

**JULY-
AUGUST 2020**

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ANHEDONIA AND MORE PLEASURABLE TIMES

The term anhedonia could serve as the name of a mythical kingdom in a 1930's movie about a place ruled by a madcap assortment of ardent Marxists (Groucho, Harpo, Chico, Gummo, and Zeppo). Instead, it denotes a clinical term to classify a condition that involves a diminished capacity to experience pleasure in acts that normally produce it. In his novel *A Tale of Two Cities*, Charles Dickens began the book with the following passage, "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us (Dickens continued with additional contrasts, but the general thrust of his thinking seems evident).

The year 2020 began on a relatively positive note. The stock market was booming much to the benefit of retirement plans, unemployment was at all-time low levels, the upcoming college football series was on the near horizon, basketball's March Madness was directly ahead, and students could look forward to colorful graduation ceremonies in late spring. Then, a malady known as COVID-19 entered the picture and hopes and dreams across the globe underwent a giant pause in fulfillment. Gloom and doom were accompanied by mass weeping, wailing, and gnashing of teeth as age-old darker thoughts regarding the loneliness of the soul and the human heart in conflict with itself began to resurface more forcefully.

The floodgates gradually opened and unparalleled amounts of information about this invisible intruder began to appear in mass media outlets, social media, and respected professional journals. Regarding the latter, an article published in the journal *Science* on May 29 of this year indicated that the COVID-19 literature had grown to more than 31,000 papers since January and by one estimate was on pace to reach more than 52,000 by mid-June. Reasonable queries seem justified, such as how is it humanly possible to stay abreast of the voluminous information being generated, and perhaps even more importantly, to what extent do all these articles meet acceptable standards associated with methodological rigor and the ability to draw accurate conclusions from the purported data?

Much research addresses broad categories involving vaccine development, treatment of patients, harmful impacts on health care personnel (e.g., PTSD and staff burnout), and incidence of community problems that pertain to domestic/child abuse, substance abuse disorders, and suicide. Widely heralded findings on remedial treatments, such as convalescent plasma and hydroxychloroquine, that are greeted with immediate approbation in some quarters soon are debunked by other investigators who insist that the results are uninterpretable due to non-randomized studies and lack of placebo controls. Meanwhile, excitement and enthusiasm precede the expected arrival of one or more vaccines to prevent the occurrence of infections. The following considerations remain pending: which population sub-groups should be vaccinated first, how long will protection be conferred, how safe is any new vaccine, and how effective will it be if the virus undergoes mutation?

PRESIDENT'S CORNER

BY ASAHP PRESIDENT PHYLLIS KING

Some Reflections On The Health Workforce In A Time Of Pandemic



Surges of COVID-19 patients have influenced state officials across the nation to take numerous steps to remove health workforce barriers. An example is a significant expansion of scopes of practice for various clinicians who were and are being educated today in institutions belonging to ASAHP, e.g., physical therapists, occupational therapists, respiratory therapists, and speech-language pathologists. Other key changes have included allowing some students in professions, such as medicine and nursing, to perform services they are competent to provide by making education requirements in those programs less restrictive. Related steps involve expediting the graduation of health professional students granted temporary licenses or allowing certain kinds of students to provide services without a license. Moreover, officials in some states have suspended prohibitions on clinicians from other states providing care to their residents, whether in person or via telemedicine by employing conditional waivers that require registration or an emergency license.

Advances in technology will influence how health care services are delivered. For example, articles in issues of the journal *Science Robotics* in July 2020 and in the July/August 2020 issue of *MIT's Technology Review* discuss the enhanced potential for the use of assistive robots during infectious disease outbreaks. Hospitals in Texas are using them to help nurses with tasks involving disinfection, patient intake, and delivery of supplies, such as laboratory samples, intravenous pumps, medications, and protective gear during the current pandemic. As technological developments progress, it becomes increasingly likely that robots not only will assist, but might even replace health workers in the performance of other routine tasks.

As described in an a manuscript in the November 2020 issue of the journal *Addictive Behaviors*, the COVID-19 pandemic has resulted in unprecedented stress on health care systems throughout the world. Health care workers are bearing the burden of caring for those afflicted with COVID-19, a consequence of which is direct and sustained infection risk. As essential workers are compelled to confront these increased infection risks, they also are faced with a risk of experiencing higher rates of stress from the pandemic.

