The Forensic Pathologist

"Family Physician" to the Bereaved

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THE FORENSIC pathologist occupies a unique position in the field of laboratory medicine. The major portion of his uniqueness derives from his case material and courtroom activity as he participates in the investigation and adjudication of unexpected, violent, and suspicious deaths. A rarely mentioned but important difference between him and his clinical counterpart (the hospital pathologist) resides in their relationship with and responsibility to the families and friends of the decedents who come within their purview.

Hospital and Forensic Pathologist Comparisons

Germane to the present discussion is the fact that the results of the hospital pathologist's studies are invariably passed on only to the attending physicians. Said differently, the hospital laboratorian communicates the fruits of his professional labors solely to other professionals. It is the clinical attendant who shares relevant diagnostic or prognostic information with those who have a right to know these facts, serving as an intermediary between the patient, living or dead, or his family and the pathologist.

However, when death occurs unexpectedly while the decedent is in apparent good health, whether its cause be injury, disease, or some combination of them, the only "attending" physician is the one who pronounced death, an impersonal function. Now the decedent comes under the jurisdiction of the coroner or medical examiner, and it is to this governmental functionary that family, friends, and news media turn for information and enlightenment.

This same situation obtains when the decedent sustained so rapidly mortal an injury or was struck down by so fulminant a disease that the attending physician's period of observation did not permit establishment of a reliable diagnosis. Should the fatally injured victim survive for a longer period, an opportunity is afforded for the hospital staff to develop rapport with the family and to pass on valid information.

When death occurs under the foregoing circumstances, the burden of further (medicolegal) investigation rests on the governmental agency, which is usually housed in a separate facility and is manned by personnel entirely apart from the staff where the decedent had been hospitalized. The results of the postmortem studies, anatomic, chemical, and otherwise, may be made available to the attending clinicians, who, in turn, may share them with the family, or the family may be referred to the medicolegal office for firsthand information.

Now, the responsibility devolves on some professional member of this organization to talk to the family, answering their questions and clarifying aspects of the tragedy that are unclear or confusing. The person who does this most effectively and convincingly is the physician who has knowledge of the entire case and of the decedent's specific diseases or injuries as a result of his personal study of the body. Interpreting autopsy and associated laboratory findings falls logically within the expertise of the "attending postmortem physician," an appellation descriptive of the forensic pathologist's role at this juncture.

Death in all its forms and all its guises is the professional realm of the forensic pathologist. From this standpoint, it is reasonable to regard him as the last true generalist in medicine. He is constantly exposed to the age-old truth that tells him that although there is only one way in which to be born, there are many ways in which to die. Sudden and unforeseen deaths from disease at all ages and from an extremely wide variety of disorders, congenital and acquired,

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constitute the major portion of his cases. The remainder of his patients have died from trauma or from a combination of injury and illness. They are the victims of suicide, homicide, fatal accident, and violence of undetermined origin.

The Impact of Death

Even under the best of circumstances, death is almost always a traumatic experience to the survivors. The emotional impact of death is magnified enormously when it occurs unexpectedly. It is, as it has been phrased, "like being struck by lightning on a sunny day." The grief-stricken, shocked family needs and deserves accurate information and comprehensible explanations, sympathetically and patiently imparted by a knowledgeable physician. In many cases, the survivors' sorrow is compounded by an erroneously assumed burden of guilt for the sudden death. This aspect of the tragedy must constantly be kept in mind by the pathologist during his interviews with the bereaved family.

Communicating individually with various family members or other persons about a death raises an issue deserving brief comment. The pathologist must say what he has to say in such terms that different auditors do not derive different meanings from what he shares with them, thereby creating a source of serious potential confusion with resultant bootless disagreement and argument. Since they are deeply disturbed in mind and spirit by the circumstances surrounding the interview, one can readily appreciate how anything that can be misunderstood will so often be misinterpreted by persons unable to think clearly or objectively, especially if a misunderstanding or misinterpretation fulfills a self-serving need.

The Range of Queries

Different kinds of death evoke varying combinations of emotional and intellectual responses. The pathologist may be confronted with a combination of grief and anger ("How could he do this to me?" asks the widow of the suicide victim), grief and hate (the homicide victim's family vis-à-vis the assailant), grief and horror (the parents of the child victim of rape-homicide), and the like. The combinations and permutations of the family's responses are numerous and often unpredictable.

