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AUTOPSY — HOW SOON AFTER DEATH?

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WELL KNOWN to doctors generally, and especially abhorred by pathologists, are the medical disadvantages of delaying autopsy unnecessarily. Yet it happens frequently enough, particularly when death has been sudden and unexpected, that delay up to two or three hours is required by Catholic hospital authorities before post-mortem is allowed. And if challenged by staff members for reasons in support of this regulation, more than one administrator is said to invoke section 25 of *Ethical and Religious Directives for Catholic Hospitals*.[1] The directive as worded requires only that "Post-mortem examinations must not be begun until real death is morally certain," and this rule of itself would not ordinarily admit of misunderstanding. But a parenthetical note in fine print, originally appended for reasons to be explained later, is perhaps open to the misinterpretation which suggested the interrogative title under which these comments are made.

The note in its totality reads as follows:

The main point here is that the physician should be reasonably certain that the subject is not merely apparently dead before he starts the post-mortem. More precise information concerning the moment of real death is desirable. Lacking such information theologians usually allow the following intervals for the conditional administration of the sacraments: one-half hour to one hour, in the case of death after a lingering illness; and two or even more hours, in the case of sudden death.

Quite obviously it is the mathematical norm expressed in the note's final sentence which has created a seeming conflict between what is medically desirable and what is theologically permissible. In an attempt to resolve that conflict by demonstrating it to be merely apparent rather than real, a couple of preliminary distinctions may be helpful: (1) the distinction between real and apparent medical death; and (2) the further difference between real medical death and what might correctly be called theological death.

MEDICAL DEATH

Real medical death may be defined as the cessation of essential vital function beyond every reasonable hope of resuscitation. This is the notion of death with which doctors as such, regardless of religious convictions or lack of the same, would be most familiar. It is the concept which presumably is verified whenever a patient is pronounced dead by a qualified physician.

The conclusion that medical death has truly occurred in any given instance is a deduction from certain external and perceptible signs, some of which are immediately conclusive, some of which provide merely suasive or probable evidence that essential vital function has ceased beyond reasonable hope of revival. If a body, for example, is discovered in an advanced state of decomposition, no reasonable person would doubt about the occurrence of medical death at some considerable time previously. On the other hand, imperceptible pulse or indistinguishable respiration might not of itself provide certitude as to the final cessation of life. It is by no means inconceivable that a person could exhibit any one, or perhaps even several, of this latter type of symptom without being as yet beyond medical hope. In other words, he may be only apparently dead in the medical sense of the term.

Clearly the decision that genuine medical death has or has not as yet occurred is one which is the rightful prerogative of doctors and not of theologians. There are times, of course, when the fact is instantly and unquestionably evident even to the medically unqualified. Suppose, for example, that a steeplejack has his head literally crushed to a pulp as the result of a fall from a high tower. Beyond all conceivable doubt that man was medically dead at the instant of his hitting the ground. But apart from such extremely obvious examples, certain more subtle indications of medical death — signs which might easily escape the medically untrained — may well provide a doctor more or less immediately with indisputable evidence that life has irrevocably ceased. And once that decision has been properly made, certitude that real medical death has been established in accordance with the meaning of Directive 25.

THEOLOGICAL DEATH

By theological death is understood the separation of soul from body. That this separation does take place, and that it does furthermore constitute the theological essence of death, are rudimentary points of Catholic doctrine. But we do not know (and without divine revelation on the matter we simply can never discover) exactly when the soul departs from the body. Does this dissolution occur instantaneously and concomitantly with medical death, or does the soul linger, as it were, functionless within the body for some time after medical death has taken place?

In the absence of tangible evidence that would establish either one or the other hypothesis as certain, 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. When the physical phenomenon of dying is itself a protracted thing, they picture the dissolution of soul and body as taking place soon after medical death occurs. Hence the ultimate departure of the soul will perhaps occur within a relatively shorter time after essential vital function has ceased. But when death is a very abrupt transition from robust good health

[1] St. Louis: Catholic Hospital Assn., 1959.

to definitive lifelessness, the soul's ultimate departure is delayed proportionately.

