

Retrospective Study of Abandoned Dead Bodies in the Morgue of a Tertiary Health Institution: The Identified, Unidentified and Unclaimed

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Abstract

Background: Dead bodies in a morgue can be grouped into any of the following: identified- but-not-abandoned, unidentified/unclaimed and identified-but-abandoned. The first group, usually poses no challenge. The unidentified/unclaimed group is always a challenge to every morgue management, while little or nothing is known about the identified-but-abandoned group.

Methodology: This is a retrospective study of all the unidentified/unclaimed dead bodies and the identified-but-abandoned dead bodies seen in the morgue of University of Uyo Teaching Hospital (UUTH), Uyo, Akwa Ibom State, Nigeria. The information for this study were gotten from UUTH morgue register and the data obtained were analyzed using Standard Package for Social Science (SPSS) version 20.

Results: 114 dead bodies deposited in the morgue were studied, 89 of these bodies were identified-but-abandoned, while 25 were unidentified/unclaimed. For the identified-but-abandoned, the youngest bodies were that of day old neonates and the oldest body was an 87 years old male giving a mean age of 37.01 ± 20.88 . Males accounted for 57.3% (n=51), while females accounted for 42.7% (n=38), with a male to female ratio of 1.3:1. Age groups 0-39 years accounted for 60.7% of the identified-but-abandoned bodies. The 25 unidentified/unclaimed bodies include 22 males and 3 females giving a male to female sex ratio of 7.3:1. There ages were not known. About 73.7% of the study population (n=84) were in-patients on treatment in the various wards of the hospital and died during the course of treatment while 30 dead bodies (26.3%), were brought in dead (BID). Direct relatives of the deceased (siblings or parents or children or spouse) deposited the bodies in the morgue in 37.8% of occasions, porters (ward maids) in 23.7% and security/uniform agencies in 23.7%.

Conclusion: Identified-but-abandoned dead bodies exist. Relatives should be made to understand that the only right a dead person has, is at least a decent burial.

Keywords: Death; Abandoned; Identified; Unclaimed; Unidentified.

Introduction

Death is usually associated with grief, surprise and sometimes denial. When it occurs among people that are not of the Islamic religion that requires burial within twenty-four hours, such bodies are almost always taken to the morgue for preservation and storage, while they members of the deceased family depart the morgue for mourning and preparation of the burial rites. When a person dies, most, if not all rights of a human ceases, except the right to a decent burial. Burial is the disposition of human remains either by interment or by cremation. Dead bodies in a morgue can be grouped into 1 of these 3 major categories:

identified-but-not-abandoned, unidentified/unclaimed and identified-but-abandoned. Managing the first group is typically not tasking as such dead bodies are usually removed by its relatives for burial sooner or later. The 2nd and the 3rd group are always a challenge to every morgue management. Unidentified dead bodies are people

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who at death have no identification on them. They are unknown or it is uncertain who they are.¹ There are various studies on unidentified /unclaimed dead bodies, which on the average, is said to account for about 4-10% of bodies deposited in morgues worldwide, though its rate is said to be rising and in some studies a rate of 25% has been documented, though none was from Nigeria.²⁻¹¹

Identified-but-abandoned dead bodies are a group of dead bodies in a morgue with known relatives and next of kin, who may even be the depositors of the body to the morgue, but later refused to collect the body for burial abandoning (never returning to take it for burial) it at the morgue for months to years. Globally, studies on identified-but-abandoned bodies are very few. After extensive literature search, no study on this subject has been published in Nigeria except for few newspaper write ups and a publication on abandoned dead neonates.¹²⁻¹⁴ Abandonment of identified corpses has led to mass burials of such bodies by the various Nigerian hospitals depending on their local rules mainly due to lack of space in the morgues. The range of storage duration, before mass burial ranges from 3 months to over a decade.¹²⁻¹⁴ The aim of this paper is to profile unidentified/unclaimed and identified-but-abandoned bodies seen in UUTH, determine the prevalence and to discern factors responsible for the abandonment.

