

## Forensic Autopsy versus Anatomic Dissection: Playing the same role in medical malpractice claims?

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Autopsy is a term derived from the ancient Greek “αὐτοψία”; compound word from ‘autos’ (αὐτός) literally “own” and ‘opsis’ (ὄψις), literally eyes. Therefore it means ‘to see with its own eyes’. Autopsy has a long history that stems from mummification and human dissection in 3000 BC in ancient Greece, where Hicrophilus discovered the duodenum by live human dissection, to Rokitansky (1804–1878), regarded as the father of the modern autopsy and who performed or supervised over 100,000 examinations. Despite that: (i) autopsy has to be considered the oldest method of medical investigation; (ii) many studies underscore the need for autopsies in the era of technical progress emphasizing the continuing discrepancies between ante-mortem and post-mortem diagnoses; and (iii) autopsies are considered valuable in medical education, e.g., delivering problem-based learning cases for students; there is a continuing decline in the number of autopsy worldwide. This occurred due to several reasons with complex interactions, and autopsy has been placed in a peculiar position over the last decades. Some regard it as an unnecessary procedure, one that has been superseded in importance by newer methods of study, including: biochemistry, cardiac catheterization, angiography and isotope scanning, virtopsy techniques and ‘virtangio’ (post-mortem virtual angiography). However, there is a general agreement that autopsies are important in quality management, teaching, training, tissue collection for research (when permitted), death statistics and education. In view of all these reasons, we are strongly convinced that medical malpractice autopsies are the best practice model to perform an autopsy that covers all these goals. When performing an autopsy for the evaluation of an alleged mal practice claim, one must take into consideration the fact that in most cases, the ‘normal’ anatomy would be altered due to pathological, traumatic, and iatrogenic factors. The pathologist (also forensic and/or anatomist) must have a sound knowledge of the human cadaver anatomy and how to examine it using the traditional dissection techniques and the new pre and post autoptical technologies. Histology plays a fundamental role in the final diagnosis, and the collection of the samples requires the correct visualisation and isolation of all the hypothetical organ lesions. In conclusion we strongly agree with Van den Tweel & Wittekind who state that “The decline of the autopsy rate is a reality, and with the limited number performed, it is increasingly difficult to acquire sufficient experience in performing, interpreting, and reporting autopsies. It is essential that pathologists who perform autopsies are enthusiastic, interested, and competent and respected for their knowledge in this field of our discipline. Only these qualities will make them appreciated partners of clinicians and good teachers of our residents. The only way to achieve this goal is subspecialization in clinical autopsy pathology, much like what has developed for forensic pathology”. A personal selection of forensic clinical anatomy cases is presented.

Keywords

Autopsy; virtopsy; virtangio.