on a patient who died in the hospital. However, some hospitals charge a fee if the autopsy is requested by the family but the hospital does not have a particular interest in performing an autopsy. Other hospitals charge a fee to perform an autopsy if the deceased was a patient at the hospital but died outside the hospital. Because billing practices for autopsies vary among institutions, it is important for physicians at a given institution to know what those practices are. On occasion, some funeral homes will charge additional fees for body preparation when an autopsy has been performed. However, this is not common, and some funeral directors believe it is not appropriate to levy such additional fees. The family may be instructed to check with their funeral director if they are concerned about possible autopsy-related fees imposed by the funeral home.

CONCLUSIONS

We hope that the information provided herein will be helpful to clinicians who request permission to perform autopsies, explain autopsy procedures, and answer questions related to autopsy performance. When needed, questions may be directed to a pathologist in the institution where the autopsy will be performed or to the funeral director, if questions are related to body preparation and other aspects of funeral services.

A list of the members of the Autopsy Committee of the College of American Pathologists appears in the August 1997 issue of the ARCHIVES (1997;157:1645).

REFERENCES


Correction

Error in Cutoff Points. In the article titled “Price of Adaptation—Allostatic Load and Its Health Consequences” by Seeman et al published in the October 27, 1997, issue of the ARCHIVES (1997;157:2259-2268), the lowest cutoff points listed on page 2261 were incorrect. The correct cutoff points are as follows:

- Lowest HDL cholesterol level ($\leq 1.45 \text{ mmol/L} \ [\leq 37 \text{ mg/dL}]$)
- DHEA-S level ($\leq 2.5 \mu\text{mol/L} \ [\leq 350 \text{ ng/mL}]$)

We regret any inconvenience this may have caused our readers.