

The Multidisciplinary Approach to Dealing with Families: A Model for Medical Examiners

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ABSTRACT: Medical examiners function primarily to determine cause and manner of death, and to document illness and injuries. Equally important, however, is the role of providing family members with the initial tools to work through the grief process. By initiating contact with the family, facilitating access to other appropriate services and by making provisions for adequate viewing and meeting facilities, we fulfill these ethical duties and carry out our responsibilities as physicians. We hope to fill some of the void that exists in the forensic medical literature with this presentation and generate awareness for the neglected role of grief intervention.

KEYWORDS: forensic science, forensic pathology, ethics, grief, viewing, family

The role of the medical examiner is to determine cause and manner of death. In doing so, we fulfill legal responsibilities, but what about our ethical responsibility to the families of the victims that remain behind? The medical examiner, in pursuing cause and manner of death, at times finds it necessary to seek the help of experts in fields such as forensic anthropology, odontology, etc. In the same way, medical examiners seeking to help families with their grief should be encouraged to call on professionals in the field of grief counseling such as clergy, therapists and victim assistance groups. Forensic pathologists are medical doctors and are, therefore, compelled to alleviate suffering. However, medical examiners are initially trained as hospital pathologists and are, therefore, laboratory oriented, having minimal interaction with family members past medical school and residency and receive little training in helping families cope with the complexities of grieving a sudden death (1).

In our Medical Examiners Office, our philosophy is to foster cooperation with a network of agencies and individuals, not the least of which are grief counselors and the local clergy.

Medical examiners are uniquely positioned to unite grieving families with those that provide grief and spiritual counseling. The earlier that counselors and clergy intervene, the greater the potential benefit. In addition, the relationship the medical examiner forges with the family is enhanced by facilitating the contact between counselors and families. Family members are often unaware that these services are available or where to go for help. In our ex-

perience, families will seldom request spiritual or grief counseling, but once this opportunity is presented to them, it is often quickly welcomed.

When dealing with family members, the medical examiner should begin with an expression of sympathy and continue by providing information that may be helpful to the family. Sudden, violent death assaults a person's sense of power and control. The family feels an incredible helplessness, a sense of unreality, guilt, regret, a need to blame, and even rage. They also feel an intense need to understand how the death occurred (2). Accurate medical information can be extremely helpful, such as explaining that the loved one died instantly and did not suffer. Family members who lack sufficient explanation of the death tend to have a more complicated mourning period. Seeking information is an adaptive coping behavior and gives the family member the ability to regain some feelings of control. In a crisis situation normal coping skills are markedly impaired and family members desperately seek direction. When given clear and concise information, the family is able to make informed and reasonable choices.

Subsequent to the initial contact, we inquire from the family if they would like the assistance of a grief counselor or clergy. We explain who these counselors are and what benefits may be derived from them. We strongly recommend that those in crisis take advantage of these specialists since they provide a healing path towards grief. Counselors and clergy also facilitate communication between the medical examiner and family members. In our office, we work closely with Project HELP, Inc., a free non-profit, community based program for grief crisis intervention. They provide 24-h response for on site intervention following suicide, homicide, accidents, all sudden deaths, individual/family counseling, debriefings to groups affected by sudden death, and weekly support groups. Grief counselors respond wherever they are needed in the aftermath. Their function in the initial crisis intervention stage consists of meeting with the family as soon as possible; during the process of death notification, at the scene, at the hospital or the morgue, or all of the above. Project HELP's staff is trained in grief work, from the crisis intervention stage through the long term healing process, including intensive didactic sessions on grief crisis intervention, debriefing and post-traumatic stress.

Clergy are invaluable by providing spiritual support to the family members. If the family requests their local pastor, we arrange for a meeting at our facility. The pre-established "pastoral relationship" provides the family with trust, confidence and assurance in someone they know. This is a significant factor in comforting the family in shock, in an unfamiliar place, and surrounded by strangers. On occasion, clergy may be helpful when the family has a religious objection to the autopsy. Often family members base their objection to an autopsy on perceived stringent religious doc-

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trine. The clergy is able to educate the family on actual religious rulings about the procedure and perhaps even assist the medical examiner in explaining the need for an autopsy (3).

