

To hold or not to hold

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A mother wakes up in the morning to find her baby unresponsive. She calls emergency services but the baby cannot be revived and is pronounced dead. The police and death investigators evaluate the scene, interview the caregivers, and prepare the baby to be transported to the coroner or medical examiner for autopsy. The mother wants to hold her baby and say goodbye—but can she do this?

A pathologist's perspective

It is common for hospital personnel, police, and death investigators to allow a family to hold their child and have time with their child before the body is transported for a postmortem evaluation. But this is not universal. Why is this so?

The literature is scant on this issue. Police and death investigator training might not address this issue directly. This particular aspect of a death scene may be based on the personal perspective of the police officer or death investigator or the historical policy of their department.

What is the rationale for not granting a family's request to hold and have time with their child before their body is transported? Investigative concerns appear to center on evidence collection, the emotional response of the family that might delay the investigation process, and postmortem alteration of the body that would impact the pathologist's ability to determine the cause and manner of death.

- Evidence collection: Prior to police or death investigator arrival, the scene has almost invariably been altered and the body of the child—if still present—moved. Given that most of these types of deaths fall into sleep-related, asphyxial, or “SIDS”-like categories, trace evidence is rarely an issue. Of course, on those occasions when there is evidence of trauma or other violence, police and investigators can and should utilize their discretion as to how to approach the scene.
- Emotional response complicating and possibly delaying investigation: Investigators may perceive a request to hold the child as delaying the investigation and making the investigator's role more difficult. While the family member holds the child, the investigator can prepare the family for the next steps in the investigation. For those deaths pronounced in the Emergency Room, investigators might consider utilizing hospital staff to assist in bereavement.
- Postmortem alteration of the body: Postmortem alteration of the body may be a concern for the investigator. The child can be wrapped securely to minimize the movement of any medical equipment, and the investigator should educate the family prior to holding the child that medical intervention equipment should not be moved. For those deaths pronounced in the Emergency Room, hospital staff or investigators should be present while the family holds the child.

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A parent's perspective

Over the last 10 years, I have communicated with several hundred families who have lost their baby or young child to a sudden and unexpected death. I have also faced the sudden death of my own daughter when she was 15 months old. The death investigation process is not easy for anyone. There are important and vital parts of the process that cannot be avoided, and there is no way to spare a family from them. However, the inability for a parent to say goodbye to their child adds an additional layer of tragedy into that parent's grief which may be long-lasting and should be avoided whenever possible.

Parents carry their wounds from the process. Hopefully, in time, they understand why a proper investigation was necessary. When they realize that "it didn't have to be that way," their anger at the system—and possibly themselves—distracts them from the all-consuming task of grieving for the death of their child and regaining some semblance of hope, meaning and happiness in their lives. The aftermath of their child's death becomes an everlasting part of their new family history. And therefore, their interactions with first responders, law enforcement, hospital staff, investigators and pathologists are now all a part of that new family history.

The sudden unexpected death leaves the parents stripped of their child's life without warning. They need to say goodbye, and to understand what has happened. It may be their last opportunity to see and feel their child's body, and saying "goodbye" to them helps parents acknowledge that their child has died. Seeing, touching, smelling, and holding the child allows the processing of multiple forms of sensory information that indicate their child is no longer alive. They are not breathing. They are not moving. They don't feel the same. They won't wake up. This allows parents to enter the early necessary stages of grief.

Parents want another chance to see and remember everything about their child. When a child is born, who among we parents did not count the fingers and toes, stroke the hair, smell the child and start to learn about every beautiful part of their perfect little bodies? When a child dies, it is perfectly normal for parents to want to do the same.

Parents, with whom I have spoken, responded powerfully and emotionally when describing their need to see and hold their child in order to believe they had really died. They needed physical closeness to say goodbye. They described trying to memorize everything about their child—acknowledging that this was their last opportunity to be with them. They wanted to be able to hold those images for the rest of their lives.

One bereaved mother said, "I needed to say goodbye. I was in a state of shock and disbelief. I needed to see him, to

try to make some sense of this sudden change in my life. Not that I'll ever forget, but I needed to see him to remember his face, his smile, his dimples, his nose, the curve of his eyes, his beautiful crazy hair. I wanted to touch his skin. I think a part of me felt that if I saw him, I could change things and he would go home with us." She said the experience allowed her to begin to accept the reality of her son's death.

Another parent explained, "It was important to just have the closeness to his physical body—touch his face, run my fingers through his curls, kiss his eyes. Even though at the time I was far, far from accepting that he was gone (sometimes I still don't think I have grasped his death), it made me realize that his little spirit was gone, and that he had moved on. If I wasn't able to realize that on my own, I may not have believed it."

But families also admitted the difficulty of living with these final images of their child. A mother commented that, "in those first few months I had wished I had never seen him like that. I wanted to remember him the way he was...warm, sparkly, and full of life. Instead, I only remembered what he looked like after hours of being gone. However, over time I came to realize that it wasn't him that I was holding that morning. His spirit and everything that made him who he was—was gone. Seeing him like that made me realize and come to terms with what had happened."

Parents who were not allowed to be with their child after their death described other feelings. They describe their child being "ripped out of their lives," rather than gently being turned over to a nurse or investigator. They longed for the ability to be with their child for one last hug and "I love you". And they often describe guilty feelings that they "let their child down" by not demanding this physical closeness and the ability to show their love physically to their child one last time. For some, it can be a lasting wound.

As one mother explained, "This is something that I still struggle with because we were taken out of the room after the police arrived. They secretly took his body out the sliding door in our bedroom while my husband and I were talking with the coroner in our living room. He was gone and on his way to the Medical Examiner before we knew what had happened. The next time we saw him was after the autopsy and at the funeral home. He didn't really look like himself—he was so swollen. I will always feel like we were cheated out of having time with him. Everything happens so fast and you just don't have time to wrap your brain around it. I think it would have been beneficial for us to have some time alone with our son, to touch him, hold him, cry, and say goodbye."

Facilitating support groups over the years, I am struck by the parents who, years after their loss, are still trying to

come to terms with themselves for not giving their child a “proper” goodbye. In their situations, and others like them, it has complicated their grief.

Conclusion

Investigators have a profoundly difficult and complex role to play in these tragic deaths. They need to balance the needs of a thorough investigation with the emotional needs

of a family whose child has just died. In the majority of situations—and certainly whenever possible—the family should be allowed a reasonable amount of time to touch and hold their child, managed in a way that does not hamper the investigation process.

This is an issue of supreme importance to parents that is seldom raised in the forensic literature. In writing this commentary we are hoping to provoke discussion and feedback so that a consensus can be reached that fulfils the needs of all who are involved in these tragic events.