It is important to realize, however, that the practical implication of a distinction between medical and theological death bears reference primarily, if not exclusively, to the administration of the sacraments. As every Catholic should know, the sacraments may be validly administered only to the living. But if one considers life as the conjunction of body and soul and if one further admits the possibility that body and soul remain united for an indefinable interval after the occurrence of medical death, there is immediately apparent the justification for our common practice of conferring certain sacraments conditionally even upon some who are most assuredly dead in the medical sense.

DIRECTIVE 25

With the foregoing distinctions in mind, the question of autopsy as initially proposed in this discussion might now be reworded in this fashion: must autopsy be delayed until the physician is morally certain of *theological* death, or does reasonable certitude of *medical* death suffice?

The "real death" to which Directive 25 refers is to be understood as real medical death, i.e., the cessation of essential vital function beyond reasonable hope of resuscitation. As the first sentence in fine print explains, "the main point here is that the physician should be reasonably certain that the subject is not merely apparently dead before he starts the post-mortem." As a specific application of the generic principle enunciated in Directive 12[2], this rule on autopsy is simply a reminder to the doctor that post-mortem may not be started when there exists any solid probability that it would induce a positive cause of real medical death in a person who is only apparently dead.

Even on the assumption that several hours may elapse between certain medical death and conjectural theological death, no valid reason can be advanced against the licitness of autopsy which is begun as soon as medical death is morally certain. Just as surgery during life does no irreverence to the patient's soul, so autopsy after medical death is entirely compatible with our duty of reverence in the event that the soul still informs the body. And it would appear to be entirely unsubstantiated to suggest that a post-mortem, consequent upon medical death but prior to theological death, tends to "drive the soul out of the body" sooner than it would otherwise depart.

As implied previously, the Directive's fine-print reference to the "one-half hour to one hour" and the "two or even more hours" lapse of time is a rule-of-thumb devised in order to give us the widest possible latitude in the administration of the sacraments after the subject's death. This mathematical estimate does not apply — nor was it originally inserted in the note as intended to apply — to any minimum interval of time which must elapse between morally certain medical death and the inception of autopsy. As Directive 25 itself equivalently says, *as soon as* death is morally certain, post-mortem may be begun.

2 "The direct killing of any innocent person . . . is always morally wrong."

Perhaps our unfortunate steeplejack may serve as a posthumous illustration of our theological position regarding medical and theological death as these concepts affect autopsy and the administration of the sacraments. With his head crushed literally to a pulp, the victim is indisputably dead in the medical sense, and consequently a post-mortem could commence immediately since there is not even the semblance of reason to fear that death is merely apparent and that autopsy would induce real death. But the man's soul possibly remains united with that medically dead body for several hours, and therefore the sacraments could be conditionally administered on the strength of the possibility that theological death may not yet have occurred.

SUMMARY

The Note appended to section 25 of *Ethical and Religious Directives for Catholic Hospitals* has apparently occasioned the misconception of some theological necessity for delaying autopsy after ascertainment of death. That this necessity is imaginary and not real can be established by adverting to the distinction between medical and theological death and to the reason for so distinguishing.

"Medical death" refers to the cessation of essential vital function beyond every reasonable hope of resuscitation. The fact of its occurrence is entirely a matter for doctors to decide in accordance with accepted medical norms.

"Theological death," a totally distinct concept, implies the separation of soul from body. Although theologians cannot be certain of the fact, there are suasive reasons for believing that theological death may not occur until some time after medical death. This doctrine has its application in the administration of the sacraments and is not directly of medical concern.

Regardless of the speculative doubt regarding theological death, there is no reason to insist that doctors ascertain anything more than real medical death before commencing autopsy. The "real death" mentioned in Directive 25 is real *medical* death. The mathematical norm referred to in the final sentence of the Note does not refer to autopsy.