THE ROLE OF THE GENERAL PRACTITIONER IN IDENTIFYING THE CIRCUMSTANCES OF POSSIBLE VIOLENT DEATHS

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Abstract: *Knowing traumatic semiology, positive and negative signs of death, and circumstances suggesting violent or suspect death are essential in GP practice not only to correctly and completely fill out the Medical Certificate of Death, but also to avoid the legal implications of non-recognition of violent deaths. The paper provides a succinct overview of the peculiarities of the investigation of the entourage, the external examination of the corpse, the criteria of the diagnosis of death and the issuing of the medical certificate of death, as well as the cases in which the forensic autopsy is mandatory.*

Increased workload, pressure and decisional difficulty, lack of coherent and comprehensive regulation of all professional aspects lead to overloading the GP by increasing his responsibilities and the need for wider knowledge that goes beyond primary health care in the strict sense of the term. In the case of a doctor called to issue a Medical Certificate of Death (MCD), the doctor's responsibility is to identify the circumstances that raise the suspicion of a violent death.(1,2)

Existing clinical protocols do not provide decision support for the entire medical-social-legal context that a physician has to deal with in the case of a deceased patient.(3,4) Much of the physician's knowledge accumulates over time, from personal experience or guild colleagues, in the absence of guides to describe the medical act in such situations, to focus on elements that suggest the violent context of death, the production of traumatic injuries and the skills and limitations in the issue of the medical certificate of death.

The paper provides a punctual presentation of the stages and characteristics of the research undertaken by the GP called to issue the Medical Certificate of the Death.

The paper is a review of relevant issues on Romanian regulations in force regarding the medical and forensic practice in case of deceased traumatic victims.

In the case of a deceased patient for whom the entourage requests a MCD, the GP is required to issue the document only if the patient is enrolled on the GP's list of patients. The GP is always required to go to the site of death. Under no circumstances the GP will issue a MCD stating the death based solely on the claims of the entourage in the absence of examination of the corpse, even if it is an elderly person with a known pathology, with a fatal potential, noted patient's medical file. At any stage of the research, the GP may request advice from forensics or other specialist depending on the patient's morbid history as evidenced by the medical records or petitioners' statements.(3,5,9)

Establishing with certainty the identity of the corpse is done on the basis of identity papers. In the case of identified (known) corpses, where the Identity Card is not in place, for the correct completion of the MCD, the GP will request an identification record basis of the data within the Population Evidence Office. The doctor will not release the MCD in the case of unidentified (unknown) corpses, which are considered forensic cases by law.

In the face of a deceased person, the role of the GP at the place of death extends to identify *circumstances that raise the suspicion of a possible violent death*: traces of forced entry into the dwelling, traces of on-site fight, alcohol smell of the corpse or alcohol containers (acute ethanolic intoxication), medications (suggestive for suicide), containers of toxic substances (accidental intoxication), sources of carbon monoxide (intoxication).(3,6-8)

Investigation of entourage is required to determine when the death occurred or when the body was discovered. An important aspect of investigating is to identify cases of violent death. The entourage can provide information about patient's medical history, about existing family or social conflicts, requests for medical services and medical records.(3,6) Some indications that the physician may be advised of circumstances that raise the suspicion of a possible violent death are: suspect attitude of the entourage (e.g. unjustified delay in announcing death, trying to hide evidence, inconsistencies in the claims of petitioners); existing care contract; recent traumatic injuries to entourage members.(3,6,8)

The external examination of the corpse will be performed with fully naked body. If he has been dressed in the coffin beforehand (by virtue of traditional funeral rituals), the doctor will ask for the body to be undone. This situation calls special attention because the funeral work can alter the traumatic injuries and are suggestive of an attempt to hide a criminal offense. Embalming the body by unauthorized persons in the absence of MCD is a crime and should be reported to the Police. The appearance of the body's garment may suggest its involvement in a physical conflict (e.g. ruptures, cuts, blood stains or biological fluids, mud, materials that are not found on site).(6-8)

