CASE REPORT

Autopsies on foreign nationals – Practical problems and solutions

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Abstract: In view of increased immigration, incidents of deaths outside the deceased’s own country are on the rise. The death of a foreign national involves an array of legal formalities. Also a spectrum of queries and concerns may be raised by the authorities as well as the relatives regarding various aspects related to the death. It is especially true when the postmortem reports are kept in abeyance for want of reports of ancillary autopsy investigations. All these issues could make autopsy on foreign nationals, a thorn in the autopsy surgeon’s flesh. An attempt is made to draw attention towards the difficulties which can arise in such a scenario through one such case involving death of a foreign national, autopsied at our center.

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1. Introduction

Globalization has led to an increase in overseas travel by leaps and bounds. It could either be for a professional commitment or purely for a recreation purpose. Now and again during such travel, one could succumb to a natural disease or die unnaturally by suicide or homicide.

Methods of investigation of a sudden death due to a disease, and the extent of such enquiries, vary greatly from country to country. The relatives of the deceased frequently make serious allegations relating to the circumstances of the death when they return to their homeland, and when the body is repatriated, a local pathologist may be directed to make an another postmortem examination.1

Whenever a second autopsy is being planned after repatriation, the autopsy surgeon who did the first autopsy would be answerable to all the queries posed to him and he would have to furnish the completed autopsy report at the earliest, so that subsequent autopsy could be conducted without any hurdle. However, it is not possible to hand over the final autopsy report in all the circumstances, more so in cases where reports of ancillary autopsy investigations are awaited. An attempt has been made to accentuate the problems faced by the autopsy surgeon in such cases and to suggest the feasible solution.

2. Case report

The deceased was a 40 year old foreign national, who was a tourist staying in a hotel room along with his friend. On the
fateful day, when his friend returned back to the hotel room in the night, he found that the deceased was unresponsive and was shifted to a nearby hospital, where he was declared brought dead. The body was stored for a week in the cold storage of the morgue, waiting for the arrival of kith and kin of the deaceased.

Autopsy was conducted after the family of the deaceased arrived. At autopsy, no external injuries were seen over the body (Fig. 1). On internal examination, all the organs were unremarkable except for the heart, which showed a block in the right coronary artery (Fig. 2). Hence, the heart was subjected for histopathological examination and viscera were also subjected for toxicological analysis to rule out the possibility of poisoning. Since the reports of the ancillary investigations were awaited, the cause of death was kept in abeyance. The body was repatriated to the deceased’s homeland after embalming. Histopathology examination which was done by the laboratory attached to our center confirmed the atherosclerotic obstruction of the right coronary artery; the histopathology report was obtained within a week of autopsy. However, we had to wait for the toxicology report before furnishing the final opinion as to the cause of death. Toxicological analyses in India are by and large done by Forensic Science Laboratories which are under the purview of the Directorate of Forensic Services, Ministry of Home Affairs, Government of India. Meanwhile, a second autopsy was planned in the deceased’s own country because of which repeated enquiry was made by the embassy so as to why there was a delay in furnishing the opinion. We had to wait for two months to receive the toxicological report, which was negative for the poisons tested. Hence, the cause of death was opined to be due to coronary insufficiency. After the opinion was furnished, there was a request from the embassy, to send the tissues subjected for histopathology, which was duly sent through the representative of the embassy. Finally we were relieved for successfully completing the task. But this relief was short lived, because for our dismay, this time we received a requisition from the embassy to send the viscera subjected for chemical analysis, that too after 6 months of furnishing the opinion. Although for our fortuity we were able to procure and send it because the toxicological laboratory had preserved the viscera after analysis anticipating such request since it belonged to a foreign national. However, in routine cases viscera are not preserved for such a period of time unless there is a need to do so. Since Bio-Medical Waste (Management and Handling) Rules, 1998, notified by the Ministry of Environment and Forests, India under the Environment (Protection) Act, 1986, Rule No. 6 on segregation, packaging, transportation and storage in its subsection 5 states that “No untreated bio-medical waste shall be kept stored beyond a period of 48 h. Provided that if for any reason it becomes necessary to store the waste beyond such period, the authorized person must take permission of the prescribed authority and take measures to ensure that the waste does not adversely affect human health and the environment”.

