Title: Episode 3. Investigating Sudden Death

Speakers: Georgie Vestey, Dead Honest & Bob and Karen, Coroner's Officers

Interview Transcription

<u>Karen</u>: It's nothing like you see on the telly, and that's what we need to get across to families. There's not a fridge room, there's not somebody laying on a metal tray with a sheet over them.

<u>Bob</u>: That is one of the worst things actually, the TV perception of doing a formal identification. So, you walk into the room and there's a bank of drawers and they pull a drawer out, "Is that him?" "Yeah", and then slam the drawer away. That does the service such an injustice.

Georgie Vestey: Bob and Karen, who you were just hearing, are coroner's officers who investigate sudden deaths for a coroner in the South of England. Now, these can be anything from a fatal car crash, drug overdose, drowning or even suicide; and as you imagine, it's pretty harrowing work. For most of us, we have little idea of what's involved. So, I was curious to ask Bob and Karen to share how they conduct these investigations and to ask which of the cases they'll never forget.

Just to give you the heads up, our discussion does include references to baby death and suicide. I'm Georgie Vestey, and this is Dead Honest.

Karen: The day starts really with dealing with anything that's come in overnight. The coroner will then give us directions as to the level of investigation that each death requires. Within the area that we work in, we also assist the police. So, if, what we call a potential inquestable death, unnatural death, comes in, we will also attend the scene with the police.

The police would call us once all of the scene investigation has been done. We would then arrange the removal of the deceased to the appropriate mortuary, and we would take the deceased to the mortuary. We would assist with identification, searching for property, anything that can identify the person so that next of kin can be informed as soon as possible.

Bob: We look after that body as we would want one of our relatives to be looked after, and that involves complete and utter respect. The comfort that they feel from it is quite tangible when you're talking to them. You can see their expressions change from worry, concern, panic, shock, to a bit of calm. It gives them that little bit to hang on to.

<u>Karen</u>: Sometimes, families just want to know tiny details, what T-shirt perhaps they were wearing at the time, what position they were found in. We find it's very comforting to families when we speak to them to say, "I was with your loved one; I went with them to the mortuary where we looked after them".

Bob: Being able just to tell them the process, to be able to give them the story of the movement all the way along, it does give them a tremendous amount of comfort knowing that we have been looking after them.

Georgie Vestey: So, what attributes do you need to be a coroner's officer?

<u>Karen</u>: You need to be able to work with lots of different people, from grieving families to doctors, pathologists, funeral directors, the coroner, the police, and you need to be able to adapt your personality slightly to deal with all these other personalities.

Every phone call that comes in, you could have, as I say, a grieving family in one phone call, you put the phone down and then you have an irate doctor on the line, so, you need to be able to adapt quite quickly. And obviously, an enquiring mind; you're an investigator; that's what we are. We are death investigators.

Georgie Vestey: Just going back to identify people who have died, part of that is also helping families to come into the room where the body is to make that identification. How do you prepare families for that role?

<u>Karen</u>: The biggest misconception is that every deceased has to be formally identified by a loved one or somebody that is known; very rarely does that actually happen. We're able to identify people without that formality of people coming to see them.

There are occasions when that does need to be done, or that the family just request that they want to see them, and we're talking about probably the inquestable deaths,

so the ones that are perhaps unnatural and have died quite suddenly and unexpectedly in difficult circumstances.

We always are open and honest with our families; we will prepare them in advance. We will visit the deceased before the family so that we know exactly what they are going to be seeing. And, of course, we have to remember that what we think might be quite traumatic or quite normal, so you've got two ends of the scale, the families may see completely differently. Quite often I find that families' expectations of what they're going to see is much worse than actually what they are going to see.

Bob: The family will come to the hospital at the appointed time, and as Karen says, we will inspect the deceased prior to seeing them so that we can tell the family what there is. But one thing I must add is the skill of the mortuary technicians in preparing the deceased for viewing; they're absolutely amazing in what they can do.

