A CRITICAL ANALYSIS OF THE LEGAL FRAME WORK ON FORENSIC AUTOPSIES IN UGANDA

By

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Declaration

I, **ASIIMWE JOSHUA** do hereby declare that the work presented in this dissertation arises out of my own research; I certify that it has never been submitted or examined in any university as an academic requirement for any award.

Sign Date

5/June/15.

ASIIMWE JOSHUA

Approval

This dissertation has been submitted with the approval of MR. ADOMI OKPA ETABA, as the university supervisor.

Signed  Date of Approval

MR. ADOMI OKPA ETABA (Supervisor) 5-6-15 .....

Dedication

I give praise and thanks to the Almighty GOD for giving me the strength and the capacity to complete this work successfully. For all he has done to me, for his blessings, guidance, wisdom, knowledge, favors and endless blessings throughout my life and this far.

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I am deeply indebted to my mother and family for all the support she has rendered to me in the completion of a Bachelors Degree in Laws, am most grateful.

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List of acronyms

Forensic Autopsy	FA
Myocardial Infarctions	MIs
Magnetic Resonance Imaging	MRI
Computed Tomography	CT
Anatomical Pathology Technologist	APT
Family Liaison Officer	FLO

Abstract

This research is investigates the existence of a legal status on human tissues and whether the law is still evolving. The question of whether a human tissue deserves protection or what legal category underpins that protection often depends on one or more paradigms generally applied towards the analysis of human tissues. Accordingly, the research sets out to identify and explore the international concept and principles on forensic autopsy usually animate the analysis of human tissues. It suggests a trend towards a more inclusive use of all analytical models, in contrast to the monolithic approach inspired by the no-property rule. This research utilized secondary data, this is to say information from articles, journals, reviewed literature and Ugandan legislation all related to forensic autopsy. Forensic autopsy in Uganda appears to be a forgotten case since the act has never been updated for over 8 decades and there are currently no any other act or rule governing forensic autopsy. This research therefore investigated the meaning, purpose and concepts concerning forensic autopsy in Uganda and then further went ahead to investigate on the Ugandan legislation in matters of forensic autopsy such as the constitution of 1995 and the Inquest Act. The research sought more information even on the international code of conduct and how other countries have managed to oversee the duties of a pathologist. In conclusion therefore, the Ugandan government needs further examination and implementation of the forensic autopsy laws and this could help overcome errors that have been experienced in the past years.

CHARPTER ONE

INTRODUCTION TO THE STUDY

1.0 Introduction

The research focuses on examining the legal framework governing the forensic autopsies in Uganda. For over 8 decades, the Ugandan government has been restricted to one act[1] or legislation that guides the whole country on all related matters concerning autopsy reports and investigations, whereas there have been various changes in the country and therefore this calls for a review in the old legislation in order to cater for the developing and changing environment in the country on forensic autopsy. This chapter presents the introduction to the study, it contains the background to the study, the statement problem, the purpose of the study, the research objectives and questions, the scope and significance to the study, the methodology and literature related to the study objectives.

1.1 Background to the study

An autopsy also known as a post-mortem examination, necropsy, autopsia cadaverum, or obduction is a highly specialized surgical procedure that consists of a thorough examination of a corpse to determine the cause and manner of death and to evaluate any disease or injury that may be present. It is usually performed by a specialized medical doctor called a pathologist. The word "autopsy" means to study and directly observe the body[2]. This includes an external exam of the deceased and the removal and dissection of the brain, kidneys, lungs and heart. When a coroner receives a body, he or she must first review the circumstances of the death and all evidence, then decide what type of autopsy should be performed if any. If an autopsy is recommended, the coroner can choose between an external autopsy (the deceased is examined, fingerprinted, and photographed but not opened; blood and

[1] Inquest Act, Cap 11 of Uganda
[2] Adkins and Barnes, 317

fluid samples are taken), an external and partial internal autopsy (the deceased is opened but only affected organs are removed and examined), or a full external and internal autopsy. Autopsies are performed for either legal or medical purposes. For example, a forensic autopsy is carried out when the cause of death may be a criminal matter, while a clinical or academic autopsy is performed to find the medical cause of death and is used in cases of unknown or uncertain death, or for research purposes.

Autopsies can be further classified into cases where external examination suffices, and those where the body is dissected and internal examination is conducted. Permission from next of kin may be required for internal autopsy in some cases. Once an internal autopsy is complete the body is reconstituted by sewing it back together. A forensic autopsy is a series of lab tests and examinations performed on a body to identify injuries or medical conditions that may have caused or contributed to death. Bernard Knight in Simpson's Forensic Medicine Tenth Edition defines an Autopsy as an identical to necropsy and usually to postmortem examination.[3] The law governing forensic autopsy in Uganda ,The Inquest Act 1935[4], whereas this act does not define an autopsy in fact the word autopsy is not even mentioned anywhere in the Act, however part II of the Act provides for Postmortem Examination.

This law came into force in 1935, the time Uganda had not yet attained Independence or when Uganda was still under colonial rule. This law provides for inquests, exhumation, the peoples responsible to carry them out and postmortem examinations. With the rampant increase of mysterious death in the country and the increased crime rate in Uganda, together with internationally wide spread terrorism actives, such acts create anxiety in both the public and government in finding out what caused the death, who caused it and how it was caused. For that

[3] Bernard Knight, Simpson's FORENSIC MEDICINE
[4] Cap 11

reason therefore there needs to be sufficient laws in place that can guide the key player in investigation. Lt Col R.B. Kotabagi, Lt Col S.C Charati, Maj D Jayachandar[5] postulate that before starting a medico-legal autopsy the medical officer must be in possession of the following documents: 1. A letter from the Investigating officer asking the medical officer to carry out the Medical Legal autopsy and authorizing him; To collect any material from the body for further investigations, if necessary. Although the wordings of the letter may be in the form of a request, it is an order. The concerned medical officer can be punished under law if he refuses to carry out the autopsy. 2. A copy of the "Panchanama" carried out by the Investigating Officer at the site of death. This document includes pictures of the scene of death for the prosector (Forensic Pathologist).

