



**House
Legislative
Analysis
Section**

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AUTOPSY FOR SIDS

House Bills 5564 and 5565 as introduced
First Analysis (11-30-88)

RECEIVED

Sponsor: Rep. Michael Bennane
Committee: Public Health

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THE APPARENT PROBLEM:

Sudden Infant Death Syndrome (SIDS, also known as cot or crib death) is usually defined as the sudden and unexpected death of an apparently healthy baby or young child (usually between the ages of three weeks and seven months) which is unexplained by the child's health history and for which a careful autopsy fails to identify an adequate explanation of cause of death. SIDS is the leading cause of death in infants after the first week of life, with approximately 7,000 babies dying of SIDS every year in the United States and between 200 and 300 babies a year in Michigan. Researchers do not know what causes SIDS, though they suspect that there is more than one cause. It is known that SIDS is not caused by suffocation or by vomiting and choking and is not contagious or hereditary. It also occurs among families of all social and economic classes. Because the cause or causes remain unknown, SIDS cannot yet be predicted or prevented.

The County Medical Examiners Act (Public Act 181 of 1953) requires county medical examiners to perform autopsies at state expense under certain circumstances (on people whose deaths were violent, unexpected, medically unattended, the result of an abortion, or occurred while the person was a prisoner). Until 1974, if the medical examiner did not perform an autopsy on a baby suspected of having died due to SIDS, the baby's parents or legal guardians had to pay for an autopsy if they wanted one done. In 1974, however, the act was amended to require the county medical examiner, upon being notified of the death of unknown causes of a child under two years old, to inform the parents or legal guardians that an autopsy could be performed at state expense if they so desired. Although most babies with a diagnosis of SIDS are autopsied in Michigan (the Department of Public Health estimates 92 percent by 1983), some still are not.

Many people who counsel the parents of SIDS babies have found that when parents, for whatever reason, decide not to have an autopsy performed, they later regret their decision and wonder whether there was anything they could have done to prevent the death. Both to help these parents and to obtain standardized data to aid research efforts toward discovering the causes of SIDS, legislation has been proposed.

THE CONTENT OF THE BILL:

The bills would amend the county medical examiners act to require an investigation and autopsy if a child under two years of age is suspected of having died from Sudden Infant Death Syndrome (SIDS).

More specifically, House Bill 5564 (MCL 52.202) would require a county medical examiner who has had specialized training to investigate the cause and manner of death when someone under two years of age died suddenly from unknown causes. The county medical examiner also would be required to investigate the residence of the deceased (or, if the death occurred other

than in the child's home, the health histories of the child and of his or her mother, as well as any other relevant prenatal history), to notify the local law enforcement agency (or the state police), and to send a written report of the investigation to the Department of Public Health (DPH). The DPH would promulgate rules establishing the specialized training for the medical examiner, and either the local health department or the county medical examiner's office could conduct the training.

Under current law, if a child under two years of age dies suddenly of unknown causes, the parents or legal guardians can request the county medical examiner to arrange for an autopsy. House Bill 5565 (MCL 52.205a) would require that an autopsy be performed in cases where SIDS is the suspected cause of death and would prohibit the diagnosis of SIDS until an autopsy had been done.

FISCAL IMPLICATIONS:

A pediatrician who works with the Public Health Department testified that the health department had set aside \$45,000 to perform the additional autopsies. But she further testified that this amount was too low, since it estimated \$300 per autopsy, when the actual cost would be closer to \$700 per autopsy. (11-17-88) The House Fiscal Agency does not yet have an estimate of the bill's costs to the state. (11-30-88)

ARGUMENTS:

For:

When a baby dies suddenly and unexpectedly, parents sometimes are so emotionally traumatized that they cannot face the added burden of deciding to have an autopsy performed. And yet, as several parents of SIDS babies testified, they later regretted not having an autopsy, for they wonder whether there was anything they could have done to prevent their baby's death. The bills would help alleviate the suffering of these parents by helping reassure them that with a diagnosis of SIDS (which, technically, can be made only after a thorough autopsy) they were not at fault and could not have prevented the baby's death.

For:

A mandatory autopsy, coupled with a mandatory investigation of the circumstances surrounding the unexpected death of a child under two, not only is important in relieving parents of the added burden of, decision at a time of intense emotional upheaval; it also would provide valuable standardized data to further research efforts in determining the causes of this devastating syndrome. Hopefully, once the causes have been discovered, SIDS deaths then can be prevented.

For:

Investigation and autopsy also can help parents and professionals in those cases where the baby apparently died of SIDS, but in fact died of preventable causes. For

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example, testimony before the Public Health Committee was given that described autopsies of suspected SIDS deaths that in fact turned out to be from other causes. One baby had died of carbon monoxide poisoning due to a faulty heater, clearly a preventable — or at least correctable — situation. Another suspected SIDS baby was discovered, upon autopsy, to have died from what is called "shaken baby syndrome," a preventable form of child abuse. If preventable causes of infant death can be discovered, then future preventive efforts — in the same or other families — can be taken, possibly saving other babies' lives.

Against:

Investigating parents immediately after their baby has died of SIDS is a callous and unfeeling intrusion at a time when the family may just want to be left alone to grieve. And requiring an autopsy may go against some parents' personal wishes (they may not wish to have their child "cut up," as one mother testified) or religious beliefs. The state should stay out of these highly personal family tragedies unless invited in by the families themselves (as is already possible in the law). Even though the bills might help some parents feel better, it might also make some parents feel worse. Finally, the bill is not needed, even for the gathering of research information, since already over 90 percent of SIDS babies are being autopsied.

Response: The investigation (which now is optional) is not a criminal investigation and can provide both parents and health care professionals with valuable information, possibly even preventing future needless deaths. In addition, as several parents testified, they now wish that they had had autopsies performed. They had nothing to hide and much peace of mind to gain if SIDS could definitively be diagnosed as cause of death.

POSITIONS:

The Department of Public Health has not yet taken a position on the bills. (11-28-88)

The Southeast Michigan Chapter of the National Sudden Infant Death Syndrome Foundation (NSIDSF) supports the bills. (11-17-88)

The Grand Rapids Area Chapter of NSIDSF supports the bills. (11-17-88)

The Wayne County SIDS Center supports the bills. (11-17-88)

The Public Health Committee also received letters supporting the bills from a number of physicians, nurses, and parents of SIDS babies (summer and fall 1988).