Model protocol for autopsies in custodial deaths

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In custodial deaths, the inquest should be done by Revenue Divisional Officer, Sub-Collector or Deputy Collector, also known as Additional District Magistrates.

In dowry death cases, the inquest is done by the Tahsildars (Taluk Executive Magistrates) in Chennai City alone, in view of the large number of cases being reported.

Procedure for autopsy in custodial deaths

The Additional District Magistrates (ADM) should give the requisition along with the necessary documents. In the requisition itself, the ADM should mention that the autopsy should be done by a panel of two or more doctors. At the same time, the ADM should arrange for videography without delay.

Videography

Phase I: The bearings of the body like clothes, etc. should be individually videographed with focus on striking features like stains, cuts or holes on the relevant materials.

Phase II: . Front view of the body on the autopsy table before wiping and after wiping the body.

- The same process should be repeated with the back of the body.
- The conjunctiva and lips should be videographed for the presence of any haemorrhagic spots.

PhaseIII: External Injuries :

- These injuries should be recorded. Beginning with head and neck, trunk, upper and lower (right and left) exlremities (front, back and sides of the body) is the commonest way of recording.
- Each injury should be serially numbered by number tags (adherent labels).
- The videograph should be taken in parts or as a whole as the videographer feels fit to produce their images with clarity.
- Each external wound need not be individually videographed because all these injuries are tagged and covered by the above process.
- Any suspected areas of fractured bones of the limbs should be exposed and videographed.

Phase IV: The actual dissection for exposing the body cavities need not be videographed in order to avoid the lengthiness of the cassette and to keep the viewers live to the bare facts of the trauma.

It is a good practice to begin the autopsy with the exposure and removal of the brain.

Phase V: The scalp should be dissected up to the eyebrows on the front and below the mastoids on the back. The inner surface of the anterior and posterior flaps should be videographed separately, followed by the videography of the exposed cranial surface.

The removal vault of the skull should be videographed by stretching it in the sagittal plane and in the coronal plane. This procedure will expose all types of fractures, if they are there.

The extradural space should be videographed *in situ* followed by subdural space. If there is subdural haemorrhage (SDH), it should be removed and videographed again to confirm SDH and for the presence of subarachnoid haemorrhagic (SAH).

The brain is removed and placed on its vault to expose the basal surface. This exposed surface should be videographed. The Circle of Willis dissected out and *in situ*. This should be videographed again. Then it is turned to rest on its base and videographed again.

Each stage of the brain dissection should be exposed and videographed to its conclusion according to one's methodology of brain dissection.

The base of the skull along with the meninges should be vidcugraphed before and after wiping its surface. The basal meninges should be stripped out.

The stretch force is applied to the base of the skull in the sagittal and coronal planes and videographed in each plane to expose any type of fracture.

Phase VI: Chin to pubic symphysis dissection is continued to expose the abdominal cavity. The neck and the chest wall are dissected to their extreme sides to expose that front as wide as possible. This widely exposed neck and the chest wall should be videographed.

The cupped palm should dipped gently into the pelvic cavity and raised. If there is blood it will be seen in the palm. If the palm is empty, then there is no blood in the pelvic cavity which excludes bleeding injury to the visceral organs of the abdomen. This entire manoeuvre of dipping and raising the hand should be consecutively videographed.

Then the removed sternum should be bent in both the planes to expose any fracture. This process should be videographed.

The hand manoeuvre done in the pelvic cavity should be done to rule out any bleeding injury for right and left pleural cavity with consecutive videography of the procedure.

The pericardium with the heart *in situ* should be videographed. The heart is exposed *in situ* and videographed before and after wiping the pericardial sac.

The superficial muscles of the neck should be exposed and videographed. Then the superficial muscles of the neck are removed with little dissection

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of the deep muscles. This will partly expose the hyoid bone.

