Moral Considerations on Autopsy

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As the taste for coffee spread, European doctors perpetuated the medical claims of Mohammedan physicians. Coffee's "virtue" was soon incorporated into Europe's materia medica. The German humanist, Johan Vesling, wrote: "The first step it [coffee] made from the cabinets of the curious, as an exotic seed, was into the apothecaries' shops as a drug."

When coffee reached Marseilles, it ran into its first real opposition from the medical profession. Not only did the good doctors dislike coffee's complete acceptance, they went to the opposite extreme and called it poison!

To support their contention, in 1679 they invited a young medical student to recite a thesis as to whether or not coffee was harmful. Since the young man was eager to be admitted to the College of Physicians, it is hardly necessary to state his position. He launched a stinging attack upon the beverage.

The effect of the speech was not what the doctors ordered. People had already developed a great fondness for the pleasant new beverage. Moreover, they were unimpressed by the unfounded charge against it. Instead of curtailing coffee's use, the publicity sent coffee consumption soaring. For the first time in history, merchants imported coffee by the shipload.

While the French physicians of Marseilles were condemning coffee, English physicians were prescribing it for a long list of ailments. The consensus of opinion in England seems to have been that coffee was good for the brain, heart and digestion. It was also prescribed for such illnesses as dropsy, consumption and the King's Evil.

Until the 1700's, most English physicians regarded coffee mainly as a medicine. But there was an earlier British doctor who foretold coffee's future, not in the medical kit, but on the dining table. William Harvey, who discovered the circulation of the blood, left a legacy of enlightenment when he died in 1657. With the statement, "This little bean is the source of happiness and wit,", he bequeathed fifty-six pounds of coffee to the London College of Physicians, directing that his friends should gather once a month to drink coffee in his memory.

Nowadays, we rarely consider coffee's medical past. The medical claims gradually subsided as doctors learned what the man in the street discovered centuries ago. That is, simply, that coffee has a place in the scheme of things because it pleases our palates and lifts our spirits.

Anyone for a cup — black or with cream?

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MORAL CONSIDERATIONS on AUTOPSY

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The first autopsy on medical record occurred in 1341. From that time on the practice grew gradually until, in the last century, Rokitansky and Virchow brought the study of the human cadaver to a new dignity. Through the efforts of such masters, new and more precise knowledge has been made available and has brought enormous benefits to medicine and the clinical sciences. By now the practice is frequent enough in modern medicine that the words "autopsy" and "post-mortem" come easily to the lips of even the rankest medical amateur. However, if few are ignorant of the procedure, there are still many with distorted notions of its morality. Some wonder that moral considerations are operative at all when there is question of a cadaver; others, usually from mistaken religious conviction or an unenlightened and sentimental delicacy condemn the operations out of hand as brutalities. Both positions are of course, extremist. This article will attempt to summarize the standard moral teaching on the autopsy.

The sources for such a presentation, besides the popular manuals of medical ethics, are two talks delivered by the late Pius XII, one a short summary (which did not deal with autopsies in particular but with the use of the human cadaver for scientific purposes in general), the other a very thorough analysis of the moral considerations. Furthermore, as the Pontiff has indicated, since only the most general truths (scarcely sufficient to provide the detailed direction needed) emerge from natural law and dogmatic
considerations, it is the duty of public authority to specify the control of autopsy by sound legislation built upon the more basic and more remote truths. Thus it is that legality and morality merge; or in other words, the practical moral obligations are often enough the result of detailed legislation by civil authority. But since these specifications of civil authority differ according to locality, it would be helpful to indicate in passing where the duties are determinations of the civil law.

By way of general principle, the morality of autopsies could be enunciated as follows: (1) with a proportionate reason, (2) and given proper consent, (3) autopsy may be performed (4) on the certainly dead human body.

A PROPORTIONATE REASON

Mutilation of a living human being is generally justifiable (and sometimes obligatory) when it is useful or necessary for the total good of that person. The organs and functions of the body are goods with a definite and limited purpose: to serve the good of the whole. To impair or eliminate a good without sufficient cause is unreasonable and immoral conduct since it exceeds the limited rights of stewardship given man over his own body. Even when a reason is had, it must be in accord with the limited and definite purpose of this good. To use the organs and functions of the body in any other way would be to do violence to this intrinsic purpose. Clearly, then, the reason justifying mutilation on the living is quite strictly and narrowly definable.

