135 000 coronial autopsies were carried out (less than one-third of all registered deaths).

There is a general belief amongst clinicians that investigation during life is now so thorough that autopsy is seldom necessary; an accurate ante-mortem diagnosis can almost always be made. This is not borne out by the facts. Several surveys have shown discrepancies between the clinical and autopsy diagnoses (Chapter 2). The majority of these are relatively minor, but it is not uncommon for the autopsy diagnosis to be completely different from that based upon clinical observation.

The autopsy is losing ground as a method of medical undergraduate and nurse teaching. An overcrowded curriculum and an increasing emphasis on the biosciences at cellular level have stripped the autopsy room of its sacerdotal status. In postgraduate teaching the attendance of junior medical staff (let alone the consultant) at an autopsy is now a rare event, and regular clinico-pathological conferences are held only in a limited number of centres.

The authors regret this decline. The viewing and physical handling of diseased organs is invaluable to the understanding of pathology, and frequently the abnormalities observed can be correlated with the symptoms and signs present during life. Furthermore, when the post-mortem findings are at variance with the clinical diagnosis it concentrates the clinician's mind wonderfully, and the lesson is long remembered.

THE REASONS FOR AUTOPSY

The principal aim of the pathologist performing an autopsy is to confirm, or establish, the cause of death. He may have been set this task by the Coroner or Procurator Fiscal (Chapter 4) whose concern it is that homicide, suicide and other unnatural deaths are detected. These 'Coroner's autopsies' may be performed in a mortuary attached to a hospital, or a public mortuary provided by the local authority.

The hospital, or 'academic' autopsy serves several purposes. Obviously, the cause of death must be confirmed as accurately as possible. We have already referred to studies showing that there is an element of 'guess-work' in ante-mortem diagnosis. Additionally, other contributory causes may be found, and the extent of their contribution can be assessed. Thirdly, some other disease may be found which played no part in the death,

but which is of statistical significance. For example an early cancer of the lung, as yet producing no symptoms, may be found in a middle-aged man who has died suddenly of ischaemic heart disease.

The hospital autopsy has a place in medical audit; it acts as a form of quality assurance. Additionally it plays an essential part in the teaching of medical students, of doctors – both physicians and surgeons – in training, and occasionally rekindles humility in the most senior consultant! Finally, it is an essential part of the investigation of alleged medical mishap, and early discussion of the findings with the relatives may nip threatened legal action in the bud to the mutual benefit of all parties. The process of confidential enquiry into perioperative deaths (CEPOD) recently introduced into all NHS hospitals depends heavily upon autopsy findings (Buck *et al.*, 1988).

WHEN MAY AN AUTOPSY BE PERFORMED?*

A hospital autopsy may not be performed without the written consent of the relatives, nor may any organs or tissues be retained without such consent (Human Tissue Act, 1961). The relatives should be seen as soon as possible after the death has occurred, ideally by a member of the medical 'firm', which was responsible for the care of the patient. This is often difficult to arrange in large and busy hospitals, so an administrator may assume the role of bereavement liaison officer or counsellor. It is wise to ascertain the deceased's religion at the outset, before the question of autopsy is first raised. Remember that many religions expressly forbid it, and to ask permission of the relatives will not only result in a flat refusal; it will cause distress and may give grave offence. If it is decided to ask for permission, the relatives should be told the reasons for the request, and given reassurances as to the subsequent aesthetic reconstruction of the body. If it is desirable that tissues or organs should be retained, specific consent, coupled with further explanation, should be sought. Under no circumstances should this issue be fudged, or material illicitly retained; such actions invite at best serious complaint or censure, and at worst litigation.

* See also Chapter 9.

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