The hyoid bone is examined in situ by slight adduction and abduction of the greater horns of the hyoid bone. This manoeuvre should be videographed as it explicitly conveys that the hyoid bone was properly examined for any fractures in the greater horn. This manoeuvre will show inward or outward compression fractures, if present.

The deep muscles are removed to expose the larynx, submandibular glands and thyroid glands. This exposed surface should be videographed.

Envisceration process

Envisceration is done from the tongue down to the rectum. The body cavities should be cleaned and later videographed.

The anterior chest wall should be pressed backwards on each side separately. If there is yielding, it indicates fracture of the ribs and that area should be videographed.

The aorta should be opened before the visceral organs are separated. The intima of aorta should be videographed.

The posterior surface of pharynx and the esophagus should be videographed for the presence of blood or no blood.

The esophagus is opened upto its cardiac end and videographed.

The larynx and trachea should be opened and videographed.

Heart: The heart should be dissected.

a) Inflow – chambers should be exposed and videographed.

b) Out flow – pulmonary and aortic valves are exposed and videographed.

c) Coronary arteries should be dissected as far as possible. Videography is done before sectioning and after serial sections to explore any block in them. The area of block should be isolated and videographed again.

Visceral organs: Each organ should be separated and the separated organ should be videographed. And after sectioning, each organ should again be videographed. The process of sectioning by the dissector need not be videographed.

In the case of kidneys, the process of stripping the capsule should be videographed.

Scrotum: Through the midline incision the testes are exposed and videographed.

To expose deep contusions of the limbs: In fair skinned people, abnormal discolorations of the skin alone should be cut' and exposed and videographed. In dark skinned people through one long incision on the front and back on each limb to exclude any extravascation of blood in the muscular tissue. Multiple parallel incisions can be put in the sole and palm. These should be videographed.

Bused on. a speech delivered on December 14,1997, at the Round-Table Conference held to discuss the standardisation of' videography / photograph.y techniques in the autopsies of custodial victims organised by the Institue of Legal Medicine, Chennai, and the People's Watch - Tamil Nadu, Madurai.

Summary

- *The bearings of the body should be videographed separately.*
- *The face should be videographed for the presence of haemorrhgic spots in the eyes and the lips.*
- *All external injuries should be serially numbered with adherent tags and videographed at the technical option, of the videogrupher as a whole or in parts.*
- *The actual process of dissection for exposing the three body cavities need not be videographed.*
- *The hyoid bone should be exposed in situ.*
- *The internal organs should be separated and videographed before and after sectioning of each organ. The actual process of separation and sectionaing by the dissector need not be videographed.*
- *The heart and the brain should be videographed as given in the main paper.*
- *Suspected fracture sites should be exposed and videographed.*
- *In fair skinned people, the discolored skin site alone should be cut and exposed and videographed. In dark skinned people one long incision on. the front and the back of each limb should be made to exclude any internal contusion. The exposed surfaces should be videographed.*
- *Both the testes must be exposed and videographed.*

ISSUES IN MEDICAL ETHICS

Form IV (See Rule 8)

1. **Place of publication** : Forum for Medical Ethics Society, 310 Prabhu Darshan, S. Sainik Nagar, Amboli, Andheri (W), Mumbai 400 058.
2. **Periodicity** : Quarterly
3. **Printer's name** : Dr. Anil Pilgaokar
   Nationality : Indian
   Address : 34-B Naushir Bharucha Road, Mumbai 400 007.
4. **Publisher's name** : Dr. Anil Pilgaokar
   Nationality : Indian
   Address : 34-B Naushir Bharucha Road, Mumbai 400 007.
5. **Editor's name** : Dr. Sunil Pandya
   Nationality : Indian
   Address : Flat 11, Shanti Kutir, Marine Drive, Mumbai 400 020.
6. **Name of Owner** : Forum for Medical Ethics Society
   Address : 310 Prabhu Darshan, S. Sainik Nagar, Amboli, Andheri (W), Mumbai 400 058