

G50 Building the Communication/Language for Collaboration Between the Forensic Pathologist and Funeral Director/Embalmer

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After attending this presentation, attendees will be familiar with the language and techniques used in the funeral industry.

This presentation will impact the forensic community by arming the forensic pathologist with the words to scientifically describe a body that has been embalmed.

This presentation will expose the forensic pathologist to the language and embalming procedures used in preserving the dead body. The presentation will be useful to forensic pathologists who are members of FEMA's Disaster Mortuary Operational Response Team (DMORT) or work in jurisdictions where cemeteries are subject to flood waters.

Forensic pathologists are known for their skill in turning the visual into words. They are able to explain orally and in writing the most complex surgical procedures despite the fact that they are not trauma surgeons, orthopedic surgeons, neurosurgeons or gynecologists. But, when it comes to the postmortem surgical procedure known as embalming, the forensic pathologist lacks knowledge of the words and technical procedures used by the funeral director/embalmer. Michael M. Baden, MD mentions, in Chapter III, Part 4. "Exhumation" (Medicolegal Investigation of Death, 4th edition), "The entire exhumation and autopsy process should be well documented by words and photographs ...". As stated above, forensic pathologists know the words of their fellow surgeons but are not trained in the words of the funeral director/embalmer despite the fact that autopsies are performed on embalmed bodies prior to interment and after disinterment. Since the conception of DMORT in the early 1980's, national forensic teams have been deployed to 24 mass disaster events. Three of these events exclusively involved cemetery floods, one involved a crematory, and three involved floods that secondarily caused local flooding of cemeteries. With disinterred remains the primary focus of the forensic team is not in determining the cause of death but in finding positive identification. With disinterred embalmed bodies, the presence of embalming artifacts may be one of the main physical findings the DMORT forensic pathologist will have for positive identification. If the forensic pathologist is unable to adequately describe the postmortem embalming changes that occur during arterial and cavity embalming he or she could exclude or misinterpret a useful identifier. If the forensic pathologist knows that the body was embalmed using a single-point injection through the right common carotid artery with right jugular vein drainage or was embalmed by use of the restricted cervical method, this level of knowledge would help expedite the identification process when the local funeral director/embalmer compares their embalming reports with the autopsy report. Since 29% of DMORT's mass fatality events involve disinterred remains, the affected community would be better served by having forensic pathologists who are able to speak and write the language of the local funeral director/embalmer.

Forensic, Pathologist, Embalming