

OSAC 2023-N-0022

Best Practice Recommendations for Communicating with Next of Kin during Medicolegal Death Investigations

*Medicolegal Death Investigation Subcommittee
Medicine Scientific Area Committee
Organization of Scientific Area Committees (OSAC) for Forensic Science*



OSAC Draft Proposed Standard

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Prepared by
Medicolegal Death Investigation Subcommittee
Version: 1.0
June 2023

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1 **Best Practice Recommendations for Communicating with Next of Kin during**
2 **Medicolegal Death Investigations**

3
4 **FOREWORD**

5 When a medicolegal death investigation occurs, next of kin may have questions and concerns for
6 the medicolegal death investigation authority. The ability of medicolegal death investigation
7 professionals to communicate with next of kin may have a direct impact on how they react
8 following a death, view the medicolegal death investigation system, and cooperate with the
9 investigation.

10
11 The best practices outlined in this document address sensitivity in the delivery of information,
12 associated training, dissemination of information including cause and manner of death,
13 recognizing and accommodating cultural and religious beliefs, and timely response to next of kin
14 inquiries. The recommendations herein are also applicable to communications with other family
15 members of the deceased who are not the legal next of kin.

16
17 **KEYWORDS**

18 *communication, coroner, death investigation, decedent, medical examiner, medicolegal death*
19 *investigation, medicolegal death investigator, next of kin*

TABLE OF CONTENTS

20	
21	1 Scope
22	2 Glossary
23	3 Recommendations
24	4 Bibliography
25	5 Appendices
26	
27	<u>1 SCOPE</u>
28	
29	This document specifies recommendations for communicating with next of kin during a
30	medicolegal death investigation. It is intended for medicolegal death investigation authorities.
31	This document does not address specific investigative practices.
32	<u>2 GLOSSARY</u>
33	cause of death
34	Medical opinion of the disease or injury that resulted in a person's death
35	
36	decedent
37	Deceased person or any suspected human remains
38	
39	family liaison
40	A member of the medicolegal death investigation team tasked with providing assistance and
41	support to decedent families
42	
43	forensic pathologist
44	Physician who is board-certified in forensic pathology by an accredited credentialing body;
45	currently American Board of Pathology and American Osteopathic Board of Pathology
46	
47	manner of death
48	Classification system based on the circumstances under which death occurred; includes accident,
49	homicide, natural, suicide, and undetermined
50	
51	medicolegal death investigation
52	Formal inquiry into the circumstances surrounding the death of a human being; investigative
53	information is considered with autopsy findings and adjunctive studies (if performed) to
54	determine the cause and manner of death
55	
56	medicolegal death investigation authority

57 Person or persons whose duty it is to perform medicolegal death investigations for a designated
58 jurisdiction, and ensure certification of cause and manner of death; duties vary based on local
59 enabling statutes

60

61 **medicolegal death investigator**

62 Individual who performs medicolegal death investigations, and includes those who have not
63 completed the requirements for certification and is not certified

64

65 **next of kin**

66 Legally determined hierarchy of interested parties who have authority over the decedent

67

68 **postmortem examination**

69 Medical examination of a decedent and associated information by specially trained medical
70 personnel; this may include autopsy, external examination, ancillary tests, evaluation of
71 circumstances, review of medical records, and other contextual information

72 **3 RECOMMENDATIONS**

73

74 **The medicolegal death investigation (MDI) authority should:**

75 **3.1: Provide training to medicolegal death investigation professionals who**
76 **interact with next of kin**

77 Training content should include communication styles, notification of death, communicating with
78 individuals in crisis, effective crisis intervention, fundamental aspects of grief and loss, physical
79 and psychological effects of trauma, responding to angry reactions and managing hostile
80 situations, and the management and return of personal effects, as relevant to individual duties.
81 Examples of appropriate training providers include experienced medicolegal death investigation
82 professionals, victim assistance programs, mental health professionals involved in trauma
83 intervention, bereavement programs, hospice programs, and organizations dealing with sudden,
84 unexpected deaths. Appendix A provides examples of suggested resources.

