

A week at the morgue: a personal odyssey

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BEFORE I VISITED the Department of Forensic Medicine in Glebe, my concept of an autopsy lacked insight. I now realise that autopsies have many roles and affect us at as many different emotional levels.

My first impression was that a very strong “impersonal” aura prevailed in the autopsy suite. Two rows of cold, steel tables laden with bodies were surrounded by uniformly dressed pathologists and technicians — opening bodies, removing organs, examining organs, replacing organs, restoring bodies. As I observed this routine, I became aware of the social chatter, similar to the conversation that takes place in operating theatres. Here, the chatter seemed to trivialise the situation.

The emotional spectrum then shifted dramatically when I focused, not on the body, but on the person that the body represented. Each person has a history and it was at this level that the concept of death became very personal. I found myself studying their facial expressions and becoming immersed in the circumstances surrounding their death. For people who had died by suicide, I tried to comprehend the terrible anguish and hopelessness they must have felt before taking their own lives. For those who died in accidents, I realised that they would not have expected to die that day. The face of a motorcyclist killed in an accident did not show pain, although the reports indicated that death was not instantaneous. Did he have any last thoughts or reflections as he lay dying on the side of the road?

Then I wondered how the families would deal with the devastating news of these deaths. I witnessed a young man who had survived surgery and then died of a massive pulmonary embolism at home. I reflected on the pain that his family, girlfriend and friends must have been feeling. The fact that he was well loved was obvious from all the graffiti on his plaster cast and the tattoo of his girlfriend’s name on his abdomen.

These incidents impressed on me how precious and unpredictable life is and how I so readily take it for granted. I found that what disturbed me most was not, as I had anticipated, that a person was “dead”, but rather the emotions involved in death. I found that I could not detach myself from the profound feelings of sadness that the deceased person’s family would be feeling.

A powerful compounding factor was the short time frame between death and autopsy. In most autopsies, the person had died in the past 24 hours. I would go home each night

knowing that someone alive right now would die, and I would see them in the morgue in the morning.

At the end of each day I was exhausted. I had moved through a kaleidoscope of emotions, from sadness to helplessness, from anger to frustration. I became aware of the extent to which I was personalising each case and of the toll this was taking on me. I needed to detach. It was at this point that I began to understand the “impersonal aura” that I had initially felt was inappropriate. The social chatter and humour provided protection from a narrow focus and draining emotions. On a daily basis, one could not survive this high emotional intensity without such a coping mechanism. Even knowing this, I still found it difficult to stay detached, especially during an autopsy.

The body is opened by a series of incisions in the head, neck and trunk, then the internal organs are removed for dissection and examination. I felt this intermediate presentation of the body (with empty chest, abdominal and cranial cavities) to be a violation of that person. I imagined the distressing reaction of the family if they could see what was happening to their loved one. I asked the questions “Was it not enough that they had already lost their loved one? Was an autopsy really necessary? How do we justify this added pain?”.

These questions played on my mind all through the week. I learnt that family consent is *not* needed for a coronial autopsy in New South Wales, although a family does have a legal right to object to the examination. The pressure of having to make such a decision at a time of great emotional distress and vulnerability doesn’t seem fair. This decision could also conflict with the family’s religious or other beliefs.

On the other hand, an autopsy is clearly a valuable procedure. Determining whether a person died of natural causes, or as a result of unnatural interference by others, is necessary both for the emotional recovery of family members and the maintenance of justice in our society. Autopsies also provide information about diseases that may directly affect relatives, and, cumulatively, aid in the prevention of future deaths.

I learnt a lot during my week at the morgue — particularly about my “personal and professional development”. I had never experienced death on a personal level, and my reactions to death were not what I expected. I had experienced a similar inability to detach during hospital rounds. I realise now that it is a trait that I must confront, particularly if I want to remain sane in the medical field. I need to find a balance between becoming what I perceive as too impersonal and becoming too involved.

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