Death Investigation at Rex Hospital

In November 2013, the Rex Hospital Pathology Dept. reached an agreement with the UNC Dept. of Pathology, effectively transferring the responsibility for hospital autopsies. Going forward, the Rex Pathology Department will limit autopsies to fetal/neonatal death investigation. Autopsies on any other inpatient will be performed at UNC Hospitals in Chapel Hill. For the present, Rex pathologists will continue to serve as Wake County Medical Examiners (with a self-imposed limited jurisdiction to Rex Hospital). "Medical examiner" cases requiring autopsy will be referred to the Office of the Chief Medical Examiner (OCME). Physicians or families interested in autopsies in other settings (deaths in the Emergency Department or at home) will be referred to private autopsy services (including the Duke University Dept. of Pathology).

Autopsy rates have been declining nationally for some time. The statistics at Rex Hospital reflect that trend. This makes it more difficult to maintain and justify
(from a fiscal standpoint) an autopsy service in many community hospital settings. Rex was the last Wake County Hospital to maintain an adult autopsy service. Wake Medical Center and Duke Raleigh Hospitals currently send autopsies to Duke University Department of Pathology. Because of Rex’s affiliation with UNC Hospitals, autopsy referral seemed a logical way to serve the interests of both institutions. The remainder of the bulletin will discuss various death investigation scenarios.

Medical Examiner Deaths

From time to time confusion arises as to which deaths need to be reported to the medical examiner. The county medical examiner is an officer of the State of North Carolina and is charged with the duty of investigating and certifying specified categories of human deaths in the state. A medical examiner’s authority derives from Article 16 of Section 130A of the North Carolina General Statutes. All of the pathologists at Rex are medical examiners duly appointed by the State of North Carolina. The following is a list of types of deaths that should be reported to a medical examiner:

1. Homicide
2. Suicide
3. Accident
4. Trauma
5. Disaster
6. Violence
7. Unknown, unnatural or suspicious circumstances
8. In police custody, jail or prison
9. Poisoning or suspicion of poisoning
10. Public health hazard (such as epidemic)
11. Deaths during surgical or anesthetic procedures
12. Sudden unexpected deaths not reasonably related to known previous disease
13. Deaths without medical attendance

Please note that there is no 24-hour rule in the State of North Carolina. In other words, deaths within 24 hours of admission to the hospital do not require medical examiner investigation unless they fall under one of the above listed criteria. On the other hand, it is the proximate cause of death that determines the manner of death and medical examiner jurisdiction. For example, an elderly lady falls and fractures her hip. While recovering from her broken hip in the hospital, she develops pneumonia and dies. This case should be referred to the medical examiner. The manner of death would be “accidental”. The cause of death would be pneumonia as a consequence of a femoral fracture.

According to North Carolina General Statute 130A-115, if a death is due to natural causes, any physician that has access to the medical history of the deceased and has viewed the deceased at or after death can fill out the Death Certificate. It is not necessary that the physician of record have definitive evidence of the exact mechanism of death in such cases. For example, an obese, hypertensive elderly individual that complained of antemortem chest pain can be classified as dying of “Ischemic Heart Disease” without documented EKG or enzyme changes. Such cases do not have to be reported to the medical examiner and do not fall under medical examiner jurisdiction. Dr. Scott Kirby (Medical Director of the NC Medical Board) recently wrote an excellent article on death certificate completion for the Fall Issue of the NC Medical Board Forum.

Clinicians may not decline to sign a certificate because they are uncertain of the exact cause of death. Clinicians are merely expected to exercise their best clinical judgment under the circumstances, just as they would in diagnosing treatment for a patient. Deaths should not be referred to the medical examiner’s office because a clinician involved in a patient’s care is not comfortable attributing a cause of death or believes it is another person’s responsibility to complete the death certificate.

If there is any question as to whether or not a given death should be investigated by a medical examiner, please contact the pathologist on call. We are happy to help you determine if this is a “medical examiner case”. If a medical examiner accepts jurisdiction in a case, it does not necessarily follow that an autopsy will be performed. An autopsy may be performed if the medical examiner deems that it is “in the public’s
interest”. If a case is to be reported to the medical examiner, please do not seek permission for autopsy from the decedent’s family prior to consultation with the medical examiner. If the family has already been asked and has denied a request for autopsy, then the medical examiner is placed in a tenuous situation if he or she deems that an autopsy is necessary. If the OCME determines that an autopsy may be necessary, the body should be transferred to their facility (now in Raleigh) for an autopsy. If the OCME indicates that either the case does not fall under medical examiner jurisdiction OR a medical examiner case may require external examination only (which may be performed by the Rex pathologist on call), then no autopsy will be performed unless it falls into one of the two categories below (Hospital Autopsies to UNC or Private Autopsies).

