



NATIONAL COMMISSION ON FORENSIC SCIENCE

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Views of the Commission Communication with Next of Kin and Other Family Members

Subcommittee
Medicolegal Death Investigation
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Final

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Statement of Issue

Currently, many medicolegal death investigation offices lack policies and procedures relating to the communication and interactions they have with Next of Kin (NOK) and other family members during death investigations. (1) Additionally, accreditation standards do not directly address this issue and therefore inconsistencies exist that greatly impacts the individual family, the investigation and our society overall.

View of the National Commission on Forensic Science

Medicolegal death investigation is a public service and conveying information in a clear, sensitive and effective manner to the surviving family members is a critical aspect of the medicolegal death investigation system.

Coroners and medical examiners should have policies to support these sensitive interactions. Information should include, but not limited to: notification of death, an overview and rationale of the death investigation process, establishing realistic expectations of the investigation process and the availability of information during this process, how the NOK or other designated family members will receive updated case information including the determination of cause and manner of death and access to autopsy reports. Issues related to public and media access to investigative findings and reports should also be addressed, as well as, jurisdiction-specific rights of NOK,

tissue and organ donation issues, available bereavement counseling and support resources, and the process for release of personal effects. Offices should establish policies and understand what translation and interpretation services are available in order to communicate effectively with family members. The use of mental health professionals within medicolegal death investigation offices is a valuable public service for family members and the death investigation process. NOK should be provided with a point of contact in the responsible office who is available and equipped to answer investigation related questions and medical questions related to the cause of death. Information should be available to family members as soon as practicable. (2)

Medicolegal death investigation professionals who interact with families should receive appropriate training for communicating with the acutely bereaved that is sensitive, appropriate to their needs, and respectful to cultural, religious and individual needs.

Background

When a death requiring a medicolegal investigation occurs, families will have many questions and concerns as they assimilate and accept information about the death of their loved one. Families of individuals who died in situations requiring an investigation experience additional challenges and emotions not faced by families following anticipated deaths. Sudden deaths exacerbate the experience of grief and loss regardless of the manner of death. The emotional trauma that is experienced after the sudden death of a loved one often creates feelings of hopelessness, vulnerability, powerlessness and difficulties with concentration. Without good communication, a death investigation can easily exacerbate and/or prolong these feelings. Physical symptoms of emotional trauma are also common and include, but are not limited to, insomnia, fatigue, edginess and agitation which can also be increased by the stress of poor communication. Cognitive and behavioral reactions to emotional trauma also occur.

While medicolegal death investigations investigation can delay and affect mourning rituals, it thus has the potential to create uncertainty, additional frustration and psychological stress. How medicolegal professionals communicate with families in the aftermath of a death will have a direct impact on their ability to cope, their ability to process and accommodate what has happened, their view of the medicolegal system, and their willingness to cooperate with the investigation and future proceedings. (2)

Grief reactions are unique to the individual and the value of mental health professionals involved with medicolegal death investigations cannot be underestimated as a valued asset and public service for both the individual and office that is attempting to communicate with them. While mental health liaison services through the Office of Victim Witness Advocacy and Sexual Assault Response Teams exist, the majority of family members affected by medicolegal death investigations do not qualify for such services. Therefore, mental health professionals within medicolegal death investigation offices can provide crucial short term grief counseling and be an effective liaison for communication between the family and office.

While accurate information concerning death investigation findings is critically utilized by our justice and public health systems, it is also of great value to the family of the deceased to assist in

their grief process, address death benefits, and provide medical information that may help identify other family members at risk.

References

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