The queries put to the pathologist range widely. Based as they are on many complex combinations of grief, knowledge, guilt, ignorance, anger, animosity, avarice, and other personality traits of the profoundly disturbed questioners, coupled with the age of the decedent, the questioner's relationship and specific interests, and the type of death with its attendant circumstances, interrogatories may be so broad as to be truly encyclopedic. Thus, the questions may request information about the cause, manner, mechanism, or modality of death, the time and place of its occurrence, the duration of the post-traumatic survival interval, hereditary aspects, if any, of the responsible fatal diseases, insurance questions ("Will the company pay the death benefit if he committed suicide?"), and so on.

The parents of the infant who fell prey to sudden death syndrome ask, "What really killed our baby? Shouldn't his pediatrician, who examined the child the day he died, have recognized that he was seriously ill—sick enough to die within a few hours? Could we have prevented the death? Did the baby suffer? Did he smother? Did he die from something that happened during pregnancy? If we have another baby, could this same thing happen again?"

When the decedent is at life's other extreme, some queries are different, and some are the same.

My 80-year-old mother was discovered dead on the bathroom floor by her neighbor who had dropped in to visit her, and you found that she had died from a heart attack and that the bruise on her chin was not serious. Can you tell me whether she suffered as she was dying? How long had she had this hardening of the arteries that was responsible for her death? She never complained to me. Could anyone have saved her if they had been with her when she collapsed?

Occasionally, questions can be quickly and correctly answered, thanks to information readily available from a complete autopsy. "How many times was my son shot? Where did the bullets hit him?"

"Was my husband drunk when he drove his car into the tree?"

"My father thought he had cancer when he committed suicide with an overdose of drugs prescribed by his psychiatrist. Did you find cancer at autopsy?"

"Our daughter was six months pregnant when she and her husband were killed in that automobile accident last week. Was the baby a boy or a girl?"

"I just received a copy of my son's death certificate from City Hall, and I don't understand the long words. It says that he died from 'Ruptured congenital aneurysm of the left anterior cerebral artery with bilateral subarachnoid hemorrhages.' Could you please tell me what this means?"

Thus run the questions.

The Need for Candor

Some inquiries are answered readily, some with difficulty, and still others may be impossible to answer. ("Which one of the three bullets struck my wife first?") The forensic pathologist should be forthright and candid and should possess sufficient intellectual security to concede readily the limitations of his knowledge. Honesty and sincerity occasionally require admissions of this nature. To concede that one is not the repository of all human knowledge is not a confession of culpable ignorance or professional incompetence.

A straightforward question deserves a straightforward reply, even if it is only, "I can't give you a good answer about that aspect of the death." Under no circumstances should the postmortem family physician resort to untruths or half-truths. The best that he can do is to be gentle and circumspect in how he communicates unpleasant and disturbing information to his interrogator. Tact, compassion, patience, probity, sympathy, and even a little empathy are essential elements.

Presumption, conjecture, and hunches must be distinguished from objective information from which conclusions are drawn "with reasonable medical certainty," in the courtroom phrase. The postmortem interview is not the place for evasion, double-talk, or a "con job," as the police call it. The pathologist should conduct himself with the same attitude he uses when he testifies—neither

concealing, withholding, nor distorting the truth. In the present pressing circumstances, he has an advantage that he does not have in the witness box. Now, he need not limit himself to answering responsively, but may (and in many instances *should*) volunteer useful and comforting information, which the family may not have known was available.

Medical and Administrative Questions

An additional, important difference between the full-time forensic pathologist and his occasional clinical colleague is that the former usually has administrative duties and authority (and an administrative title—Deputy Coroner or Deputy Medical Examiner) in the governmental office where he works. This authority permits him to make decisions that ordinarily are not made by the hospital pathologist.