85

86 **3.2: Provide information on the medicolegal death investigation process to**
87 **next of kin, with resources in multiple formats**

88 Next of kin should be informed that an ongoing medicolegal death investigation will be performed
89 to assist in the determination of the cause and manner of death. Additional steps, including the
90 extent of any postmortem examination, possible accommodations for religious, cultural, and other
91 individual beliefs, and the potential for organ, eye, and/or tissue donation, should be discussed.

92 The medicolegal death investigation professional should convey preliminary investigative
93 circumstances, condition of the decedent’s body, timeframes, how information will be shared,
94 information addressing frequently asked questions (see Appendix B), and who the next of kin can
95 contact should they have additional questions.

96
97 Grieving next of kin may have difficulty processing information verbally and remembering details.
98 Medicolegal death investigation professionals should provide information on the medicolegal
99 death investigation process and available resources in multiple formats. The information should
100 include answers to common questions in easily understood language. Offering the same
101 information in commonly spoken languages is encouraged. Access to interpreters not related to
102 the decedent or the investigation should be provided, including sign language.

103 MDI authorities are strongly encouraged to employ family liaisons or social workers to provide
104 information to and answer and direct questions from next of kin throughout the medicolegal death
105 investigation.

106

107 **3.3: Recognize and accommodate cultural, religious, and other beliefs as** 108 **practicable**

109

110 Grief is a unique and personal experience based on multiple factors, including cultural, religious,
111 or other beliefs. Communication will be most effective if the medicolegal death investigation
112 professional recognizes and accommodates the grief and related needs expressed by next of kin
113 to the extent that the investigation allows. The medicolegal death investigation may alter
114 mourning rituals, which may create uncertainty, additional frustration, and stress.

115

116 **3.4: Provide resources for grief and final disposition assistance**

117

118 Information provided should include crime victim assistance programs, advocacy and family
119 support programs, bereavement counseling and support groups, including cause-of-death specific
120 organizations, and disposition assistance, as applicable (see Appendix C). Information can be
121 supplemented by a handout (see Appendix D) and information on the MDI authority’s public-
122 facing website. Handouts and website information should be made available to law enforcement
123 personnel and hospitals to provide to family members in the absence of an on-scene medicolegal
124 death investigator.

125

126 **3.5: Ensure that next of kin understand their right to access and obtain** 127 **medicolegal death investigation report(s)**

128 The MDI authority should have a policy regarding how, when, and which next of kin are contacted.
129 The method of communicating the cause and manner of death to next of kin should be determined
130 early in the investigation. If next of kin have a specific preference for communication,
131 consideration should be given to accommodating their wishes, and their preferences should be
132 documented to ensure MDI authority personnel are aware.

133
134 Next of kin should be provided the medicolegal report(s), if desired and legally allowed.
135 Medicolegal death investigation reports may include postmortem examination reports,
136 medicolegal death investigative reports, toxicology reports, and other ancillary testing or
137 consultation reports. Reports should be delivered with cover letters informing the recipient of the
138 contents.

139
140 Some next of kin may want to know the cause and manner of death, but they may not want copies
141 of the report(s). The cause and manner of death can be communicated verbally or in writing, as
142 allowed by law. Information should be delivered concisely but with sensitivity and compassion.

143 **3.6: Ensure that next of kin inquiries are answered in a timely manner**

144
145 Inquiries from next of kin should be responded to in a timely manner by the medicolegal
146 professional suitable to reply. Complicated postmortem findings should be communicated by the
147 forensic pathologist. In circumstances when next of kin requests for communication are excessive
148 and/or repetitive, consider utilizing local or national resources to assist in their grief and coping
149 with the medicolegal death investigation process (see Appendix C).

150

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Appendix A: Communication Resources

<https://www.fbi.gov/news/stories/death-notification-with-compassion>

<https://deathnotification.psu.edu/we-regret-to-inform-you>

Palusci VJ, Devinsky O, Drake SA, et al. Family Needs and Follow-up Care After the Sudden, Unexpected Death of a Child. In: Bundock EA, Corey TS, Andrew TA, et al., editors. Unexplained Pediatric Deaths: Investigation, Certification, and Family Needs [Internet]. San Diego (CA): Academic Forensic Pathology International; 2019. Chapter 12. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK577017/>

175 **Appendix B: Frequently Asked Questions**

176 The following questions are commonly asked by families, and medicolegal death investigation
177 offices should be prepared to answer the questions honestly and respectfully. The questions can
178 also be answered in written materials to provide to families and/or have available on their
179 website in addition to information on grief resources.