Materials and Method

This is a retrospective study of all the unidentified/unclaimed dead bodies and the identified-but-abandoned dead bodies seen in the morgue of UUTH from January 1st 2014 to December 31st 2018. The main source of information is the UUTH morgue daily register. UUTH is a 490 bedded hospital located in Uyo, Akwa Ibom State, Nigeria. It is the only tertiary health institution in the state and the only government owned hospital in Uyo, which is the capital of the state. Bodies considered to be unidentified/unclaimed were bodies that have stayed at least one year in the morgue with no relative coming to claim ownership or responsibility for it. Identified-but-abandoned dead bodies, are bodies deposited by potters from the various wards in the hospital or by relatives (direct or indirect), who even wrote down their phone numbers on the morgue register, but later never turned up to make enquiries about the body or remove it for burial. Such bodies were considered identified-but-abandoned after one year. The extracted data were analyzed using Standard Package for Social Science (SPSS) version 20. Continuous

data were compared with the Student's t-test and a P value of 0.05 or less regarded as statistically significant. These data are presented in tables and bar charts as frequencies and percentages. Ethical approval was obtained from UUTH ethical committee (UUTH/AD/S/96/Vol.XXI/427).

Results

A total of 89 dead bodies were identified-but-abandoned, while 25 dead bodies in the morgue were unidentified/unclaimed giving a total of 114 dead bodies studied. For the identified-but-abandoned, the youngest bodies were that of day old neonates and the oldest was 87 years old male with a mean age of 37.01 ± 20.88 . Males accounted for 57.3% (n=51), while females accounted for 42.7% (n=38) with a male to female ratio of 1.3:1. Age groups 0-39 years accounted for 60.7% of the identified-but-abandoned bodies, though the 30-39 years was the most commonly seen age group (28.1%) as shown in table 1. No significant association was seen between age group and sex in the identified-but-abandoned group with a P value of 0.054.

A total of 25 unidentified/unclaimed bodies were seen, made up of 22 males and 3 females giving a male to female sex ratio of 7.3:1. Their ages were not known.

Apart from a slight drop between year 2014 and 2015, a steady rise was seen in the remaining years as shown in figure 1, with year 2018 accounting for most cases (28.9%). Based on the months of body deposition in the morgue, March and July were the highest, each accounting for 13.2% respectively. They were closely followed by June and December, each accounting for 12.3% respectively as shown in table 2.

Of the 89 identified-but-abandoned bodies, 97.8% (n=87) are natives of Akwa Ibom State while 2 (2.2%) people, though reside in the state but were not from the state.

Of the 114 dead bodies studied, 73.7% (n=84) were in-patients on treatment in various wards of the hospital and died during the course of treatment. Thirty dead bodies (26.3%), were brought in dead (BID). Twenty five of these 30 BID cases were the unidentified/unclaimed bodies, while the remaining 5 BID cases were of the identified-but-abandoned group.

Table 3, shows the relationship of the dead bodies to the depositors. Direct relatives of the deceased (siblings or parents or children or spouse) deposited the bodies in the morgue in 37.8% of occasions. Potters (ward maids) in the hospital deposited 23.7% of the bodies, while security/uniform agencies also deposited 23.7% of the dead bodies. In 0.9% of cases, the landlord of a dead tenant was the depositor.

Table 1: Age and sex distribution of identified-but-abandoned bodies

Age group	Male	Female	Total	Percentage (%)
≤ 19	10	4	14	15.7
20-29	4	11	15	16.9
30-39	12	13	25	28.1
40-49	5	3	8	9
50-59	8	1	9	10
60-69	8	3	11	12.4
70-79	3	1	4	4.5
80-89	1	2	3	3.4
Total	51	38	89	100

P = 0.054

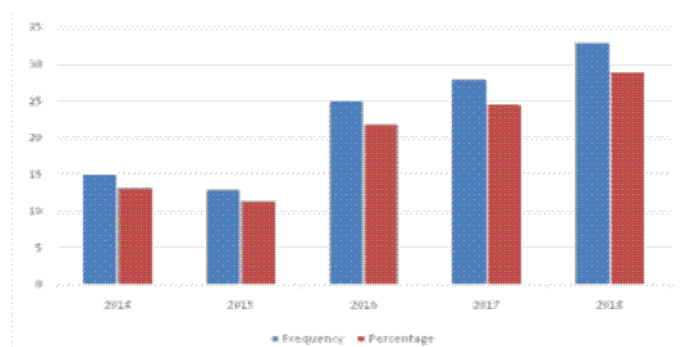


Figure 1: Yearly distribution of all unidentified/unclaimed dead bodies and identified-but-abandoned dead bodies.