Basically, the occasional operator in this field serves as a consultant in morbid anatomy, providing the medicolegal official with purely medical information. Decisions concerning nonmedical aspects of the case, eg, the ruling of the manner of death as compared with the cause of death, rest on the governmental official. He bases his rulings on the pathologist's anatomic findings and on information derived from other avenues of investigation, eg, police reports, personal visits to the scene of death or discovery, and the like. These latter fact-finding techniques and the information they provide may or may not be made available to the hospital pathologist-consultant.

Necessity of Referral

In some instances, the medicolegal pathologist subserves a useful function by referring the questioner to other persons or agencies who have more or better information concerning some aspect of the death about which his own knowledge is secondhand. Thus, if the query concerns nonmedical details of a homicide ("What are the police doing about finding the man who stabbed my husband?") or a fatal accident ("Was the driver of the car that killed my baby drunk when the police arrested him?"), the physician can direct the inquirer to the appropriate police department division. Such referrals should not be construed as "passing the buck," but rather regarded as a useful service, in that persons seeking reliable information are directed to authorities whose knowledge is based on firsthand observation rather than on hearsay.

Circumspection and clarity must guide the pathologist in what he says and how he says it. He should scrupulously refrain from offering (or even hinting at offering) legal opinions or recommendations if questions are raised dealing with this aspect of the death. He is well advised to refer the questioner to an attorney who can help resolve these problematic phases of the tragedy.

Interview Techniques

Postmortem discussions range over a wide variety of person-to-person communication. In some instances, a telephone call adequately settles the matter. ("The autopsy showed that your father died from rupture of a major blood vessel damaged by arteriosclerosis or hardening of the arteries. He had no injury or cancer." Or, "The preliminary autopsy findings do not tell us the cause of your son's death. At this time, we can be sure only of the things from which he did *not* die. He had no bullet or knife wounds or other injuries. We are carrying out microscopic and chemical studies, and it usually takes a few days to complete these tests. If you call me at the end of the week, I will give you the final diagnosis at that time. If I am not in when you call, please leave your phone number with my secretary, and I'll return your call.")

When death-created and death-related queries are complex, it is advisable to invite the caller to come to the office for a personal meeting. One can establish rapport and credibility more readily and effectively by a face-to-face interview than by responding as a disembodied voice from an unknown person answering anxiety-loaded questions over the telephone.

While one does not always succeed in providing the family with the comfort they seek, the odds for accomplishing one's purpose are greatly enhanced by a personal meeting. No telephone call can replace the intimate exchange we are discussing here, when the nature of the death and its attendant features indicate the advisability (or, rather, necessity) of a face-to-face approach.

The Need for Alacrity

The promptness with which the pathologist discharges this professional duty is often one of real urgency. Regardless how busy one is, a mutually convenient time can be found when the family-members can come to the pathologist's office and he is free of other responsibilities. Saturday morning is usually a good time for this type of meeting. Courts are ordinarily not in session, and many working people are free on Saturday and can keep such an appointment without loss of time from their job.

The benefits accruing from prompt completion of cases (or the essential parts of the cases) where there is deep family concern are real. The agonies created by lack of information are often magnified by the passage of time. Uncertainty can be more difficult to bear than harsh truth. Speculation and surmise by the uninformed layman feed grief and guilt already present in crushing quantity. As one relative said to me, "Doctor, I can take the bad news. The worst part is wondering and waiting to find out what *really* happened."

The Bereaved as Questioner-Petitioner

Occasionally, the pathologist-family interchange is concerned not so much with sharing information as it is with the former's acceding to or denying requests from the bereaved that something be done or not be done in reference to the instant case. Thus, a family member of a suicide victim may plead, "Please don't tell the newspapers that my daughter killed herself. We don't want the whole world to know about it." A variant of the foregoing is the question, "Do you have to put the word 'suicide' on the death certificate? Can't you leave it out?" A grieving, distraught relative may call in to request that an autopsy not be done despite the fact that the medicolegal indication for its performance is absolute. "Please don't autopsy my husband. Everyone knows that he was shot to death by robbers who held up our grocery."

Such tearful pleas, which must be denied, often demand considerable patience from the physician as he explains why he must carry out certain procedures despite their (potentially) traumatic effect on the survivors. This sympathetic approach often helps ease the blow. However, gentle explanations may fall on deaf (hysterical) ears, and the pathologist hears himself called a "butcher" or something worse by an unreasoning and unreasonable caller. He should never "lose his cool," indulge in name-calling, or yield to the temptation to "tell someone off." Again, objectivity and sympathy permit the physician to handle the delicate situation with as much grace and understanding as the circumstances permit.

