



## FACING DEATH AND GRIEF

## Radiology's role in humanising mortality

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Articles in *The BMJ*'s Christmas issue rightly call for death to be demedicalised, urging healthcare systems to focus on compassion and care for people who are dying.<sup>1</sup> This conversation has centred on palliative care, but an important specialty is often overlooked—radiology.

Postmortem imaging, using computed tomography and magnetic resonance imaging, is a non-invasive way to determine causes of death.<sup>2</sup> Conventional autopsies are invasive and emotionally distressing for grieving families. Moreover, a shortage of pathologists has led to extended waiting periods before families receive answers.<sup>3</sup> These delays prolong grief and hinder opportunities for emotional closure. By contrast, postmortem imaging offers a dignified alternative, providing timely and accurate information that also respects cultures or religions where invasive autopsies are taboo.

Postmortem imaging is also important for cases of stillbirths and miscarriages, when it can offer insights into whether conditions are likely to recur in future pregnancies, guide genetic testing, or, when findings are normal, provide much needed reassurance to parents that the loss was not their fault.<sup>4</sup>

Despite this promise, postmortem imaging remains an underused resource. Currently, it is not part of standard NHS care and is often funded by local authorities or directly by bereaved families. Although some coroners have embraced this technology, others have not—leaving families to navigate a complex, slow, and often opaque system. Tackling these challenges requires coordinated efforts to develop sustainable funding mechanisms and establish training pathways for radiologists to learn this important skill.<sup>5</sup>

The articles in *The BMJ*'s Christmas edition have reignited an essential conversation about death. Radiology is uniquely positioned to have a pivotal role in shaping a more compassionate approach to mortality. By increasing awareness of its contributions, we can foster systems that respect cultural sensitivities and support grieving families.

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Full response at: <https://www.bmj.com/content/387/bmj.q2815/r-3>.

<sup>1</sup> Selman L. Facing death differently: revolutionising our approach to death and grief. *BMJ* 2024;387:. doi: 10.1136/bmj.q2815 pmid: 39715642

- <sup>2</sup> Rutty GN, Morgan B, Robinson C, et al. Diagnostic accuracy of post-mortem CT with targeted coronary angiography versus autopsy for coroner-requested post-mortem investigations: a prospective, masked, comparison study. *Lancet* 2017;390:-54. doi: 10.1016/S0140-6736(17)30333-1. pmid: 28551075
- <sup>3</sup> National Association of Funeral Directors. Picking up the pieces. 2023. <https://www.nafd.org.uk/wp-content/uploads/2023/05/Picking-up-the-pieces-Funeral-delays-and-capacity-issues-April-2023-Final.pdf>
- <sup>4</sup> Lewis C, Latif Z, Hill M, et al. "We might get a lot more families who will agree": Muslim and Jewish perspectives on less invasive perinatal and paediatric autopsy. *PLoS One* 2018;13:e0202023. doi: 10.1371/journal.pone.0202023. pmid: 30092056
- <sup>5</sup> Davendralingam N, Brookes AL, Shah MA, Shelmerdine SC. Post-mortem CT service structures in non-suspicious death investigations. *BJR Open* 2024;6:tzae036. doi: 10.1093/bjro/tzae036. pmid: 39552614

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