- 180
- 181 1. Where are they (being mindful of gender)?
 - 182 2. Can I see them?
 - 183 3. Do I need to identify them? How will they be identified?
 - 184 4. What do I do now?
 - 185 a. Include information on final disposition
 - 186 b. Advise family they need to provide the medical examiner or coroner office with
187 information on their choice of final disposition
 - 188 c. Do not promote or endorse any specific funeral home to avoid conflicts of interest
 - 189 5. Why is the medical examiner or coroner office involved?
 - 190 a. Provide legal requirements
 - 191 6. Will an autopsy be performed? Is there a charge?
 - 192 7. Can I refuse an autopsy?
 - 193 8. Why are autopsies performed? What are they? Who performs them?
 - 194 9. When will they be released? What is the timing?
 - 195 10. How can I obtain a death certificate?
 - 196 11. Who is responsible for making arrangements?
 - 197 12. Are they viewable?
 - 198 13. How do I recover personal effects and clothing collected by the medical examiner or
199 coroner office?
 - 200 14. Who can I contact with questions?
 - 201 15. How do I learn the cause and manner of death?
 - 202 16. If their identification is pending, what information can be shared?
 - 203 17. What does it mean for a cause of death to be “pending?”
 - 204 18. What information is available publicly?
 - 205 19. Can I meet with the medicolegal death investigator or forensic pathologist?

206 20. How can I get financial assistance to assist with disposition?

207

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209 **Appendix C: Abbreviated Listing of National Advocacy/Family Support**

210 **Programs and Resources**

- 211 ● Compassionate Friends, Inc. www.compassionatefriends.org 877-969-0010
- 212 ● The Dougy Center for Grieving Children www.dougy.org 866-775-5683
213 (Materials tailored to children and adolescents, will refer to local support resources)
- 214 ● First Candle www.firstcandle.org 800-221-7437
- 215 ● Interface Children and Family Services [https://211ventura.org/mental-healthx/grief-](https://211ventura.org/mental-healthx/grief-loss/bereavement-counseling/)
216 [loss/bereavement-counseling/](https://211ventura.org/mental-healthx/grief-loss/bereavement-counseling/)
- 217 ● Mattel Children’s Hospital UCLA Support Groups:
218 [https://www.uclahealth.org/hospitals/mattel/patient-family-guide/admissions-](https://www.uclahealth.org/hospitals/mattel/patient-family-guide/admissions-information/support-services)
219 [information/support-services](https://www.uclahealth.org/hospitals/mattel/patient-family-guide/admissions-information/support-services)
- 220 ● MISS Foundation www.missfoundation.org
- 221 ● Mothers Against Drunk Driving (MADD) www.madd.org 800-GET-MADD
- 222 ● National Organization of Parents of Murdered Children, Inc www.pomc.com 888-818-
223 POMC
- 224 ● National Center for Victims of Crime www.ncvc.org 202-467-8700
- 225 ● National Organization for Victim Assistance www.trynova.org 800-TRY-NOVA
- 226 ● SADS Foundation www.sads.org 800-STOP-SAD
- 227 ● Sesame Street Grief Resource <https://www.sesamestreet.org/toolkits/grief/>
- 228 ● Sudden Unexplained Death In Childhood Foundation www.sudc.org 800-620-SUDC
229 (7823)
- 230 ● Tragedy Assistance Program for Survivors (TAPS) – (for military families)
231 www.taps.org 800-959-8277

232

Appendix D: MEC Office Brochure Examples

233

- <https://www.hennepin.us/-/media/hennepinus/residents/public-safety/medical-examiner/medical-examiner-information-for-families.pdf>

234

235

- <https://www.washoecounty.gov/coroner/faq/index.php>

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- https://drive.google.com/drive/folders/1R1651DrHAsfRrKrij0a1haPtx8IG_N5LT

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