

ASB Best Practice Recommendation 209, First Edition
2025

**Best Practice Recommendations for Communicating
with Next of Kin during Medicolegal Death
Investigations**

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Best Practice Recommendations for Communicating with Next of Kin during Medicolegal Death Investigations

ASB Approved Xxxxx 2025

ANSI Approved Xxxxxx 2025



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Foreword

When a medicolegal death investigation occurs, next of kin may have questions and concerns for the medicolegal death investigation authority. The ability of medicolegal death investigation professionals to communicate with next of kin may have a direct impact on how they react following a death, view the medicolegal death investigation system, and cooperate with the investigation.

The best practices outlined in this document address sensitivity in the delivery of information, associated training, dissemination of information including cause and manner of death, recognizing and accommodating cultural and religious beliefs, and timely response to next of kin inquiries. The recommendations herein are also applicable to communications with other family members of the deceased who are not the legal next of kin.

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This document was revised, prepared, and finalized as a standard by the Medicolegal Death Investigation Consensus Body of the AAFS Standards Board. The draft of this standard was developed by the Medicolegal Death Investigation Subcommittee of the Organization of Scientific Area Committees (OSAC) for Forensic Science.

Questions, comments, and suggestions for the improvement of this document can be sent to AAFS-ASB Secretariat, asb@aaafs.org or 410 N 21st Street, Colorado Springs, CO 80904.

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Keywords: *communication, coroner, death investigation, decedent, medical examiner, medicolegal death investigation, medicolegal death investigator, next of kin*

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1 Best Practice Recommendations for Communicating with Next of Kin during 2 Medicolegal Death Investigations

3 **1 Scope**

4 This document provides recommendations for medicolegal death investigation authorities
5 communicating with next of kin during an investigation including delivery of information,
6 associated training, dissemination of information, recognizing and accommodating cultural and
7 religious beliefs, and timely response to inquiries. This document does not address specific
8 investigative practices.

9 **2 Normative References**

10 There are no normative reference documents. Annex E, Bibliography, contains informative
11 references.

12 **3 Terms and Definitions**

13 For purposes of this document, the following definitions apply.

14 **3.1**

15 **cause of death**

16 Medical opinion of the disease or injury that resulted in a person's death

17 **3.2**

18 **decedent**

19 Deceased person or any suspected human remains

20 **3.3**

21 **family liaison**

22 A member of the medicolegal death investigation team tasked with providing assistance and
23 support to decedent's families

24 **3.4**

25 **forensic pathologist**

26 Physician who is board-certified in forensic pathology by an accredited credentialing body;
27 currently American Board of Pathology and American Osteopathic Board of Pathology

28 **3.5**

29 **manner of death**

30 Classification system based on the circumstances under which death occurred and any available
31 postmortem findings, as known to the MDI authority at the time of certification; usually consists of
32 accident, homicide, natural, suicide, and undetermined. Manner of death classification is a statutory
33 function of the medicolegal death investigation authority, as part of death certification for purposes
34 of vital statistics and public health, and does not imply a legal or judicial conclusion

35 **3.6**
36 **medicolegal death investigation**
37 Formal inquiry into the circumstances surrounding the death of a human being; investigative
38 information is considered with autopsy findings and adjunctive studies (if performed) to determine
39 the cause and manner of death

40 **3.7**
41 **medicolegal death investigation authority**
42 Person or persons whose duty it is to perform medicolegal death investigations for a designated
43 jurisdiction, and ensure certification of cause and manner of death; duties vary based on local
44 enabling statutes

45 **3.8**
46 **medicolegal death investigator**
47 Individual who performs medicolegal death investigations and includes those who have not
48 completed the requirements for certification and is not certified

49 **3.9**
50 **next of kin**
51 The person(s) who stand(s) in the closest legally recognized relationship to a deceased individual.

