residents. This is due to a variety of reasons. Firstly, everyone cannot withstand the execution of an autopsy. This holds true even for pathologists who do the "gross" work of handling specimens. But pathology residents usually know what they are getting into and this issue is minimal.

Secondly for unknown reasons residents have a mindset that autopsies have no educational value and do not add any useful information to clinical diagnosis. This generalized view about autopsies is far from true. Performing an autopsy not only provides closure to the family but also elucidates a myriad of anatomical diagnoses. All the autopsy case reports published in A&CR journal highlight the educational value of the autopsies. Only within last year fascinating autopsy cases such as

coronary amyloidosis,⁴ disseminated aspergillosis,⁵ gastrointestinal cytomegalovirus disease,⁶ Morquio syndrome associated with gastric adenocarcinoma,⁷ mycotic aneurysm with aortoduodenal fistula,⁸ miliary tuberculosis in a renal transplant recipient,⁹ disseminated toxoplasmosis diagnosed at autopsy,¹⁰ Eisenmenger syndrome,¹¹ holoprosencephaly,¹² bone marrow necrosis and fat embolism syndrome in a patient with hemoglobinopathy,¹³ pancreatic hamartoma in a premature Trisomy 18 female,¹⁴ and intravascular large B-cell lymphoma¹⁵ were published in A&CR. Moreover, pediatric autopsies usually reveal an undiagnosed entity and may highlight familial disorders which can help parents to plan future pregnancies accordingly. Even if no pathological condition or additional finding is revealed, autopsies are by far the best resource for learning normal anatomy and histology for the residents and students.

Thirdly pathology residents prefer to work up their surgical pathology cases rather than performing an autopsy. And from author's personal experience, one doesn't get an autopsy on a routine day but on a day when he/she is extraordinarily swarmed with work. But this is part of training and shouldn't steer the residents away from autopsies.

Another factor aiding the general dislike of autopsies is medicolegal implications of autopsies. Again, this is part of the routine work. And limited number of autopsies is much less likely to get one into medicolegal issues as compared to huge number of general surgical pathology cases.

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To conclude pathology residents are not the biggest admirers of autopsies and don't consider declining numbers of autopsies an educational concern. They seem to be more concerned about accomplishing the required number of autopsies to be eligible for their board exam than limited exposure to a great educational resource. These views are however based on limited and relatively old literature

and authors personal observation. They probably depict a true picture, however, a simple survey among pathology residents will help elucidate this generalized view better and will be a significant addition to the current literature in this regard. If these views are considered close to reality, educational institutions need to emphasize the importance of autopsy among residents and students.

Keywords

Autopsy; Education; Pathology; Physicians; Internship and Residency.

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Conflict of interest: None

Financial support: None

Submitted on: December 25th, 2017

Accepted on: December 26th, 2017

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