

The brain is not removed in all cases. When it is removed, an incision is made at the back of the head in an area covered by hair. Then, the skull bone is cut and a portion of it is removed and then the intact brain is taken out of the skull. Once removed, the brain cannot be returned because it requires special preparation before it can be properly examined. The pathologist decides if the brain needs to be removed and only does so if it is considered necessary for diagnosis based on the features of the patient's illness.

Do I have any say into determining the extent of an autopsy?

The autopsy consent allows for restrictions to be placed. Restrictions may be very reasonable, but you should be certain that you understand the implications. You do not want to place restrictions that will limit the usefulness of the autopsy. The attending physician or pathologist can advise you about this.

Some of the more commonly used restrictions are "do not include brain" or "limited only to lungs" or "restricted to abdomen". However, you should rest assured that the pathologist will not do more than is necessary and may be in the best position to make such decisions.

How does an autopsy affect funeral planning?

As mentioned above, there may be a delay. Otherwise, there should not be any other considerations. Any incisions made (including brain removal) will be covered and do not preclude use of an open casket. Embalming can take place as usual.

How can I learn about the findings?

You should communicate with the physician who was responsible for care at the time of your loved one's death. Your family doctor might be able to help facilitate this. The final report should be ready within one month. A "provisional report" will be available within 24 hours, but it will not include important findings that will become available after the retained tissues have been examined more thoroughly. The findings will be communicated to you only by the responsible physician or anyone designated by her/him. The pathologist will not discuss the autopsy with you unless the attending physician has given agreement. However, you can call the Pathology (Laboratory Medicine) office to find out if the final report is ready at 416-530-6279.

Department of Laboratory Medicine

Dr. William Chapman
Chief, Department of Laboratory Medicine
Director of Laboratories

Information about Autopsies for Family and Caregivers

*at St. Joseph's Health
Centre*



Information about Autopsies for Family and Caregivers

Is an autopsy necessary?

Autopsies are mandatory only when ordered by a coroner (a doctor with a responsibility for investigating the circumstances of a death). This usually only occurs with accidental or unexpected deaths. When a person dies in a hospital, the staff follow guidelines that specify if a coroner needs to be notified. If you are being asked for consent to have an autopsy performed, that means that a coroner is not involved and there is no legal requirement for an autopsy. Therefore, an autopsy is completely elective and the choice is made by next of kin.

What are the advantages of an autopsy?

Autopsies often provide peace of mind for families and loved ones. The information will help to answer lingering questions that might remain.

Those who provided care to your loved one may also have questions. Sometimes, a person's illness may not follow an expected pattern. An autopsy may help to explain such things. That knowledge can be disseminated within the healthcare community and may enrich medical knowledge.

What are the disadvantages of an autopsy?

There may be a delay in having your loved one moved to a funeral home. Autopsies at St. Joseph's are done on weekdays between 8:00 a.m. and 4:00 p.m. The autopsy will

always be done, at the latest, on the next working day after the consent has been signed.

Who performs the autopsy?

The autopsy is performed and reported by a pathologist, who is a specialist physician with appropriate credentials. There is always a pathologist assistant present. This person is a hospital employee specially trained to assist with the technical procedures of an autopsy. Because St. Joseph's is a site where health professionals undergo training, learners may be present. These learners will be registered students from educational institutions that are affiliated with St. Joseph's. The role played by the learner is at the discretion of the pathologist. In general, the only learner that a pathologist would delegate responsibility for performing all or part of an autopsy would be a Pathology Resident (a doctor undergoing training to become a Pathologist). The resident's role would be performed under the pathologist's supervision and the pathologist remains responsible overall. Any other learner that may be present would act only as an observer.

How is confidentiality maintained?

The final autopsy report is released to the St. Joseph's physician responsible for care at the time of death. This report fully identifies the deceased by name. However, an autopsy serves its greatest purpose when the

information that it yields is disseminated to many healthcare workers. To that end, the findings may be presented at educational meetings within the hospital and possibly elsewhere. In those circumstances, the information is presented without any identifying information.

What happens during an autopsy?

The aim of an autopsy is to extract as much information as possible from examining the body internally. In order to do this, an incision is made in the skin of the front of the body and whole internal organs are removed. These may include heart, larynx, trachea, lungs, liver, kidneys, spleen, pancreas, esophagus, stomach, bowel, bladder, adrenal glands, thyroid gland, aorta, spinal cord and reproductive organs (ovaries, fallopian tubes and uterus in females; testes and prostate in males). Once removed, the organs are examined. This may involve cutting into the organs. Tissue from the organs is kept for microscopic examination and other studies. As much as possible, only a small amount of the tissue is kept. However, it may be necessary for diagnosis to keep larger amounts of tissue or even whole organs. These decisions are made by the pathologist and are individualized for each patient. Once organs have been examined and sampled, they are returned to the body. It is not possible for the organs to be returned to their exact original location.

continued on back...