Thus it can be considered equivalent to the clinical case sheet provided to the pathologist performing a clinical autopsy. 3. Dead Body Challan: Is a set of questions to be answered by the investigating officer pertaining to the death under investigation (4). This document provides background information to the prosecutor. A police constable accompanies the dead body along with these documents. 4. If the commanding officer of the military hospital is ordering the ML autopsy, a letter to that effect will be issued to the prosecutor accompanied by the above documents. 5. The clinical case sheet declaring the person dead initiated by the casualty medical officer/ward medical officer should be one of the accompaniments. Ideally, the Investigating Officer while proceeding to the site of Medical Legal death should take the medical officer with him. This enables the medical officer to make his own observations at the scene of death. This will be of great help to him while conducting the autopsy, especially in recreating the scene of events.

1.2 Statement of the Problem

[5]Lt Col RB Kotabagi, Lt Col SC Charati, Maj D Jayachandar ,Review Article ,Clinical autopsy Vs medic legal Autopsy

The principal aim of an autopsy is to determine the cause of death, the state of health of the person before he or she died, and whether any medical diagnosis and treatment before death was appropriate. In Uganda today, forensic autopsy (post-mortem examinations) is governed and practiced under the Inquest Act[6] of Uganda, despite the existence of the law, it is realized that there are various loopholes or lacuna created or not covered by the law. In this regard therefore, the research determines whether there is need for further modifications or introduction of new laws governing forensic autopsy in Uganda. In most Western countries the number of autopsies performed in hospitals has been decreasing every year since 1955. Critics, including pathologist and former *JAMA* editor George Lundberg, have charged that the reduction in autopsies is negatively affecting the care delivered in hospitals, because when mistakes result in death, they are often not investigated and lessons therefore remain unlearned. In Uganda, forensic autopsies also remain major as an investigation tool in the judicial system of Uganda in ascertaining aspects such as; identity of the body, the cause of death, the nature and number of injuries, time of death, the presence of death[7] or to determine the exact cause and manner of death, to establish identity of the deceased, to determine time since death, to collect trace evidence, reconstruction of the crime scene, among others. It is behind that very important aspect that the chain of evidence should never be broken. One of the ways through which this can be ensured is identifying the right professionals to carry out the postmortem examinations. This is partially catered for by the Section12[8], which provides for a medical practitioner to make a postmortem examination and report. To establish an organized way through which the samples on which postmortem tests are run are to be handled from the time the postmortem examination starts until the end of the investigations or even until when the matter is settled by the court. In the early stages this way should be inform of regulations/Laws, and later a human tissue Authority that will monitor the various

[6] Cap 11
[7] Simpson's forensic Medicine
[8] Inquest Act (supra)

uses of such tissue. This research therefore investigates the legal framework governing forensic autopsy in Uganda.

1.3 Purpose of the study

The purpose of the study is to critically analyze the legal framework governing forensic autopsies in Uganda.

1.4 Research objectives

i. To establish the meaning, understanding and relevance of autopsy reports in Uganda and the world.
ii. To ascertain the various laws that govern forensic autopsies in Uganda
iii. To investigate the international principles and practices on forensic autopsy.

1.5 Research questions

i. What is the meaning, understanding and relevance of autopsy reports in Uganda and the world?
ii. What are the various laws that govern forensic autopsies in Uganda?
iii. What are the international principles and practices on forensic autopsy?

1.6 Scope of the Study

1.6.1 Time scope

This research will be carried out in a time period of three months; it will be carried out in the months of April to June. This time period will cover the whole writing and presentation process after which the research report will be presented for marking.

1.6.2 Content Scope

This study covers the jurisdiction of Uganda that is its forensic autopsy laws and in some instances compare it with other jurisdiction around the world, the study also

investigates on the meaning, relevance and understanding of forensic autopsy in Uganda and its effectiveness in solving murder crimes.

1.6.3 Geographical Scope

This study will be carried out in Uganda, it will focus on major hospitals and law enforcement organ of the country, since its aimed at forensic autopsy which deals with reconstruction of murder scenes, checking of corpses and identification of bodies.

1.7 Significance of the study

Having in consideration that this work deals with forensic investigation in respect to the medical-Legal evidence, there is much importance in regard to this study which include.

Creating awareness amongst both medical officers especially pathologists (Forensic Pathologists) legal practitioners, and the police on the various provisions of the law in regard to Forensic Autopsy in Uganda.

This study will also establish whether the legal frame work in regard to Autopsy in Uganda is effective, or lacking, and in the event that it is lacking, the study will point out such areas that need to be improved so as to enhance the effectiveness of the said legal frame work.

The study will also be used for research and reference by the various future scholars who may want to continue writing on this subject or on anything in relation to this study.

1.8 Methodology.

The study is largely theoretical. because forensic autopsy and the laws governing it in Uganda are basically The Inquest Act Cap 11 1935 and partly The Public Health

Act cap 281, this will be discussed alongside the forensic laws of south Africa and these laws will include The Inquest Act[9], Human Tissue Act[10]. There are also other Authors that have written about the same topic, there study will be of great importance in ensuring a smooth study. The internet will also be a great resource to facilitate this study. Important to site out are the Pathologists at Makerere University Medical school/ Mulago Hospital Mortuary who conduct most of the forensic autopsy in Uganda, these are to explain the practicability the available forensic laws in Uganda. The study information will also be obtained from the Uganda Police station at Mulago Hospital Kampala Mortuary. In ascertaining the definition of autopsy in relation to Forensics, I will examine the writings of various authors for instance Bernard Knight.

The conclusion and the recommendation will be as a result of personal knowledge and the knowledge of the Forensic Pathologists of Makerere University and Mulago Hospital Kampala plus those other recommendations as provided by the various others of the study. The study is going to be descriptive, since its going to define and state the current laws relating to Forensic autopsy in Uganda. It is also going to be analytical because it critically examines the Inquest Act Cap 11 1934. On top of that this study is prescriptive since it is giving recommendation in the area where change is necessary to meet the current era in relation to forensic investigation with regard to autopsy.

