

# FORENSICS

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*Lorna Martin was recently appointed to the above position on the retirement of Professor Deon Knobel in April 2004. She is the first female head of forensic pathology in South Africa. She completed her undergraduate studies at the University of the Witwatersrand and then worked as*

*a district surgeon in Johannesburg until 1995. It was during this time that she developed a specific interest in violence against women, which was carried through to her Master's dissertation on the subject of rape and rape homicide, at UCT in 1999.*

In this, the second edition of the *CME* on forensic medicine, the focus is more on forensic pathology and related aspects. This edition comes at a time when forensic pathology services are in a state of national change. From 1 April 2006 the entire forensic pathology service will be managed by the Department of Health, a transformation process that has taken approximately 10 years of planning and negotiation. For all cases of unnatural death the health department will be responsible for the deceased, from collection at the scene of death to the handover of the body to the undertaker or family upon completion of the death investigation by the forensic pathologist or forensic medical officer.

Although concentrated more on forensic pathology, many doctors will find the articles in this issue of value in their general practice. The article on sudden unexplained deaths in adults by Dempers and Janse van Vuuren clearly describes the findings in cases that are referred for a medico-legal autopsy where there is no obvious unnatural (homicide, suicide or accident) or natural cause. These cases often present the doctor with the dilemma of whether to refer or not. Often the doctor may be uncomfortable with signing a notification of death form when faced with a sudden unexplained death in a young adult.

Our new National Health Act, among other things, controls the use of tissues and will come into effect when the regulations for the chapter on tissue transplantation in the Act are published. McQuoid-Mason and Dada highlight in their article the differences and similarities that exist between the existing Human Tissues Act and the new National Health Act. Although very similar, the new Act introduces new definitions and strict controls with regard to transplantation into foreigners. Further on, in the 'more about' articles these two authors very clearly spell out the ethical obligations of practitioners who engage in forensic medical work. By describing where we have come from and providing commonplace examples in day-to-day practice, they underline the critical importance of forensic medicine.

Brouwer and Burger's article on wounds is of value not only to the doctors who perform medico-legal autopsies, but also to all colleagues who may have to fill in a J88 form for their patients. The J88 form is a legal form completed in cases

of assault and from which prosecutors lead the medical evidence in court. The importance of a complete, detailed and accurate report cannot be overemphasised, and describing a wound incorrectly (as is often the case) can lead to acquittal of the guilty and conviction of the innocent. Not only is the medical expert expected to describe the wounds accurately, but also to offer an interpretation and opinion to the court on, for example, the amount of force used, whether the force was excessive, whether the wound was fatal and what caused the wound. It is only with a good knowledge of wounds that this expert advice can be offered to the courts.

Hewlett's article on diffuse traumatic brain injury and Saayman's article on gunshot wounds cover the two most common presentations of unnatural death seen in South Africa. These conditions are also commonly seen in our casualty rooms. Both these articles employ extensive use of images to illustrate the pathology described. Hewlett's article gives a detailed description of the latest thinking in the pathogenesis of parenchymal brain injury, with clinical correlations, MRI images and macro pictures. Saayman's article on gunshot wounds will help any doctor to distinguish the different types of wounds that can occur and to collect and document the vital medico-legal evidence required in these cases.

In the other 'more about' articles the authors have attempted to clarify two aspects that cause most of the enquiries in our department. Lourens covers an often confusing topic for clinicians, that of the 'anaesthetic death', and presents some simple guidelines. And Kirk describes the steps to follow when completing the death notification form which is the duty of all doctors when their patients die.

The February and March issues of the *CME* bring, after a 20-year absence, issues of forensic medical practice to the attention of the generalist, and also demonstrate the importance of this 'speciality' in day-to-day general practice.