The deceased will be presented on a bed as if they're asleep, under the covers, head on a pillow, and it's in a softly lit room and the family can either look through the glass or they can come in and sit with their loved one, hold a hand, if possible, give them a kiss on the forehead, if possible. It's done in a very, very human and personal way. We will actually hold their hands and go in with them.

Karen: I always thought that doing viewings and identifications was going to be very emotional, very distressing, actually it's not; most families are very dignified, a lot of private grieving, not huge outpourings of emotion. So, I think things are not as bad as people quite often think they're going to be, and I think that was my misconception of doing the job, is I thought it would just be highly emotional; yes, it is, but it's very dignified.

Bob: Rarely, we do get the ones that take an unpredicted twist in that a family member will, well, emotionally break down. I've had it where a family member has just clamped onto the body and would not be released from it. How do we react in that? We let them for as long as we think is normal, and on this particular occasion, it was for over 20 minutes they were not going to move.

We're not going to go and rip people away from people like that; it's their way of dealing with it and we'll help them as much as we can.

<u>Georgie Vestey</u>: How important is viewing a body, do you think, for a family in terms of them being able to process their grief?

<u>Bob</u>: It's very important for some of them. Sometimes we'll get a group of family members there who are all prepared, "You're going to go in, then I'm going to go in, then I'm going to go in", or, "We'll all go in together", or whatever. And, at the point of going in, some will say, "I'm sorry, I can't", and some will step back.

<u>Karen</u>: Everybody is different. The people that perhaps you've been dealing with on the telephone and then you meet them at the viewing normally react completely differently to what you would expect.

They're very good at holding it together on the phone, but actually, when you get to the viewing, need a lot of support; or those that are unable to deal with things on the phone and you've had to a spend a lot of time with them, actually, by the time they come to the viewing, hold it together very well.

Or the circumstances of the death, what you may think is perhaps a natural death, may invoke a huge outpouring of grief, whereas perhaps a sudden, unexpected suicide doesn't particularly. So, again, you never know how families are going to react to the death and to the viewing and seeing their loved one.

<u>Georgie Vestey</u>: You're based in an area of England that has a very high level of suicide associated with a particular geographical location. What draws people to a particular location?

Bob: It's a location that is steeped in history. It's a name that, I think, holds power, evokes reactions; it literally does rouse the senses.

Georgie Vestey: Where it's almost got some sort of magnetism.

Bob: I would agree with that. People come from all over the world, we might as well say it, people come from all over the world. It becomes difficult for the families that are left in the other countries, repatriation.

Georgie Vestey: Is suicide increasing at that spot?

<u>Karen</u>: Yes, it is. We are currently looking at why; there is a huge working group at the moment. Bob and I have been doing this job over 12 years and it used to be that

if you saw this area on the TV, you could almost guarantee that there would be a death within a few days; now, with social media, it is days.

Bob: There seems to be a spike at that location after a reporting. Generally, our local media are really, really good. Yes, it's newsworthy, but they don't sensationalise it. Quite often, they won't report it. But if we end up with something that becomes newsworthy, we do tend to have a spike. You can guarantee that that location is brought to the police's attention one way or another probably at least once a day.

<u>Karen</u>: It's hard to talk about it. It's a huge part of our job, but of course we don't want to draw attention to it, but it's a big part of what we do.

Georgie Vestey: When I ask you which of the cases that have stayed with you, that, when you leave this job, you will go back and think, "That one will always be with me", could you describe a case for me?

Karen: I'm probably known in the office as being in quite control of my emotions, so I can only recall one job where I actually went home and sobbed, and that was when I dealt with a friend's wife; but I had no idea at the time when I attended the scene. It was quite a horrific taking of her own life to the point where she was unidentifiable, viewable, so I didn't know that it was her until a colleague rang me while I was standing next to her and told me who it was.