1.9 Literature Review

The word "autopsy" has been used since around the 17th century, it refers to the examination of inside the dead human body to discover diseases and cause of death. Around 3000 BC ancient Egyptians were one of the first civilizations to practice the removal and examination of the internal organs of humans in the

[9] Inquest Act Cap 58 1959
[10] Human Tissue Act 65 1983

religious practice of mummification.[11] Autopsies that opened the body to determine the cause of death were attested at least in the early third millennium BC, although they were opposed in many ancient societies where it was believed that the outward disfigurement of dead persons prevented them from entering the afterlife (as with the Egyptians, who removed the organs through tiny slits in the body). Notable Greek autopsists were Galen (AD 129- c. 200/ 216), Erasistratus and Herophilus of Chalcedon, who lived in 3rd century BC Alexandria, but in general, autopsies were rare in ancient Greece. In 44 BC, Julius Caesar was the subject of an official autopsy after his murder by rival senators,the physician's report noting that the second stab wound Caesar received was the fatal one. Julius Caesar had been stabbed a total of 23 times. By around 150 BC, ancient Roman legal practice had established clear parameters for autopsies.[12]

The dissection of human remains for medical or scientific reasons continued to be practiced irregularly after the Romans, for instance by the Arab physicians Avenzoar and Ibn al-Nafis. In Europe they were done with enough regularity to become skilled, as early as 1200, and successful efforts to preserve the body, by filling the veins with wax and metals. Until recently,[17] it was thought that the modern autopsy process derived from the anatomists of the Renaissance. Giovanni Morgagni (1682–1771), celebrated as the father of anatomical pathology,[19] wrote the first exhaustive work on pathology, *De Sedibus et Causis Morborum per Anatomen Indagatis* (The Seats and Causes of Diseases Investigated by Anatomy, 1769). In part with a long history of autopsy and dissection brought a new way to advance medicine and research. Some of the only ways to understand a disease is to be able to see how it affects the body. By opening up the body and studying these effects, scientist have been able to advance medicine to kill these diseases unlike in the past when scientists couldn't fully understand the effects of the disease on the body. All of the advances in the field were symbolized by the hard work of two fathers of

[11] Rothenberg, Kelly (2008). "The Autopsy Through History". In Ayn Embar-seddon, Allan D. Pass (eds.). *Forensic Science*. Salem Press. p. 100.
[12] Ibid

autopsy, Rokitansky and Virchow. Rokitansky drastically altered the way that an autopsy was done for the future of research. The great 19th-century medical researcher Rudolf Virchow, in response to a lack of standardization of autopsy procedures, established and published specific autopsy protocols (one such protocol still bears his name. He also developed the concept of pathological processes.

Forensic autopsy is a relatively new field in forensic psychology that is still controversial in its application and validity as a science in the field of psychology. This literature review will cover the origins of the Forensic autopsy, how it became mainly utilized for suicides, the benefits and outcomes of the procedure, and some of the issues that are areas of concern for practitioners in the forensic psychology realm. Research for this review is correlated from various professional journals and one book from the undisputed founder of the Forensic autopsy Edwin S. Shneidman.

Every author in my review that covered the origin of the Forensic autopsy pointed to the same source Edwin S. Schneidman (Pouliot, De Leo, 2006), (Selkin, 1994), (Snider, Hane & Berman, 2006), (Ebert, 1987), (Henry, Greenfield 2009), and the creator himself in his book titled "Suicide as Psychache: A clinical approach to self-destructive behavior" (1995). Schneidman in 1958 while working with the Los Angles Suicide prevention Center was asked by Chief Medical Examiner Theodore J. Curphey, M.D., to assist in helping him investigate an abundance of equivocal drug death cases that were overwhelming the corners office at the time. This was the first time there was a combined investigation utilizing both medical and behavioral science methods in determining the cause of death. The medical investigation is titled medical autopsy, leaving Forensic autopsy as the obvious choice for Schneidman to label his efforts in the equivocal death investigations and the term that is used today for this new area of forensic psychology[13].

[13] Schneidman, 1995, p191

In the beginning, the Forensic autopsy was utilized for equivocal deaths to help in the determination of the cause for death, this has morphed into utilizing the autopsy method for determining the mental state of the person before a suicide and if indeed the death was a suicide or an accidental death (Ebert, 1987). The main purpose of determining if the death was a suicide or not is for insurance claims, some insurance policies will not pay benefits if the death is a suicide. Additionally the Forensic autopsy can give closure to the family left behind by helping them see that possibly it was a mental illness that was the cause of the suicide and not actions of the family, and utilizing the findings in preventing future suicides[14].

Issues in this field are many, the first and most important is the ability to utilize the findings in court if needed. In order to have provability in a court there are guidelines that must be adhered to and standards should be utilized in order to provide the best evidence. The courts have a long history of setting standards for what is allowed as evidence in a trial. From 1923 to 1993 expert testimony for a court case relied on the Frye Test from the court case Frye v. United States in 1923, this court cased basically ruled that expert testimony must be based in science theories that were generally accepted[15].

The current standard for evidence related to psychology testimony or evidence is the Daubert standard and the implication that the judge is the final deciding factor if the evidence is allowed in the court, based on the opinions submitted by the experts (Ewing 2003). The Daubert standard resulted from the U.S. Supreme court case Daubert v. Merrell Dow Pharmaceuticals 1993, which is covered in research for Forensic autopsies in an journal article titled "Standardizing the Forensic Autopsy: Addressing the Daubert Standard" (2006). This study points out that in order for the findings of a Forensic autopsy to be admitted in a court of law it must adhere to the following five guidelines:[16] Whether the theories and techniques employed by

[14] Ebert, 1987
[15] Ewing 2003
[16] Snider, Hane & Berman, 2006

the witness have been tested, Whether they have been subjected to peer review and publication, Whether the techniques employed have a known error rate, Whether they are subject to standards governing their application, Whether the theories and techniques employed enjoy widespread acceptance.

The authors point out that it is with these guidelines the field of forensic autopsy is lacking. There are no set standards for conducting forensic autopsies or set of artifacts that are utilized in the courts as pointed out in the article "Equivocal Death Investigation: Case Study Analyses (2008). Even in the beginning with the work of Schneidman, he points out that he had no set methodology for conducting the autopsy, each case was conducted as he and his team deemed fit (Schneidman, 1995), and almost 50 years later there are still no set standards (Lacks, Westveer & Dibble, 2008).

The lack of standards can have a negative impact on a court proceeding with the worst case scenario being the evidence of the Forensic autopsy is deemed inadmissible by the court in the trial (Snider, et., al, 2006). The above study looked at the following factors of the autopsies to determine if they could proved in court, Reliability, Validity, Peer review, Error rate, and general acceptance.

Reliability is argued to be checked by comparing the results of those that complete the suicide verses those that are not completed, however it is pointed out that the mindset of the two groups could be different and therefore not a valid measure of reliability. Another method suggested would be to take the results from the autopsies and have someone not in the field look at the results and determine if the death was equivocal or a suicide. Over all the authors point out that without a standard methodology there is really no good way to prove reliability as the variables would be too numerous to compare[17]. This finding is confirmed in "Forensic Autopsy: Scientific Psychohistory or Clinical Intuition? (1994), where the

[17] Snider, et., al., 2006

authors point out that there are no fixed or agreed upon standards for the autopsy proceedings and that there must be a standard to prevent information from being omitted from the findings (Selkin, 1994).

