

Causes of Death at Autopsy in an Inpatient Hospice Program

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Abstract:

BACKGROUND: Although postmortem examination has been reported in a variety of settings and diseases, the medical literature only makes sparse mention of postmortem findings regarding the manner of death in terminally ill patients receiving palliative care. We sought to identify causes of death in an inpatient hospice program as determined by autopsy. **METHODS:** A retrospective chart review of all deaths from January 1998 through June 2000 of the inpatient hospice unit at Audie L. Murphy Veterans Affairs Hospital in San Antonio, Texas, was conducted. Autopsies were routinely offered to survivors of all deceased patients during this period. Basic demographic and clinical characteristics were collected for all patients, and pathologic reports were reviewed. **RESULTS:** Forty-eight autopsies were conducted out of 260 deaths in the unit (18%). Patients who had autopsies were similar to nonautopsied patients in age, gender, length of stay, presence of cancer and whether this cancer was treated or not. Nonhispanic white patients were more likely to receive an autopsy and African American patients were less likely to receive one ($p = 0.027$). Most deaths were directly or indirectly related to the primary diagnosis. Pneumonia was present in 79% of all patients ($n = 38$), and appeared to be the major cause of death in 44% of patients ($n = 21$). Other deaths were determined to be due to cancer's direct effects, sepsis, ischemic heart disease, hepatic or renal failure, obstructive uropathy, subdural hemorrhage, pulmonary embolism, hypercalcemia and endocarditis. **CONCLUSION:** Pneumonia is the most frequent cause of death in patients in this inpatient hospice program.

Comments:

Strengths/uniqueness:

This is an original report of autopsy findings in a palliative care population. These results are unique in providing new information to correlate suspected cause of death with autopsy evidence.

Weakness:

The retrospective study design and chart review may weaken the accuracy of the results. There is only limited information on documentation and it is not clear that death certificates were used to correlate with autopsy findings.

Relevance to Palliative Care:

This report provides useful information that pneumonia may have a larger than anticipated impact in causing death in palliative care populations. This may assist completion of death certificates and communication and counseling of family members.