At the time, you put your professional head on, and you deal with it, but the hardest thing was is that the police officer thought that, as I knew the family, I could go along with him and break the news to the family. But of course, they knew what I did for a living, and as soon as they saw me, they knew it was her. So, that was quite difficult to deal with.

Bob: For me, this was a baby which had been born preterm via, I think it was a 16year-old girl, and no one knew she was pregnant, and she locked herself away in her room for about three days. She'd obviously increased in size, and at one point, had asked for some tissues. Her mum would put the food outside the door, and she'd take it in with no one seeing her. Very odd behaviour. Why didn't anyone ask about it? Why didn't the family enquire as to what she was doing? Well, they didn't.

Three days later, she appears, the mum's comment is, "Oh, you look very slim". "Oh, yeah, yeah, I've lost a bit of weight. Thanks, Mum". A few days later, they're due to leave the house and move out and the young brother is pulling bits of cardboard out of a cupboard when he finds the baby on this bit of cardboard.

For me, it was seeing this poor little mite on a bit of cardboard; that gave me one of the worst weekends of my life in terms of nightmares.

Georgie Vestey: Was it the fact that the baby was so neglected, so discarded?

Bob: Yes, just thrown away. Just thrown away. There was absolutely no dignity whatsoever, none whatsoever. Yeah, that one will stay with me forever.

<u>Georgie Vestey</u>: You can keep that professional boundary and your emotions in check, but once that boundary gets demolished by circumstance, it becomes a much harder role.

Karen: It does. You can remain professional with your families, but when people know you personally, it becomes more difficult. I knew this person, I knew her family, they're good friends of mine. It just became very difficult to separate and I think, because I think I'm very good at it, I suddenly realised that, in that case, I couldn't put it in a box and deal with it on a professional level; I had to become personally involved.

Georgie Vestey: So, what has doing this role taught you about grieving and grief?

<u>Karen</u>: It's very different for everybody; it's very personal. We can perhaps see a side of grief with families that perhaps they don't show to other people. It is just very personal, I think, grief; it affects everybody differently.

Georgie Vestey: What is the best part of your job?

Karen: I think, for me, knowing I've made a small difference at such a hugely emotional part of somebody's life, being able to guide them, direct them, give them information, so that when you either put the phone down from a family, you know you've put them in the right place to deal with things; or, at the end of an inquest when, I'm quite a touchy, feely person, so giving my family a hug and the relief that it's all over and we've done the best that we can.

Bob: I completely agree with all of that but, for me, to add on to that, the best part is the team that I work with. We're very close; we get on very well. If one of us is talking to a family on the phone, sometimes you can be in tears at the end of it. The next thing you know, you haven't said anything, your head's down or whatever, you've got four sets of arms around your shoulders; it's getting me going now!

But yeah, that is the best part, what Karen has just explained and also working with the team that I'm proud to be part of.

<u>Georgie Vestey</u>: You're both married and I'm curious to know how your partners support you, how important their support is?

Karen: My husband never normally wants me to talk about work! He's very supportive in lots of other ways, but it's not something I go home, and he says, "Hello, dear, how was your day?" We tend not to talk about it. But my husband, my family, my friends are all incredibly supportive of what I do and are very proud of what I do, and I just take comfort in that.

I love my dogs; that's my outlet! I go home, I walk my dogs, I get cuddles from my dogs, I talk to my dogs; that's my way of dealing with things.

<u>Georgie Vestey</u>: You said just then that your family and friends are very proud of what you do; are you proud of what you do?

Karen: Yeah.

Bob: Absolutely.

Karen: It's the best thing I've done in my life.

Georgie Vestey: My thanks to Karen and Bob for talking so openly about their work. If you've enjoyed this episode, then please rate or review it on your favourite podcast app. It genuinely helps other people find us, but it's also nice to know if you're enjoying what we're making.

I'm Georgie Vestey and this is Dead Honest. Until next time...



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