Selkin also points out that many autopsies that are not brought to a conclusion is from the lack of standards or agreed upon methodology for conducting the procedure (1994). Validity was determined to be not attainable, there is no standard and the subject deceased so the no method of validation can be determined. Peer review was met with the same results are there were no standards to compare the findings with. Error rate fell under the same scrutiny as there is no standard or validity so error rate is not measurable. General acceptability among the forensics community is non existent due to the fact that everyone utilitizes their own methodology for conducting the autopsy. (Snider, et., al., 2006).

The lack of standards in psychologies is one of the biggest disadvantages when it comes to provability in a court of law. While Schneidman points out that the Forensic autopsy is a behavioral science look at the reason for death, there is very little repeatable science in the procedures (Schneidman, 1994). This is an area that must change in order to advance the field and provide the court with repeatable methods that can obtain measurable results on a consistent basis. In the article "Equivocal Death Investigation: Case Study Analyses (2008), the authors point out that while the Forensic autopsy is effective and can provide useful information in many cases there is scrutiny in the scientific community due to the lack of research, standards and documentation in the field[18].

The authors suggest following the 26 areas of investigation that are created by Ebert (1987), and concur that this is a good starting area for creating a standard for conducting the investigation, Ebert's guidelines are in appendix A[19]. The provability nature of the Forensic autopsy can have lasting effects on the remaining family

[18] Lacks, Westveer & Dibble, 2008
[19] Lacks, et., al., 2008

members, as an example, in the 1989 explosion of the USS Cole, the cause of death was determined to be a suicide of a sailor on board that killed several of his shipmates along with himself. The evidence that was given to the Armed Services Committee was not determined to be hypothesis and not based on any valid scientific methods. The ruling was reversed and the deaths were deemed an accident.

The result was that the family members of the sailor who was believed to have committed suicide were able to collect the death benefits and the other families were able to sue the United States Navy for negligence (Lacks, et., al., 2008). Because the results of the Forensic autopsy can have legal ramifications for the remaining family members we in the field need to develop a standard that meets the needs of the Daubert criteria. Once a standard is developed and instituted all psychologist will need to receive standardized training to ensure that all autopsies are carried out following the standard.

The benefits of the Forensic autopsy are many, aiding life insurance claims, helping the survivors of the suicide cope, detecting patterns in suicidal patients for possible prevention measures, and finding new areas of focus for the field of Forensic suicide. The article titled "Issues in the Forensic Autopsy of a Controversial Public Figure" (1979), provided many benefits for the families of Vietnam Prisoners of war (POW) and the importance a Forensic autopsy can have. After the Vietnam war a collection of POWs were returned to the United States and were under scrutiny for their alleged collaborating with the enemy.

One of the POWs committed suicide as the result of his treatment from the government. An investigation was ordered into his death and it was found that there was inadequate Forensic care given, which worsened his condition and caused him to take his life. The results, once made public forced, the government to drop the charges against the other POWs and paved the way for better care for our returning veterans (Selkin & Loya, 1979). Studies like this one place in the public

eye the fact that not all suicides are clear cases and that there can be external factors that attribute to the person's actions. Additionally it can aid the families in obtaining the benefits from insurance policies if the death is shown to stem from external factors that attributed to the death, as in the POW case (Selkin & Loya, 1979).

In a study of SCI related deaths the benefit of Forensic autopsies helps doctors and psychologists look for suicidal indicators in order to obtain treatment for their patients who suffer life altering injuries, this information could be utilized to help lower the suicide rates among SCI clients, who have a suicide rate five times higher than the non SCI population[20]. The main two benefits noted in this research is in the aiding of the families in coping with the suicide of a family member and identifying suicidal indicators for all psychologists in the field of psychology. Another benefit is the aiding of the courts in deciding insurance cases and ensuring benefits are paid to the families that are left behind.

The main take away I found in my research of Forensic autopsy is the need for standards. The court is very clear on what the requirements are for evidence in a court case, in order to meet these needs and validate the field of Forensic autopsy, there needs to be standards implemented by the APA. The checklist created by Ebert is a good foundation for what is needed to conduct a through autopsy. The creation of standard artifacts for an autopsy is also needed, this gives the court a uniform set of documents to base their decision on and creates the needed templates for all forensic psychologists to use in their reports.

[20] Kewman & Tate, 1998

1.10 Chapterization

The first chapter presents the introduction to the study. The second chapter is about the meaning of forensic autopsy looking at the statutory and common law perspective. The third chapter is concerned with the legal framework governing forensic autopsy. Whereas the fourth chapter is about what forms part of forensic autopsies and its effectiveness. The last chapter which is the fifth concludes and provides recommendations in relation to this paper.

CHARPTER TWO

MEANING AND CONCEPTS OF FORENSIC AUTOPSY

2.1 Meaning and purpose of forensic autopsy

An autopsy is frequently performed in cases of sudden death, where a doctor is not able to write a death certificate, or when death is believed to result from an unnatural cause. These examinations are performed under a legal authority (Medical Examiner or Coroner or Procurator Fiscal) and do not require the consent of relatives of the deceased. The most extreme example is the examination of murder victims, especially when medical examiners are looking for signs of death or the murder method, such as bullet wounds and exit points, signs of strangulation, or traces of poison. Some religions including Judaism and Islam usually discourage the performing of autopsies on their adherents[21]. Organizations such as Zaka in Israel and Misaskim in the USA generally guide families how to ensure that an unnecessary autopsy is not made.

Autopsies are used in clinical medicine to identify medical error. A study that focused on myocardial infarction (heart attack) as a cause of death found significant errors of omission and commission,[22] i.e. a sizable number cases ascribed to myocardial infarctions (MIs) were not MIs and a significant number of non-MIs were actually MIs. A systematic review of studies of the autopsy calculated that in about 25% of autopsies a major diagnostic error will be revealed. However, this rate has decreased over time and the study projects that in a contemporary US institution, 8.4% to 24.4% of autopsies will detect major diagnostic errors. A large meta-analysis suggested that approximately one-third of death certificates are incorrect and that half of the autopsies performed produced findings that were not suspected before the person died. Also, it is thought that over one fifth of unexpected findings

[21] Elizabeth C Burton, Kim A Collins. Religions and the Autopsy, EMedicine. Retrieved 2012-09-12
[22] Ravakhah K (2006). "Death certificates are not reliable: revivification of the autopsy". *South. Med. J.* **99** (7): 728–33

can only be diagnosed histologically, i.e. by biopsy or autopsy, and that approximately one quarter of unexpected findings, or 5% of all findings, are major and can similarly only be diagnosed from tissue.

