Medico-Legal & Pathological Postmortem Examination



MBBS,MD(For Med),DLM,DMJ(Lond),MFFLM(UK)
Department of Forensic Medicine



Objective

Perform postmortem examinations, record observations, formulate COD, carry out further investigations and draw conclusions & opinions



Aim

To enable students to gather adequate knowledge and skills to attend to their Medico-Legal duties efficiently when they practice as doctors



Postmortem examination/ Autopsy / Necropsy

- Examination of a person after the death
- This examination can be
 - External examination
 - External examination and internal examination
 - External examination, internal examination and investigations (histology, toxicology, biochemistry, microbiology, virology)
- Autopsy or necropsy is the investigative dissection of a dead body



Types of Postmortem Examinations or Autopsies

Clinical /Academic / Pathological autopsy

Clinical/Academic/Pathological Postmortem Examination

Medico-Legal/ Forensic Autopsy

Medico- Legal/Forensic Postmortem Examination



MEDICO-LEGAL AUTOPSY



Medico-Legal Postmortem Examination

 Is an examination of the dead that is done on a legal requirement of a country by a request from a legal authority

• Is done on sudden, suspicious, obscure, unnatural, litigatious or criminal deaths

(The Forensic Autopsy in Knight's Forensic Autopsy eds. Pekka Saukko, Bernard Knight 3rd Ed 2004)



Medico-Legal Autopsy standards

- European countries have developed standards on medico-legal postmortem examinations which they have incorporated into their legislations (Recommendation No. R(99) 3 of the committee of the misters to member states on the harmonisation of Medico-Legal Autopsy rules adopted by council of Europe on 2 February 1999 at 658th meeting of the Minister's Deputies)
- Sri Lankan legislation does not have such specified standards on a medico-legal examination
- It only states who can hold a postmortem examination.(Government Medical Officer or any other Medical Practitioner) Section 373(1) of the Criminal Code Procedure

 Minimum standard of an Autopsy report should be Health 42(Postmortem report)



Objectives of a Medico-Legal Autopsy

Identification of the deceased

To find external and internal abnormalities

Help in finding the circumstance

Determine Time since death

To find COD

To offer expert interpretation of finding



Requirements for a Medico-Legal Autopsy







Judicial /Legal requirement

A written order from an authorized Inquirer

Medical requirement

A medical practitioner (SLMC registration)

Physical requirement

Mortuary, instruments, tools, adequate drainage, water



Procedure for an ideal Medico-Legal autopsy (rule of 10)

- 1. History
- 2. Visit to the scene of death
- 3. Identification
- 4. Preliminary procedure
- 5. Examination of clothing
- 6. General external examination
- 7. Specific external examination
- 8. Internal examination
- 9. Laboratory investigations
- 10. Reporting and documentation



History

- As a clinician takes a detailed history regarding a clinical case a relevant history must be taken by a medical officer
- History may be taken from
 - Relatives/friends
 - Eye witness
 - Investigating police officers
 - Clinicians (BHT notes, diagnosis cards)
 - Interested parties(lawyers)
 - Any other volunteering information



Visit to the scene





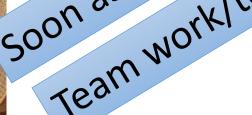


Visit to the scene of death

Homicides/ or suspicious death Medicolegal expert should visit the scene









Scene visit: Role of the Police

Secure the scene



Coordinate the management of the scene

Photograph the body as it is found

Relevant scene notes- exhibits weapons



Identification

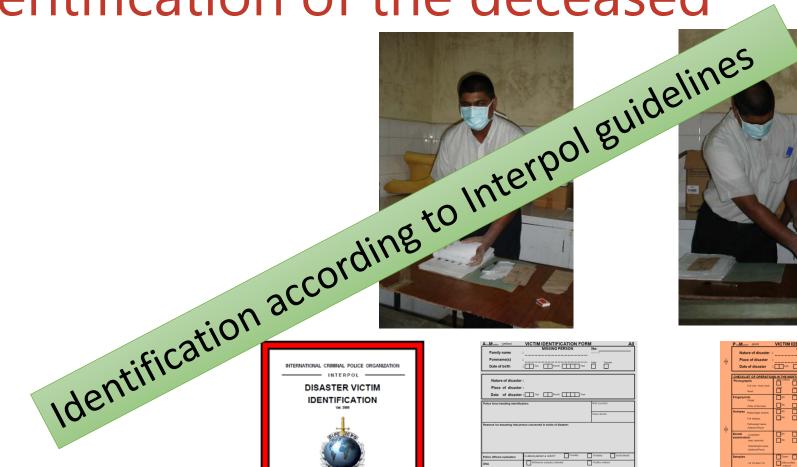
 Correct identification is important in the medical evidence at a criminal trial

