The post-mortem examination is promoted as important for quality assurance of medical diagnostics and treatment, for education of medical personnel and to promote good quality public health statistics. While these claims of significance remain, there is a general trend of decreasing autopsy rates, especially in Europe. To obtain an overview over the situation, the ESP group of Autopsy Pathology conducted a survey among affiliated national member societies about the autopsy practise and its role in specialist education.

Results:

- 21 out of 30 affiliated societies responded to the survey.
- 11 out of 21 respondents were able to specify the actual number of forensic and medical autopsies in their country. Lack of reliable statistics on medical autopsy activity reflects the situation in public European statistics (WHO).
- Performing a medical autopsy requires no consent from the diseased or next of kin in 9 countries (this includes all but two in the former eastern Europe). Only 3 countries practice oral consent, all Scandinavian. The high autopsy rate in some countries with written consent can be explained due to high ratios of forensic and coroner procedures to medical autopsies (Finland 3 times and UK 135 times as many).
- Medical autopsies are financed mainly through taxes in all but one country. Additional financing through insurance or private payment is practised in 7 countries.
- The number of medical autopsies required for specialization in pathology varies considerably. The majority (75%) have no minimum or a reduced mandatory number (below 200).
- Forensic pathology is a separate specialty in 17/21 countries, 5 of which have no mandatory practice in anatomical pathology.

Discussion: Only half of ESP respondents were able to report reliable numbers on national autopsy incidence, a fact in keeping with the poor status of the WHO-reported statistics (see below). Low autopsy rates may prove critical for the surveillance of quality of medical diagnosis and treatments. The reasons for the decline are likely multifactorial. Falling rates are, however, a strong signal that clinicians no longer find the post mortem examination useful in their daily practise, and may be interpreted as a proof for the public trust in the abilities of modern medicine. Thus, attempts for revival of the medical autopsy must address both the activity of the method within the concept of modern medicine and its utility for the public and for health authorities. Low demands for medical autopsy knowledge inevitably leads to a reduction of the quality of the autopsy itself, and thus a further downwards spiralling of number of requests. The introduction of medical autopsy pathology as a subspecialty, as suggested by van den Tweel JG in 2008 and established in the UK, may improve quality and reputation of the method, but also has implications as for instance centralisation. The low rates of autopsies in Europe necessitates a discussion of the future role of medical autopsy in medicine.


No autopsy rates reported: Belgium, France, Germany, Greece, Italy, Poland, Spain