One study found that (out of 694 diagnoses) "Autopsies revealed 171 missed diagnoses, including 21 cancers, 12 strokes, 11 myocardial infarctions, 10 pulmonary emboli, and 9 endocarditis, among others". Focusing on intubated patients, one study found "abdominal pathologic conditions--abscesses, bowel perforations, or infarction--were as frequent as pulmonary emboli as a cause of class I errors. While patients with abdominal pathologic conditions generally complained of abdominal pain, results of examination of the abdomen were considered unremarkable in most patients, and the symptom was not pursued"[23].

2.2 Types of forensic autopsies

There are four main types of autopsies:[24]

Medico-Legal Autopsy or Forensic or *coroner's autopsies* seek to find the cause and manner of death and to identify the decedent. They are generally performed, as prescribed by applicable law, in cases of violent, suspicious or sudden deaths, deaths without medical assistance or during surgical procedures.

Clinical or *Pathological autopsies* are performed to diagnose a particular disease or for research purposes. They aim to determine, clarify, or confirm medical diagnoses that remained unknown or unclear prior to the patient's death.

Anatomical or *academic autopsies* are performed by students of anatomy for study purpose only.

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[23] Papadakis MA, Mangione CM, Lee KK, Kristof M (1991). "Treatable abdominal pathologic conditions and unsuspected malignant neoplasms at autopsy in veterans who received mechanical ventilation". *JAMA* **265** (7): 885–7

[24] Strasser, Russell S. (2008). "Autopsies". In Ayn Embar-seddon, Allan D. Pass (eds.). *Forensic Science*. Salem Press. p. 95.

Virtual or *medical imaging autopsies* are performed utilizing imaging technology only, primarily magnetic resonance imaging (MRI) and computed tomography (CT).

2.3 Process of forensic autopsy

The body is received at a medical examiner's office or hospital in a body bag or evidence sheet. A new body bag is used for each body to ensure that only evidence from that body is contained within the bag. Evidence sheets are an alternative way to transport the body. An evidence sheet is a sterile sheet that the body is covered in when it is moved. If it is believed there may be any significant residue on the hands, for instance gunpowder, a separate paper sack is put around each hand and taped shut around the wrist. There are two parts to the physical examination of the body: the external and internal examination. Toxicology, biochemical tests and/or genetic testing often supplement these and frequently assist the pathologist in assigning the cause or causes of death.

2.3.1 External examination

At many institutions the person responsible for handling, cleaning, and moving the body is often called a diener, the German word for *servant*. In the UK this role is performed by an Anatomical Pathology Technologist who will also assist the pathologist in eviscerating the body and reconstruction after the autopsy. After the body is received, it is first photographed. The examiner then notes the kind of clothes and their position on the body before they are removed. Next, any evidence such as residue, flakes of paint or other material is collected from the external surfaces of the body.

Ultraviolet light may also be used to search body surfaces for any evidence not easily visible to the naked eye. Samples of hair, nails and the like are taken, and the body may also be radiographically imaged. Once the external evidence is collected, the body is removed from the bag, undressed, and any wounds present are

examined. The body is then cleaned, weighed, and measured in preparation for the internal examination. The scale used to weigh the body is often designed to accommodate the cart that the body is transported on; its weight is then deducted from the total weight shown to give the weight of the body.

If not already within an autopsy room at the city/county morgue, the body is transported to one and placed on a table. A general description of the body as regards ethnicity, sex, age, hair color and length, eye color and other distinguishing features (birthmarks, old scar tissue, moles, tattoos, etc.) is then made. A handheld voice recorder or a standard examination form is normally used to record this information. In some countries e.g. France, Germany, and Canada, an autopsy may comprise an external examination only. This concept is sometimes termed a "view and grant". The principles behind this being that the medical records, history of the deceased and circumstances of death have all indicated as to the cause and manner of death without the need for an internal examination.

2.3.2 Internal examination

If not already in place, a plastic or rubber brick called a "body block" is placed under the back of the body, causing the arms and neck to fall backward while stretching and pushing the chest upward to make it easier to cut open. This gives the prosector, a pathologist or assistant, maximum exposure to the trunk. After this is done, the internal examination begins. The internal examination consists of inspecting the internal organs of the body for evidence of trauma or other indications of the cause of death. For the internal examination there are a number of different approaches available: a large and deep Y-shaped incision can be made starting at the top of each shoulder and running down the front of the chest, meeting at the lower point of the sternum.

This is the approach most often used, a T-shaped incision made from the tips of both shoulder, in a horizontal line across the region of the collar bones to meet at

inferior vena cava, the pulmonary veins, the aorta and pulmonary artery, and the superior vena cava. This method leaves the aortic arch intact, which will make things easier for the embalmer. The left lung is then easily accessible and can be removed by cutting the bronchus, artery, and vein at the hilum. The right lung can then be similarly removed. The abdominal organs can be removed one by one after first examining their relationships and vessels.

Some pathologists, however, prefer to remove the organs all in one "block". Then a series of cuts, along the vertebral column, are made so that the organs can be detached and pulled out in one piece for further inspection and sampling. During autopsies of infants, this method is used almost all of the time. The various organs are examined, weighed and tissue samples in the form of slices are taken. Even major blood vessels are cut open and inspected at this stage. Next the stomach and intestinal contents are examined and weighed.

This could be useful to find the cause and time of death, due to the natural passage of food through the bowel during digestion. The more area empty, the longer the deceased had gone without a meal before death. A brain autopsy demonstrating signs of meningitis. The forceps (center) are retracting the dura mater (white). Underneath the dura mater are the leptomeninges, which appear to be edematous and have multiple small hemorrhagic foci.

The body block that was used earlier to elevate the chest cavity is now used to elevate the head. To examine the brain, an incision is made from behind one ear, over the crown of the head, to a point behind the other ear. When the autopsy is completed, the incision can be neatly sewn up and is not noticed when the head is resting on a pillow in an open casket funeral. The scalp is pulled away from the skull in two flaps with the front flap going over the face and the rear flap over the back of the neck.

