

Antje Kahl: Reasons for the Decline of Hospital Autopsies in Germany

Despite the fact that the benefits of hospital autopsies are repeatedly emphasized in medical journals, autopsy rates continue to fall in Germany, as well as in other western countries. Based on the fact of those decreasing numbers of hospital autopsies explanations for this decline were sought.

The hospital autopsy is based on a (legal) decision in a hospital in which the physicians and persons concerned (patients and/or relatives) participate. This is why different possible factors can be mentioned: On the actors' level attitudes of the actors can be explanatory variables, which is why the attitudes of the physicians (professional actors) and the attitudes of the relatives (as laypersons) towards the hospital autopsy need to be examined in order to ask for legitimation of the respective medical or lifeworldly perspective. On the structural level, explanatory variables have to be examined which are concerned with the context of decision-making in favour or against a hospital autopsy such as the organisation of a hospital or regulatory framework.

The trajectory model for the organisation of medical work by Anselm L. Strauss (et al.) was adapted in order to research the changing organisation and relevance of autopsy in the medical system. The trajectory model takes into account the organization of work and the impact on those involved with the work and its organization.

At present in Germany, a hospital autopsy can only be conducted when the relatives of the deceased permits it. If the survivors have reservations against an autopsy, they will most likely not permit one. For this reason the attitudes of laypersons towards hospital autopsies were examined in a survey because one possible reason for the declining rates could be how the general public views autopsies.

It was found that most respondent's reactions are surprisingly positive. 84 percent of respondents were, in general, for hospital autopsies. Few (10 percent) generally objected to the practice. Many respondents (72 percent) would agree to an autopsy being performed on their own dead body, and 65 percent to one being performed on a relative. Nine percent of respondents (n=90) had already been in the situation where a relative had died in hospital, and were asked for to give their permission for an autopsy to be carried out. Of these 90 individuals, 56 percent agreed and 44 percent refused. The data suggests that because there is no vast reluctance amongst the attitudes of the public, this does not explain declining autopsy rates. Instead possible causes inside the medical sector must be examined on an institutional level.

Looking at the hospital autopsy on an institutional level, one can observe that there is no clear and unified structure or no comprehensive formalisation and standardisation when it comes to the procedure of the hospital autopsy (from the admission of the patient into hospital until the deductions of the autopsy). The request for an autopsy remains insufficiently anchored in the course of action. The entire procedure is hardly institutionalised. This is to be seen among other things, in the different practices of autopsy request, missing documentation and unspecific (and possibly also inadequate) budgeting.

On an actor level, clinicians as decision-makers, has a special meaning: at present, the decision whether a relative will be asked for permission to carry out an autopsy is up to the physician. If he is not interested in an autopsy, then no autopsy will be conducted. This interest is apparently based on a situation in which the physician cannot explain the cause of

death, and wants to clarify the reason(s), but at the same time, is willing to risk a potential exposure of possible mistakes made in the course of the medical treatment. This clarification of a death is, however, different from the considerations regarding health-care politics, the advancement of medicine or quality assurance. Hence, physicians, who attribute not enough weight to an autopsy or refrain from asking for permission, seem to be a rather essential factor – much more than attitudes of people towards autopsy – in when it comes to explaining the low autopsy rate. Besides the procedures involved in requesting an autopsy, it can be ascertained that not even every pathologist has a distinct interest in autopsies. This can be related to the transformation of their scope of duties. Nowadays, pathologists are rather concerned with clinical diagnostics that stem from specimen holders from surgeries rather than conducting autopsies. Another institutional deficit is attached to the conveyance of the results of an autopsy. A demonstration of diagnostic findings by the pathologist is often problematic due to coordination and time constraints, which, therefore, might have an impact on future consideration regarding the request of an autopsy.

A third level is legal regulation. The hospital autopsy is not subject to any comprehensive legal requirements. This unassertive legal position could possibly be traced back to political disinterest – apparently the necessity for regulation is not recognised. Furthermore, the autopsy is, contrary to expectations, no established quality assurance mechanism within the health care system. Despite the argumentation of those who complain about the regressive autopsy rate that the autopsy is the most credible quality assurance mechanism within the medical system, no data is collected from the German agency for quality assurance in health care service. That means that the autopsy is no interrogated indicator in a quality inspection, and is no token for the quality of physicians.

Looking at the institutional context of the hospital autopsy, one can ascertain that the hospital autopsy rather deals with problems of legitimacy, particularly within the medical system regarding the function, significance and general acceptance. Medical knowledge improves continuously. One can safely assume that the classical function of the autopsy, the accumulation of medical knowledge, is losing its relevance, considering a constant development of laboratory – medical, technical – medial and imaging techniques, which generate more knowledge about patients during their lifetime than ever before.

However, the transformation of function towards an established quality assurance mechanism has not taken place (yet). A consolidation of the autopsy in the processes after death occurs is missing. Political indifference leads to an absent comprehensive legal regulation of the hospital autopsy. The thesis of the problem of legitimacy within the medical system gets stronger considering specialist literature which generates the relevance for contemporary pathology through "serving the living patient", i.e. through the examination of tissue samples from living patients. To conclude, this article stresses the point that in the face of the survey results, there would most likely be no discussion about a too low autopsy rate, if the request for a hospital autopsy would be standardized in the course of a death.

Cf. Kahl, A. (2010): Das Trajekt der Obduktion, in: Knoblauch, Hubert/Esser, Andrea/Groß, Dominik/Tag, Brigitte/Kahl, Antje (Hrsg.): Der Tod, der tote Körper und die klinische Sektion, Berlin: Duncker & Humblot, p. 89-108.

Cf. Kahl, Antje (2010): Klinische Sektionen: Umfrage zeigt allgemeine Zustimmung, in: Deutsches Ärzteblatt; 107 (50): A 2492-3.

Cf. Kahl, Antje: Der Niedergang der klinischen Sektion: Dysfunktionalität der Praxis statt Tabuisierung des toten Körpers (under review).