Table 2: Frequency distribution of bodies based on month of deposition

Month	Frequency	Percentage (%)
January	7	6.1
February	8	7
March	15	13.2
April	11	9.6
May	6	5.3
June	14	12.3
July	15	13.2
August	4	3.5
September	10	8.8
October	3	2.6
November	7	6.1
December	14	12.3
Total	114	100

Table 3: Frequency distribution of depositors

Depositor	Frequency	Percentage
Hospital staff	27	23.7
Security agents	27	23.7
Sibling		
Male	15	13.2
Female	5	4.4
Extended relative	14	12.3
Parent		
Father	8	7
Mother	2	1.8
Children		
Son	8	7
Daughter	2	1.8
Spouse	3	2.6
Village representative	3	2.6
Landlord	1	0.9

Discussion

The lack of literature on identified-but-abandoned dead bodies may be due to the fact that in many parts of the world it does not occur or maybe it occurs in a very negligible fraction. Various tertiary health institutions in Nigeria use different durations of stay in the morgue to classify a dead body abandoned, because there no national policy on abandoned bodies. In this study, a period of at least one year elapsed before a body is declared abandoned, this is greater than 3 month's duration used in Benin but less than 10 years mentioned in Yenegoa.^{13,14} The index study's sex ratio of 1.3:1 is similar to the observation in Benin, where a similar study was done on neonates.¹⁴

More than 60% of the identified-but-abandoned dead bodies were less than 40 years old, with mean age of 37 years. Age may have contributed to the decision to abandon these bodies because death at a young age is usually considered a wasted life and investment (so why continue to spend more money on funeral).¹⁵ Death of a young person (who likely may not have had children or may have left children that are

too tender in age) in Nigeria is usually seen as premature, unacceptable, untimely and an act of evil forces. Such young people are not usually given decent burial and nobody mourns them, to discourage them from dying prematurely if they come back to life again.^{15,16}

It beats every sense of imagination that direct relatives (siblings or parents or children or spouse) deposited most of the identified-but-abandoned dead bodies in the morgue. Reasons for deserting these bodies in the morgue abound but cost remains fundamental. Men abandoned their wives when the family of the late wives demanded for bride price and other traditional marriage related obligations that were not fulfilled by them before the unfortunate demise. Children abandoned their parents for reasons that they are trying to raise funds to give the late parent a befitting burial that would be accepted by the extended family, community and friends. At times especially in polygamous family setting where the deceased is rich and has some property to be inherited, children of the deceased will serve the hospital with various court injunctions and counter injunctions not to release the dead body to any party. Parents abandoned children due to the high medical bill incurred during treatment, which must be paid before the body could be released for burial. Among the group of abandoned bodies deposited by extended relatives, when such relatives were contacted, the typical answer was that they were only trying to help out, by bringing the deceased to the morgue, but can obviously not do the burial. Some of these reasons above are similar to those identified in previous studies.¹²⁻¹⁴

In view of our findings, to help to forestall such behaviors from relatives (whether direct or extended), social, cultural, religious and psychological factors may be considered. Presence of functional health insurance accessible to all will help reduce the direct cost of health care especially of the aged on their struggling young relatives. Burial grounds (cemetery) should be created and members of the public enlightened, that it is not a must to bury a late relative in the native ancestral village where the logistics is usually expensive for most relatives already drained from the out of pocket expenses. A designated administrative staff should be posted to the UUTH morgue with the sole aim of reaching out to known relatives of the deceased if the body stays beyond 2-3 months.