The skull is then cut with a circular (or semicircular) bladed reciprocating saw to create a "cap" that can be pulled off, exposing the brain. The brain is then observed in situ. Then the brain's connection to the cranial nerves and spinal cord are severed, and the brain is lifted out of the skull for further examination. If the brain needs to be preserved before being inspected, it is contained in a large container of formalin (15 percent solution of formaldehyde gas in buffered water) for at least two but preferably four weeks. This not only preserves the brain, but also makes it firmer allowing easier handling without corrupting the tissue.

2.3.3 Reconstitution of the body

An important component of the autopsy is the reconstitution of the body such that it can be viewed, if desired, by relatives of the deceased following the procedure. After the examination, the body has an open and empty chest cavity with chest flaps open on both sides, the top of the skull is missing, and the skull flaps are pulled over the face and neck. It is unusual to examine the face, arms, hands or legs internally.

In the UK, following the Human Tissue Act 2004 all organs and tissue must be returned to the body unless permission is given by the family to retain any tissue for further investigation. Normally the internal body cavity is lined with cotton wool or an appropriate material, the organs are then placed into a plastic bag to prevent leakage and returned to the body cavity. The chest flaps are then closed and sewn back together and the skull cap is sewed back in place. Then the body may be wrapped in a shroud and it is common for relatives to not be able to tell the procedure has been done when the body is viewed in a funeral parlor after embalming.

2.4 Other animals

Post-mortem examination, or necropsy, is far more common in veterinary medicine than in human medicine. For many species that exhibit few external symptoms (sheep), or that are not suited to detailed clinical examination (poultry, cage birds, zoo animals), it is a common method used by veterinarians to come to a diagnosis.

CHAPTER THREE

UGANDAN LAW ON FORENSIC AUTOPSY

3.0 Introduction

The research findings in this research will require an investigation of the available legislations and literature from the library and internet, therefore the method of research applied is secondary sources of information. In this regard therefore, this chapter presents the Ugandan legal framework related to forensic autopsy in Uganda; it investigates various cases and the constitution of the Republic of Uganda and the Inquest Act.

3.1 The constitution of Uganda

The Ugandan Constitution[25] provides importance to life of people to the extent that Article 22 provides for Protection of right to life and states that; "*No person shall be deprived of life intentionally except in execution of a sentence passed in a fair trial by a court of competent jurisdiction in respect of a criminal offence under the laws of Uganda and the conviction and sentence have been confirmed by the highest appellate court.*" Article 22[26] is the reason as to why the government, judiciary in particularly attaches a lot of importance to some one's life, thus any death that is suspicious in nature requires to be inquired in to establish its cause.

3.2 The Inquest Act chapter 11

Uganda has not yet developed a proper forensic autopsy regulation. The Inquest Act was formulated in 1935bis the closest law to forensic autopsy in Uganda. It[27] provides for such inquires as to what may have caused the death of someone that is to say in case such a death is suspicious. This act is the main Act that governs

[25] 1995 Constitution of Uganda as amended.
[26] Ibid
[27] Inquest Act Cap 11

forensic autopsy in Uganda. Part II of the Act[28], provides for postmortem examination, under this section 11 enshrines that a coroner may direct such an examination to the effect that If any coroner considers it necessary, with a view to investigating the circumstances of the death of any person, to obtain a medical report on the appearance of the body of that person, and as to the conclusions to be drawn from that appearance, he or she may, by written direction in Form C set out in the Schedule to this Act, require any government medical officer or, in the absence of such officer, any other medical practitioner within his or her jurisdiction to make an examination of the body and to report on it.

Section 12[29] states that.... *The medical practitioner is to make examination and a report. Every medical practitioner upon the receipt of such direction shall, unless he or she procures the services of some other medical practitioner to perform the duty, immediately make an examination of the body, with a view to determine from the examination the cause of death, and to ascertain the circumstances connected with the death, and shall make a report in writing to the coroner describing the appearance of the body and the conclusions which he or she draws from the appearance touching the death of the person.*

Part III, provides for the procedure of conducting an inquest and this involves;s.14 inquires to be made by the coroner,s.15provisions regarding the viewing of the body, coroner to summon witnesses, corner not bound by the evidence Act, power to take evidence of a witness un able to attend court, inquest on Sunday, Adjournment of an inquest, The staying of an inquest and its resumption, the issue of summons and warrants, findings , The guilty party part when unknown, when guilty party cannot be found, the return of findings and the power of the High Court.

[28] Ibid
[29] Ibid

Part IV which begins from Section 28 – 33[30] provides for; burying or cementing without authority, obstructing medical officers, the penalty, power to make rules, expense to witness and finally forms. A couple of writers have been able to examine the law relating to forensic autopsy also known as (Medico – legal autopsy), Bernard Knight in Simpson's Forensic Medicine Tenth Edition defines an Autopsy as an identical to necropsy and usually to postmortem examination whose function is to discover some or all the following aspects; identity of the body, the cause of death, the nature and number of injuries, time of death, the presence of death[31]

3.3 Review of various cases in Uganda

In the case of Uganda v Sekyewa & 4 Ors, all the five accused persons were jointly indicted for the offence of Murder Contrary to sections 188 and 189, of the Penal Code Act[32], in count number one. In count number two, they were indicted for the offence of Robbery contrary to sections 285 and 286 (2), of the Penal Code Act. This called for the examination of the dead persons in order to establish the cause of death. The offence of murder contrary to sections 188 and 189 of the Penal Code Act, has four essential ingredients, which the prosecution had to prove beyond reasonable doubt in order to secure a conviction in a murder trial. They included:-

- the deceased is dead
- the death of the deceased was caused unlawfully
- the death was caused with malice aforethought
- the accused persons participated in the act or omission causing death.

The post mortem report exh. P2, which was made by Dr. Bawakanya, then at Masaka Referral hospital, was admitted into evidence by the consent of the defence counsel. It stated that the cause of death was the result of cut wounds on top of

[30] Supra
[31] Bernard Knight, Simpson's FORENSIC MEDICINE
[32] Laws of Uganda

being strangulated. Clearly, the deceased's death was not from natural causes. The case therefore amounted to a homicide.

In the review of **Lt Col RB Kotabagi, Lt Col SC Charati, Maj D Jayachandar,**[33] it was discussed that forensic autopsy as autopsies performed is part of the inquest procedure, when ordered by the investigating authority in medical-legal deaths. According to the inquest Act such an officer equates to the Coroner who is defined under section 1[34] to mean any person empowered to hold an inquest. Section 11[35] provides that Coroner may direct an examination. He goes on to opine the in questing authority can order any registered medical practitioner or medical graduate to carry out Medical Legal Autopsy.

