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## **Handling of (deceased and living) SARS-CoV-2 infected persons in forensic medicine**

Joint Statement of the *Deutsche Gesellschaft für Rechtsmedizin (DGRM)* and the *Berufsverband Deutscher Rechtsmediziner (BDRM)*

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Multiple recommendations concerning the handling of infected deceased and living persons have arisen since the outbreak of the SARS-CoV-2 Coronavirus pandemic. Furthermore, several federal and national policies, instructions and other regulations exist. These recommendations and regulations also apply to the field of forensic medicine, which now leads to several questions.

Most of the relevant texts were developed in a clinical context and are therefore influenced by clinical settings. The direct application of such texts to the field of forensic medicine could lead to serious consequences regarding legal security and research and should hence be considered critically.

The following statement particularly concerns the recommendations by the Robert-Koch-Institute (RKI), but may also be applied to other respective recommendations.

### **Autopsies of deceased with COVID-19**

The RKI stated in the first version of its „Recommendation of handling deceased with COVID-19“ (*Empfehlungen zum Umgang mit COVID-19 Verstorbenen*) that „an internal inspection, autopsy or other aerosol producing measurements ... [should] be avoided ( [Fehler! Hyperlink-Referenz ungültig.](#), most recent visit 1.04.2020). The same document further states that the „SARS-CoV-2 essentially matches the routes of infection as those of influenza“. The recommendation includes the „minimum protection during aerosol producing procedures on deceased with COVID-19“, which equals the standard protective equipment of every Institute of forensic medicine in Germany. Considering that there usually is no anamnesis for forensic autopsies, the risk of exposure to infectious diseases always have to be taken into account. The disinfection after an autopsy with „at least a limited viruzide effect“, as is required by the

RKI ([Fehler! Hyperlink-Referenz ungültig.](#), most recent visit 1.04.2020), is therefore not a high demand.

The recommendations by the RKI lead to the conclusion that an autopsy, which follows the usual guidelines, in combination with the use of the prescribed protective equipment should not hold a risk of infection with the SARS-CoV-2. Judging by this conclusion the recommendation that autopsies should be avoided can thus only originate from a preventative clinical background. A direct application to the forensic field (*Gerichtliche Leichenöffnung gem. §87 (2) StPO*) does not seem admissible. During a required assessment between health protection and legal security, the latter should be superior, providing all the usual protective measurements are met. The same generally applies to autopsies, which will lead to urgently demanded scientific knowledge regarding COVID-19.

### **Handling deceased (with COVID-19) in the context of a crematorial postmortem examination**

The recommendation of the RKI also includes the note that a crematory postmortem examination (second postmortem examination) in case of a COVID-19 case holds an additional risk of infection and should therefore only take place after a cost-benefit analysis. The possibility that a deceased carries an infectious disease should be calculated for, not only in the case of a SARS-CoV-2 pandemic, but at all times. Standard hygiene measurements should thus apply always (*Berufsgenossenschaftliche Informationen 5026*). If the recommendations of the RKI interpreted that far, the legal security instrument of the second postmortem examination would be irresponsibly weakened –without a conclusive reasoning, if the health protection against SARS-CoV-2 can be held up by the usual and from the RKI recommended protective measurements.

### **Clinical-forensic examination of persons with SARS-CoV-2 infection, taking blood samples, etc.**

Theoretically, every person who has to undergo a clinical-forensic examination or who has to have samples taken during the pandemic can be a source of infection. These medical practices can be accomplished when protective measurements are taken under consideration of the rules for basic hygiene and security distance ([https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Hygiene.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Hygiene.html)), most recent visit 1.04.2020).

Should the security distance be hard to meet (e.g. during a physical examination), the examiner and the examined person should at least wear a medical mask, which covers mouth and nose. If a SARS-CoV-2 infection is known, the examiner should also wear a FFP2-mask.

Deferrable examinations and sample collection should particularly be postponed in case of a SARS-CoV-2 infection.

In conclusion, it could be determined that the restrictive recommendations and regulations for handling deceased and living SARS-CoV-2 infected persons originate from a clinical background, with a preventative motivation. In the field of forensic medicine, the aspect of the prevention of infections needs to be weighed against the risk of a loss of legal security, if certain practices should stop (esp. autopsies, postmortem examinations and clinical-forensic examinations). The aspect of scientific knowledge gain (autopsies) should also be considered. If the required protective measurements can be secured (which can indeed be met by all Institutes of forensic medicine in the area of the DGRM) the stated forensic services can and must be delivered under the circumstances caused by the SARS-CoV-2 pandemic.