

SHORT COMMUNICATION

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India and the problem of “needless autopsies”

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Abstract

The primary aim of autopsy is to ascertain the cause of death. The autopsies performed worldwide are mostly medico-legal or clinical. In India, 'needless autopsies' are conducted widely causing waste of already limited resources. Ironically, clinical autopsies are largely ignored despite of their utility in clinical practices. The policy makers need to declare clinical autopsies as a useful investigative tool that can have futuristic implications in development of health care practices. At the same time needless medico-legal autopsies need to be curtailed for the better utilization of already limited resources chiefly in terms of the manpower and expertise that can be utilized for clinical autopsies whenever required.

Keywords: Autopsies, Medicolegal, Clinical, Cause of death, Manner of death

Most of the autopsies performed globally are either medico-legal or clinical; based upon the requirement for which these are performed. Irrespective of the type, however, the primary aim of autopsy is to ascertain the exact cause of death. While medico-legal autopsies are conducted in cases of non-natural, un-witnessed or suspicious deaths in accordance with the laws of the land, there are no obligatory guidelines for clinical autopsies to be conducted. It is usually for the treating doctor to suggest clinical autopsy to the next of the kin in cases where they feel that the cause of death or the progression of disease was unclear. At times, clinical autopsy can be requested by the relatives too for similar reasons. Most importantly, the consent of relatives is absolutely necessary for taking up clinical autopsy, whereas medico-legal autopsies are taken up as a compulsory exercise that does not necessitate consent.

It is an irony that while the clinical autopsies are ignored in instances when utmost necessary, medico-legal autopsies are conducted in vast number of cases where it can easily be avoided. In India, 'needless autopsies' where cause of death is very obvious, are conducted 'in the name of law' ignoring the observations of the Supreme Court of India and the existing provisions in the law itself. India is suffering from burden of “Unnecessary post-mortems” that

leads to waste of resources and certainly is a cause of concern (Medico-legal News, 2015). A dearth of trained and qualified forensic experts to conduct medico-legal autopsies in government centres that are authorised for conducting autopsies further complicates the situation.

Ignorance about the potential benefits of clinical autopsy among the doctors and lay public, religious beliefs and stigma attached to the dissection of body of the near and dear ones are the predominant causes for decline in clinical autopsies worldwide. In India, while clinical autopsies are restricted to a very limited number of perinatal autopsies, a lot of resources are wasted on medico-legal autopsies conducted for the well diagnosed and investigated cases. Though the need for clinical autopsies has been emphasised time and again (Turnbull et al., 2015; Turnbull et al., 2015a), the present scenario is grim, and death of clinical autopsy appears inevitable, unless the medical practitioners realise its worth in education, research and most importantly as a quality control tool.

The policy makers need to declare clinical autopsies as a useful investigative tool that can have futuristic implications in development of health care practices. Simultaneous awareness among lay public is necessary as they are important stake holders and the decision makers for the procedure, unless clinical/hospital autopsies are made mandatory (Turnbull et al., 2015), that obviously is highly unlikely. Consequently, facilities should be

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made easily available in terms of forensic-pathology laboratories, equipment, and forensic experts for clinical autopsies to be conducted. At the same time needless medico-legal autopsies need to be curtailed for the better utilization of already limited resources chiefly in terms of the manpower and expertise that can be utilized for clinical autopsies whenever required.

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TK and KK conceived the idea of writing this communication. TK, KK, AA, ND wrote the initial draft of the manuscript. TK, KK, AA, ND approved the final manuscript.

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Consent for publication

All the authors have given their consent for publication of this article and approved the final version of the manuscript.

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