

11. Pathology

Histopathology sampling

Interestingly, in the majority of cases, 55% (24/44), histology was taken. This is more than the proportions of 36%, 28% and 27% in previous reports^{22,43,46}, a reflection, perhaps, of the complexity of ICU-derived death autopsies. From the advisors' and general experience, many ICU deaths result from multi-organ failure, which can be very non-specific on gross appearances and requires further investigations for analysis. In this study, three categories of clinical pathology should also, in our opinion, have been investigated histopathologically. These were cirrhosis (three cases), presumed cancer (two cases), and heart valve vegetations (two cases).

It is important to note that histopathology is not routine in coronial autopsy work, being required, and thus permitted, by a coroner when a cause of death may not otherwise be provided from gross examination. There are cost implications for autopsy histopathology, since it is expected to be charged to the coroner by the pathologist or his department. Further, there are resource implications for the coroners' officers in their obligations to involve relatives in informing about retaining tissue samples or organs. However, once the coroner's requirement on cause of death is satisfied, and he is 'functus officio', the pathologist may legitimately approach the relatives to discuss further, consented, tissue sampling in order to refine the clinical pathology.