A tool recently developed that is called *COVID Stress Scales* categorizes stressors from the pandemic into five categories: danger and contamination fear, social and economic stress, traumatic stress symptoms, checking and reassurance seeking behavior, and xenophobia. In the general population, each factor can contribute to increased substance use and abuse risk. Also of significance is that these factors can be compounded in essential workers, placing this group at particularly high risk for these problems.

This constellation of stressors is viewed as warranting unique programs of intervention to manage drug use and abuse. Research to develop such programs is needed, particularly in consideration of the broad impact of COVID-19. Researchers are encouraged to tackle these important issues systematically in preparation for challenges that individuals may face with substance use and abuse in the face of current pandemic-related circumstances, post-COVID-19, and for future pandemics. It also would seem prudent for faculty members who provide instruction for and clinical supervision of health professions students to consider ways in which education programs can assist these individuals in being better prepared to meet the challenges of working in highly stressful circumstances as their careers unfold.

TV and the Internet have provided vivid examples of many different kinds of allied health professionals leaving the safety of their homes to commute via public transportation to furnish care for patients in hospitals who are being treated for COVID-19 infection. They place their own lives at risk in order to save the lives of individuals stricken with this disease. Today's children are witnesses to the efforts being made by these first responders to help others who are less fortunate. It is worth pondering the extent to which these images will inspire the youth of today to desire to become part of the future health workforce.



LEGISLATION VS. EXECUTIVE ORDERS

Given its size (535 members), complexity of a broad range of legislative issues, partisan differences, and conflicting views between the two chambers, Congress sometimes proves to be an unwieldy place to produce bills that can be forwarded to the President of the U.S. to be signed into law.

Currently, the presence of the coronavirus that is ravaging portions of the population creates a sense of urgency in dealing with important problems involving both health care and the economy. Whenever nettlesome situations occur in governance and action must be taken, it is not unusual for Presidents to rely on producing executive orders instead of continuing to wait for legislative solutions to emerge.

During the month of August 2020, President **Donald Trump** exercised that option by releasing a series of orders after Congress was unable to reach agreement on a new coronavirus relief package. Democrats in the House previously had approved a \$3 trillion bill and offered to lower the amount to \$2 trillion. White House officials remained steadfast, however, in supporting the Senate's \$1 trillion proposal, while some Senate Republicans have been opposed to any additional funding. In response to an inability to reach agreement, Senate Majority Leader **Mitch McConnell (R-KY)** then decided to recess the Senate after discussions collapsed on August 7. That legislative branch will not reconvene until September 8, but its members are prepared to return if the stalemate is overcome and a vote is scheduled.

The executive orders by President Trump include a payroll tax deferral for workers from September through December who make less than \$100,000 a year, provision of weekly federal jobless benefits, expansion of a congressionally-approved eviction moratorium that expired in July 2020, relief for student borrowers, increased access to telehealth, support for rural hospitals, and the production of more drugs made in America while loosening federal drug-safety and environmental regulations that are perceived as placing domestic producers at a disadvantage. Perhaps the most controversial of these actions is the one involving the payroll tax deferral.

Democrats instantly expressed their disapproval by referring to where the “power of the purse” is vested. According to the U.S. Constitution. Article 1, Section 7, Clause 1: *“All Bills for raising Revenue shall originate in the House of Representatives; but the Senate may propose or concur with amendments as on other Bills.”* The Constitution also contains the following provision in Article 1, Section 9, Clause 7: *“No Money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law; and a regular Statement and Account of the Receipts and Expenditures of all public Money shall be published from time to time.”* Some Republicans were not surprised at objections raised by Democrats, recalling that they also were upset when as part of the Affordable Care Act, President **Barack Obama** issued an executive order creating subsidies for insurance companies, thereby spending money that had not been appropriated by Congress as the power of the purse demands.

The full impact of these actions by President Trump has yet to be determined. Given the litigious nature of much that characterizes the relationship between Congress and the White House, a likelihood remains that this new set of differences between them will be referred to the courts for a resolution.

2021-2022 ASSOCIATION CALENDAR OF EVENTS

October 20-22, 2021—ASAHP Annual Conference in Long Beach, CA

Dates for the Leadership Development Program in 2021 and the Annual Conference in 2022 will be posted after arrangements with hotels are finalized.

HEALTH REFORM DEVELOPMENTS

Longstanding health policy concerns over the decades involve covering the uninsured, enhancing access to health care services, and improving the quality of those services. The Patient Protection and Affordable Care Act, also more commonly known as the Affordable Care Act, that became law in 2010 represented a major thrust in a comprehensive effort to address these important concerns. Although progress has been made during the past decade, the arrival of COVID-19 has presented several major challenges in the fulfillment of key policy aims.

