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LETTER TO THE EDITOR

THE ELUSIVE PATH TO VIRTUAL AUTOPSY IN DEVELOPING COUNTRIES

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I read with interest the "Contentious Issues" article on the need for incorporating imaging modalities into autopsy work[1]. I congratulate the authors on their significant contribution to the field of forensic radiology and its application in day-to-day practice. There's always a discord between tradition and innovation, with some old-school pathologists viewing 'virtopsy' as mere 'shadow play' compared to the 'reality' of conventional dissection. I do not wish to delve into that debate, but some practical concerns are worth discussing. While the article candidly explains the methods to adopt imaging into forensic pathology practice, the key elements to consider are the skills gap for forensic pathologists in reporting scans and the significant question of the costs involved in establishing a virtual autopsy centre.

The article mentions that numerous postmortem artifacts complicate interpretation even for trained professionals. Therefore, introducing virtual autopsy in any jurisdiction requires carefully planned training, taking into consideration the varied learning curves of pathologists of different ages and experiences. Comprehensive training is essential to ensure accuracy before transitioning away from traditional 'open autopsy'. One advantage of digital autopsy is the ability to retain data for interpretation at any time. However, it's crucial to implement robust digital archival systems to prevent data breaches or theft[2].

From the perspective of the global south, the initial costs associated with setting up imaging technologies can be overwhelmingly high. Even the ongoing expenses such as software add-ons, license renewals, and facility maintenance to meet regulatory standards pose significant challenges. Countries proficient in virtopsy technology should support developing nations through technology transfer and expertise sharing at no cost. The commercialization of the non-invasive autopsy model poses a significant barrier to its adoption in these regions, as several companies have entered this domain and are targeting Asian countries due to the high volume of autopsies conducted there.

It's unfortunate but true that mortuaries in some developing countries lack basic infrastructure such as proper cold storage, dissection tools, and body packing materials. This often makes me question whether we should prioritize addressing these fundamental needs before introducing novel technologies into our setting. While I agree with the importance of evolving with technology and respecting the wishes of the deceased's next of kin, the reality in many third-world countries is that some tertiary care institutions lack CT/MRI facilities crucial for diagnostics and emergency care. This raises a valid concern: is

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it fair to prioritize imaging technology for autopsy services when basic imaging services are unavailable for saving lives in critical situations?

But at the same time, the crucial question arises: why must the deceased endure the whole dissection of their body to determine the cause of death when a more humane and palatable alternative is available? Is it not the right of an individual to decide beforehand how their body should be handled in the event of an unnatural death? The outdated concept that the state owns the dead body is undoubtedly 'barbaric'. I strongly believe that human rights charters should advocate for dignified handling of mortal remains and recognize choosing the type of autopsy as a fundamental human right under the Charter of Human Rights. While there is no issue of consent in a medico-legal autopsy, as the deceased was wronged and their death needs investigation, should we not explain and seek consent when there are two equally standardized alternatives? Is this not a fundamental part of medical ethics?

From a broader perspective, it is undeniable that keeping pace with technology and adapting our work systems to meet the needs of our clientele are necessary steps. In my view, virtopsy should become accessible to all humankind rather than a luxury for the few. It is time for a consensus on this matter across jurisdictions, with the hope that governments are prepared to invest in this domain.

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REFERENCES

1. Herath JC, Herath UR. Are invasive postmortem examinations still the ‘gold standard’ in diagnosing the cause of death? *Sri Lanka Journal of Forensic Medicine, Science & Law*. 2024;15(1):34–42. https://doi.org/10.4038/sljfmsl.v15i1.7970.

2. Patowary AJ. Establishing a virtual autopsy center: The basic requirements–NEIGRIHMS experience. *International Journal of Ethics, Trauma & Victimology*. 2022;8(1):22-27. https://doi.org/10.18099/ijetv.v8i01.05.