When family members do not have a church affiliation, we offer to contact the local hospital chaplain, who has specialized training and counseling skills in death, grief work, crisis intervention and suicide. The hospital chaplain is non-sectarian and provides an inter-faith approach to pastoral care.

The value of spiritual support and intervention facilitates the medical examiner's role of compassion for the suffering and complements the work of the grief counselors. Recognizing the spiritual component of the family and providing a clergy presence enables a holistic approach by an interdisciplinary team of professionals to comfort, support and offer hope to the family.

The emotional components of the survivors spiritual concerns are best described as spiritual pain. Attention to these emotional components is a critical element of intervention. The clergy provides a theological response and spiritual care to enable the survivors to understand their spiritual pain, find resolution and experience a sense of peace.

In order to facilitate the interaction with family members at the Medical Examiners Office with these trained grief professionals, we have designed a family room in our new facility. The purpose of the family room is to provide a private and serene setting to counsel family members away from a busy reception area welcoming all visitors. Additionally, this removes the family from the physician's office, which can be perceived as distant and business-like, and where other work may be open and in plain view. This allows families the chance to discuss private and painful matters, and to learn details they need to know about the death. Within this safe environment, the physician has a better opportunity to ask questions about the decedent. The room need not be large; in fact, our family room is 10 by 10 feet and resembles a small living room. We have a small couch, an armchair and table. A dimmer is set on the light switch to avoid bright, stark lights. We also have literature available in the room that explains the benefits of the autopsy and discusses legal issues. In this room, families meet with clergy, counselors or victim assistance personnel. We then offer to show the family their loved one on a closed-circuit television monitor. Viewing allows time for the survivor to comprehend the reality of the death, cuts through the denial and activates the mourning process. Allowing the family to view the deceased, whenever possible, allows the grieving process to fully commence and removes unanswered questions regarding identity.

Often actual viewing of the decedent is preferred, and, if appropriate, we have made provisions for this service in our facility, as well. In those cases, we escort the designated immediate family members to the viewing room, which is separate from the main morgue. The decedent is placed in the room and a simple hospital screen serves to keep the autopsy workstation out of view. The morgue technician, the counselor or clergy and, often,

the medical examiner, accompany the family. We certainly understand that some families may be very emotional, but with the team that is present, emotions tend to be subdued. We retain the option to end the viewing session, if necessary. The medical examiner may limit the areas of the body to be viewed or touched. Most likely, those in shock and grief will follow clear directions. It is recommended that the family be told what to expect about the physical surroundings of the viewing room before they enter. We also suggest that words such as "body," "corpse," or "decedent" be avoided. It is preferable to use the person's name, or "your husband, son," etc.

After the viewing, it is recommended that the family be given time to ask questions. The medical examiner should assure the family that they can call with questions or concerns even weeks later. It is difficult for families to recall or even formulate a question in the midst of overwhelming grief compounded by the details of making funeral arrangements (4). The counselor can be very helpful in this endeavor, as well. Continuity of care is a vital issue with people who are traumatized; therefore the fact that specialized grief counselors work with families for the long term is a vital part of the healing process.

Conclusion

The medical examiner is obligated to investigate a myriad of sudden, unexpected, and traumatic deaths. In this endeavor, it is crucial that sensitivity for the deceased's family not be sacrificed. Grief counselors may facilitate communication between the medical examiner and family members. They can also help the medical examiner in the explanation process and with viewing of the decedent. These steps can engender a feeling of trust between the Office of the Medical Examiner and the citizenry it serves. Care and concern for the deceased's family during this most difficult time will go far in developing a relationship with family members and with the community at large. To this end, when the plans for a new office begin to materialize, a private room designated for the families should figure in the design. In the end, a philosophy of care greatly complements the philosophy of providing quality medico-legal investigation and allows the medical examiner to function as a true physician (5).

References

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