Apart from health insurance provided by the public-sector Medicare and Medicaid programs, until recently approximately 180 million workers relied on coverage obtained through employment in the private sector of the economy. The appearance of COVID-19 subsequently led to major job losses and unemployment that affected millions of workers, which in many cases was accompanied by a loss of coverage. As an important safety net program, the federal-state Medicaid program has made it possible for some unemployed workers to become eligible for participation in it.

The U.S. health domain consists of a complex web of interlocking components, both public and private. Important federal policymaking roles are played by the Centers for Disease Control & Prevention and the Center for Medicare & Medicaid Services, while agencies at state and lower government levels enjoy much autonomy regarding resource allocation. While all these entities may unite in trying to reduce health disparities affecting certain population sub-groups, practices beyond the health realm can pose significant obstacles. For example, a higher chance of mortgage application denial for black applicants tends to reduce black home ownership and increase the likelihood of renting, which lowers the accumulation of home equity. Less availability of that resource adds to the difficulty of meeting out-of-pocket health expenses. A related impediment is described in the following section.

Associations Between Historical Redlining And Birth Outcomes

An article in the journal *PLOS ONE* on August 7, 2020 describes a study of the association between historical redlining and preterm birth, low birth weight, small-for-gestational age, and perinatal mortality over a 10-year period in California. Although since repealed, historical segregation policies may perpetuate current health disparities by outliving their implementation period and continuing to contribute to the existence of this problem. Residential segregation can affect access to education, income, healthcare, and clean environments. Researchers examined the role of historical redlining, the practice of categorizing perceived neighborhood mortgage investment risk, on present birth outcomes. Historical redlining maps, also called Security Maps, were created more than 80 years ago for over 200 cities across the U.S. by the federal Home Owners' Loan Corporation (HOLC), a government body founded in 1934 with the goal of rescuing homeowners from default by issuing replacement mortgages. These maps shaded neighborhoods one of four colors, corresponding to perceived investment risk, with red indicating the highest risk. The investigators hypothesized that the odds of adverse birth outcomes would increase as historical HOLC grade worsened. They indicate that achieving health equity across racial/ethnic and class lines requires a better understanding of how historically discriminatory policies, such as redlining, continue to shape current U.S. patterns of health disparities.

Obtaining Coverage Through Short-Term Health Insurance Plans

The Trump Administration has pursued several objectives since 2017 aimed at dismantling key elements of the Affordable Care Act, including an effort to enable individuals to purchase short-term health insurance plans. The U.S. Court of Appeals for the District of Columbia Circuit on July 17, 2020 upheld a decision allowing the sale of such plans that do not comply with the Affordable Care Act, making it possible to undermine the health law by expanding access to cheaper, less comprehensive insurance. The case stems from a rule the Administration released in August 2018 that expanded access to this form of coverage. Previously, the plans could be carried for only 90 days, but the rule allows for total coverage as long as 36 months. Generally lower priced, they can deny coverage based on pre-existing conditions. The Association for Community Affiliated Health Plans, which in 2018 sued to prevent the allowance of short-term plans, is expected to appeal the recent court decision.

DEVELOPMENTS IN HIGHER EDUCATION

Education administrators at levels ranging from pre-K to colleges and universities, along with public health officials throughout the U.S., continue to observe their best laid plans being stymied by a virus known as COVID-19 that refuses to conform to expectations. Some higher education officials decided that if instruction were to be provided during the fall semester, it would be offered electronically instead of in classrooms. Other administrators were willing to admit students, but had a backup plan ready that would enable a rapid conversion to online education either for a certain number of weeks or for the entire semester in the event a spike in infections occurred. Installing hygienic measures on school grounds and promoting social distancing policies were viewed as measures that would allow students to return safely. Unfortunately, for some college students the urge to socialize and attend large parties both on- and off-campus has contributed to a rise in the number of individuals becoming infected with the coronavirus. Even if extraordinary efforts have been made for a campus to be a safe environment, off-campus gatherings and the arrival of students each day who do not reside on school property are examples of the major challenges involved in efforts to achieve and maintain high standards of hygiene.