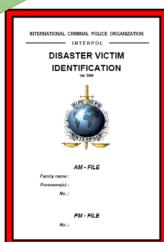
 Should be done in front of the pathologist by two close relatives, in good light by facial features





Identification of the deceased





And (relow) VICTIM IDENTIFICATION FORM A0					
Family name	MISSING PERSON		No:		
Forename(s)					
Male Emple					
Date of birth : Dey Moon Year					
Nature of disaster :					
Place of disaster:					
Date of disaster: Day Libert Year					
Police force handling identification: MCS (100x10)					
				Polce Ne Six	
Reasons for assuming that person concerned is victim of disaster:					
Police officers evaluation	Is above person a viotin?	Possety	Probably	Undovetrally	
DNA Professor samples collected Profess ordered					
CHECK LIST OF CONTENTS	Enclosed Enclosed Assess	T Ro	flatured	Remarks	
	complete in part - Riam	- Cute	Date	Annass	
A1 Info. relating to ILP. A2 Info. relating M.P. cord.	-				
		i			
C1 Clothing and Foot wear	-				
C2 Personal effects C3 Januariery					
	-				
D1 Physical description D2 Physical desc. cont.					
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D3 Physical desc. cost. D4 Body sketch					
D5 Fingerprint information	-	_			
E1 Medical information					
E2 Medical information					
E2 Medical Inform. cont. E4 DNA		-			
E4 DNA F1 Devisi information					
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F2 Cervisi inform.cont.					
G Further information		:_			
[13] Versin (185)					





Preliminary procedure

- Photography
 - Police photographic unit for chain of evidence
 - Colour photographs of dressed and undressed body
 - Injuries (with scale and without scale)
- X-rays- where necessary
 - Firearms, blasts, strangulation charred remains, battered child, battered in custody, air embolism
- Collection of trace material
 - Firearm residues, blasts, sexual abuse, poisoning



Clothing

 Important in identification, sexual offences, RTA, firearms, blasts, stabs, blood stains, for trace materials

Findings clearly described-site related to injury

Air dried and preserved and sent to the relevant authorities











General external Examination

 General description-Age, sex, build, height, ethnic group nutritional status, skin colour



 Distribution of hair, nasal skeleton, oral mucosa, dentition, tongue, auricular area, eyes colour, pupils, conjunctive, fluids or secretions from orifices

 Neck, thorax(shape, breast, nipples, pigmentation) abdomen(bulging, pigmentation, scars), anus and genitalia



Specific external examination

- Special characteristics of Identification
 - scars, marks, tattoos, amputations
- postmortem changes- temperature, rigor-mortis, hypostasis, putrefaction
- Injuries-healed, healing or recent
 - General nature(abrasion, contusion, laceration, cut, fracture) specific nature, size, anatomical site, site from two land mark, height from heel, shape, depth, direction.
- Medical and surgical interventions and resuscitation



Internal examination

- Open all three cavities
 - Head, thorax, abdomen
 - Where appropriate vertebral canal and joint cavities
- Eviscerate all organs
- Different techniques for different situations
 - Face, neck- special pelvic dissections
 - Rape/ abortion/pregnancy/delivery- pelvic dissection
 - Embolism
 - Pneumothorax
 - Muscular skeletal dissection
- Dissect all organs following established guidelines of pathological anatomy



Laboratory Investigations

- Sampling procedure depends on each case
 - All autopsies basic sampling schemes from main organs for histology and blood urine for alcohol
 - Additional specimens blood, urine, vitreous humor, CSF, bile, hair, for toxicology
 - Samples from injuries- wound age, histochemistry
 - Microbiology, virology
 - Femur- diatom
 - Bones for reconstructions
- Samples collected into special jars, containers, properly placed, stored and transported to lab



Autopsy Report

- Autopsy report is as important as the autopsy itself
- Full, detailed, comprehensive and objective
- Written in logical sequence, well structured and easy to refer
- Legible(typed or computer formatted)
- Should contain
 - Legal preface to fulfill statutory requirements
 - Serial numbers and coding
 - Personal details
 - Name and qualifications of the person conducting postmortem
 - External examination
 - Internal examination by anatomic systems
 - List of samples retained
 - Cause of death and relevant opinions
 - Checked signed and dated



Autopsy Report

- Cause of death should be given in triplicate on the cause of death form(in Sri Lanka) in other countries it is given in the certificate of death by the pathologist
- Provisional report should be given within 2-3 days
- In Sri Lanka H 42 may be used
- In special cases free style reports
- A copy of the report should be kept with the doctor
- final report when investigations are over