There are times when a relative's mind is so firmly made up incorrectly about some aspect of the death that one cannot disabuse him of his error, despite the expenditure of considerable time and effort. Under these conditions, the wiser policy is to accept defeat gracefully and retire courteously from the controversy.

Additional Dividends to the Family

In addition to providing an opportunity to air the medical and nonmedical details of the case, the pathologist-family conference provides the physician with an opportunity to guide the family through a portion of the maze of administrative detail that surfaces following death. Information on such essential matters as how and where one obtains copies of the death certificate and when they will be available can be passed on. Reasons for anticipated delays in the availability of this document (eg, need for doing special stains or the performance of time-consuming chemical analyses) can be offered, hopefully convincing the questioner that the tardy (at least it seems so to them) completion of the case has not resulted from the fact that someone "forgot all about it" or was "just stalling around."

Benefits to the Pathologist

A final phase of the pathologist-family exchange merits mention. Up to now, I have emphasized the informational and emotional dividends that can benefit the bereaved kin. Worth noting is the reverse side of the coin wherein the physician acquires information useful (perhaps vital) for his solution of the death. He may well require anamnestic data about the decedent to supplement his anatomic and chemical findings so that he has a logical grasp of the case. As he may be in need of the details of the hospital course from the attending physicians, so, too, he may require the decedent's medical background when death has occurred in the absence of medical observation.

Thus, absence of an anatomic or chemical cause of death in a young, "healthy" adult provides a solid indication for the pathologist to talk to the family to ascertain whether there is a reliable history of epilepsy that reasonably explains the otherwise inexplicable death.[1] Other functional disorders with fatal potentiality are also best verified by asking the family about the decedent's medical past.

Instruction of the Trainee

The neophyte in forensic pathology who comes to a medicolegal office for training and indoctrination in this area of laboratory medicine promptly discovers that talking to families is one of several novel situations inherent in his new environment. Like his former seniors, this is a professional activity that he has rarely, if ever, encountered in his regular hospital pathology practice. He has probably anticipated that he would have to talk to police and attorneys in connection with his work, but that portion of his daily routine wherein he converses with widows and widowers, orphans, bereaved parents, siblings, and other kin of his "patients" comes as a surprise. Just as the trainee must be taught to deal with the scientific problems and challenges indigenous to medicolegal pathology, so, too, must he be conscientiously instructed in how to handle the "people" problems associated with talking to the decedent's relatives, who have a deep and abiding interest in his observations and opinions.

This portion of the newcomer's education is as integral a part of his instruction as what he receives to guide him in dealing with such previously unencountered anatomic and forensic activities as those arising from his examination of putrefied, fragmented, and incinerated bodies, establishing the identity of skeletons, estimating the time of an unwitnessed death, testifying before various tribunals, and the many other responsibilities peculiar to this branch of pathology.

L'Envoi

In contradistinction to the hospital pathologist, who customarily shares the results of his laboratory studies only with other physicians, the forensic pathologist may discuss various aspects of his patient's illnesses or injuries with persons in many professional disciplines and official agencies, whether they be medical personnel (house and visiting staff and family physician), printed and electronic news media, registrars of vital statistics, law enforcement agencies, attorneys "on both sides of the table," and so on. Among the more important persons with whom he shares his observations and opinions are nonoffical, nonprofessional persons related to the decedent by blood or marriage.

Today, when the medical profession faces mounting criticism for becoming increasingly depersonalized (or, as some characterize it, dehumanized), the forensic pathologist is in a truly favorable position to restore the human (and humane) touch to the practice of medicine at a most stressful and distressful moment—when death has torn the emotions to tatters. This is a sacred and demanding responsibility deserving the best efforts of the postmortem (medicolegal) family physician, as I have called him when he functions in this frame of reference. Serving as an ombudsman of death, he is truly "involved in Mankinde."

Reference

1. Hirsch CS, Martin DL: Unexpected death in young epileptics. *Neurology* 21:682-690, 1971.