Financial Aspects Of An Inability To Be On Campus And Attend Classes

A major item in the budgets of a great many families with college-age offspring is the costs of higher education. Factors such as tuition, room and board, and activity fees often are beyond reach from the standpoint of being able to finance them out-of-pocket. Assistance in the form of loans has become a necessity. Whether students ever graduate within six years, and many of them never do, with and without degrees they are saddled with substantial loans that will take many years of payments before their debt is settled. Accordingly, many families currently are unwilling to pay on-campus rates, particularly when education has shifted to online instruction because of the pandemic. Some institutions have responded by reducing tuition rates for courses offered online or by offering to defer payment until the fall semester in 2021. Meanwhile, litigation moves forward throughout the U.S. by students and families seeking to obtain refunds for unoccupied dormitories and unused food serve halls that were closed in the spring semester when students were compelled to leave campus after the coronavirus emerged as a serious threat.

Addressing The Need And The Demand For Mental Health Services For Students

Even before the appearance of COVID-19 earlier this year, many campus mental health centers were unable to provide assistance to the large number of students who sought help for conditions, such as depression and high anxiety. Currently, most of these same individuals are at home and they are joined by other students who find it difficult to cope with the strains imposed by social lockdowns and worries about what the future may have in store for them. As this infectious disease subsides and the economy achieves a fuller recovery, millions of unemployed workers will be eager to return to whatever old jobs still exist or seek new opportunities. Recent graduates and the class of 2021 may find it difficult to compete with that group of recently displaced individuals. As depicted on page six of the July-August 2020 issue of this newsletter, the *Morbidity and Mortality Weekly Report* for August 14 of this year indicates that younger adults in the 18-24 age group are among the groups reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation. College-age students that are part of this cohort may benefit through telehealth interventions emanating from campus, but the quality of assistance could vary from what occurs in face-to-face encounters in a clinical setting.

Expansion Of Educational Opportunities For Students

An announcement from the U.S. Department of Education on August 19, 2020 describes a new grant program designed to help institutions of higher education emerge from the coronavirus pandemic more resilient and better able to expand educational opportunities for students. The grants can be used in a variety of ways that include resuming operations, supporting students, reducing disease transmission, and developing more agile instructional delivery models for students who cannot or choose not to attend classes in person. This program also recognizes the benefits to high school students of starting their college career early, while still in high school, and gives priority to applicants who plan to expand those opportunities to students who live or attend high school in an Opportunity Zone or rural community. More information can be obtained at <https://www.govinfo.gov/content/pkg/FR-2020-08-21/pdf/2020-18531.pdf>.

QUICK STAT (SHORT, TIMELY, AND TOPICAL)

The COVID-19 Pandemic And Exacerbation Of Physical Intimate Partner Violence

During the COVID-19 pandemic, social distancing and stay-at-home orders have been enacted throughout the world to stop disease transmission and keep individuals safe, but for victims of intimate partner violence (IPV), being quarantined with an abuser means that home may be the most dangerous place to be. In a study published on August 13, 2020 in the journal *Radiology*, a team led by investigators at Brigham and Women's Hospital in Boston assessed the incidence, pattern, and severity of injuries related to IPV in patients at the facility during the spring of 2020. The researchers found that the incidence of physical abuse IPV and severity of injuries was greater during the pandemic. They also observed a higher incidence of victims of high-risk abuse, including strangulation, use of weapons, stab, and burns. A conclusion reached is that radiologists and other health care providers should proactively participate in identifying IPV victims and reach out to vulnerable communities as an essential service during the pandemic and other crises.

Mental Health, Substance Use, And Suicidal Ideation During The Coronavirus Pandemic

As indicated on August 14, 2020 in the *Morbidity and Mortality Weekly Report*, during June 24–30, 2020, U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19. These conditions are affecting specific populations disproportionately, especially young adults, Hispanic persons, black persons, essential workers, unpaid caregivers for adults, and those receiving treatment for preexisting psychiatric conditions. These individuals are experiencing disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation. Unpaid caregivers for adults, many of whom are currently providing critical aid to persons at increased risk for severe illness from COVID-19, had a higher incidence of adverse mental and behavioral health conditions compared with others. Although unpaid caregivers of children were not evaluated in this study, approximately 39% of unpaid caregivers for adults shared a household with children (compared with 27% of other respondents).

