

Autopsy histopathology where the prosector is not a histopathologist: a proposal

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Overview

1

Background

2

Importance of histopathology in forensic autopsy

3

The Proposed Histology Evaluation

4

Conclusion & Recommendation

Introduction

- Forensic pathology is the autopsy-based medical specialty of death investigation.
- Clinical forensic medicine is the application the practice of medicine to the requests of the law in relation to the living. The practitioner of the latter is called various names, including a forensic physician.

- In many countries of the world, these two disciplines are practiced together by a single individual. In some, where usually there is a historical association with the English coroners system, forensic pathology and clinical forensic medicine are practiced by different Individuals.
- When practiced separately, forensic pathology is regarded as a sub specialty of pathology.
- The forensic pathologist has usually had significant training in anatomical pathology / surgical histopathology as well as in forensic pathology.

- The specific requirements may vary from one country to another. In the United States and the United Kingdom however, post graduate training in both anatomical pathology (usually at least 18–24 months) and forensic pathology is required, as well as success at the required examinations, before one is entitled to be employed as a consultant or specialist forensic pathologist.
- The forensic pathologist will undertake his/her own histopathological assessment of organs and tissues sampled at the autopsy.

- The forensic physician or forensic doctor (sometimes, called a forensic pathologist but not forensic histopathologist) in parts of the world such as continental Europe, the Middle East and India, practice both clinical forensic medicine and forensic pathology.
- This is the specialty we call forensic medicine.

- The forensic doctor will usually receive training in autopsy dissection , perhaps with a short training of a few months in anatomical pathology or surgical histopathology.
- When undertaking autopsies (involving internal as well as external examination), if it is thought histological assessment is required, the forensic doctor will sample the organs and tissues required and refer the specimens to the hospital histopathologist for microscopic examination.
- This division of responsibility could compromise the quality of the autopsy unless handled correctly.

Importance of histopathology in forensic autopsy



Record positive, relevant negative findings of autopsy



Reviewable and reproducible



Marker of thoroughness

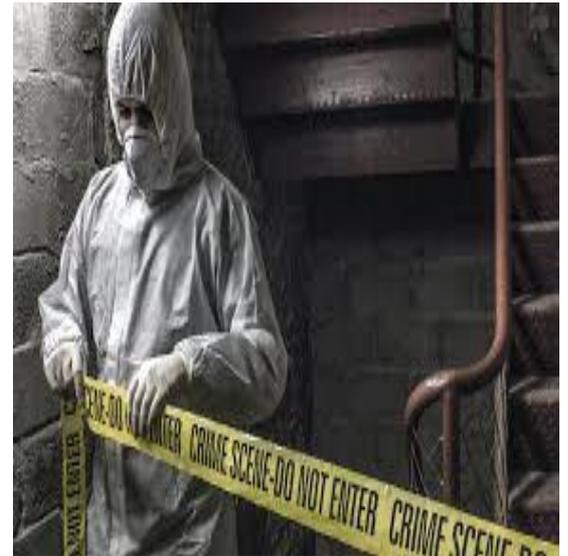


Diagnose histopathological causes of death

24% of forensic cases of death is determined based on histology

Where histological assessment of an autopsy specimen is undertaken by a pathologist other than the one who dissected the body and collected the samples, standard operating procedures need to be developed to minimize the risk to the overall quality of the autopsy.

We are not aware of any such published procedures, hence we outline what a set of these procedures might contain.



Proposed Guidelines

Pre- Autopsy

- Communication and legislation
- Policies
- Audit and feedback

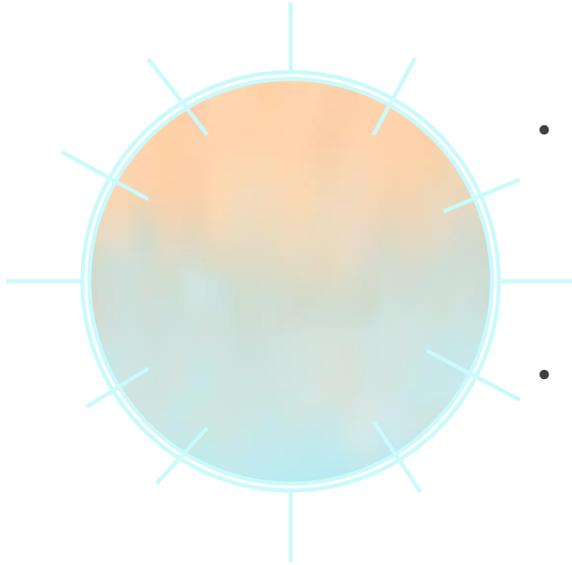
Autopsy

- Proper gross examination and photography.
- Proper sampling of the tissue.
- Proper identification, labeling, packaging and transporting of the specimens.
- Proper information and communication is provided to the histopathologist with the specimens.

