

To the Editors:

Ethical issues in discussing post mortem findings with relatives

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Traditionally, after the postmortem examination, Forensic Medicine Practitioner (FMP) explains the cause of death to the Inquirer in to Sudden Deaths (ISD) and to the relatives [1]. The FMP answers the questions of relatives and listen to their grievances. This has to be done within the legal framework of an inquest, the primary object of which is to ascertain the cause of death and circumstances such as suicide, homicide, accident or natural diseases. Inquest helps to redress grievances of next of kin and allay guilt and anger which often accompany a death in the family [2, 3]. FMP can obtain important information from relatives which can prevent unnecessary summons by the Inquirer of Sudden Deaths [4].

The responsibilities of the FMP include providing a detailed autopsy report, giving expert medico-legal opinion, alleviating unnecessary doubts about clinical management and advising the ISD about appropriate ways to address clinical, technical and administrative shortcomings. An inquest seeks to establish that “all things that could have been done were done” and to recommend ways of addressing any shortcomings. After the inquest if the case is referred for a judicial or health inquiry, confidential medical documents and medical evidence are used to identify shortcomings and the persons responsible. The FMP owes a duty to the deceased, relatives, community and the health staff. The principals of justice and non-maleficence should govern the ethical conduct of the FMP.

We illustrate these points with the following case description. A 36 years old female developed burning epigastric pain on the 18th day after a normal vaginal

delivery of her sixth baby. She was found dead on admission to the hospital. Autopsy showed bleeding around the left coronary artery and its branches with a collapsed lumen and a pale area in the left ventricular myocardium.

After the autopsy the relatives were informed that the cause of death was a myocardial infarction due to coronary artery dissection. This was explained using simple non-technical terms. The relatives raised two questions; what was the underlying cause for dissection and could she have been saved?

After confirmation of findings by histology the relatives were told that the cause of death was spontaneous coronary artery dissection during puerperium and the death could not have been prevented. However use of family planning could have prevented a pregnancy. Relations were referred to a clinician to obtain further information regarding the medical aspects.

References

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