But the above reasons cannot be applied to autopsy as the explanation is not far to seek. In autopsy there is no deprivation of a good. Because the whole organism (the person) no longer exists, organs and functions which were important and had significance because they were parts of this organism no longer have the character of parts of a living whole: hence they no longer have the same significance. The bodily organs and functions of the cadaver; for they no longer serve it and no longer have relation to any end. It is clear then, that the principle of the whole (totality) which justifies and limits mutilation on the living has no application here.

But while the cadaver is not living and not subject to the laws governing mutilation of the living, neither is it just an animal body or a "thing," a thing which one may treat as he pleases. Man has found some use for nearly every part of the merely animal body and few would challenge the propriety of such use; for the beast is essentially subordinate to the reasonable uses of man. The same could be said of the human corpse.

If one considers only the material aspects or components. But that such components cannot alone be a criterion is clear from two considerations, one of which might be called the objective, the other the subjective.

Objectively, the dead human body is something with a certain measure of dignity. It was the abode of the soul. While always remaining distinct and ultimately separable, the body and soul were so closely united that the only accurate statement of this unity is the word "one." The struggles of the soul, its leaps of joy and warmth, its ineffable anguish, its glorious virtues were shared by, related to, conditioned by, manifested in, occasioned by, and so forth, the body. Similarly the growth and very health of the body were a tremendous influence on the condition of the soul. Psychosomatic medicine is just beginning to scrape the surface of this profound unity. Depth psychology, happening upon the eerie regions where the two become one, has accumulated a body of observations, luxuriant and confusing: as fugitive and delusive as the line between body and spirit. The sacrament of extreme unction, whose principal effect is the spiritual uprigring of the gravely sick, is daily testimony to the prostration of the mental forces which follows collapse of the inferior powers, that is, to the profound and mysterious unity of body and soul. The very agony of death speaks of the terrible intensity of this union as it bursts asunder. If, then, human beings retain and reverence clothes, furniture, rings, pictures of those they love (as memories of a much looser union), how much more dignity does not the human body itself possess?

But not only was it the abode of the soul and essential constituent of the human personality; it is also destined to rise again, when and in the manner pleasing to God Himself. It is destined to reconstruct for all eternity the human personality to share the unspeakable rewards or punishments of the decisions in which it has played so prominent a part. Objectively, then, the human body is not just a "thing" or a mere animal carcass.

But even subjectively the need for a degree of reverence exists. It is a fact of religious psychology that our actions not only stem from our convictions and beliefs, but also intensify or undermine these beliefs. We witness this phenomenon in all areas of human activity. A failure in reverence before the Blessed Sacrament tends to increase the weakness of faith from which it springs and even to proliferate into other areas of faith. Conversely an act of supernatural charity tends to deepen one's grasp of the Christ-likeness of others. Similarly, just as recklessness and irreverent treatment of the human corpse stems from a faulty concept of the body, so it tends to intensify and even extend this erroneous attitude. Eventually to treat the dead body as if it were merely an animal carcass could
easily pose a threat to the reverence due to the living body itself. Our living needs partially dictate our treatment of the dead.

These are the basic truths and facts, rather general indeed, which form the moral bases for the uses of cadavers. Positive legislation by civil authority should, and usually does, build upon such bases. Any use which respects these demands of natural-law morality is from this point of view morally acceptable. These general demands forbid only reckless use of cadavers, one where no reason functions to assure maintenance of reverence based on the distinction between the human and the merely animal.

But there are genuine needs justifying autopsy. And because these needs are genuine, they can guarantee that the proper reverence based on the dignity of the body can be maintained even where autopsy is performed. Two general categories of needs stand out: scientific advancement and public order. Competently performed autopsies can contribute greatly to more precise knowledge of the origin, sites, and advances of killing processes; they can lead to the discovery of unknown conditions, to the definitive disproof of a growing misconception or the establishment of a clinical hypothesis. They can render great aid to medical education by making available the only realistic subject for anatomy courses and the often awkward first-steps of incision, exploration, and suture.