52 **3.10**
53 **postmortem examination**
54 Examination of a decedent and associated information by a forensic pathologist or other medical
55 personnel certified to perform such examinations; this may include autopsy, external examination,
56 ancillary tests, evaluation of circumstances, review of medical records and other contextual
57 information.

58 **4 Recommendations**

59 **4.1 General**

60 The medicolegal death investigation (MDI) authority should comply with all of the
61 recommendations outlined in this document

62 **4.2 Training of Medicolegal Death Investigation Authorities**

63 Training content should include communication styles, notification of death, communicating with
64 individuals in crisis, effective crisis intervention, fundamental aspects of grief and loss, physical and
65 psychological effects of trauma, responding to angry reactions and managing hostile situations, and
66 the management and return of personal effects, as relevant to individual duties. Examples of
67 appropriate training providers include experienced medicolegal death investigation professionals,
68 victim assistance programs, mental health professionals involved in trauma intervention,
69 bereavement programs, hospice programs, and organizations dealing with sudden, unexpected
70 deaths. Annex A provides examples of suggested resources.

71 **4.3 Information Provided to Next of Kin**

72 **4.3.1** Next of kin should be informed that an ongoing medicolegal death investigation will be
73 performed to assist in the determination of the cause and manner of death.

74 **4.3.2** Additional steps, including the extent of any postmortem examination, possible
 75 accommodations for religious, cultural, and other individual beliefs, and the potential for organ,
 76 eye, and/or tissue donation, should be discussed.

77 **4.3.3** The MDI authority should convey preliminary investigative circumstances, condition of the
 78 decedent’s body, timeframes, how information will be shared, information addressing frequently
 79 asked questions (see Annex B), and who the next of kin can contact should they have additional
 80 questions.

81 **4.3.4** Grieving next of kin may have difficulty processing information verbally and remembering
 82 details. The MDI authority should provide information on the medicolegal death investigation
 83 process and available resources in multiple formats.

84 **4.3.5** The information should include answers to common questions in easily understood
 85 language. Offering the same information in commonly spoken languages is encouraged.

86 **4.3.6** Access to interpreters not related to the decedent or the investigation should be provided,
 87 including sign language.

88 **4.3.7** The MDI authorities should employ family liaisons or social workers to provide information
 89 to and answer and direct questions from next of kin throughout the medicolegal death
 90 investigation.

91 **4.4 Recognition of Cultural, Religious, and Other Beliefs**

92 **4.4.1** The MDI authority should recognize and accommodate cultural, religious, and other beliefs
 93 as practicable. For additional resources, see Annex A.

94 NOTE Grief is a unique and personal experience based on multiple factors, including cultural, religious, or
 95 other beliefs. Communication is most effective if the MDI authority recognizes and accommodates the grief
 96 and related needs expressed by next of kin to the extent that the investigation allows. The medicolegal death
 97 investigation may alter mourning rituals, which may create uncertainty, additional frustration, and stress.

98 **4.5 Resources for Grief and Final Disposition Assistance**

99 **4.5.1** Information provided should include crime victim assistance programs, advocacy and
 100 family support programs, bereavement counseling and support groups, including cause-of-death
 101 specific organizations, and disposition assistance, as applicable (see Annex C). Information can be
 102 supplemented by a handout (see Annex D) and information on the MDI authority’s public-facing
 103 website.

104 **4.5.2** Handouts and website information should be made available to law enforcement personnel
 105 and hospitals to provide to family members in the absence of an on-scene medicolegal death
 106 investigator.

107 **4.6 Communication with Next of Kin**

108 **4.6.1** The MDI authority should have a policy regarding how, when, and which next of kin are
 109 contacted.

110 **4.6.2** The method of communicating the cause and manner of death to next of kin should be
111 determined early in the investigation.

112 **4.6.3** If the next of kin have a specific preference for communication, it should be documented,
113 and consideration should be given to accommodating their wishes.

114 **4.7 Obtaining Legal Documents and Reports**

115 **4.7.1** The MDI authority should ensure that next of kin understand their right to access and
116 obtain medicolegal death investigation report(s) and death certificate.

