Indigenous communities and the forensic autopsy

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More and more often forensic pathologists and medical examiners are encountering cultural and religious groups whose background is non-Western and who may not have previously had to deal with issues related to autopsy examinations. Handling of the naked body of the deceased by members of the opposite sex, with incisions and tissue and fluid removal, may be completely foreign concepts perceived by certain groups to be both mysterious and highly offensive. Other significant issues arise when the standard time taken for a medicolegal examination results in serious delays for religious rituals and burials, and when there has been retention of organs for further examination.

Traditional beliefs often require that a body is quickly taken to a special place for viewing and the performance of specific rituals [1]. The body may then be buried or cremated with sometimes quite elaborate mourning ceremonies. All of this may be significantly disrupted if a body has been removed to another site for an autopsy examination. It may also be believed that tissue removal precludes the deceased from entering into the next stage of his or her journey into the afterlife and thus every effort may be made traditionally by family members to ensure that the body is kept intact. The opportunity for subsequent interment of organs that were removed prior to burial may not be possible, as there may be no tribal rituals to deal with such a situation. A similar problem may arise with smaller blocks of tissues that have been removed at autopsy to create

microscopic slides that are required for diagnostic purposes.

The question then arises as to how tribal needs can be best met without jeopardising the medicolegal process? In certain cases an external examination with a full body CT examination may be sufficient to determine the cause of death without having to undertake organ dissection [2]. This possibility emphasizes the need for all modern forensic units to have ready access to CT/MRI facilities, however it must be recognized that the identification and evaluation of a number of conditions, including subtle cardiovascular disease, will still require standard dissection. If an autopsy is undertaken, whole organ retention for specialized examinations may be required for formulation of the cause of death. The delay in performing such examinations may be considerable, and so early dissection with sampling and return of the organ(s) to the body should be encouraged.

The issue of tissue block and slide retention is a difficult one, as most pathology quality assurance programs specify a minimum period for the retention of such material, to permit review, or re-evaluation with additional staining. However, it could be argued that the instances where re-examination and staining of sections has been required in clearly defined cases of natural death, suicide or accident are quite rare. A possibility that has not been generally explored is to scan slides onto computer databases prior to return of these materials to families, so that some morphological information is retained if re-examination is required. While this will not help if restaining of tissues is needed, it would mean that valuable microscopic information could be available for access without the necessity of having actual stored material.

An example of how an acceptable outcome can be achieved in the face of quite distressing circumstances

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occurred in South Australia several years ago. When a death occurs in traditional indigenous communities in Australia, community members and visiting relatives from elsewhere move away from settlements into a special “sorry camp” that often lacks even the most basic of amenities [3]. Participants will stay there until the tribal elders have made an assessment of the case, and have determined a likely cause of death and whether sorcery has been involved, which may require reparations, or some form of payback [4]. A belief in sorcery is still strong in these communities with sorcerers believed to be able to cause death by cursing or by inserting foreign material into a victim’s body [1].

Now that bodies may be taken away from the camps to have autopsies performed in the south by forensic pathologists under the jurisdiction of the State Coroner, the elders have to wait for the autopsy report, as this may contain information that will be pertinent to their deliberations. Thus the pathologist and the coroner have become in a way “men of high degree” who are intimately involved in the process of sorry camp assessments.

During an inquest held in the Central Australian Anangu Pitjantjatjara tribal lands into gasoline (petrol) sniffing deaths [5] the elders requested a meeting with the coroner and pathologist to discuss this matter. Once the problem was revealed it was decided that the most helpful step would be to issue a one page provisional report immediately after the autopsy had been conducted that would be sent to the medical center closest to the sorry camp, for dispatch to the elders. These reports include the provisional cause of death and carry a statement that “no sticks, stones, bones or other foreign objects were found at autopsy to implicate another person in the death.” Thus, while the examining pathologist is not excluding the fact that sorcery may have been performed, he/she is stating that no physical evidence of this was found during the postmortem examination. Armed with this information the elders are then able to much more quickly formulate their decisions and disband the camp. This minor change in practice has had a very positive response from tribal groups with a clearly beneficial effect on certain traditional Aboriginal cultural practices [3].

The importance of regular consultation with religious or tribal leaders cannot be overemphasized for a number of reasons. As well as demonstrating a willingness on the part of forensic authorities to listen to community concerns, it also provides a forum for discussion and negotiation. A clear understanding of the issues involved in autopsy examinations for particular groups is required by pathologists, medical examiners and coroners so that steps can be taken to minimize any unnecessary emotional trauma and impact that a medicolegal examination may have, and to facilitate the grieving and burial processes as much as possible.

While it is recognized that there may be certain issues, such as whole organ retention for specialized examination, that are difficult to resolve, it is surprising how relatively minor changes to standard forensic practices may make a major difference to communities with non-Western religious practices and death rituals. This may take the form of simply prioritizing an autopsy, having a recording of religious chanting placed with a body while in storage, or the early issuing of a special preliminary autopsy report. Every opportunity should be pursued to demystify and make transparent the forensic process so that an essential examination can continue at an appropriate standard, while ensuring that there is the least disruption to traditional belief systems.

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