



# Commentary: The ethics of forensic work in pandemics - a call for repurposing of duty

Vina Vaswani, MD, MPhil, MA (Bioethics), PhD (Bioethics)

Professor, Department of Forensic Medicine and Toxicology, and Director, Centre for Ethics, Yenepoya deemed to be University, Mangalore

### Corresponding Author:

Dr. Vina Vaswani  
Department of Forensic Medicine and Toxicology  
Yenepoya deemed to be University,  
Deralakatte, Mangalore - 575018, India  
Email: vinavaswani at yenepoya dot edu dot in

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This commentary is in response to the narrative titled 'The morgue and the pandemic' which is accessible at <http://rhime.in/ojs>

I read with interest the narrative titled 'The morgue and the pandemic'.<sup>[1]</sup> Forensic medicine is situated at the confluence of two fields - medicine and law. The term "forensic" is derived from the Latin word "forensis", which has its origins in the word "forum". The forum was a gathering or meeting place or an open court where disputes were deliberated upon and solved.<sup>[2]</sup> In the present day context, the "open" part of the open court is lost somewhere in the din and bustle of activity, and the court has been enlarged to a great extent. The forum also conveyed the following meaning: where discussion took place in a transparent way, where a person making a decision tried to be accessible, and where community engagement in a complicated situation within the given context could materialize.

While we treasure and feel proud of our duty to the courts, the openness has become atavistic. Nevertheless, Forensic Medicine

has advanced leaps and bounds branching into many more specialties. Some of the engagements of a forensic doctor in a medical college/university include but are not restricted to:

1. Teaching forensic medicine to undergraduates and post graduates.
2. Carrying out medico-legal autopsies and exhumations (including fetal or infant autopsies as the case may be).
3. Examining cases of injury, assault (physical, sexual), estimating age, examining poisoning cases and issuing medico-legal certificates.
4. Presenting evidence and expert opinions in the court of law.

As indicated by the authors of the narrative, in a pandemic like the COVID-19 or any other disaster, dead bodies start mounting and the action shifts to mortuaries. The swelling of agitated crowds in front of the mortuary, the

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emotional high notes of the bereaved, and a sudden demand on forensic services which is otherwise on a backburner, instantly increase. The management of crowds or even dead bodies are not factored in pandemic-management strategies, since much of it happens behind the scenes. At times mortuaries become the punching bags of emotional outbursts of the relatives. While this can be brushed off as a reactionary behavior, we do need some measures to be in place as a part of the pandemic drill so as to better manage crowds and dead bodies.

'The morgue and the pandemic' highlights infrastructural shortfalls. While timely donations of much-needed ventilators bring admiration to the donor and the donee, even in disasters with many dead bodies, the donation of cold chambers is not generally the first thought. It is mostly left to the International Committee of the Red Cross (ICRC) to provide temporary morgues. Over all, there seems to be huge reluctance towards and neglect for managing the dead. The reason for this is a perception that more attention is being given to the care of the dead bodies and less is available for the living. The fact is that no one thinks of the dead until they lose their own dear one.

In the present COVID 19 pandemic too, soon after the dead bodies started making their way to funeral homes and burial grounds, we became aware of the inhuman responses of people trying to have the dead bodies returned or refusing to let them be cremated. People even banned entry of bodies being brought home for their last rites. As the authors of the narrative indicate, due to the lack of actual information on the status of infectivity, coupled with heightened fear and anxiety that dead bodies could transmit infection, the dead were subjected to inhuman and degrading treatment. This included throwing the body from a height, or hastily performing last rites and stopping the process half way before deserting the body and leaving it to rot.[3]

Who except the forensic can speak for the dead? But we of the forensic fraternity are conditioned to not talk to communities but to only give our evidence in court. We are not expected to engage communities in order to gain trust, so we are a mistrusted lot. There are hardly any Forensic Communities which allow for interaction between lay persons, judges, lawyers and forensic doctors/pathologists to understand how medico-legal practice requires to be updated to address the current crises and to allow us to be proactive where we need to be.

If one is to follow by example, the Medico-Legal Death Investigation Community of Practice (MLDI CoP), supported through the Data for Health initiative, is worth emulating for attempting to accomplish a trail-blazing task. It is putting together an international community of practitioners - stakeholders from diverse backgrounds - to discuss existing forensic practices, of which peer-to-peer mentoring is one such program.[4]

The MLDI CoP virtual meetings that bring together participants from forty countries in all six World Health Organization regions are mentored by Dr Roger Mitchell, Chair, Department of Pathology, Howard University in Washington DC, and Olga Joos, Senior Technical Advisor at the Centers for Disease Control (CDC) Foundation based at the US CDC National Center for Health Statistics. Involving multiple stakeholders adds to the wholeness of forensic services and, for a change, we find ourselves working in teams instead of in silos. As is only fair and right in a disaster or a pandemic, when a citizen of one country can be found on the mortuary table of any other country, inculcating such a global forensic philosophy of serving communities and having uniform practices can make the discharge of forensic duties more fulfilling.

It is time we, the forensic doctors, "repurposed" our duties to include engaging with and serving communities in pandemics to build trust and to assist timely education of

the communities. Since we are the last bastion for dead bodies in mortuary, it is in our line of duty to dialogue on the dead with

the living. Failing this, disrespect to the dead will become a norm, and we will remain mute spectators to a reduction of social values.

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## References

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