

***Gift to Life* and *Gift to Life Plus* Autopsy Programs Autopsy Consent Procedures After Death Has Occurred**

The *Gift to Life* programs help families arrange for autopsy. The program has two levels -- *Gift to Life* (open to all, but families pay associated costs) and *Gift to Life Plus* (fewer costs, but open only to patients of University Health Care).

Procedures differ for each program -- a letter in Powerchart under the patient's name describes the procedures each family is to follow after death. Use the Powerchart letter to confirm enrollment and answer family questions.

Autopsy consent can only be obtained *after* death from the next-of-kin. In the *Gift to Life* programs, **neurology residents obtain autopsy consent and brief information about circumstances surrounding death.**

If death occurs outside University Hospital and autopsy is to be performed here:

1. When a death occurs, families of enrolled patients are instructed to call the neurology resident on call (through the hospital operator at 801-581-2121). We have counseled these families about autopsy so most should know what to expect.
2. While looking in Powerchart, confirm with the family: name, birthdate and MRN of the deceased and their enrollment in *Gift to Life* or *Gift to Life Plus*.
3. Obtain the folder "Bereavement Care Services – Caring Connections" at the nursing station. With the family member on the phone, complete these two forms:
 - #1. Purple border form, "Authorization for Performance of Autopsy" (using the phone consent section) -- to document consent:**
 - *Confirm you are speaking with the legal next-of-kin and that family members agree to an autopsy. The back of the Authorization form lists the order of priority for consent. Record the next-of-kin's name and their relationship (e.g. spouse) with the deceased.*
 - *The consenting family member must choose some options on the form. Review these options with them. For University patients, we prefer a complete postmortem examination and there is no cost. For non-University patients, a brain only autopsy is less expensive.*
 - *For all individuals, we strongly prefer authorization of distribution or banking of autopsy tissues with patient identifiers for research.*
 - *Have a witness review and confirm the consent over the phone, and sign the form with their contact information.*
 - #2. The "Autopsy Pathology Abstract Form" -- providing medical info for the autopsy (this serves as a consult request to the pathology service):**
 - *Document the date and approximate time of death.*
 - *Identify the location and circumstances surrounding death, noting whether there are any suspicious circumstances or trauma.*
 - *Indicate the name of physician or facility involved in the patient's care immediately around the time of death with a city and contact number, if possible.*
4. When consent is completed, notify medical records at 581-2180 and fax them the consent and abstract. They will notify the autopsy service at 581-2508.
5. If funeral directors need directions to the morgue, they can contact medical records, the autopsy service, or look on our website: www.utahmemory.org.

If death occurs outside U Hospital and autopsy is to be performed elsewhere:

Residents need only refer to the enrollment letter in Powerchart to answer questions. No other steps are needed. The institution performing the autopsy will obtain consent.

If death occurs at University Hospital, usual hospital procedures are followed:

1. Residents are expected to request an autopsy and organ donation, if appropriate, from family members for all patients dying at the University Hospital. Autopsy and organ donation are separate issues. The topic of autopsy, like the discussion of organ donation, often is best broached with family members when death first appears eminent. However, autopsy consent can only be obtained *after* death from the next-of-kin.
2. At each nursing station there is a folder entitled "Bereavement Care Services – Caring Connections". It contains information for the family after a death, and two forms for obtaining autopsy consent (to be completed by the neurology resident on call, with the family):

#1. Purple border form, "Authorization for Performance of Autopsy" -- to document consent:

- *The back of the Authorization form lists the order of priority for consent. Record the next-of-kin's name and their relationship (e.g. spouse) with the deceased. If the next-of-kin will not be coming to the hospital, obtain a telephone consent using the same form.*
- *The consenting family member must choose some options on the form. Review these options with them:*
 - ***We prefer a complete postmortem examination*** (there is no cost associated with autopsy if the patient dies in University Hospital or has been seen here for the current illness).
 - *We strongly prefer authorization of distribution or banking of autopsy tissues with patient identifiers for research.*
 - *Organ donation and autopsy are not mutually exclusive; both can be done when a patient dies at the University Hospital, but require separate consents.*
- *Have a witness review and sign the consent -- a staff member, another resident, or another family member (besides the next-of-kin) can witness and sign the consent.*