However a doctor employed in state government health services from the primary health centre level to Forensic department of a government medical college is approached. Other government medical officers like those employed by railways, defence services, municipal health services are usually not asked to carry out Medico-Legal autopsy. But in places where a civil government medical officer is not available the inquesting officer can ask the commanding officer of a military hospital to get the Medical Legal autopsy done by a military medical officer.

Having considered the request, the commanding officer of a military hospital can order a military medical officer under him, usually the pathologist, to carry out the ML autopsy and give the post mortem report to the inquesting (police) authority [1,2]. The usual conception that a military medical officer (pathologist) is not supposed to carry out ML autopsy is wrong. The commanding officer of a military hospital is empowered to order a clinical as well as ML autopsy under paragraph 58 of RMSAF.

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[33] Review Article; CLINICAL AUTOPSY VS MEDICALEGAL AUTOPSY
[34] Inquest Act cap 11
[35] Ibid

In their review they propound on forensic autopsy in the angle of army practice, they explain the procedure of medical legal autopsies in the army setting bearing in mind that often times uncertain death are prone to happen in barracks and camps were army men and women operate from, there is need to entirely come up with a law that governs such a procedure. In Uganda , the army has got a law that governs it's all affairs of operation, this law is known as The Uganda Peoples' Defence Forces' Act[36]. In this law there are no provisions clear provisions on how an inquest in the death of an officer is made. Uganda's legal frame work meets this standard under Section 12[37] , where it requires a medical practitioner upon receiving a request from a coroner to make a postmortem examination. The phrasing of this section allows any medical practitioner to make an examination in contrast with the United Nations standards s which requires much more skilled medical personnel to carry out such a n examination and that person should be a Forensic pathologist or a medical official with forensic training.

In the case of Nebanda, the former Butaleja Member of Parliament who was alleged to have been poisoned[38] postulates that Nebanda's postmortem was carried out the morning after she died, and the results were inconclusive. Her pancreas was inflamed and her lungs, which would normally have been spongy, had congealed into a stiff mass. Two pathologists, one a police surgeon, the other an academic named Sylvester Onzivua who had been retained by Parliament to conduct an independent investigation, both concluded that she must have consumed something toxic. But they couldn't determine what it was without further tests. Since Uganda didn't have a lab capable of such tests, the police arranged to take one set of Nebanda's tissue samples to a lab in the UK, and Onzivua arranged to deliver another set to a lab in South Africa.

[36] 2005
[37] Inquest Act Cap 11
[38] The New York Review of books/Murder In Uganda

All the above calls upon the justice to be afforded to the aggrieved parties in the event that scandle is reported to the police, however as justice is to be administered there should have been a procedure may be which was needs to have been followed in the former senerio of the former Butallejja MP, Dr Sylvester Onzivua was arrested for having carried the deceased body samples to Lab abroad for confirmatory tests and was later charged with unlawfully obtaining body samples, a charge was realized to have not been founded on any written law in the land and later dropped. Besides this event only caused a lot of tension in the country between December 20th – 2012 to almost midyear 2013.

In relation to the BBC article[39], it is true section 188 of penal Code[40]provides for the offence and punishment of murder, however in the event that an individual is found with human body parts for example the private parts, the heart alone without other parts, this becomes tricky in proving murder because the offence of murder , three ingredients must be proved and these include; There must be malice aforethought, there must be a dead body and the death must have be within one year and one day of the unlawful act. These ingredients were emphasized in Uganda vs. Kasim Obura & Another[41]. In brief it is not easy to prove that a person in possession of human body parts murdered neither can such a person be charged with a specific offence since there is no law that provides for a law in regard to human body parts/ tissues.

[39] www.news.bbc.co.uk as of 9/5/2015
[40] ACT Chapter 120
[41] 1981 HCB 9

CHAPTER FOUR

INTERNATIONAL CODE OF PRACTICE ON FORENSIC AUTOPSY

4.0 Introduction

This chapter presents the international legal framework on the law concerning forensic autopsy in other states around the world.

4.1 Approach to the autopsy

The international code of practice from the 1991 Model Autopsy Protocol of United General assembly provides that; *established international standards should be followed when conducting post-mortem examinations. Except in very rare instances, such examinations (including autopsies) should meet the standards set for cases of homicide.*

According to the International Code of Practice on Forensic Autopsy, its required for first and foremost for the pathologist to be equipped as far as he can with information about the likely issues to be resolved, the pathologist will be ready to embark upon the actual examination.

The pathologist needs to note any significant features of the body where his findings reveal something out of the ordinary, whether or not this appears immediately relevant to the cause of the death. He will also need to record carefully the fact that he has examined parts of the body and found no abnormality, because a negative finding may turn out to be as significant as one that is positive. Techniques employed during the dissection, or during any subsequent investigation, should as far as practicable be accepted and well established procedures. The pathologist must be able to defend the use of any novel or unorthodox technique both to his colleagues and to the wider criminal justice system.

Wherever possible, and particularly where it is relevant to the investigation, the pathologist should have access to the medical history of the deceased before the

autopsy is commenced. Where such records are not forthcoming, the pathologist will need to decide whether it would be sensible for the autopsy to be postponed until the information becomes available.

4.2 General considerations

The mortuary must be licensed by the Human Tissue Authority for the performance of post-mortem examinations and the pathologist must be covered by that licence. If the pathologist is not confident that these conditions are met he must not perform the examination. The pathologist must, if requested, be able to establish his identity and his authority for performing the examination to the designated Individual for the mortuary. The pathologist must act in accordance with the procedures established by the Designated Individual. Post-mortem examinations should only be performed in facilities which meet the standards set out by the Regulator.

The pathologist should brief the anatomical pathology technologist (APT) on the nature of the case and his tasks. An experienced APT can assist with the dissection at the discretion of the pathologist, but must be under the direct control and supervision of the pathologist at all times. Continuity of identity from the scene of discovery should be carried out at the start of the examination and the formal identity should be confirmed to the pathologist if the identity is known.

If unknown, it should be identified by reference to where and when it was found. The individual identifying the body to the pathologist should be recorded and mentioned in the report. The autopsy must be carried out in a manner consistent with medical ethics and respecting the dignity of the deceased. Proper consideration must be given to the needs and wishes of relatives and others who may wish to view the body. If practicable, consideration should be given to close relatives being given an opportunity to see the body before the autopsy, but only after relevant trace evidence has been taken.

