James E. Dalen
(Arch Int Med 1997; 157:16)

The decline in the performance of autopsies in the past 3 decades is remarkable: from 41% of hospital deaths in 1961 to 5% to 10% in the mid-1990s!(...) From 1991 to 1994, less than half of the internal medicine programs reviewed for accreditation met these minimal requirements.

Numerous reasons for the abrupt decline in autopsies have been cited. In 1971, the Joint Commission on the Accreditation of Hospitals eliminated autopsy requirements for hospital accreditation. Autopsies have become very expensive, and these costs are not reimbursed by third-party payers. The process for obtaining consent for autopsies remains cumbersome.

However, the most likely explanation for the decline is that physicians do not request autopsies because they believe that the examinations have lost their value. The most obvious value of the autopsy is quality assurance: to compare the clinicians premortem clinical diagnosis with the precise, anatomical cause of death. Did the patient receive the correct treatment for the correct disease?

Cabot's classic paper in 1912 based on 3000 autopsies quantified the percentage of correct clinical diagnoses of a variety of diseases. Diabetes and typhoid were correctly diagnosed before death in more than 90% of the cases examined after death. However, common diseases such as cirrhosis, acute endocarditis, bronchopneumonia, and acute nephritis were missed in more than 50% of the cases. (...)

Landefeld et al in 1988 found that by performing autopsies, major unexpected findings were detected. A premortem diagnosis of these findings would probably have improved survival in 11% of the cases examined at a university hospital and 12% of the cases at a community hospital.

Shanks et al reported the value of the autopsy in 213 cases of perioperative death. They found major discrepancies in clinical diagnoses that were tratable and could affect survival in 21% of the cases.

In a review of 1000 autopsies performed between 1983 and 1988, Sarode et al found "major discrepancies" between the autopsy findings and the clinical diagnosis in 317 (32%) of the 1000 autopsies. Two recent studies found major discrepancies in the diagnosis of malignant tumors. Veress and Alafuzoff reported that 15% of all major cancers were not diagnosed before autopsy. Manzini et al reported that 34% of tumours with metastasis were missed before the autopsy.

Given these reports, it may be more appropriate to save autopsy. (...)

John T. Boyer
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Since 1900, the average life expectancy in the United States has increased from 45 to 75 years. In the next quarter century, 22% of the US population will be older than 65 years and, by that time, more than half of the average primary care physician's pratice will be with this age group. We know that the oldest-old are increasing in numbers faster than any other age group with the shocking realization that when the baby boomers celebrate the year 2050, they will include 3 million centenarians! (...)

This issue of the ARCHIVES provides a rich assortment of original contributions on aging: the effect of estrogen replacement therapy on the death rate in older women is of concern to primary care physicians, and especially gynecologists, perhaps more than to geriatricians. (...) The striking increased risk death from late-life pneumonia associated with atypical symptoms, neurologic illness, and cancer will be particularly meaningful to the new generation of "hospitalists" who will inherit the acute, in hospital care of the future. (...)

While these ventures into geriatric medicine will bring applause from the elderly and their advocates, they actually cut 2 ways: by understanding the biology, pathology, and psychology of aging, the field of medicine will greatly advance its concepts and care for humans of any age. The impact of the chronic diseases and killers of the elderly have already had effects on health and medical management in younger individuals. Consider the major strides in stroke and coronary artery disease prevention that have come from our understanding of the pathology of elderly patients. And no one was very concerned about osteoporosis prevention until the terrible consequences of cost, confort, and survival were assessed in older individuals. The investment is paying off and will continue to do so.