

The National Association of Medical Examiners Position Paper

Second Autopsies

Sally S. Aiken, MD* and Marcus Nashelsky, MD†

Abstract: Second autopsies are uncommon in the United States yet are of significant public value. A second autopsy may be sought when the first autopsy findings are disputed, considered biased, or inadequately communicated. Second autopsies are technically and interpretatively difficult and usually rely heavily on investigative information, first autopsy findings, and additional documentation from the first autopsy. Medicolegal second autopsies should be performed only by experienced, board-certified forensic pathologists. Pathologists performing second autopsies should acknowledge and disclose the limitations of second autopsies. The first autopsy pathologist should recognize the quality assurance value of a second autopsy and fully disclose autopsy documentation to the second autopsy pathologist, if permitted by jurisdictional law.

Key Words: delayed second autopsy, independence of autopsies, limitations of second autopsies, National Association of medical examiners, position paper, second autopsy

(*Am J Forensic Med Pathol* 2023;44: e91–e96)

For purposes of this position paper, a second autopsy is defined as a second complete autopsy examination that follows a first complete autopsy examination. This term does not apply to autopsy examinations that follow external examinations without an internal examination (eg, a “view” or an “external only”), partial autopsies, or cases that were limited to records review.

The National Association of Medical Examiners (NAME) is the professional organization of forensic pathologists, medicolegal death investigators, administrators, and supporting specialists such as forensic toxicologists. The National Association of Medical Examiners strives to ensure that medicolegal autopsies are performed to high standards. Optimally, the “first autopsy” or “primary autopsy” is an integral component of a comprehensive death investigation, including a scene investigation. The pathologist integrates investigative information with autopsy findings, medical history, imaging, toxicology, and other ancillary tests to determine the cause and manner of death. As an organizational advocate of medicolegal autopsy excellence and professionalism, NAME has developed and periodically updates rigorous Autopsy Performance Standards and detailed Office Accreditation Requirements.^{1,2} As of December 2022, more than 100 death investigation systems in the United States are accredited by NAME and serve approximately 50% of the US population.

Autopsy reports and related documents are often reviewed by consultant forensic pathologists, particularly in deaths that progress to criminal or civil litigation. Such review is a normal component of

the adversarial legal system in the United States. In other arenas of clinical medicine, obtaining second opinions is a routine collaborative practice. Similarly, NAME-accredited offices are required to have quality management programs that include internal peer review; consultative review and second autopsies are forms of external peer review.

A first autopsy is the optimal setting for detailed examination of the unaltered body and collection of evidence. Therefore, first autopsies performed to NAME standards may yield contextual conclusions and evidentiary findings that are different from and superior to those outcomes of a second autopsy. Paradoxically, the media and public perception is that the second autopsy findings are invariably superior to the primary autopsy. With possible exceptions, this perception is not correct and denies the reality of what can and cannot be achieved by a second autopsy.

Second autopsies are more common in the United Kingdom and other European countries and are comparatively rare in the United States. It is estimated that fewer than 50 to 75 second autopsies are performed per year, but data about second autopsy numbers are limited. In 2021, 102 NAME-accredited medical examiner and coroner offices were surveyed to determine the number of second autopsies performed in their jurisdictions in 2020 (Table 1). Although the survey had limitations, the responding offices performed 26,719 autopsies in 2020 and were aware of only 4 or 5 second autopsies performed after primary autopsies (roughly 1 second autopsy per 5300 first autopsies).

Several members of this position paper committee believe that second autopsies are more common than described previously. These impressions are based on their personal practice experiences and may represent selection bias. These committee members also suggest that second autopsies are becoming more common. These members provided data that second autopsies accounted for 2% to 10% of their annual autopsy workload.

POSITION PAPER PROCESS

The policies and procedures of NAME include a process for writing, evaluating, and ultimately approving position papers.³ The authors and committee adhered to the prescribed sequence. The key words and databases used for this article's literature searches are shown in Table 2.

INDEPENDENCE OF AUTOPSIES

The perceived need for a second autopsy may reflect a lack of trust in the independence of the medicolegal death investigation authority, a hospital, the forensic pathologist, or the hospital-based autopsy physician. Second autopsies of those who die during law enforcement intervention or while incarcerated may generate intense public interest. Second autopsies are often described by the media as “independent autopsies,” implying that the first autopsy cannot be truly independent. This characterization perpetuates a perception of biased conclusions from the first autopsy and denies the professional independence of forensic pathologists who conduct medicolegal autopsies. In 2013, NAME published the *Medical Examiner, Coroner, and Forensic Pathologist Independence*

Manuscript received April 24, 2023; accepted May 9, 2023.

From the *Retired Medical Examiner, Spokane, WA; and †Johnson County Medical Examiner Department, University of Iowa Hospitals and Clinics, Iowa City, Iowa. NAME position paper was approved by the NAME Board of Directors on April 6, 2023.

The authors report no conflict of interest.

Reprints: Sally S. Aiken, MD, Retired Medical Examiner, 5211 East Silver Spurs Lane, Spokane, WA 99217. E-mail: salspring56@gmail.com.

Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.

ISSN: 0195-7910/23/4403-0e91

DOI: 10.1097/PAF.0000000000000853