Before such a viewing is undertaken, there should be discussion between the pathologist, the SIO and the family liaison officer (FLO) so that the relative is fully

informed, for example, of any features that might cause distress. If the viewing is to take place after the autopsy, the pathologist should consider whether any dissection, which may render viewing of the body by relatives distressing, may be postponed to a time when all such viewings have been made. In suspected homicides, the SIO or an appropriately designated officer will normally be present throughout the autopsy so that he can appreciate the autopsy findings and answer any questions that may arise about the circumstances of the case. Appropriate SOCOs should also be present. It is essential that all personnel present in the autopsy room should be subject to full precautions to protect them from infective hazards and to avoid any contamination of the body or clothing. The number of individuals in the autopsy room must be kept to a minimum.

4.3 Involvement of other specialists

The pathologist must consider whether he has the appropriate expertise to perform an autopsy in the circumstance of that case and request the attendance of an appropriate expert if necessary. The pathologist must cooperate in an appropriate manner with such experts. If investigation of the case requires the assistance of other specialists, for example a paediatric, cardiac or neuropathologist, it is the responsibility of the pathologist to make appropriate recommendations to the SIO or senior SOCO. If that expert cannot attend, the pathologist must seek advice from the expert to determine what material might be required for later examination and interpretation, and ensure it is recorded and/or preserved in an appropriate manner.

4.5 Photography

It is the duty of the pathologist to advise the SIO with the aim that adequate photographs are taken of the whole body and of all wounds or other abnormal features before commencement of dissection. Photography in the mortuary should only be carried out under the supervision of the pathologist. Pathologists may take their own photographs, both at the scene and in the mortuary, but the report must

indicate that such photographs exist. Their existence will be disclosed to the defence. Where there are findings of apparent significance that can be demonstrated visually, these should normally be photographed so that others will be in a position to see for themselves at a later date. It will be particularly important to record the condition of the body in situations in which the examination will itself interfere with the finding and thus prevent anyone else from assessing the significance of the finding. Where a photograph is to record detail (e.g. an injury) it should incorporate a scale. The pathologist should arrange with the SIO and CSM that any additional photographs of the body taken by the police are provided to him.

4.6 Collection of trace evidence from the body

The pathologist must ensure, if all samples have not been taken at the scene, that there is no opportunity for contamination of the body from any fixture, fitting or person at the mortuary. Samples should be taken after discussion with the SIO and appropriate experts. Only where these discussions indicate that samples are not considered necessary should they be omitted; such discussions should be documented. Clearly, in some cases the autopsy is not carried out until after a period in hospital, in which case the collection of some or all specimens may be pointless

4.7 Post-mortem histology

A histological examination should be made, by the pathologist himself, of the major organs (assuming that they are not heavily decomposed) in all cases. Histology is of value in confirming, evaluating and sometimes revising the course of natural disease processes that may have contributed to the cause of the death. Other samples should be taken for histological examination depending on the circumstances of the case, e.g. for the purposes of ageing injuries. The reasons behind any decision not to undertake a histological examination must be adequately recorded, in order that the pathologist may be in a position to defend this decision if required.

4.8 Health and safety issues

The pathologist has a role in advising on health and safety in the post-mortem room. However, it is recognised that other professionals present will be expected to follow their own guidelines and the pathologist cannot be held responsible for any breaches in adherence to those guidelines by others present. The pathologist is expected to set an example in matters of health and safety. The Designated Individual under the provisions of the Human Tissue Act 2004 is responsible for ensuring appropriate health and safety policies are in place.

It is the responsibility of the APT, or other representative of the Designated Individual, to ensure those general policies are complied with. The pathologist must comply with those policies. The health and safety issues with regard to the specific case must be assessed by the pathologist and the SIO, or his representative, before the examination begins. All those involved will be expected to take very serious account of the pathologist's directions, particularly when dealing with a recognised or potential high - risk case.

4.9 Retention of material after autopsy

Unnecessary or ill-considered retention of material removed at autopsy has caused considerable distress to bereaved relatives, and the pathologist must consider very carefully whether such material needs to be retained and for what purpose. At present, in criminal cases, retention is referred to in Rule 9 of the Coroners Rules 1984, which states: "A pathologist shall make provision, so far as possible, for the preservation of material which in his opinion bears upon the cause of death or the identification of the deceased". Similar provisions, in relation to material subject to a special examination, are provided in Rule 12.

The Criminal Procedure and Investigations Act 1996 requires that any material obtained in the course of a criminal investigation and which may be relevant to the investigation should be retained until the end of criminal proceedings and following completion of any appeals procedure. In general terms, this may be interpreted as

the release from detention of a person convicted of homicide. Certain organs can only be fully examined if they are retained after the autopsy is otherwise completed. For example, the brain will usually be fixed in cases in which there may be some brain abnormality, such as following head injury. It should be the duty of a police representative (for example, a family liaison officer) or the coroner or his officer, to explain the reason for this to the appropriate relative.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Forensic medicine services (medico-legal services) as it is provided today in Uganda is discussed with special reference to forensic pathology and also to future plans for improvement to ensure quality service. Forensic medicine services are divided into clinical forensic medicine and forensic pathology. In Uganda, these services are rendered partly by pathologists attached to University, by pathologists and medical officers employed by police and by medical officers attached to hospitals. In Uganda, all types of unnatural deaths are reported to nearest police station and appointed investigating police officer(s) who take necessary actions to have a medico-legal postmortem done as soon as possible. Currently there is neither a qualified forensic pathologist in Uganda nor forensic autopsy legislation. Suggestions are made with regard to the enactment of a Forensic Medicine Services Act by the Department of Health, the creation of a forensic medicine unit with, under the administrative umbrella of pathology department, in medical schools and imparting of forensic medicine training to anatomical pathologists to act as a qualified, specialist forensic pathologists.

5.2 Recommendations

The government and various stakeholders need a proper legislation for forensic autopsy in Uganda with a body or department governing forensic pathology practices including the updating of the existing Inquest Act, 1935 to also involve all persons including those serving in the army, introduction of the human tissue Act, and involving.

The government and all stakeholders need to establish an authority in charge of human tissue management to help in regulating on forensic practices and practical lessons in the school in order to help preserve the dignity of the dead.

Speedy clear and well established guidelines should be put in place directing and guiding the family of the deceased to acquire any assistance including; death certificate, understand the cause of death and be able to take and transport the deceased for burial.

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