#2. The "Autopsy Pathology Abstract Form" -- providing medical info for the autopsy (this serves as a consult request to the pathology service):

- *Document the date and approximate time of death.*
 - *Identify the location and circumstances surrounding death, noting whether there are any suspicious circumstances or trauma.*
 - *Indicate the name of physician or facility involved in the patient's care immediately around the time of death with a city and contact number, if possible.*
5. When the consent is completed, notify medical records at 581-2180. They will in turn notify the autopsy service at 581-2508.
 6. Nursing staff will transfer the body to the morgue with the signed consent and appropriate papers.

Helpful information about the *Gift to Life* and *Gift to Life Plus* Programs:

- **COSTS:** *Gift to Life* is open to all, but families pay associated costs. *Gift to Life Plus* is less costly for families and open only to patients of University Health Care. In depth:
 - o Family members must pay for transportation of the body to and from the hospital in both programs. Often funeral homes provide this as part of their services.
 - o University patients (*Gift to Life Plus*) do not get charged for the autopsy itself, whether whole body or brain only. For others (*Gift to Life*), the current cost of a brain-only autopsy is \$550 + possible costs for special procedures, and a complete autopsy is more expensive, about \$2000. These costs are not covered by insurance.
- Pre-arrangements are required for both *Gift to Life* programs; enrollment isn't permitted after death. Patients dying in the University hospital don't utilize *Gift to Life* procedures, but use standard hospital procedures instead so absence of enrollment is not an issue.
- The completion of the Abstract form is critical for any research uses, particularly the time of death so that postmortem delay of tissue recovery can be calculated.
- Anatomic donation to the medical school (i.e., "The Body Donor Program") is not compatible with performing a diagnostic autopsy or the *Gift to Life* Programs. Organ donation is compatible, but feasible only when death occurs in University Hospital.
- Currently autopsies are performed Monday – Friday only.

Sample script for *Gift of Life* call from a family member reporting a death:

(Identify yourself). Thank you for participating in the Gift to Life program. An autopsy will provide important information for you and future generations. Please accept my condolences to you and other family members. I know this is a difficult time for you.

First, I need to obtain some information about the circumstances around the death of your loved one. What is the name and birth date of your loved one? *(Now looking on Powerchart)* Let me look him/her up in our records. What is your name? Are you the next-of-kin? *(Compare with priority list on the Consent form and enter there)*. Is your family in agreement about performing an autopsy? *(Now filling out the Autopsy Abstract Form)* What time did your loved one die? Who was the doctor treating your loved one near the time of death? *(This is likely the person who will sign the death certificate.)* Do you know the address or phone number of this doctor? Where did the death occur? What happened before the death? Do you know what caused the death? Were there any suspicious circumstances or injuries around the time of the death (that might suggest involving the medical examiner)?

Next, I need to get consent for the autopsy. I will get the help of someone else here to verify (witness) your consent. *(Now filling out the Consent Form)* There are several options we need to discuss. Are there any limitations on the parts of the body we can examine? For University Health Care patients we recommend no restrictions, or a complete postmortem examination. *(For patients who haven't been a patient here, we recommend a brain-only autopsy since it is cheaper)*. Only a complete autopsy permits us to determine the cause of death and in some cases it can be important to examine tissue other than the brain. The next option we need to consider is how we can handle the tissue we remove. We **strongly** recommend allowing us to distribute or bank autopsy tissues with patient identifiers for research, other options are ... Now, let me have you speak to someone else to confirm what we have agreed upon.

This completes what we need to do. I'll send all of the forms to the morgue. The full report of the autopsy will be completed in about 2 months, as explained in your enrollment letter. Thank you for remembering this program in your family's time of grief.

UNIVERSITY OF UTAH HOSPITAL

Write in Name and MRN

**AUTOPSY PATHOLOGY
ABSTRACT FORM**

**Guidance When Completing For
Patients Dying Outside University Hospital**

PATIENT STAMP / INFORMATION

Please complete this form to accompany the Authority for Autopsy (consent form). Please print clearly.

