

I. POLICY

It is the policy of the Medical Staff to encourage the seeking of autopsy permission in every inpatient death that occurs in the hospital. All deaths must be reviewed and autopsies performed on all appropriate cases. No autopsies shall be performed without written consent of the next of kin or a legally authorized agent. Findings of autopsies are to be used as a source of clinical information in quality assessment and improvement activities. To facilitate use of autopsy findings in quality assessment activities, the chairperson receives a copy of each autopsy report for use in morbidity-mortality conferences and any other department-wide quality assessment activities.

II. SCOPE

All graduate medical and dental training programs.

III. DEFINITIONS

Resident: Any postgraduate M.D., D.O., D.D.S., D.M.D., physician in training, whether or not in an ACGME training program.
 Chairperson: Department Chair

IV. PROCEDURE

ACTION	RESPONSIBILITY
1. Resident must put his/her name and pager number as an attachment on the permit itself in order to be notified when autopsies are being done on their patients.	Resident
2. Residents must be notified when autopsies are being done on their patients, and they must also receive a copy of the written report.	Pathology
3. Residents should be present at autopsies or should review the gross pathological specimens at the time the autopsies are performed on their patients and should review the autopsy reports.	Program Director Resident Pathologist
4. Formal teaching sessions with reviews of autopsy, biopsy and/or surgical pathology cases must be regularly scheduled.	Program Director Residents
5. Autopsies are an essential part of a resident's education. It is essential for the involved residents to attend when possible.	Program Director Resident
6. The resident must make an effort to secure permission for an autopsy on all patients who expire on the teaching service.	Resident Program Director
7. Develop a program policy regarding obtaining autopsies, attendance at autopsies, review of reports and formal teaching sessions. Present the policies to the GMEC for review.	Program Director
8. The GMEC will review program compliance with the autopsy policy annually unless a program is cited for a deficiency in this area.	Director of Education
9. The Internal Review shall address the program's compliance with the institutional policy and the program's special requirements to the autopsy procedures.	Internal Review Committee Program Director

V. ATTACHMENTS

VI. DISTRIBUTION

Administrative Policy Manual, Departmental Policy Manual

VII. APPROVAL

GRADUATE MEDICAL EDUCATION COMMITTEE: April 10, 2006

Chair, GMEC, DIO

Chair, Community Health and Health Studies

Chief Medical Officer

VIII. POLICY RESPONSIBILITY

IN COORDINATION WITH:

Director, Division of Education

Chief Medical Officer

IX. REFERENCES

N/A

X. REVISION: Statement of Rights as follows:

Hospital reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XI. OTHERS

N/A

XII. DATES

Origination: 10/23/99

Last Review: 04/10/06

Next Review: 05/01/07