117 **4.7.2** Next of kin should be provided the medicolegal report(s), if desired and legally allowed.
118 Medicolegal death investigation reports may include postmortem examination reports, medicolegal
119 death investigative reports, toxicology reports, and other ancillary testing or consultation reports.

120 **4.7.3** Some next of kin may want to know the cause and manner of death, but they may not want
121 copies of the report(s). The cause and manner of death can be communicated verbally or in writing,
122 as allowed by law. Information should be delivered concisely but with sensitivity and compassion.

123 **4.8 Inquiries**

124 **4.8.1** Inquiries from next of kin should be responded to in a timely manner by the MDI authority
125 suitable to reply.

126 **4.8.2** Complicated postmortem findings should be communicated by the forensic pathologist. In
127 circumstances when next of kin requests for communication are excessive and/or repetitive,
128 consider utilizing local or national resources to assist in their grief and coping with the medicolegal
129 death investigation process (see Annex C).

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Annex A (informative)

Communication Resources

The following resources are provided to assist the MDI authority in communicating with next of kin.

- 1] *Death Notification with Compassion, FBI Teams Up with Penn State to Offer Online Training*. FBI Online News. www.fbi.gov/news/stories/death-notification-with-compassion
- 2] *Trauma Notification Training, Providing trauma notifications with professionalism, dignity, and compassion*. Online course developed by the Federal Bureau of Investigation's Victim Services Division. www.deathnotification.psu.edu
- 3] Palusci, V.J., O. Devinsky, S.A. Drake S.A., et al. "Family Needs and Follow-up Care After the Sudden, Unexpected Death of a Child." In: Bundock EA, Corey TS, Andrew TA, et al., editors. *Unexplained Pediatric Deaths: Investigation, Certification, and Family Needs* [Internet]. San Diego (CA): Academic Forensic Pathology International; 2019. Chapter 12. www.ncbi.nlm.nih.gov/books/NBK577017/
- 4] Weaver, K.D, E.C. Burton. "Religions and the Autopsy." Ed. K.A. Collins. *Medscape* online. 2020. <https://emedicine.medscape.com/article/1705993-overview?form=fpf>
- 5] *Religious objection to autopsy*. County of Santa Clara, Office of the Medical Examiner-Coroner. <https://mec.santaclaracounty.gov/death-certificate/religious-objection-autopsy>
- 6] Tweddle, M. Religious and Cultural Perspectives on Autopsies. Akron Children's Hospital. <https://www.akronchildrens.org/files/741493/file/19-religious-and-cultural-perspectives-on-autopsies.pdf>

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Annex B
(informative)

Frequently Asked Questions

The following questions are commonly asked by families, and it is the responsibility of the MDI authority to answer the questions honestly and respectfully. The questions can also be answered in written materials to provide to families and/or have available on their website in addition to information on grief resources.

- 1) Where are they (being mindful of gender)?
- 2) Can I see them?
- 3) Do I need to identify them? How will they be identified?
- 4) What do I do now?
 - a) Include information on final disposition
 - b) Advise family they need to provide the medical examiner or coroner office with information on their choice of final disposition
 - c) Do not promote or endorse any specific funeral home to avoid conflicts of interest
- 5) Why is the medical examiner or coroner office involved?
 - a) Provide legal requirements
- 6) Will an autopsy be performed? Is there a charge?
- 7) Can I refuse an autopsy?
- 8) Why are autopsies performed? What are they? Who performs them?
- 9) When will they be released? What is the timing?
- 10) How can I obtain a death certificate?
- 11) Who is responsible for making arrangements?
- 12) Are they viewable?
- 13) How do I recover personal effects and clothing collected by the medical examiner or coroner office?
- 14) Who can I contact with questions?
- 15) How do I learn the cause and manner of death?

