

## Autopsy practice in northern Nigeria

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*Those who have dissected or inspected many,  
Have learned to doubt when the others,  
Who are ignorant of anatomy,  
And do not take the trouble to attend to it,  
Are in no doubt at all.  
Morgagni, 1791<sup>1</sup>*

### Introduction

Autopsy or postmortem is the systematic examination of the remains of a patient to determine the extent of disease, the effect of treatment and the presence of an unrecognized ailment that could have contributed to the demise of the patient.<sup>2</sup> Broadly, autopsies are classified into clinical or hospital autopsies, and medico-legal autopsies that are done for the purposes of the law.

The proliferation of several modern hospitals across the length and breadth of Nigeria has translated into the wide availability of pathological services, including the autopsy. Postmortem examination rates are often governed by the availability of skilled manpower.

Mainly the Hausa-Fulani peoples, who are predominantly Muslims, populate the northern parts of Nigeria. Religion and cultural practices are known to exert a strong influence in the decision of relations to accede to a request for postmortem<sup>2,3,7</sup>.

A number of articles have appeared in the literature on autopsy practices by Nigerian

authors<sup>3,4,5,6</sup>. However, only one of these publications was dedicated to the subject matter in a northern Nigerian setting<sup>8</sup>.

### Autopsy Practice

Anecdotal data indicate that a few, isolated postmortem examinations took place in the territories that comprise northern Nigeria by British army colonial medical officers perhaps as early as 1935. These were done principally on non-natives (Europeans) many of whom had died while on tour of duty for the British Empire. Autopsy practice in these regions received a big boost with the opening of the first medical school at Zaria in the late sixties, but it was the arrival of G.M. Edington, around 1973, first to Zaria and then Maiduguri, that probably popularized autopsy rates throughout northern Nigeria. Even the establishment of several more hospitals and medical schools at Jos, Ilorin, Kano and Sokoto, all within Northern Nigeria, has not succeeded in halting this decline.

It would appear that the observed decline in

autopsy is part of a global fall that was first noticed after the second world war<sup>14</sup>. This trend has been the subject of exhaustive reviews and commentaries at home<sup>2,3</sup> and abroad<sup>9,10,14</sup>.

The overall autopsy rates in a typical centre in northern Nigeria (140 cases in two years)<sup>8</sup> pales into insignificance when contrasted with 4192 cases in a year at a Chicago hospital<sup>14</sup> and an average of 30 cases every month in Benin city<sup>3</sup>. There can be no doubt that postmortem examinations have never been full accepted in most parts of northern Nigeria, possibly due to prevalent strong religious practices that encourage earlier burial of the dead.<sup>8</sup>

Yet, the value of the autopsy in these places had not diminished at all. Medico-legal autopsies, in particular, continue to be used to obtain important evidences for the courts of law in northern Nigeria. Perhaps, the most notable instance was in the celebrated case involving the Kano millionaire and socialite, Nafiu Rabi, accused of the murder of his wife in 1980. Four highly distinguished pathologists were summoned to give expert medical evidence before the matter could be settled in court.

Rafindadi reviewed the records of 140 autopsies in a retrospective study done at Zaria<sup>8</sup>. Seventy five percent of these were coroner's cases highlighting the preponderance of medico-legal autopsies over hospital autopsies in the locality. He believed there was a strong socio-cultural objection to postmortem examinations and even the causes he cited were, in any event, only grudgingly agreed to. He noted a striking variation in suicide rates in his study, which was a low 3.8%, as compared with the United Kingdom (22.2%). Previously, Kwaga<sup>11</sup>, Asuni<sup>12</sup>, and also Elmes<sup>13</sup> had all commented on the rarity of suicides among Africans, and concluded that this may be related to the strong taboos against suicides in Africans<sup>12</sup>.

### Goals of the Autopsy

The purposes of the autopsy are many<sup>14</sup>:

1. To ascertain the main disease and ancillary diseases, shed light on their pathogenesis, and understand their evolution and course.

2. To evaluate the effects of treatment and determine its side effects.
3. To determine the cause(s) of death and of therapeutic failure; and
4. To provide education at all levels – to the patient's family, students, physicians-in-training, attending physicians, scientists, nurses, etc.

Hospital (clinical) autopsies continue to yield much valuable information that has been used to elucidate important diseases in the past including A.I.D.S and Legionnaire disease<sup>15</sup>. Data generated from autopsy helps audit and is the backbone of good clinical practice.

Where death results from operations, childbirth, violence, suicides and other peculiar circumstances as defined by law, a coroner's autopsy is a fundamental aspect of the investigation<sup>16</sup>. The state is interested in the death of all the citizens of the country. This interest is for three major reasons; the first to prevent secret homicide, the second to assist the state in the prevention of accidental deaths, the third to facilitate the accurate registration of the causes of death for epidemiological purposes. In Nigeria the provisions of the law that empower the investigations in these respects is as contained in cap 20 Laws of Nigeria cited as Births and Deaths Registration Law of 1948. However, this portion of the law has been criticized and is indeed, obsolete, as it was enacted primarily to protect European colonialists<sup>2</sup>.

### Promoting the Autopsy

There is a pressing need to educate the public and health professions on the value of autopsy. Various authorities have made salient recommendations in this regard<sup>2,3,10</sup>. A particularly attractive proposal we find is the "problem-oriented autopsy" as proposed by Goodale<sup>2</sup>. That is one tailored to answer specific questions and this approach is a very useful innovation that can serve a quality control function, too<sup>2</sup>. It would afford both attending physicians and relations the opportunity to get specific answers to their questions and also remove prejudices.

In recent years there has been a reduced interest in autopsy in the medical community even in areas of Nigeria where it had been accepted. Nwosu and Etebu surveyed the attitudes of doctors and nurses towards the autopsy. They found that up to 30% of the doctors in the city of Port Harcourt hold a negative view of the autopsy<sup>7</sup>, and would not want autopsies done on them nor agree to give consent for autopsy on their spouse, child, parent or close relation.

Other workers have showed from Benin, that the perceived high likelihood of refusal of consent by relatives was more imagined than real<sup>3</sup>. Their study showed that hospital autopsy rates were more dependent on the increase in the requests by doctors than any other factor.

The authorities concerned must recognize the role of the autopsy pathologist. It is a primary responsibility, not subordinate to surgical pathology or research. There must be adequate rewards for cognitive and procedural skills, to nurture and foster the dedication necessary for careful dissection and study. The time has come for the value of autopsy to be actively promoted in Northern Nigeria for the sake of medical education, research and clinical audit.

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