PATHOLOGICAL AUTOPSY



Pathological Autopsy

 Pathological autopsy or Clinical postmortem offers to study mortality in detail

 The basis is that much can be learned about the living from the study of the dead. "The dead teach the living"

Nelson S. The autopsy: A 'new' means for proving quality. Hospitals 1987;61:59-60



Pathological Autopsy

- At times the clinicians wants to know the
 - Pathological state of the condition they are suspecting and to see retrospectively what they thought was correct
 - Effectiveness of the treatment they gave for the diseased condition
- This is the basis why pathological autopsies provide a good index of the quality of patient care in clinical audits. (The autopsy and audit. Report of the Joint Working Party of the Royal College of Pathologists, The Royal College of Physicians of London and the Royal College of Surgeons of England 1991)



The basics of Pathological autopsy

 Pathological autopsy cannot be carried out on deaths where cause of death is not known

Pathological autopsy is carried out only in natural deaths

 The cause of death or a probable cause of death should be known



• In a Pathological autopsy the medical officer certifying the death must fill the declaration of death form(certificate of medical cause of death) and hand over to the relatives before requesting for a pathological postmortem investigation.

 Pathological autopsy cannot be performed without the permission of the deceased relatives.



- The consent of the relatives for pathological autopsy is obtained in writing on the BHT or special consent forms.
- The consent has to be obtained after a good explanation to the next of kin regarding
 - Benefits of the autopsy in providing information for them and the medical people
 - The type of the postmortem examination (full autopsy or limited autopsy) and the dissection
 - Provision of tissues for further investigations, teaching, or research



 The relatives should be given the opportunity to select the type of the postmortem examination (full autopsy or limited autopsy)

 Obtaining the consent is the responsibility of the consultant in charge of the case

 However he can delegate the duty to another person but he should be trained in a sympathetic and informative approach



 The postmortem examination should be strictly limited to the consent given (full autopsy or limited autopsy)

 If the autopsy requires additional dissection, further consent should be taken.

 The approval of the head of the institution also should be taken after relative's consent. (in the BHT or the consent form)

The autopsy is carried out by hospital pathologist.



How to do a Pathological Autopsy

 A proper request to perform a pathological autopsy should come to the hospital Pathologist on a prior date.

- A request form for a pathological autopsy should include
 - Summary of the clinical illness
 - Particular problems which pathologist should address
 - Potential hazards (HIV, Hep B) should be mentioned
 - The staff in the clinical department who wish to be contacted at the time of autopsy



How to do a Pathological Autopsy

 The pathologist should be provided with all clinical notes made on the deceased during life (medical, surgical, gynecological) including relevant investigations during the autopsy (original BHT)

 A prior convenient date to all the medical personnel who wish to be present at the autopsy should be arranged with the pathologist.



How to do a Pathological autopsy

 When date and time is set consideration should be given to relatives convenience too. Especially religious and cultural sensitivities

• Where necessary bereavement officers may be employed (The autopsy and audit. Report of the Joint Working Party of the Royal College of Pathologists, The Royal College of Physicians of London and the Royal College of Surgeons of England 1991)



How to do a pathological autopsy

- Role of other experts Peadiatric pathologist, Neuro-pathologist
- Attendance of clinicians involved in management of the patient (surgery)
- Planning of other investigations
 eg. Biochemistry, microbiology, virology
- Recording of findings- photography and video



How to do a Pathological autopsy-Who is in-charge?

 Hospital Consultant pathologist is in-charge of the postmortem examination.

He should be a specialists in pathology

 If a post-graduate trainee or a medical-officer in the pathology department carries out the autopsy, overall responsibility is in the hand of the consultant pathologist



Pathological autopsy- dissections

Routine

Limited

conformation with histology



Pathological autopsy- Reports and records

High priority to the report

 Interim report based on macroscopic examination and frozen sections within 2-3 days

Final report based on histology (3 weeks)

The opinion should address the issues questioned



Autopsy- Health and safety

- Autopsy room procedures
- Clean and dirty areas
- Clean and dirty man (recoding/photos/observers)
- Clothing, boots, gloves, eye protections
- Disposal of biological hazards



Virtopsy (Virtual Autopsy)

- Virtopsy is a virtual alternative to a traditional autopsy, conducted with scanning and imaging technology.
- Use computed tomography (CT), magnetic resonance imaging (MRI).
- 3D surface scanning and 3D imaging guided biopsy systems and post mortem angiography.





Summary

- Medico-legal Autopsy is done as a legal requirement of the county
- Medico-legal autopsies are done on sudden, suspicious, obscure, unnatural, litigatious or criminal deaths
- Pathological autopsy can be done only on cases where COD is known.
- Involves History taking, examination of the body, investigations, and report writing.





THANK YOU