For further more, the demands of public order often suggest the need of autopsy. Frequently it is the only way to determine whether death is due to some natural or violent cause (suicide, homicide). This determination plays an obvious role in detection, prosecution, and prevention of crime, in the proclamation of wills, in the achievement of peace of mind of surviving acquaintances. There are so many valid reasons for autopsy that it can be said that there scarcely is any problem from this point of view. Practically, there could scarcely be a threat to the reverences of public order. Competently performed autopsy is useful. Practically, the determination and desirability of autopsy in an individual case, is the business of the conscientious pathologist or surgeon or coroner, public official. If abuse of the procedure is present, it will generally be present not through lack of reason to perform the autopsy, but by way of negligent performance, lack of consent, and so on.

It is clear from the preceding considerations that the care of a corpse, its integrity, and the treatment to which it is subjected are not insignificant considerations. But it is equally clear that the corpse cannot care for itself. Hence the duty of proper care must devolve upon someone else. This much seems arguable from the general principles of natural-law morality. And if someone else is answerable for the proper care of the cadaver, then the consent of this party to autopsy will be required.

But who is this someone else? Positive law usually makes this abundantly clear. Because the spouse or next of kin are generally those best prepared to bestow such care and because they stand to suffer most from abuse of the corpse, civil laws generally establish as theirs both the duty and the correlative right. But not always.

PROPER CONSENT

The remarks surrounding autopsy propriety could be extended, with some obvious cautions, to the use of cadavers for educational purposes in the anatomy classroom. For the urgency of the need of such anatomical material and the factors tinking for urgency, cf. J. D. Ratliff, "Let the Dead Teach the Living," Reader's Digest, August, 1961, 87-90. Pius XII explicitly mentions the justice of such use. (The Pope Speaks vol. 3, 204-5.)

The sections summarizing American legal conclusions as follows: i) the consent of relatives is probably not requisite if the decedent himself has authorized an autopsy; ii) the consent of relatives to an autopsy is not necessary if decedent's death occurs under circumstances which point to possible homicide, suicide, or other unnatural causes; iii) the consent which the physician ought to obtain before he performs an autopsy does not mean the consent of all the decedent's relatives but merely the consent of the relative or relatives who stand nearest to him in blood and affection. There are many complexities which make legal sequence an involved matter; but there seems to be very little difficulty where there is a surviving spouse with whom decedent was living, where the decedent was a minor child living with its parents, where the decedent is a widowed parent. 11

10Hartel and Plant, The Law of Medical Practice. 1959, 63 summarize American legal conclusions as follows: i) the consent of relatives is probably not required if the decedent himself has authorized an autopsy; ii) the consent of relatives to an autopsy is not necessary if the decedent's death occurs under circumstances which point to possible homicide, suicide, or other unnatural causes; iii) the consent which the physician ought to obtain before he performs an autopsy does not mean the consent of all the decedent's relatives but merely the consent of the relative or relatives who stand nearest to him in blood and affection. There are many complexities which make legal sequence an involved matter; but there seems to be very little difficulty where there is a surviving spouse with whom the decedent was living, where the decedent was a minor child living with its parents, where the decedent is a widowed parent.

If consent is a requisite for autopsy, it is also that which controls the procedure in other respects. Morality would agree that permission for an autopsy does not carry with it automatically consent to the removal of tissues for classroom, laboratory, or museum use. Only that which is necessary to autopsy itself is understood as granted with consent.

11Jackson. The Law of Cadavers, ed. 2, 1950, 159. The damages recoverable are, it seems, primarily to compensate for the injury to the relatives' feelings, to assuage mental anguish, or, as Jackson notes, for the kind of grief that requires financial relief.
sent. Civil law generally supports this moral unanimity. While the foresaid uses of the human corpse are at times perfectly legitimate and even desirable, it is precisely consent which at least partially renders them legitimate.

Oral consent, it is true, is probably the most frequent form of consent where autopsy is concerned. In most cases it is probably legally sufficient; yet some jurisdictions, (e.g. California, Michigan) at least in some cases, demand written consent. Writers even speak of implied consent. They mean by this that the authorized person, conscious of his rights, cooperates in bringing about the performance of the autopsy or stands by and sees it performed. There is always danger of misunderstanding, difficulty of proof, hence of legal action in such cases. It can scarcely be doubted that written consent is the most desirable form from every point of view.