**Hospital Autopsies to UNC**

UNC has established a Decedent Care Office to assist in handling transfer of bodies from a Rex Healthcare inpatient service for autopsy. At Rex, we have been fortunate to have the assistance of the Rex Nursing Administrative Coordinators to help arrange the transfer. Once the next-of-kin has agreed to or indicated a wish for an autopsy, the Rex Nursing Administrative Coordinator On Call will assist with the following procedure.

1. Call UNC Decedent Care Service at 919-966-4491 to notify them of the request for an autopsy. This office is staffed from 0700 - 1900 daily (including Holidays). After hours, the call should be made the following day.

2. Decedent Care will then send an autopsy authorization form to be completed by the family requesting the autopsy and witnessing health care provider. If an individual acting as the power of attorney (POA) for the autopsy is consenting to the autopsy, a copy of the POA form is required as well.

3. The autopsy consent form and POA form (if applicable) will be faxed to the UNC Decedent Care Office for review prior to transport of the body to UNC. UNC Decedent Care will notify the UNC pathologist on call for review and approval of the consent form.

4. After receiving approval for transport from UNC Decedent Care, the Rex Nursing Administrative Coordinator will arrange to have the body transported to UNCH and to be picked up after the autopsy. The current vendor for this is AC Removal/Transport - (919) 428-3481.

5. On weekends autopsy arrangements completed by noon on Saturday, will generally have the postmortem examination performed on Saturday. Otherwise the autopsy will be performed on the following Monday.

Upon completion of the autopsy, the attending UNC pathologist will attempt to contact the Rex physician last caring for the decedent to discuss the preliminary findings. The final report will be forwarded to the Rex Medical Records Dept. to be scanned into the electronic medical record.

**Intrauterine Fetal Demise/Neonatal Autopsies**

Rex pathologists will continue to offer perinatal death examination for deliveries occurring at the hospital. The types of evaluation available to the family vary depending on the gestational age of the infant and circumstances of the death. For a gestational age < 20 weeks, this may be comprehensive (including gross and microscopic examination of internal organs with supplemental studies as needed) or limited to external examination only. In either circumstance, the examination is treated as a surgical pathology (histology) case, rather than an autopsy. Alternatively, the family may elect to have no examination. An option for hospital disposition of the body is available for this category. The family also has the option to authorize release of the body to a funeral home/crematorium or to assume personal responsibility.

For a gestational age of 20 weeks or greater OR for any live birth regardless of gestational age, no pathology evaluation will be performed unless...
the family completes an autopsy permit (with which they can specify the extent of examination). Hospital disposition is not an option for this category.

The options for perinatal death examination and disposition are nicely summarized in a two page document available at the Rex internet portal. This includes a consent form which permits the parents to confirm their wishes.3


Private Autopsies

As noted above, the new autopsy arrangements with UNC apply only to deaths occurring in Rex inpatients. Families or physicians interested in autopsies for death in the Emergency Dept. or at home may elect to seek a “private autopsy”. The Duke Pathology Dept. has indicated a willingness to accept cases in this capacity. The price for the autopsy depends on the nature and extent of the autopsy (for example, current charges are $1750 for a limited autopsy and $2500 for most complete autopsies). A private check is required prior to commencement of the autopsy. Interested parties are invited to contact the Duke University Decedent Affairs Office (919-681-6264) for further details. The Duke pathologist on call will be contacted to speak directly with the family.

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In the interest of full disclosure….the section on Medical Examiner Death Investigation contains text lifted entirely from an earlier Lab Bulletin article co-written with Dr. Keith Nance.1 The author wishes to acknowledge the following individuals for their invaluable assistance with the evolution and support of decedent affairs at Rex Hospital: Logan Jones (Pastoral Care), April Lalumiere (Clinical Manager, Labor & Delivery), Rex Nursing Administrative Coordinators (Kim Armstrong, Mary Atwood, Cecilia Boykin, Cindy Lewis, Jenny Roberts, and Cynthia Straka), Sherry Whitt (Emergency Dept Directory), Ruthi Nelson Mustard (Operating Room Director), Janet Faulk (Anatomic Pathology Manager), Emily Sundlof (Pathology Assistant), Audra Simons (Pathology Assistant), Dr. Deborah Radisch (NC Chief Medical Examiner), Dr. Leigh Thorne (Director, UNC Hospitals Autopsy Service), Dr. Alan Proia (Duke University Pathology Dept.), and the many laboratory staff who “doubled” as autopsy assistants over the years. Two of the latter deserve special mention – Ms. Edna Holloway (deceased) and Mr. David Shepard. Without their keen powers of observation and skill, I might still be in the morgue trying to determine the cause of death on several of my cases…

References