- 179 16) If their identification is pending, what information can be shared?
- 180 17) What does it mean for a cause of death to be “pending?”
- 181 18) What information is available publicly?
- 182 19) Can I meet with the medicolegal death investigator or forensic pathologist?
- 183 20) How can I get financial aid to assist with disposition?
- 184 21) How/where can I get assistance with scene (crime scene, fire scene, etc.) clean up?

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Annex C (informative)

187 **Abbreviated Listing of National Advocacy/Family Support Programs and** 188 **Resources**

189 The following resources are provided to assist the MDI authority in supporting the next of kin with
190 crime victim assistance programs, advocacy and family support programs, bereavement counseling
191 and support groups, including cause-of-death specific organizations, and disposition assistance, as
192 applicable.

- 193 — Compassionate Friends, Inc. www.compassionatefriends.org 877-969-0010
- 194 — The Dougy Center for Grieving Children www.dougy.org 866-775-5683
195 (Materials tailored to children and adolescents, will refer to local support resources)
- 196 — First Candle www.firstcandle.org 800-221-7437
- 197 — Grief Recovery Resources – The Center for Grief Recovery www.griefcounselor.org
- 198 — Mattel Children’s Hospital UCLA Support Groups
199 [https://www.uclahealth.org/hospitals/mattel/patient-family-guide/admissions-](https://www.uclahealth.org/hospitals/mattel/patient-family-guide/admissions-information/support-services)
200 [information/support-services](https://www.uclahealth.org/hospitals/mattel/patient-family-guide/admissions-information/support-services)
- 201 — MISS Foundation www.missfoundation.org
- 202 — Mothers Against Drunk Driving (MADD) www.madd.org 800-GET-MADD
- 203 — National Organization of Parents of Murdered Children, Inc www.pomc.com 888-818-POMC
- 204 — National Center for Victims of Crime victimsofcrime.org/ 202-467-8700
- 205 — National Organization for Victim Assistance www.trynova.org 800-TRY-NOVA
- 206 — SADS Foundation www.sads.org 800-STOP-SAD
- 207 — Sesame Street Grief Resource sesameworkshop.org/topics/grief/
- 208 — Sudden Unexplained Death In Childhood Foundation www.sudc.org 800-620-SUDC (7823)
- 209 — Tragedy Assistance Program for Survivors (TAPS) – (for military families) www.taps.org 800-
210 959-8277

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Annex D
(informative)

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MEC Office Brochure Examples

214 The following resources are examples of handouts and information that can be provided on the MDI
215 authority's public facing website.

216 — When a loved one dies – Hennepin County Medical Examiner. [www.hennepin.us/-](http://www.hennepin.us/-/media/hennepinus/residents/public-safety/medical-examiner/medical-examiner-information-for-families.pdf)
217 [/media/hennepinus/residents/public-safety/medical-examiner/medical-examiner-](http://www.hennepin.us/-/media/hennepinus/residents/public-safety/medical-examiner/medical-examiner-information-for-families.pdf)
218 [information-for-families.pdf](http://www.hennepin.us/-/media/hennepinus/residents/public-safety/medical-examiner/medical-examiner-information-for-families.pdf)

219 — Frequently Asked Questions – Regional Medical Examiner's Office – Washoe County, NV.
220 <https://www.washoecounty.gov/coroner/faq/index.php>

221 — ACADEMIC DISHONESTY INCIDENT REPORT form
222 https://drive.google.com/drive/folders/1R1651DrHAsfRrKrij0a1haPtx8IG_N5LT

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Annex E
(informative)

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Bibliography

226 The following bibliography is not intended to be an all-inclusive list, review, or endorsement of
227 literature on this topic. The goal of the bibliography is to provide examples of publications
228 addressed in the standard.

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232 3] Vanezis P, S. Leadbetter. “Next of Kin Clinics: a new role for the pathologist.” *J Clin Pathol*.
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^b Available from: <https://link.springer.com/article/10.1007/s12024-009-9123-7>

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