DATE OF DEATH Complete This TIME OF DEATH Complete This

ATTENDING PHYSICIAN(S) Write "Gift to Life"

NAME(S) OF PHYSICIAN(S) TO BE NOTIFIED AT THE TIME OF AUTOPSY

Name of Physician

Telephone - or - Beeper Number

List Doctor or facility providing care around time of death
with city or telephone if possible

_____	_____
_____	_____
_____	_____
_____	_____

WHAT WERE THE MAJOR CLINICAL DIAGNOSES

Write "Refer to Powerchart"
List site of death, e.g. home, assisted living facility, skilled
nursing home, hospice, outside hospital

WHAT WAS THE SUSPECTED CAUSE OF DEATH

Describe briefly circumstances around death, e.g. "Developed fever
shortness of breath two days before death"

PROBLEMS TO BE SPECIFICALLY INVESTIGATED AT AUTOPSY

Indicate whether there were any suspicious circumstances around death
that might indicate trauma or foul play, e.g. recent fall or surgery

PERSON COMPLETING THIS FORM Complete This

UNIVERSITY OF UTAH HOSPITALS & CLINICS

Patient Stamp / Information

AUTHORIZATION FOR PERFORMANCE OF AUTOPSY

In the expectation that medical knowledge, progress, and treatment will be advanced, the undersigned hereby authorizes (check one):

- Complete postmortem examination
 Postmortem examination subject to restrictions, as follows:

The autopsy is to be performed on the body of _____, deceased at _____ am/pm on the _____ day of _____, 20____, in the University of Utah Hospital.

An autopsy is a medical and scientific procedure performed free of charge to establish with all possible accuracy the cause of death and to determine the nature of those disease processes or conditions that contributed to death. An autopsy contributes to medical knowledge and allows someone who has died to benefit other persons still alive or in the future. The complete post-mortem examination may, at the discretion of the examiner, include the brain, spinal cord, chest, abdomen, and extremities, unless excluded as stated above. A complete post-mortem examination does not interfere with viewing of the body or other funeral arrangements.

The hospital through its pathology department uses autopsy tissues for the purposes of conducting present and future research for advancement of health care. Check the appropriate item(s) below that apply to your decision to allow use of autopsy tissues for research.

- I authorize the distribution or banking of autopsy tissues with patient identifiers for research.
 I authorize the distribution or banking of autopsy tissues without any identifiers for research.
 I do not authorize the distribution or banking of any autopsy tissues for research.
 I authorize the distribution or banking of autopsy tissues for research, but use of the tissue in present and future studies is contingent on securing my informed consent.

AUTHORITY GRANTED BY:

Signature

Printed Name

Street Address

Street Address

City, State, Zip Code

Relationship to Deceased
DATE: _____

WITNESSED BY:

Signature
DATE: _____ TIME: _____

Telephone Consent Taken By:

Signature

Telephone Consent Witnessed By:

Signature
DATE: _____ TIME: _____

AUTOPSY ACCESSION # _____ (over →)

When the autopsy report is completed, it will be sent to the physician (s) of the deceased from whom you may learn the results of the autopsy examination. Do you also wish to receive a copy of this report?

Yes Please forward a copy of the report to the following address:

Name

Address

Address

City

State

Zip code

No I do not wish to receive a copy of the autopsy report.

PERSONS ELIGIBLE TO AUTHORIZE AUTOPIES
(Section 26-4-24, U.C.A., 1953 as amended)

Autopsies may be authorized:

- (a) by the Industrial Commission, or a member of it as provided by statute;
- (b) by individuals by will or other written instrument;
- (c) upon a decedent by the next of kin in the following order as known:
 - surviving spouse,
 - child, if 18 years or older, otherwise the legal guardian of the child,
 - parent,
 - sibling,
 - uncle or aunt,
 - nephew or niece,
 - cousin,
 - others charged by law with the duty of burial,
 - or friend assuming the obligation of burial.
- (d) by the county attorney or his deputy, or a district judge; and
- (e) by the medical examiner.

The statute provides that no criminal or civil action arises against a pathologist or a physician who proceeds in good faith and performs the autopsy authorized in accordance with the above.