Written consent, then, means consent of those charged with the care of the body. Yet to be authorized in the fullest sense of the word proper, autopsy should not only take into account fundamental minimum rights: it should further regard the delicate human feelings so often involved. It is here that Pius XII points to an area of possible abuse:

Not would it be fair for the bodies of poor patients in public clinics and hospita1s to be regularly destined to the service of doctors and surgeons while the bodies of wealthier patients are not. Money and social status should not intervene when it is a question sparing such delicate human feelings.

While it is true that feelings can be abused by an unfair advantage over the poor or something bordering on exploitation of consent, yet this difficulty can generally be met by proper education in this matter. Social morality is never content merely to separate the prohibited from the permissible. Among other things, such minimalism risks motivating the permissible with the taboo, thus tending seriously to limit the notion of the good. Education to the need and propriety of autopsy must go further. It should present autopsy not only as permissible, but as an act of charity toward suffering humanity, as glorified by the aureole of mercy and charity toward some suffering brothers. 

OBLIGATION

Autopsy performed for good reasons is not only beyond moral reproach; it can be an act of charity, a genuine sacrifice on the part of those whose feelings may perhaps be disciplined to allow it. But is it ever morally obligatory? Probably most moralists would believe that generally it is not. But could there not be exceptional circumstances where it would be so decisive that it would impose itself? For example, it is quite conceivable that the good to be achieved in an individual case or the harm to be prevented by autopsy could be so considerable that autopsy would be a moral obligation. Practically, however, it would be obligatory only with the simultaneous fulfillment of three conditions. a) There is at least a solid probability that autopsy will secure the good or prevent the harm envisaged. b) There is no other reasonably convenient way of achieving the same results. c) The autopsy will not of itself involve hardship which outweighs the benefits. Given the fulfillment of these conditions, exceptional circumstances could impose a duty either in justice or charity to perform an autopsy: a duty upon the spouse or next of kin to consent if the cadaver has been remitted to their care, or the duty to operate if the body has been committed to the coroner.

The Certainly Dead Body

In explanation of this we can be comfortably satisfied with a summary of the illuminating remarks already made on the subject by Reverend John J. Lynch, S.J. As soon as the physician is certain of real (as opposed to apparent) medical death, autopsy is permissible. Real medical death is the cessation of essential vital function beyond every reasonable hope of resuscitation. Apparent death would amount to cessation of certain signs (e.g. absence of pulse) which might not in themselves be sufficient to provide certainty of final cessation of life.

Theological death is understood as the separation of body and soul. It is by no means absolutely clear when the soul leaves the body, nor is it absolutely clear that it leaves concomitantly with medical death. "Theologians are inclined for several reasons to favor a somewhat delayed separation of soul and body. Consequently they are more than willing to concede an interval of time between the instant of real medical death and the moment of theological death," especially after violent or sudden death. This has practical overtones for the administration of the sacraments, but not for the performance of autopsy. It is the prerogative of the doctor to decide when real medical death has occurred.

OBSJECTIONS ANSWERED

It is entirely possible for the wrong impression to emerge from a consideration of the morality of autopsy. While a genuine reason is required and while real abuse is not always possible, in practice these are not the problems. The true usefulness of autopsy and cadaver material for anatomy classes is beyond reasonable question. The problem is rather the practical one of either stimulating the medical profession to a greater diligence in the performance of autopsies18.

14Picarra, loc. cit., 122.
15The Pope Speaks, vol. 3, 205. The Pontif's reference to sparing such delicate human feelings (loc. of the relatives) leaves little doubt that he was not discussing unclaimed cadavers, the chief source of educational anatomical material.
18Dr. Smith suggests, loc. cit., 55, this causal factor. Statistics taken from the Catholic Hospital Association questionnaire for the 1954 Directory issue of Hospital Progress suggest that when the examination is really desired by the staff, means are found to overcome the obstacles."
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a) The body of the deceased will be disfigured. This can be answered by insisting that the incision need not show above the clothing. The autopsy will be performed by a responsible pathologist. Finally, even the undertaker must cause some disfigurement to do his work properly.

b) The deceased has suffered enough. This basically pagan and unreasonable objection can be countered by pointing out that the dead body experiences no pain. Furthermore, incisions and punctures have to be made in the course of embalming.

c) Let someone else have it. This is a selfish attitude and if everyone adopted it, there would be no medical progress. Everyone benefits from the knowledge gained by autopsies and so should be willing to contribute his share.

d) The deceased would not have wanted it. First of all, it is well to question this allegation and ask if the deceased ever dis-