



### H26 The Importance of Being Earnest: The Role of Autopsy in Preventing Litigation Related to the Management of Liver and Digestive Disorders

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**Learning Overview:** After attending this presentation, attendees will better appreciate the role of clinical autopsy in cases of unexpected death after gastrointestinal surgery or endoscopic diagnostic procedures for the management of liver and digestive diseases.

**Impact on the Forensic Science Community:** This presentation will impact the forensic science community by promoting the clinical autopsy as a transparency enhancer able to identify procedural pitfalls and prevent medical malpractice claims.

In recent years, the assertion that autopsies are unnecessary has been strengthened as a result of advanced antemortem diagnostic testing options that have been deemed sufficient to identify clinically significant pathological conditions and causes of death in most cases. Similarly, there is a certain reluctance on the part of non-pathology physicians to request clinical/medical autopsies due to the fear that diagnostic or therapeutic errors may be detected. Only a few studies have investigated the role of autopsy in litigation prevention and clinical risk management. Similarly, the phenomenon of litigation related to the performance of invasive or surgical procedures in the context of digestive and liver diseases is poorly studied despite the hypothesis of a greater risk for the physicians involved.

The case series presented consists of 17 cases of patients who died unexpectedly following endoscopic or surgical procedures for the diagnosis and/or treatment of digestive and hepatic diseases. In all the cases, a preliminary analysis of the medical records and a consultation with the health professionals involved in the management of the patient was carried out. A complete postmortem examination was subsequently performed in the presence of physicians representing the ward and relatives of the deceased. The autopsy technique was tailored to the clinical characteristics of the patients and the suspected diagnosis. Histologic studies were ordered to complete the autopsy investigations and confirm the diagnosis of death. At the end of the investigations, the results obtained were jointly presented and discussed in the interests of transparency.

Overall, this adopted postmortem investigative protocol resulted in confirmation of the initial clinical diagnosis in only two cases (12%). In eight cases (47%), the autopsy provided formulation of a diagnosis different from the clinical one, while in the remaining seven cases (41%), the postmortem examination was decisive since the clinical diagnosis was previously unknown. In 15 cases (88%), the clinical autopsy made it possible to establish the cause of death and—through the sharing of the findings—was fundamental in the prevention of litigation. In the other two cases (12%), the evidence gathered during the postmortem examination did not prevent litigation but did have a decisive impact in the court trial.

In conclusion, the present case series demonstrates the critical role of the clinical/medical autopsy in the management of deaths of patients admitted to the hospital for liver and digestive disorders. In particular, the added value of postmortem diagnostics lies in the possibility of obtaining a definitive diagnosis (which may or may not be consistent with the suspected antemortem diagnosis) and of generating useful evidence for the prevention of litigation or for the better management of a subsequent court trial.

#### Clinical Autopsy, Digestive and Liver Disease, Claims Prevention