HEALTH TECHNOLOGY CORNER

Digital Biomarker Of Diabetes From Smartphone-Based Vascular Signals

Smartphone-based photoplethysmography (PPG) provides a readily attainable, non-invasive digital biomarker of prevalent diabetes. According to an article published on August 17, 2020 in the journal *Nature Medicine*, PPG is a non-invasive optical technique that detects blood flow changes through a vascular bed. It involves shining light into tissue, such as the fingertip or wrist, and quantifying the backscattered light that corresponds with changes in blood volume. Until recently, PPG recording required specialized equipment, however, technological developments have enabled PPG measurement from sensors on smart devices, such as smartphones. Researchers at the University of California San Francisco developed this biomarker to detect Type 2 diabetes, one of the world's top causes of disease and death, potentially providing a low-cost, in-home alternative to blood draws and clinic-based screening tools. Type 2 diabetes can raise the risk of diseases affecting nearly every organ system, including coronary heart disease.

Using Smartphone Accelerometers To Sense Gait Impairments Due To Alcohol Intoxication

Sensing alcohol intoxication in real time could offer opportunities for triggering just-in-time interventions aimed at improving prevention and treatment of alcohol use disorders. In a laboratory study described on August 18, 2020 in the *Journal of Studies on Alcohol and Drugs*, researchers found that smartphones can capture unique gait features that are sensitive to alcohol intoxication, classifying it within individuals with an accuracy of around 90%. The findings extend prior published research examining the use of phone sensors to detect gait changes related to alcohol. Despite acknowledged limitations, this proof-of-concept study provides a foundation for future research on using smartphones to detect alcohol-related impairments remotely. Current tools to measure alcohol consumption and/or impairment remotely either require the purchase of additional hardware or the burden of manual recording of consumption. A mobile application could be built to sense periods of walking, measure accelerometer signals, and when sway patterns are recognized, trigger either just-in-time support or use further techniques to improve classification further.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Sharing Clinical Trial Data: Challenges And A Way Forward

Responsible sharing of clinical trial data is widely recognized as serving the public interest. Data sharing helps maximize the contributions to scientific knowledge made by clinical trial participants, benefiting patients today and in the future. Clinical trial data sharing can enable reproducibility of research findings, analyses for other areas of study, and exploratory work to generate new research hypotheses. While progress has been made in the endeavor of improving clinical trial data sharing, challenges still remain. On November 18 and 19, 2019, the National Academies of Sciences, Engineering, and Medicine hosted a public workshop, in Washington, DC, titled “*Sharing Clinical Trial Data: Challenges and a Way Forward*.” The workshop followed the release of the 2015 Institute of Medicine (IOM) consensus study, *Sharing Clinical Trial Data: Maximizing Benefits, Minimizing Risks*, and was designed to examine the current state of clinical trial data sharing and reuse since the report release. The workshop considered ways in which policy, technology, incentives, and governance could be leveraged to overcome remaining barriers and further facilitate data sharing. These proceedings summarize presentations and points made at the workshop in 2019 and can be obtained at <https://www.nap.edu/read/25838/chapter/1>.

The 2015 consensus study can be obtained at <https://www.nap.edu/read/18998/chapter/1#xi>.

National Inpatient Hospital Costs: The Most Expensive Conditions By Payer, 2017

A *Statistical Brief from the Agency for Healthcare Research and Quality (AHRQ)* presents data from the Healthcare Cost and Utilization Project (HCUP) on costs of hospital inpatient stays in the United States using the 2017 National Inpatient Sample (NIS). It describes the distribution of costs by primary expected payer and illustrates the conditions accounting for the largest percentage of each payer's hospital costs. Hospital charges were converted to costs using HCUP Cost-to-Charge Ratios. The expected payers examined are Medicare, Medicaid, private insurance, and self-pay/no charge. Because of the large sample size of the NIS data, small differences can be statistically significant. Thus, only differences greater than or equal to 10% are noted in the text. Hospital costs in this Statistical Brief represent the hospital's costs to produce the services, not the amount paid for services by payers, and they do not include separately billed physician fees associated with the hospitalization. Healthcare spending in the United States increased 4.2% between 2016 and 2017 to \$3.5 trillion, or \$10,739 per person, and accounted for 17.9% of the Gross Domestic Product. Constituting nearly one-third of all healthcare expenditures, hospital spending rose 4.7% to \$1.1 trillion during the same time period. Although this growth represented deceleration compared with the 5.8% increase between 2014 and 2015, the consistent year-to-year rise in hospital-related expenses remains a central concern among policymakers. In 2016, there were over 35 million hospital stays, equating to 104.2 stays per 100,000 population. The average cost per hospital stay was \$11,700, making hospitalization one of the most expensive types of healthcare utilization. Higher costs are documented for stays among patients with an expected payer of Medicare compared with stays with other expected payers (\$13,600 for Medicare vs. \$9,300-\$12,600 for other payers). The Brief can be obtained at <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb261-Most-Expensive-Hospital-Conditions-2017.jsp>.