All the unidentified/unclaimed dead bodies were

brought in by police and men of the road safety commission. The male to female sex ratio of 7.3:1 is similar to all previous studies on unidentified/unclaimed bodies where males far outnumbered females.²⁻¹¹ The reasons for the male predominance in India were mainly due to their patriarchal society, making males to travel to far towns in search of greener pasture, but in their new place of abode, were usually homeless street dwellers, which predisposes them to early death.^{3-5,17,18} The male dominance in South Africa was due to the fact that the major activity leading to unidentified/unclaimed deaths were gang related activities which young males usually indulge in.² In United States of America, homelessness and substance abuse were major risk factors.¹¹ The male dominance in this study were due to supremacy war among rival cult groups, characterized by killings, reprisals and kidnapping. Also contributing were youth and chieftaincy leadership tussle.^{19,20} These activities are common in males. When such deaths occurred, security agencies were deployed to help normalize the society and will usually evacuate and deposit such dead bodies in UUTH which is a government owned facility. The steady yearly increase between 2016 and 2018 concurs with the period during which there were crisis (escalating cult and communal war) in 2 localities in the state close to Uyo.^{19,20}

Though they were young unidentified males, their exact ages were not known. This is different from other studies where ages were stated by broadly categorizing the dead bodies into suspected age groups which may not be anthropologically correct.² Similar to the study on abandoned neonates from Nigeria, but in contrast to all the other studies from outside Nigeria, autopsies were not done on any of the 114 bodies under review. Though in the 25 unidentified/unclaimed bodies, their manner of death were all unnatural (gunshot related in 21 males, road traffic accident in 3 females and 1 male). In all states in Nigeria, apart from Lagos State, relatives of the deceased or suspects believed to have caused the death of an individual pay the pathologist for medicolegal/forensic autopsies.²¹ For these unidentified/unclaimed bodies, the cause of death were not known, because autopsies were not done on them. The previous studies in different countries had diverse causes and manner of death depending on the socio-economic and cultural status of the society where the study was done. In Cape Town, South Africa unnatural deaths due to assault, firearm and stabbing were the main causes.² In West Bengal, Assam, North

Tamilnadu all in India and in Istanbul Turkey, natural deaths were the main manner of death, mainly due to tuberculosis, other respiratory diseases, septicaemia and other infectious diseases.^{5,17,18} These the authors attributed the cause of death to homelessness, poverty, stigma and poor health seeking behavior of these deceased unidentified/unclaimed bodies. In Chandigarh and Maharashtra also in India unnatural deaths topped the list of manner of death.^{3,22} In Denmark, Italy, France and USA unnatural deaths were common accounting for a range of 69% - 80% of all deaths in unidentified/unclaimed people, though the manner of death varied in the various countries.^{8,9-11} There is a great need for other states in Nigeria, including Akwa Ibom, to make a policy that autopsies should be done on all unidentified/unclaimed dead bodies henceforth, because the importance of autopsies on such categories of dead bodies cannot be over emphasized. A designated administrative staff should be posted to the UUTH morgue with the sole aim of working with the uniformed agencies to track relatives of bodies that have not being identified after 48 hours as it is done in other places.²³

The major limitation of this study is that it is a single centre study, thereby limiting the potential of our suggestions to represent other health facilities or environments in Nigeria. The socioeconomic status of the identified-but-abandoned dead body relatives were not known while the major reason for the rising trend of loss of interest and the unwillingness to bury the deceased is still a mystery to unravel. It may be related to economic hardship.

In conclusion, identified-but-abandoned dead bodies exist in our environment, they are mainly deposited by immediate family members (parents, children, siblings or spouse) of the deceased, which is an uncommon practice in other parts of the world. UUTH should consider making a policy known to all depositors/owners of corpse in the hospital morgue that every 6 months mass burials would be conducted for all abandoned dead bodies. Our hospital should have psychologists that will counsel relatives after the demise of a loved one on the next steps to take after depositing the body in the morgue. The psychologists will also inform the relatives on the need to do an early burial to achieve closure and discourage them from allowing the bodies of their loved ones to be part of the scheduled mass burial. Akwa Ibom state government should make a pass the coroners law, where autopsies must be done in all medicolegal cases, without the relatives of the dead paying for it.

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