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The Pathologist and the Autopsy

Lawrence J. McCormack, M. D.*

THE SCIENTIFIC EXAMINATION of the dead to help the living formed the foundation of modern medicine, and daily becomes more necessary in the assessment of the ever-increasing array of methods of treating disease. New drugs for the treatment of diseases, ranging from simple infections to cancer, pour from the pharmaceutical laboratories, and new surgical procedures constantly are being developed. Regrettably, not all of the agents and procedures are completely successful. But even in a person who dies of the disease being treated, the disease may have been modified by the treatment, and the accurate assessment of this modification forms one of the important duties of the medical profession.

It has become a custom of medical practice to delegate the responsibility for postmortem examinations to a physician, known as a *pathologist*, who has been especially trained in the field of laboratory medicine. His educational preparation for his specialty of pathology is as arduous as that for any other specialty in medicine. For certification in pathology, the physician must have had a minimum of five years of training after graduation from medical school, and at the end of that time he must pass a rigorous examination by his peers. Upon satisfactory completion of these requirements, the physician is a certified pathologist, a Diplomate of the American Board of Pathology. Specialty certification is one of the major quality controls organized medicine maintains upon itself. Although the pathologist seldom is seen by the patient in the course of medical care, his services are vital to the patient's return to health. Because the pathologist's contacts are usually with physicians, he has been known as a "doctor's doctor."

The pathologist has three primary responsibilities in the field of medical care. The first of these is known as "surgical

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pathology." All of the pieces of tissue or portions of organs removed at operation are referred to him for study and for diagnosis; in many cases his opinion is the final diagnosis of the patient's illness. The second of his responsibilities is the performance or supervision of a wide variety of tests on blood, excreta, and other body fluids, in the clinical laboratory. The results of these tests often are of major importance in the diagnosis of a particular disease. His third responsibility is the autopsy—a careful scientific examination of the dead body.

The autopsy itself must be regarded as a scientific method of answering the question, Why did the patient die? During the patient's life, a great deal of knowledge had been focused on restoring him to health. Death represents a failure—a lapse in this knowledge. Mechanically, the autopsy usually consists of carefully opening the body cavities, removing the viscera, while noting any gross alterations, and preparing multiple tissue sections of significant portions of the organs for examination. From his findings, on study of the patient's course and gross and microscopic examinations, the pathologist renders a diagnosis and interpretation of the disease process. Such interpretation includes an explanation of the signs and symptoms that the patient exhibited during life. This entire study constitutes the usual *medical autopsy*.

However, the lawyer may be more familiar with the so-called *medicolegal autopsy*. A medicolegal autopsy essentially is an inquiry by society into an unexpected or unexplained death. Moritz¹ summarized its function as follows: "It should be realized that the medicolegal autopsy is often expected to provide information that would not be looked for in an ordinary hospital case, i.e., information that is important for legal, rather than medical, reasons. An examination that would be entirely adequate by ordinary medical standards may be so inadequate from a medicolegal standpoint that a murder may not be recognized or an innocent person may be charged with a murder that was not committed. Thus, if the pathologist is to avoid mistakes in the performance of a medicolegal autopsy, and particularly in an instance in which homicide is a possibility, he should be aware that, in addition to determining the cause of death, he (and he alone) may have access to information that may be essential in

¹ Moritz, A. R., *Classical Mistakes in Forensic Pathology*. 26 *Amer. J. of Clinical Pathology* 1383 (Dec., 1956).

establishing: (1) the identity of the dead person; (2) the time of death; (3) the circumstances in which the fatal injury was sustained; (4) the type of weapon or agent that was responsible for the injury; (5) factors that may have predisposed the victim to injury, or modified the effects of injury; (6) the identity of the person (or persons) responsible for the injury."

For a *medicolegal autopsy*, the problem of authorization is solved by various statutory regulations. However, at present in the United States it is not mandatory for a *medical autopsy* to be performed, and obtaining authorization for a medical autopsy is, in part, an act of tactful salesmanship. It involves approaching an emotionally disturbed family during the height of their grief over the loss of a loved one. To secure the consent of the family for autopsy, one of two motives usually must be actuated: self-interest or altruism. Self-interest may be evoked if the family is concerned about the possibility of a hereditary factor in the patient's disorder, or if they are intensely interested in why the patient complained of some unrelated difficulty over a period of years. Altruism, however, is the motive most frequently and successfully actuated. The physician explains to the family the importance of the findings on autopsy to medical education and to society. Most persons when carefully and considerately approached will consent to the scientific investigation desired.

However, it sometimes is a problem to determine who has the right of consent. In a case of the husband-wife relationship or parent-child relationship, it is relatively simple. However, in the case, for example, of the death of one parent with six children, all of legal age, the situation becomes more complex. It can be a time consuming and often an impossible task to assemble the multiple authorizations of children residing in all parts of the country. The legislature of the State of Wisconsin passed a "model" autopsy law some years ago that was designed to obviate some of this difficulty.² It reads as follows: "Consent for a licensed physician to conduct a post mortem examination of the body of a deceased person shall be deemed sufficient when given by whichever one of the following assumes custody of the body for purpose of burial: father, mother, husband, wife, child, guardian, next-of-kin, on the absence of any of the foregoing a friend or a person charged by law with the responsibility for

² Wis. Stats., 155.05 (1949).

burial. If two or more of such persons assume custody of the body, consent of one of them shall be deemed sufficient." Such an Act, if valid, can greatly simplify the problem of obtaining authorization.

In summary, the autopsy, properly performed, remains one of the keystones of modern medicine. However, obtaining the legally required consent or authorization for a medical autopsy can be a complex, almost impossible task. Simplification of the legal requirements for consent throughout the United States would be a definite step forward for medicine, and would benefit society generally.