Post- Autopsy

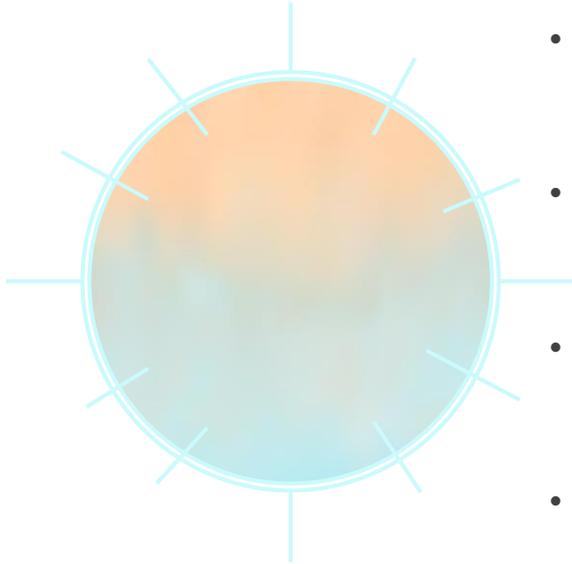
- Histopathology report and answering questions
- Regular meeting
- Feedback and case review

Recommendation

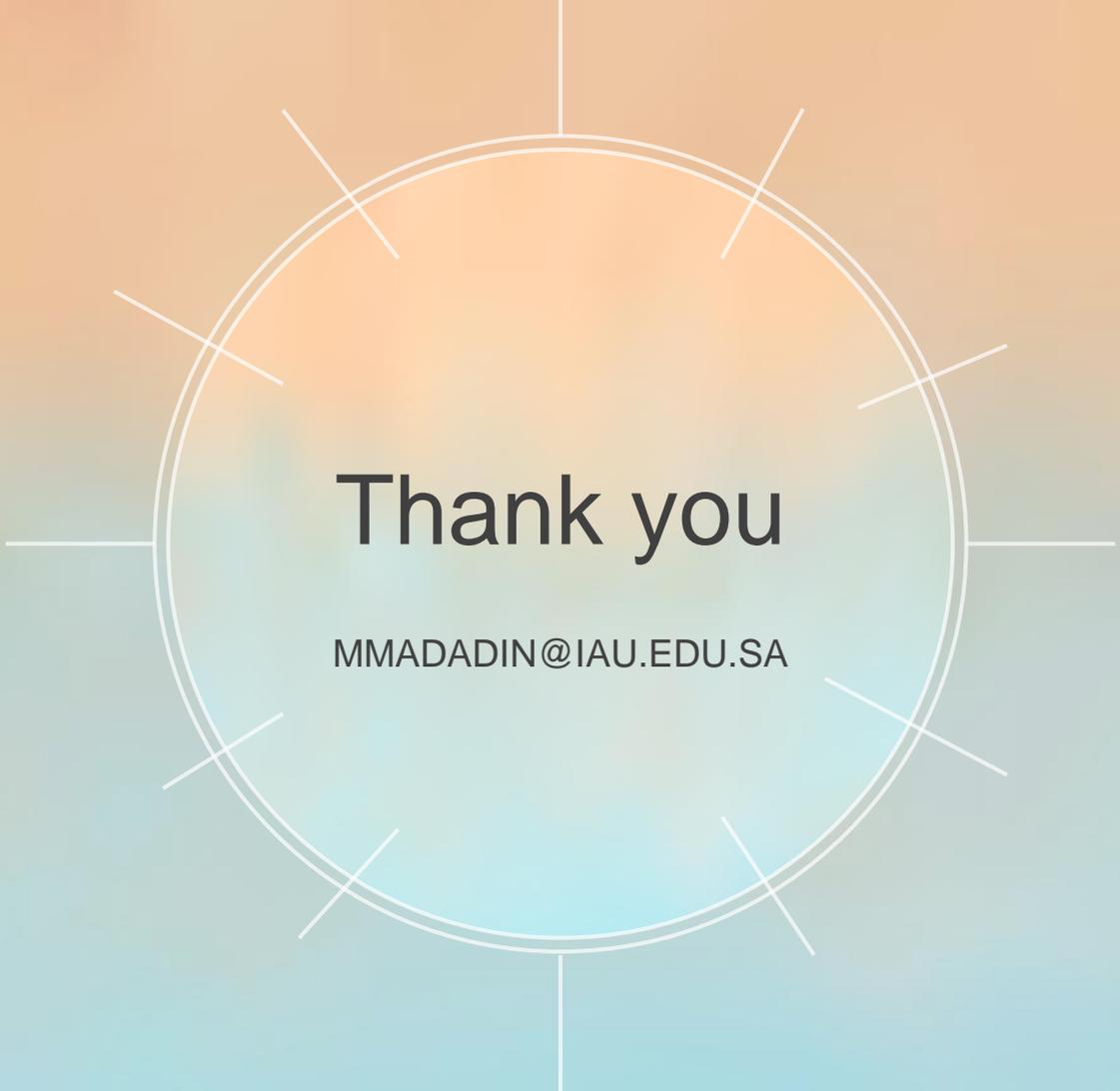


- The best practice, such as in the US and UK, is one in which the histopathologist is trained also to be the forensic expert, both conducting the gross autopsy and the histologic assessment of tissues procured at autopsy.
- However, if this is not the case, as in some countries, we highly recommend local policies and guidelines must be established in order to maintain high quality standard of histopathology assessment.
- The histopathologist must be trained in forensic cases and promote pathology and histopathology training for the autopsy physician.
- Guidelines and local policies must be written and applied with quality control measures.

Conclusion



- 1. The practice of forensic medicine and forensic pathology varies worldwide.
- 2. Histological assessment is essential part of good quality post mortem examination.
- 3. Histological assessment of forensic autopsy cases is best done by qualified forensic pathologist.
- 4. Where the histological assessment is conducted by a histopathologist who did not dissect the body, then standard operating procedures, as those proposed in this paper, need to be developed.



Thank you

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