The diagnosis of death will be made after careful evaluation of the positive signs of death (cadavers, dehydration of the corpse, cadavers, cadaveric stiffness, autolysis) and negative signs of life, the latter having only an indicative nature (the particularities of position and facies, breathing, lack of cardio-circulatory activity, absence of reflexes). The presence of the signs of actual death and the moment of death declared by the inmates must be assessed from the point of view of their concordance. An important aspect in identifying violent deaths

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is when the body was moved by knowing the stages of lividity and cadaveric stiffness. The lack of concordance between the traumatic lesions (type, location) and the position of the corpse may suggest a mechanism other than that declared by the entourage, revealing "hidden" violent deaths, often in the case of elderly patients, with a known morbid history. Examining hidden areas (e.g. head, lips, teeth, ears, hands, palms, plants) and looking for defence traces (e.g. cuts, hairs in the palms) can also reveal important clues. Very important is the differentiation of the elementary mechanical traumatic lesions from the cadaveric spots: the lividities are located in the detachable parts, disappear or fade to the digital pressure and change their position in the mobilization of the corpse. Bruises can be located in any anatomical region, do not change to digital pressure or change the position of the body, may be masked by lividity.(3,4,6-8) The frequent practice of examining the body by the family physician requires both the knowledge of the evolutionary stages of cadaveric lividity and the stages of stiffness. Cadaveric lividities are violet red spots that appear in declivity areas. It evolves in 3 phases: the stage of hypostasis (30 minutes-12-16 hours), completely disappears at digital pressure and migrates to the new position at the change of position of the corpse. The diffusion stage (12-16 hours up to 24 hours), fading without disappearing to digital pressure, changes in the position of the corpse persist in the old regions but also appear in the new position; The imbibition stage (starts at 18 hours from death to 24 hours) does not disappear and does not fade at digital pressure, and when changing the position of the body does not migrate to the new positions. Cadaveric rigidity evolves in 3 phases: the installation phase (starts after 30 minutes - 4 hours after death and is fully installed 24 hours after death) installs cranio-caudal, overcomes relatively slowly and slowly recovers; The status phase (lasts up to about 48 hours after death), is overwhelming and does not recover again; Resolution phase (between 48 hours and complete after 3-5 days) cranio-caudal disappears.

The *MCD* shall be made only after the occurrence of actual death signs and after the passing of 24 hours from death. It is the duty of the doctor not to give up the insistence of the family or police to issue the MCD, whatever the reasons invoked (usually pecuniary reasons on the part of the family) and refuse to issue the certificate to the least suspicion of violent death and to notify the organs Criminal investigation. The investigation team requested in the above cases will conduct a comprehensive field investigation. The doctor will issue the MCD only after refusing the forensic case and consulting the verbatim report, which will be kept at the family medicine cabinet.(5,10)

In the following, there will be presented situations where the forensic autopsy is mandatory:

Violent or suspected violent death (suicide, homicide, infanticide, accidents) even though there is a gap between causal events and death (days, weeks, months);

Suspicious death:

- sudden death;
- the death of a person whose health is regularly checked by the nature of the service;
- death that occurs during the service or within an institution;
- the death of a person in custody (e.g. detention, psychiatric hospitals or penitentiary hospitals, imprisonment, police arrest);
- death associated with police or army activity (e.g. during public demonstrations);
- suspected death as a consequence of non-compliance with human rights (e.g. abuse, torture);
- two or more concomitant deaths or short intervals of persons having links between them;
- unidentified or skeletonized bodies;
- death occurred in a public or isolated place;
- death that may be associated with a deficiency in health care or work protection measures;
- death occurred shortly after a medical intervention.

Violent death means death due to mechanical traumatic causes (aggression, homicide, fall, firearms).

Conclusions:

Knowing traumatic semiology, positive and negative signs of death, and circumstances and situations suggesting violent or suspect death are essential in GP practice not only to correctly and completely complete the MCD, but also to avoid the implications of legal aspects of the non-recognition of suspected violent deaths.

The paper provides a succinct presentation that can be approached and developed in the form of practice protocols to support the medical act, especially in cases where the doctor's decision are difficult.

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