

decisions are based in part on vital statistics and other estimates of disease burden.

Autopsy means to see for oneself. It would be as foolish to think we have reached the limits of human knowledge as it is to think we will some day know everything. There is always, and will ever be, scope for improvement, to learn from knowing when our certainties are simply wrong.

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- O'Grady G. Death of the teaching autopsy [with commentary by J Underwood]. *BMJ* 2003;327:802-4. (4 October.)
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**In Hong Kong teaching autopsies have been championed in public mortuaries**

EDITOR—O'Grady's comments on the teaching autopsy resonate for many of us.<sup>1</sup> We in Hong Kong have also experienced the gradual general decrease in the number of hospital autopsies such that this major teaching hospital sees only 20-30 cases a year. This coupled with the switch to a problem based learning medical curriculum in 1997 brought autopsy teaching to the verge of extinction.

We have, however, preserved autopsy teaching for medical students with the help of colleagues in the public mortuaries, where over 4000 coroners' autopsies are performed each year. During the second year rotations, medical students in groups of 8-10 observe a detailed autopsy of a case or in some instances snapshots of many cases. They are required to write about their expectations of such a session and to reflect on their experience afterwards.

We have also redesigned our teaching clinicopathological conferences. Students



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are allocated a case and are provided with the case notes, radiographs, and biopsy and autopsy reports, etc, for their presentation to the class. Teachers have only a watching brief. A total of nine such sessions are held in the third year of the curriculum.

Unfortunately, the curriculum cannot accommodate more autopsy teaching sessions. Further autopsy teaching is available to students only as special study modules.

This means of resuscitating the teaching autopsy is possible because, as in the United Kingdom, there is no explicit interpretation of our coroners' ordinance that prohibits the attendance of autopsies for the teaching of medical students, police officers, etc.

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Competing interests: PSLB coordinates the autopsy teaching and the clinicopathological teaching sessions of undergraduate medical students.

- O'Grady G. Death of the teaching autopsy [with commentary by J Underwood]. *BMJ* 2003;327:802-4. (4 October.)

**Autopsy is a success story in Cuba**

EDITOR—Advances in sophisticated ante-mortem diagnostic methods may have reduced the value of autopsy.<sup>1</sup> The percentage of deaths without clinical-pathological concordance has not decreased despite modern diagnostic technologies.<sup>2</sup> Indeed, in certain cases these new methods have misled the diagnosis, partly because of doctors' excessive confidence in them.

Ours is the main provincial hospital for adult patients with clinical and surgical disorders. All services, including autopsy, are free of charge, as in the rest of Cuba. The hospital has 520 beds and more than 15 000 admissions and about 1100 deaths yearly. Since its opening 24 years ago, autopsy has been performed on more than 80% of cases.

Consent to autopsy is always voluntary and obtained from relatives or a proxy after a detailed explanation of all benefits of the postmortem examination by the clinician(s) in charge of the patient. Families can ask questions about the procedure and are told when the final report will become available.<sup>3</sup>

Learning from autopsy is one of the most successful activities of the pathology department. Three anatomic-clinical sessions for specialists, residents, interns, and students from third year upwards occur weekly. Here the cases of more than half of all patients who have died are discussed soon after their death with the first results of the postmortem examination. A clinical-pathological conference is performed monthly with demonstrations of cases for all medical staff.

When the final autopsy reports are available, all clinical charts are reviewed and discussed again at the monthly meeting of the hospital's committee of mortality analysis, another useful teaching session. The causes of death recorded in certificates can be rewritten to improve the quality of the country's vital statistics when errors in clinical diagnosis have occurred.

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- McDermott MB. Obtaining consent for autopsy *BMJ* 2003;327:804-6. (4 October.)

**Histopathologists should not obtain consent for autopsy**

EDITOR—McDermott accepts that he is in conflict with his professional bodies when he champions the idea of consultant histopathologists being responsible for obtaining consent for autopsy.<sup>1</sup>

He describes a series of pre-autopsy meetings. These "often difficult negotiations" with families covered a high proportion of the 83 autopsies he performed in the 32 months under study. They usually included input from a member of clinical medical staff, a consultant pathologist, a social worker, nursing staff, with or without a chaplain. A disproportionate 46% of meetings or autopsy related work occurred during a weekend or public holiday. He states that this work had to take precedence over other work—presumably diagnostic work for living children—and presumably also over his family life.

His enthusiasm is laudable, but he is living in a completely different world from the rest of us. Eighty three autopsies in 32 months is equivalent to 31 a year. In my department we each do about 140 a year in addition to an individual diagnostic workload of adult cytology and biopsy and resection specimens that is several multiples of a paediatric pathologist's annual quota. A cost per case analysis of his autopsy practice, including the costs of ancillary staff, would be informative.

Many pathologists did not, and many trainees will not, enter the specialty with a desire or ability to embark on negotiations with grieving relatives and social workers. Clinicians, who already have a relationship with the family and can explain the clinical benefits to be derived from the results of an autopsy should request the examination if they believe that it will be of benefit to the family or future siblings. Of course pathologists must support clinicians with training and explanation of what the procedure will entail.

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