Letter From the NAME President

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Torture. Mass murder. Genocide. Sounds like a few minutes out of the evening news, just about any day. Partly a reflection of the Internet age intersecting with the news cycle; “when it bleeds, it leads” meets 24/7 demands for new and fresh. Morbid curiosity will always be with us.

As the only trained experts in the various causes and manners of death, we have particular interest and knowledge available here. Any of us with even a few years of experience has seen “torture” in one guise or another, ranging from actual torture to long, involved overkill homicides. We are adept at discerning antemortem injury from postmortem mutilation, when possible, and are accustomed to witness stand queries about pain and suffering. Most of us have seen multifatality cases in one guise or another, from family

annihilation to major transportation incidents, and a few of us have been involved in true terrorist mass killings.

The cautionary note to follow is based on my own experience and observations – your mileage most certainly may vary. I begin by noting that in France, an attorney is *une avocate*, or in the case of a gentleman, *un avocat*. The Latin origin is *advocatus*, and the meaning has remained similar in English – to advocate. The proper role for an attorney is to provide client advocacy – presumably, regardless of innocence or guilt. As a defendant in a criminal case has an advocate (or more than one) in the courtroom, what then is the role of a testifying forensic pathologist? Many things, perhaps, but specifically, not the role of advocate.

Thus, the quotation marks around “torture” in the paragraph above. I submit that in the courtroom, we can and do testify regarding all sorts of injuries, from asphyxia to whip marks (a type of blunt force, but I needed a letter towards the end of the alphabet for completeness). We are the injury experts, reliably discerning entrance from exit, blunt force from sharp force, antemortem from postmortem, and so forth. As subspecialty-trained physicians, here is where we can confidently diagnose, and explaining such diagnoses in court is a regular part of our vocation. Better than our clinician colleagues, we also understand the critical importance of word choice. Astounding – not everything is a laceration! Finally, we understand (or should understand) our role as physician to the deceased – and not to either the prosecution or the defense.

The bottom line, then, is to realize that words like “torture” and “genocide” are burdened by connotation, fraught with emotion, and mostly inappropriate for our use. To explain in court that a decedent had sustained antemortem thermal injury to the plantar surfaces of the feet is appropriate and within the bounds of our expertise. To instead state that the decedent had been tortured via burning of the plantar surfaces is an inappropriate mixing of roles. Explaining

that an individual, based on intact nervous system and lack of sense-altering intoxication, would anatomically and physiologically have been capable of experiencing pain is scientifically appropriate and within our expertise. To say that a particular individual must have suffered to a certain level or for a certain time is, I believe, neither scientific nor appropriate. I say these things understanding that the role of prosecuting forensic pathologist differs from the role of consultant forensic pathologist, but even with that in mind, the science does not change. Stepping outside of one’s science and expertise is dangerous at the best of times; it is worth remembering that one’s career is based on many cases, not just one case, and surely not the court outcome in most cases.

Do read this issue of *Academic Forensic Pathology* thoroughly and carefully. Reflect upon the fact that your colleagues have been confronted with some remarkably challenging cases, and despite reaching conclusions that may, horror of horrors, differ from your own, they still do remain your colleagues. Above all, remember that the challenging vocation of forensic pathologist is in fact a distinct vocation. Many can advocate for the deceased, but only you can be their physician.