

American Medical Association guidelines for communication between hospitals, medical examiners, and next of kin following unexplained or unexpected deaths in the hospital.

The occurrence in a hospital of an unexplained or unexpected death triggers a flurry of activity by a number of parties with varied interests. The state, represented by the medical examiner or coroner,* seeks to determine the cause and manner of death in the interest of advancing criminal and civil justice and for public health purposes. The hospital and its medical professionals seek to better understand the death of the patient for hospital quality assurance purposes and to advance the science of medicine. And next of kin seek answers as to how and why their loved one died.

Although diverse, these interests are not incompatible. Indeed, with effective planning and communication, the respective interests of the medical examiner, the hospital and next of kin can all be met. Unfortunately, for a variety of reasons, the series of events following an unexplained or unexpected death is all too often marred by suboptimal communication, which can result in an incomplete understanding of the death on the part of one or more of the interested parties.

The following guidelines, which are acknowledgedly idealistic, are intended to facilitate effective communication between hospitals, medical examiners, and next of kin following unexplained or unexpected deaths in the hospital. While resource constraints may preclude some hospitals and medical examiners from implementing these guidelines in their entirety, the guidelines nonetheless offer an effective starting point for improving communication between the various parties and for ensuring the interests of each are fully realized.

1. Hospitals should establish a single point of contact—for example, a “Decedent Affairs Officer” or, where resources allow, an “Office of Decedent Affairs”—to coordinate communication between hospital personnel with an interest in the case (attending physicians, hospital pathologists, hospital quality committees, risk managers, etc.) and the medical examiner. The same point of contact should coordinate communication between hospital personnel and next of kin. The hospital’s point of contact should be identified in all communications sent to the medical examiner and next of kin.
2. Hospitals should educate members of their medical staffs and other relevant hospital personnel about the locality’s medicolegal death investigation system, and about the hospital’s related policies and procedures.
3. Medical examiners should establish a single point of contact, which could be accomplished by maintaining a central telephone number, to coordinate communication between the medical examiner and parties with an interest in the case (next of kin, the referring hospital, etc.). State and local governments should provide adequate funding to facilitate effective communication between the medical examiner and parties with an interest in the case.

*Although medicolegal death investigation systems vary widely across states and localities, these guidelines are primarily written for use in medical examiner-based systems. Nonetheless, because the general principles of transparency, collegiality and empathy are relevant to any system, the guidelines may also be applied, with slight modification, to coroner-based systems in which responsibility for postmortem investigation may be assigned to third-party medical examiners.

4. The medical examiner's decision to accept or decline jurisdiction of a case referred for review should be communicated to the referring hospital within a reasonable timeframe.
5. When the medical examiner accepts jurisdiction:
 - a. The medical examiner should provide information about the death investigation process to next of kin, the referring hospital and other parties with a legally-defined interest in the case. This information, which could be relayed in the form of a pamphlet created by the office of the medical examiner, should include at a minimum an overview of the death investigation process, an estimate of the timeframe within which preliminary and final autopsy results will be available, any rights the parties may have to access medical examiner reports and related records, and the process to request such reports and records.
 - b. In general, in his or her interactions with next of kin, the medical examiner should strive to follow the Scientific Working Group for Medicolegal Death Investigation's "Principles for Communicating with Next of Kin during Medicolegal Death Investigations" (available at <http://tinyurl.com/l7fw6r4>).
 - c. Attending physicians and other hospital personnel with knowledge of the circumstances surrounding the death should make reasonable efforts to make themselves available to the medical examiner for consultation throughout the investigation. The referring hospital should expeditiously fulfill requests from the medical examiner for medical records, specimens, etc., that may be necessary in determining the cause and manner of death.
 - d. Unless the case is the subject of an ongoing criminal investigation and release of information would compromise the investigation or the prosecution of a criminal case, the medical examiner should, upon request, share preliminary autopsy findings with next of kin, the referring hospital, and other parties with a legally-defined interest in the case. Final autopsy results should be shared promptly with requesting parties when they become available.
 - e. The medical examiner should make himself or herself available to participate in a post-autopsy conference with the next of kin and other parties of the next of kin's choosing, such as the deceased's attending and/or personal physician(s). The medical examiner should also make a reasonable effort to make himself or herself available to hospital personnel to discuss the final autopsy report.
 - f. Upon request, the medical examiner should provide information to next of kin regarding options for obtaining an independent autopsy or a review of the medical examiner's findings and conclusions.
6. The hospital should make the conduct of an autopsy a priority when an unexplained or unexpected death is not investigated by the medical examiner. Given that the medical examiner may not always accept jurisdiction of referred cases and that the acceptance of jurisdiction does not necessarily mean that a complete or even partial autopsy will be performed, when a hospital refers a case to the medical examiner, the hospital should at the same time seek permission from next of kin to perform a hospital autopsy subsequent to any medical examiner investigation. The hospital should convey to next of kin the value of an autopsy, emphasizing the potential benefits to the family of the deceased, such as discovering hereditary illness, and the important contributions of postmortem examinations to hospital quality assurance, medical education and medical research. The hospital should explain clearly to next of kin that even if permission is not granted to the hospital to conduct an autopsy, the medical examiner may still be required by law to conduct an autopsy.
7. When a hospital determines there is a need for, and next of kin authorizes, an autopsy:
 - a. The hospital should provide information about the death investigation process to next of kin and hospital personnel with an interest in the case, including an estimate of the timeframe within which preliminary and final autopsy results will be available.

- b. Attending physicians and other hospital personnel with knowledge of the circumstances surrounding the death should make reasonable efforts to make themselves available to the hospital pathologist for consultation throughout the investigation.
 - c. The hospital should communicate preliminary and final autopsy results promptly to next of kin and hospital personnel with an interest in the case.
 - d. The hospital pathologist should make himself or herself available to participate in a post-autopsy conference with the next of kin and other parties of the next of kin's choosing, such as the deceased's attending and/or personal physician(s). The hospital pathologist should also make a reasonable effort to make himself or herself available to the attending physician and other hospital personnel with an interest in the case to discuss the final autopsy report.
 - e. Upon request, the hospital should provide information to next of kin regarding options for obtaining an independent autopsy or review of the hospital pathologist's findings and conclusions.
7. When the medical examiner declines jurisdiction, and the hospital declines to conduct an autopsy, the hospital should provide information to next of kin regarding options for obtaining an autopsy elsewhere.

Developed in consultation with the AMA Postmortem Communication Workgroup

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