Racial and Ethnic Disparities Among COVID-19 Cases in Workplace Outbreaks

Data from the *Morbidity and Mortality Weekly Report* of August 21, 2020 show that during March 6–June 5, 2020, workplace outbreaks occurred in 15 Utah industry sectors; 58% of workplace outbreak-associated COVID-19 cases were in three sectors: Manufacturing, Wholesale Trade, and Construction. Despite representing 24% of Utah workers in all affected sectors, Hispanic and nonwhite workers accounted for 73% of workplace outbreak-associated COVID-19 cases. The report can be obtained at <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6933e3-H.pdf>.

RACIAL DISPARITIES AND NOMENCLATURE IN NEUROSCIENCE

Minority racial groups are exposed differentially to environmental risk factors (e.g., early life adversity) that are known to play a role in a variety of psychiatric disorders. According to a paper in the July 2020 issue of the journal *Neuropsychopharmacology*, a significant potential for racial disparities in environmental risk factors to moderate the relationship between neurobiology and psychiatric disorder development currently is unexplored. Early life events, such as childhood trauma, maternal stress, immune system activation, and other risk factors show clear effects on the neural substrates of emotion and stress regulation. Minority racial groups also have lower family income and wealth, and often live in areas with greater disadvantage compared with non-minority racial groups. Recent research further suggests minority racial groups have increased exposure to toxins throughout life which can have potentially deleterious effects on physical and mental health. Racial discrimination also can be damaging psychologically and further alter the neurobiology of psychiatric disorders.

Viewed from a different perspective, neuropsychiatric symptoms are a core feature of Alzheimer's disease and related dementias. Successful information exchange between clinicians and family caregivers is critical for facilitating effective management of these symptoms. This communication often is challenging, however, due to inconsistent terminology and classification of symptoms, and limited understanding of how family caregivers recognize and describe symptoms. A study reported in the August 2020 issue of the journal *The Gerontologist* examined the language family caregivers' use to describe and contextualize neuropsychiatric symptoms. Family caregivers of patients with dementia use a wide range of terminology in their descriptions. Their nomenclature and sense-making appear to contrast with clinical and research classification of neuropsychiatric symptoms that is predominantly deficit-oriented. Thus, reliance on effective communication between caregivers and their clinical teams for effective symptom management may require adopting caregivers' language or explicit development of shared nomenclature.

AUTOPSIES, HEALTH DISPARITIES, AND INFORMED CONSENT

A popular ingredient in stories of crime in movies and television programs is the defining moment when a detective and the pathologist are able to solve a puzzling death based on autopsy findings. In contrast to forensic autopsies mandated by law, clinical autopsies are performed to clarify diagnoses. Rates of the latter procedure have declined from a high of 19% (1950s-1970s) to 8% (2007). This decrease is related to financial, legal, and administrative disincentives, along with perceptions that diagnostic improvements render autopsies obsolete. Patient and caregiver factors also may be related to declining rates. Across all conditions, black individuals had a significantly higher rate of autopsies compared with white individuals (difference between races: 0.9% in cancer and 5.6% in cardiovascular disease). According to an item published on June 29, 2020 in the journal *JAMA Internal Medicine*, it is hypothesized that the higher rate of autopsies in black decedents may reflect health disparities. Less-aggressive diagnostic workups in black patients may translate into less-established diagnoses before death, possibly associated with the rates of autopsies. The higher rate also could reflect altruism, obtaining autopsies for the promotion of science, and perhaps even may represent caregivers wanting to know the "real cause of death," suggesting mistrust of the health care system.

Another element that may be of some interest is that pathologists likely will incorporate genetic testing into routine autopsies. An article published in the June 2020 issue of the *Archives of Pathology & Laboratory Medicine* poses the question, should specific consent for genetic autopsy testing be required? An individual consenting to an autopsy should know that genetic testing will be performed and may lead to information that directly will have an impact on the decedent's family, e.g., an increased risk of untreatable neurodegenerative disease. The author indicates that the person giving informed consent for the autopsy needs to know, understand the benefits, limitations, and alternatives of genetic testing and be able to refuse genetic testing in a private autopsy. Clearly, details of how best to obtain consent for genetic testing in autopsies is a needed area for future discussion and clarification.