Considering viscera post analysis as bio-medical waste, ideally it has to be discarded in 2 d. However, the protocol followed in the Regional Forensic Science Laboratory, Mysore, Karnataka, India, with the permission from the prescribed authority is that, for almost all the cases they store viscera post analysis for a period of 1 month following which they discard it. However, if the need arises, they do preserve the viscera for a longer duration, like in the present case. In the state of Karnataka, the prescribed authority is Karnataka State Pollution Control Board.

Although in certain countries there is a practice of returning back the analysed viscera to the investigating agency, who keeps them in their custody till the pendency of the case, there is no such practice in India.

According to order No. 1493 issued by Inspector General of Police under the Mysore Police Act, 1963, it has been stated that “The officer who has forwarded the material to the chemical examiner for analysis must arrange to take back the articles remaining after analysis within ten days of receipt of the chemical examiner’s report, failing which the articles may be destroyed. This refers to articles like clothing, vessels, utensils, weapons, ornaments etc. and not to viscera and perishable articles”. Hence, destroying the viscera post-analysis is an acceptable norm in India and the Forensic Science Laboratories need not wait till the case is disposed off in the court of law.

Since in Indian Law there is no provision for independent testing of physical evidence by the defendant’s experts which is available in certain countries like United States wherein the defendant can make a motion to make the state's physical evidence available to defendant for inspection and scientific testing by defendant’s experts, the same was not done in our setup.
3. Discussion

More often than not, the bodies repatriated after death abroad are subjected to a second autopsy in circumstances where the autopsy report furnished is at question or could be due to an order from the courts, plea from relatives or for insurance reasons. In a study conducted in Greece on repeat autopsies on corpses from abroad, the author found that the lack of information was the characteristic finding in all these cases. A similar study conducted by researchers on autopsy in repatriated bodies to the UK, found that the reports relating to medico-legal investigations conducted outside the UK were available for 15 (34%) cases out of 44 cases examined; in which one was un-translated. An autopsy report of the first autopsy conducted was provided only in a single case. In a survey conducted by Leadbeatter on deaths of British nationals abroad, he recommended an international uniformity in technique and documentation of medico-legal postmortem examination to reduce the problems posed in such deaths.

Although the Council of Europe member countries have adopted the “harmonization of medicolegal autopsy rules” in 1999 for achieving harmonized and internationally recognized rules for carrying out an autopsy, there is a need for such standardization across the globe.

The preservation of organs for purpose of ancillary autopsy investigations becomes necessary when the opinion on the cause of death is solely dependent on the results of such investigations. An autopsy based study on repatriated bodies noted that there was an apparent inconsistency relating to the retention of organs and associated documentation. Hence, the authors were of the opinion that it could be due to differing legal requirements regarding this element of the autopsy in different countries. They further noted that if the samples are retained, with adequate documentation and communication, the requirement for toxicological evaluation to be performed upon repatriation could possibly be reduced.

In the present case although the documentation of retained organs for the purpose of ancillary investigations was made in the report furnished, we were asked to send the viscera subjected for toxicological analysis. Such requests can all together be prevented by harmonizing the procedures of ancillary investigations and accrediting the laboratories conducting such investigations at the international level, so that the reports issued by them could be made acceptable universally. Bernard Knight had the same viewpoint with respect to autopsy standards. He was of the opinion that there has to be some form of accreditation of individuals and institutions performing autopsy.

Since such accreditation is not in place, there is a need to formulate proper guidelines for preservation of viscera post analysis. Contrarily, a separate set of viscera could be preserved during autopsy and handed over to the authorities during repatriation of the deceased if needed, so that any sort of toxicological assessment intended to be performed after repatriation would be hassle free.

To curb the delay in providing the toxicological reports, the ‘fast-track’ facility should be made available in the Forensic Science Laboratories in India, for those cases which need urgent attention.

4. Conclusion

Uniform international protocol is needed for the examination and reporting upon the death, especially of the foreign national, so that the autopsy surgeon knows what to do and what not to do in such situations. Accredited toxicology laboratory needs to be attached to the autopsy center to prevent undue delay and to share the responsibilities of already overburdened Forensic Science Laboratories in India.

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Conflict of interest

None.

Informed consent

Not applicable.

Ethical approval

Necessary ethical approval was obtained from the institute ethics committee.

References