

SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE

No: Death-03

Subject: **AUTOPSY CONSENT**

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Distribution: ☒ **Administrative Manual**
☒ **Department Manual**
☒ **Patient Care Manual**
☒ **AOD Manual**

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Issued by: **Regulatory Affairs**

I. PURPOSE

The purpose of this policy is to document the wishes of the deceased's next-of-kin regarding consent or refusal to consent for a postmortem examination.

II. POLICY

Consent or refusal to consent to autopsy will be documented for ALL ADULT AND PEDIATRIC EXPIRATIONS as soon as possible; the exception is made for Medical Examiner cases.

III. DEFINITION

Not defined

IV. RESPONSIBILITIES

Postmortem Examination
Medical/Dental Staff
Pathology Department
Admitting Department
Administrator on Duty

V. PROCEDURE/GUIDELINES**A. Criteria for Autopsies**

Autopsies will be requested on ALL deceased patients – adults, children and stillborn. The status of the request for autopsy should be included in the death note.

The following criteria for autopsies are set up for all the types of cases which would be particularly important for the improvement of Medical Education, Performance Improvement Programs and patient care.

1. Deaths in which an autopsy would explain unknown or unanticipated medical complication.
2. All deaths in which the cause is not known with certainty on clinical grounds.
3. Deaths in which an autopsy would allay concerns of the family/public regarding death to provide reassurance to them regarding the same.
4. Any unexplained/unexpected deaths following dental, medical or surgical diagnostic procedures and/or therapies which are not claimed by the medical examiner.
5. Deaths of patients who participated in clinical trials approved by the Institutional Review Board.
6. Natural deaths which are not subject to or waived by the medical examiner.
7. Deaths in pregnant females (must be released by the medical examiner before permission may be sought).
8. All neonatal and pediatric deaths.
9. Known or suspected deaths arising from environmental or occupational hazards.

B. Procedure for Obtaining and Documenting Autopsy Consent

1. Upon an expiration, the pronouncing physician is required to complete the expiration package, which includes the “Consent/Refusal to Consent Autopsy” form.
2. When refusing an autopsy, it must be noted that the autopsy was refused; this along with required signatures and names of witnesses, is sufficient for documentation of refusal.

3. For consent for postmortem examination: The Consent/Refusal to Consent for Autopsy form must contain the name of the deceased patient, restrictions if any, special examination if any, the signature of an authorized person and his/her relationship to the deceased, the signature of a witness, and an authorized administrative signature. All requests for autopsies are to be approved by the Director of Admissions/Designee. During off hours, the AOD will approve all requests for autopsy. **No autopsy will be performed without the proper signatures and approval.**
4. When securing a Consent/Refusal to Consent for Autopsy signed authorization, authorized signatures shall be obtained in the following list order of priority; authorization from persons lower on the list shall not be obtained if those who are higher on the list are available at the time of death:
 - a. The spouse
 - b. A son or daughter 21 years of age or older
 - c. Either parent
 - d. A brother or sister 21 years of age or older
 - e. A guardian of the decedent at the time of death
 - f. Grandchildren or other descendants who are 21 years of age or older
 - g. Grandparents
 - h. Great grandparents, uncles and aunts who are 21 years of age or older
 - i. Other persons who are 21 years of age or older and would be entitled to share in the estate of the decedent
5. The Pathologist may not proceed with the examination unless proper signature(s) are obtained and the consent for autopsy has been checked to ensure that it is complete.
6. When objection to an autopsy is raised by a surviving relative or friend on the basis that a procedure is contrary to the religious belief of the decedent, the autopsy is prohibited without a court order unless there is a compelling public necessity for the autopsy. If there is a compelling public necessity for the autopsy (if the autopsy is essential to the conduct of a homicide investigation or if discovery of the cause of death is necessary to meet an immediate and substantial threat to the public health), no court order is required but notice of the autopsy must be given to the objecting next- of- kin.
7. If in doubt as to who constitutes nearest of kin, or if there appears to be none, call the Hospital Director of Admissions or the Risk Manager or the Administrator on Duty.

VI. ATTACHMENTS

"Consent/Refusal to Consent for Autopsy" Form

VII. REFERENCES

JCAHO Standards

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
10/03	Yes	No	Daniel Graves, Director Admitting Department
	Yes	No	
	Yes	No	
	Yes	No	

SUNY DOWNSTATE MEDICAL CENTER
CONSENT/REFUSAL TO CONSENT FOR AUTOPSY

AFFIX LABEL HERE

**CONSENT AUTHORIZATION FOR POST
MORTEM EXAMINATION (AUTOPSY)**

I request and authorize SUNY Downstate Medical Center and its employees, physicians and surgeons to perform a postmortem examination on the remains of:

_____.

**REFUSAL TO CONSENT FOR POST
MORTEM EXAMINATION (AUTOPSY)**

I refuse to give consent to authorize the SUNY Downstate Medical Center and its employees, physicians, and surgeons to perform a postmortem postmortem examination on the remains of:

_____.

Restrictions and Special Instructions

This authority granted is **subject to the following restrictions** and special instructions:

IF NONE, THEN WRITE "**NONE**"

I certify that I am:

- ☐ (a) the spouse
☐ (b) a son or daughter 21 years of age or older
☐ (c) either parent
☐ (d) a brother or sister 21 years of age or older
☐ (e) a guardian of the person of the decedent at the time of death
☐ (f) any other person authorized or under the obligation to dispose of body

Knowledge of Opposition to Autopsy

I hereby certify that I know of no opposition by the decedent or any next of kin of closer relationship to the decedent than myself, to the performance of an autopsy upon the body of the decedent.

Opportunity to Ask Questions

I have been given an opportunity to ask any questions and all my questions have been answered fully and satisfactorily.

Understanding of this Form

I confirm that that I have read and fully understand this form and that all the blank spaces above have been completed prior to my signing.

PRINT NAME(S)

SIGNATURE (S)

RELATIONSHIP

DATE

Witnessed by _____
PRINT NAME/SIGNATURE

DATE

Approved by: _____
ADMINISTRATOR

DATE