



NATIONAL COMMISSION ON FORENSIC SCIENCE

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Views of the Commission Communication with Next of Kin and Other Family Members

Subcommittee
Medicolegal Death Investigation
Status
Adopted by the Commission

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Commission Action

On September 13, 2016, the Commission voted to adopt this Views Document by a more than two-thirds majority affirmative vote (100% yes, 0% no, 0% abstain)

Note: This document reflects the views of the National Commission on Forensic Science and does not necessarily represent the views of the Department of Justice or the National Institute of Standards and Technology. The portion of the document directly labeled “Views of The Commission” represents the formal Views of the Commission. Information beyond that section is provided for context. Views documents do not request specific action by the Attorney General, and thus do not require further action by the Department of Justice upon their approval by the Commission. The National Commission on Forensic Science is a Federal Advisory Committee established by the Department of Justice. For more information, please visit: <https://www.justice.gov/ncfs>.

Overview

Currently, many medicolegal death investigation offices lack policies and procedures relating to the communication and interactions they have with next of kin (NOK) and other family members during death investigations. (1) Additionally, accreditation standards do not directly address this issue; therefore, inconsistencies exist that greatly impact the individual family, the investigation, and our society overall.

Views of the Commission

Medicolegal death investigation is a public service, and conveying information in a clear, sensitive, and effective manner to the surviving family members is a critical aspect of the medicolegal death investigation system.

It is the view of the National Commission on Forensic Science (NCFS) that:

1. Coroners and medical examiners should have policies to support sensitive interactions. Information should include, but not be limited to manner and content of notification of death; an overview and rationale of the death investigation process; the establishment of realistic expectations of the investigation process and the availability of information during this process; and how the NOK or other designated family members will receive updated case information, including the determination of cause and manner of death and access to autopsy reports. Issues related to public and media access to investigative findings and reports should also be addressed as well as jurisdiction-specific rights of NOK, tissue and organ donation issues, available bereavement counseling and support resources, and the process for release of personal effects.
2. Coroners and medical examiners should establish policies and understand what translation and interpretation services are available to communicate effectively with family members. The use of mental health professionals within medicolegal death investigation offices is a valuable public service for family members and the death investigation process. NOK should be provided with a point of contact in the responsible office who is available and equipped to answer investigation-related questions and medical questions related to the cause of death. Information should be available to family members as soon as practicable. (2)
3. Medicolegal death investigation professionals who interact with families should receive appropriate training for communicating with the acutely bereaved that is sensitive, appropriate to their individual needs and respectful of their cultural and religious beliefs.

Background

When a death requiring a medicolegal investigation occurs, families will have many questions and concerns as they assimilate and accept information about the death of their loved one. Families of those who died in situations requiring an investigation experience additional challenges and emotions not faced by families following anticipated deaths. Sudden deaths exacerbate the experience of grief and loss regardless of the manner of death. The emotional trauma that is experienced after the sudden death of a loved one often creates feelings of hopelessness, vulnerability, and powerlessness and can cause difficulties with concentration. Without good communication, a death investigation can easily exacerbate and/or prolong these feelings. Physical symptoms of emotional trauma are also common and include, but are not limited to, insomnia, fatigue, edginess, and agitation; these symptoms can also be increased by the stress of poor communication. Cognitive and behavioral reactions to emotional trauma also occur.

Medicolegal death investigations can delay and affect mourning rituals; as a result, they have the potential to create uncertainty, additional frustration, and psychological stress. How medicolegal professionals communicate with families in the aftermath of a death will have a direct impact on the families' ability to cope, their ability to process and accommodate what has happened, their view of the medicolegal system, and their willingness to cooperate with the investigation and future proceedings. (2)

Grief reactions are unique to each person, and the value of mental health professionals involved with medicolegal death investigations cannot be underestimated as a valued asset and public service for both the person and office that is attempting to communicate with him or her. Although mental health liaison services through the Office of Victim Witness Advocacy and sexual assault response teams exist, the majority of family members affected by medicolegal death investigations do not qualify for such services. Therefore, mental health professionals within medicolegal death investigation offices can provide crucial short-term grief counseling and be an effective liaison for communication between the family and office.

Although accurate information concerning death investigation findings is critically utilized by our justice and public health systems, it is also of great value to the family members of the deceased to assist in their grief process, address death benefits, and provide medical information that may help identify other family members at risk.

References

1. Rudd R, Capizzi Marain L, Crandall L. To Hold or Not to Hold: Medicolegal Death Investigation Practices During Unexpected Child Death Investigations and the Experiences of Next of Kin. *Am J Forensic Med Pathol*. 2014 Jun; 35(2):132-9.
2. Scientific Working Group on Medicolegal Death Investigation, Guidelines for Communication with Next of Kin During Medicolegal Death investigations, June 13, 2012. <http://swgmdi.org/images/nokguidelinesforcommunicationwithnok6.14.12%202.pdf>
3. Baker AM, Crandall L. To Hold or Not to Hold. *Forensic Sci Med Pathol*. December 2009; 5(4):321-3. Epub 2009 Nov 13.
4. National Transportation Safety Board, Office of Safety Recommendations and Communications, Transportation Disaster Assistance Division, Communicating with Family Members and Survivors: A Guide to NTSB Board Members.
5. National Transportation Safety Board, Office of Safety Recommendations and Communications, Transportation Disaster Assistance Division, *Communication and Interactions Basics with Families*.
6. National Transportation Safety Board, Office of Safety Recommendations and Communications, Transportation Disaster Assistance Division, Communication with Family Members and Survivors: A Guide for Aviation Safety Investigators, February 2014.
7. Schear M, Smith-Caroff K. Traumatic loss and the syndrome of complicated grief. *PTSD Research Quarterly*. 2002;13(1) Vermont.
8. D'Andrea W, Sharma R, Zelechowski A, Spinazzola J. Physical health problems after single trauma exposure: When stress takes root in the body. *J Am Psychiatr Nurses Assoc*. 2011; 17(6): 378-392.